

# The impact of changes in commissioning and funding on women-only services

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## **Executive summary**

### **Background**

As Britain's National Human Rights Institution, the Equality and Human Rights Commission has a duty to monitor and report on implementation of UN treaties. The United Nations' Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is the international human rights treaty that focuses specifically on equality between women and men in all areas of life. The CEDAW Committee recognises the importance of appropriate services for women and, following the last UK examination in 2008, expressed concern that specialised women-only services may be jeopardised by a shift to larger, more generic service providers. The Commission decided that research would be helpful to monitor developments and clarify the issues.

### **This study**

The objective of this study was to explore whether the introduction of commissioning procedures and funding cuts were having a disadvantageous affect on the provision of women-only services. The research consisted of two phases: a stakeholder consultation, survey of existing research and analysis of the policy context; followed by fieldwork with 25 women-only service providers including interviews with service users and funders. Service areas covered by the study included domestic violence, offenders and ex-offenders, health, sexual violence and abuse, homeless women, skills and employability support, and 'one-stop-shops' providing a range of services. Nineteen service providers were based in England, three in Scotland and three in Wales.

### **Key findings**

#### **Policy and research context**

The last three years have witnessed a considerable change in policies covering women-only services, altering the way they are funded and commissioned. In England there has been a devolution from central to local government of decision making about resource allocation and the commissioning of services. These are similar to structures already in place in Scotland and Wales, where national strategies for Violence Against Women (VAW), for example, have placed stronger obligations on local partners to support national service objectives. However, it is unclear how this will operate in England as the interpretation of local priorities for expenditure is not directed by national policy or priorities.

Evidence points to a shift from funding services through grant aid to the commissioning of services where the scope, scale and nature of the service are

specified by the funder, with increased requirements on providers to evidence their performance and quantify outcomes. Studies suggest that smaller specialist providers can be disadvantaged in the commissioning process by their lack of management resources, their typically localised nature, and by the short timescales often associated with bidding processes.

Although there is guidance available that emphasises the service-user perspective, some of which specifically focuses on specialist women-only services, it is not clear whether this is being widely adopted by commissioners of services.

### **Service providers**

All the case study providers who participated in this study had seen some elements of their funding cut or frozen. Several providers had lost contracts or faced considerable reductions in funding, although many domestic violence service providers had experienced a funding freeze rather than funding cut.

Sourcing and securing funding had become a major issue for service providers in this study, squeezing out other management activity. Responding to new commissioning practices was particularly onerous for small providers who did not have the resources to dedicate to tendering requirements. Several providers felt they had insufficient time to respond to bids, not only because of the information required but because they needed to negotiate with other service providers to present a consortium bid.

Although most providers felt they had a good relationship with their core funders, some felt there was a lack of understanding on the part of funders, or insufficient advice and guidance on what funders required.

Several providers suggested the level of uncertainty over funding decisions had increased considerably in recent years. For example, some were on rolling contracts where the contract is secure for a period of 3 to 6 months only. Many had experienced last minute decisions, on funding bids with a negative effect on staff morale and stability.

Most providers reported that the cuts were having a real effect on service provision, with fewer staff and longer waiting lists, combined with an increase in referrals from other service areas. Many relied heavily on volunteers to help run the service. In addition, several organisations had had to reduce costs over the last three years by reducing or cutting services such as childcare or transport, or asking for voluntary donations from service users for activities.

Providers felt the shift from grant aid towards commissioning procedures had affected the nature of the service provided. Almost all who had been through the

commissioning process felt that rather than having the freedom to define the service themselves, they were now required to respond to the commissioner's view of what an appropriate service should be. For some, the value of the contract was less than the service would cost to deliver.

Most providers monitored their service users and several believed their monitoring arrangements and evidence of client outcomes were particularly useful. Some doubted whether it fully reflected their services' achievements, particularly when holistic support was provided, and it was demanding in terms of staff resources.

There were concerns about generalist service providers 'taking-over' services traditionally delivered by specialist organisations. The research suggests that in some cases, women-only providers could not compete with the lower cost base of larger bidders. Ethnic minority women-only service providers were particularly concerned about this, and about losing their identity.

All case study providers believed they offered a better service by being women-only and for many, it was a core principle enshrined in their constitutions. However, some reported increasing pressure to offer services to men. Some felt that more weight was given to the needs of male users (or the need to be seen to treat both sexes equally) than to the unmet needs of women service users.

### **Women service users**

Nearly all the women interviewed said that the women-only aspect of the service was important in their decision to attend in the first place. Reasons for this revolved around feelings of: safety and security; building confidence and trust; peer support; and the ability to talk more freely and open up about the issues facing them. This was particularly the case for ethnic minority women

Most service users stated that they were not aware of any similar services available elsewhere, the specialist service was unique and there was no other provision locally. This was particularly the case with sexual abuse and domestic violence support services, but also in the case of 'one-stop-shops' offering a holistic service in a range of service areas.

### **Service funders**

All funders interviewed in this study knew that provision of women-only services is legitimate under equality law. Women-only services were generally seen as essential although health funders, in particular, were keen to see services open to all and some funders questioned whether the whole service had to be women-only, or whether it was only necessary to provide women-only space. There was still a

discernible tendency among some funders, however, to believe that equality requires everyone to be treated the same.

A common theme with funders was the need to achieve value for money in a time of funding constraints. Many stated that the drive for greater efficiency was a particular issue at the local level where public bodies' budgets had been reduced. Some funders reported that they were deciding on the 'least worst' cuts to services.

Around half the case study funders had undertaken some form of commissioning of women-only services. Many still procured services through grant aid although all expected that most of their services would be subject to competitive tendering over the next two to three years. The tendering process started with the available budget, not the level of demand among local women.

In some cases, funders have worked closely with local providers to develop commissioning procedures that smaller, voluntary organisations are more able to cope with. Several funders commented on the typically high-quality funding applications they received from women-only service providers.

Although all funders recognised the importance of service user input to the design of services, only a minority had actually carried out such consultation. Some funders who had undertaken detailed analyses of service user needs had revised their services on the basis of this information.

Some funders felt that women-only services lacked 'a champion' and expressed concern over the lack of political weight that such services carried in the process of setting funding priorities.

There was concern about the potential threat to women-only services as decision making responsibility and funding is devolved to local partners. Similarly, a number of funders were considering shifting resources towards prevention, but recognised the risks attached to existing services as limited resources are diverted.

## **Conclusions and implications**

National policies in England, Scotland and Wales recognise the need for women-only services across a range of sectors. In some cases, strategies in Scotland and Wales go further than those in England, for example, in respect of the definition of VAW and committing resources. The specific duties are also different in the devolved nations.

The equality duty is clear that to eliminate discrimination and advance equality means recognising and taking steps to meet different needs and acting to remove disadvantage. This may involve treating some people more favourably than others. Services do not necessarily have to be provided on the same basis or scale for both

men and women, for example. The researchers were not sure that all those involved in making funding decisions fully understood this. Additional practical guidance on the relevance of the duty to the provision of women-only services could be helpful.

The move towards more localised arrangements for services could have a major impact on future service provision because, rather than being funded from central government, funding will be determined by local priorities. On-going monitoring of funding outcomes by central government, and regular reviews of whether these are delivering the type and level of services envisaged or required by national policy frameworks at a local level are essential. At a local level, appropriate strategies are necessary to ensure that services are meeting the needs of disadvantaged women.

More systematic promotion of good practice would be helpful. This study found a wide variation in commissioning practices, which suggests that standardisation of approach along good practice lines would benefit providers and funders alike and, not least, the women who actually rely on the services. A range of commissioning guidance already exists and far greater use could be made of this to ensure more consistent and transparent practice. Examples of good practice should be shared between public bodies to avoid some of the problems identified in this study.

More liaison and contact, whether initiated by funder or provider, is likely to be of benefit to all concerned and will help to reduce misunderstandings identified between some service providers and funders. Successful providers might also work with other women's groups to share good practice and techniques when tendering, something that funders could encourage or help to facilitate.

The complexity of women's needs and circumstances need to be reflected in the evaluation of services. Funders are increasingly moving towards requiring measureable outcomes from their services and to awarding payment by results. Yet the outcomes used to measure and assess the effectiveness of a provider's service may not be within the full control of the service provider. It is important that funders are realistic about what a particular service can achieve, and take a broader and more flexible view of what success looks like. Guidance on how to measure impact and outcomes for services where complex needs and multiple disadvantage are involved could be developed in consultation with the women's services sector.

Cuts are jeopardising the holistic nature of some services that is key to their success in reaching disadvantaged and vulnerable women. The effects of these changes on outcomes for women users may not be fully appreciated unless the benefits of a service are understood and properly evaluated.

A number of service providers were already relying on volunteers to help provide the service, suggesting that in some cases, it is being delivered at less than cost to the

organisation. Heavy reliance on volunteers is problematic because it can increase the insecurity of the service.

Some funders talked about diverting funds from women-only services to provide for men also, while some providers of services that were currently women-only said that they were being pressurised by their funders to open their services to men. The rationale for this was not clear as the law specifically allows for the provision of services for a particular group that is disadvantaged, or has particular needs. Any proposed diversion of existing funds from women-only services should be accompanied by a thorough investigation of the equality impact of this action.

Evidence from this and other studies suggest that ethnic minority women-only services may be at particular risk from the combined effect of commissioning frameworks and decreased funding. There is a risk that if big non-local providers are awarded contracts at the expense of small localised ones, the local connection and the ability to reach vulnerable women may be lessened. Careful monitoring of service provision and of experiences and outcomes for those communities most likely to benefit from their services, is essential.

The lack of a champion for specialist women-only services was perceived as a real threat to the future of these services by several research participants, providers and funders alike. Similarly, the sector was perceived to lack political clout. The relative fortunes of the sector will need to be kept under close scrutiny to ensure that it does not suffer disproportionately as funding is localised. It will be important for central government to give clear messages about the need for and value of women's services, and the obligation to fund these if national commitments to reducing women's disadvantage are to be met.

# 1. Introduction

## 1.1 Background and study objectives

The United Nations' Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is the international human rights treaty that focuses specifically on equality between women and men in all areas of life. It constitutes an important bill of rights for women worldwide. One hundred and eighty-six countries, including the UK, have become state parties to CEDAW. These parties have an obligation to respect, protect and fulfil women's human rights. Discrimination against women is defined as:

...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. (United Nations, 1979)

The Equality and Human Rights Commission (EHRC) is Britain's accredited National Human Rights Institution and has a responsibility to monitor implementation of the international human rights treaties to which the UK Government is a party, including CEDAW.

Following the last UK examination in 2008, the CEDAW Committee's Concluding Observations made several comments about the importance of appropriate services for women, including women-only services which could include support for victims of violence against women and girls, women's health organisations, advice and legal services targeted particularly at women, and services for ethnic minority women. In recent years the UK government has developed several responses that support women and aim to prevent discrimination, including, for example, new legislation (Equality Act 2010), a national strategy to tackle violence against women (2010) and ring-fencing central government funding for frontline specialist services, high-risk victims and rape support centres.

Despite these government measures, there were continuing fears that specialised women-only services have been losing out to more generic services delivered by larger providers, as budgets have shifted from grant-aid towards commissioning of services. The Commission resolved to explore these issues in greater depth to provide evidence for its submission to the CEDAW Committee in the summer of 2012.

## **Aims of the research**

The objective of this study is to explore whether the introduction of commissioning procedures and changes in funding are having a disadvantageous affect on the provision of women-only services. The report focuses on the commissioning experiences of twenty-five local women-only service providers and their funders across England, Scotland and Wales. In particular, it aims to assess:

- the extent to which the commissioning or funding practices of public authorities allow for participation by a range of service providers; including small, community-based, specialist providers of women-only services
- where there have been reductions in women-only provision evidenced by stakeholders interviewed and the reasons for these, and
- what actions have been taken by public bodies to mitigate the possible effects of changes to service provision, how effective these actions have been and whether there is any monitoring of the impacts by service funders.

In addition, based on the information and intelligence gathered from existing research, and discussions with case study organisations and funders, the research aimed to: identify examples of good commissioning or funding practice where there has been clear recognition of the need for and value of women-only services and; highlight any differences in commissioning practice and approach in the provision of women-only services between England, Scotland and Wales.

## **1.2 Methodology**

The research consisted of two phases: a stakeholder consultation and short scoping phase of existing research and analysis of the policy context; followed by fieldwork with 25 women-only service providers including interviews with service users and funders of services. Between January and March 2012 the research team spoke to more than 150 stakeholders.

### **Stage one**

The short literature review considered relevant recent research reports and papers covering women-only services and looked at:

- Recent policy development and current policy context
- Evidence underpinning the effectiveness of women-only services (i.e. why women-only?)
- Evidence in relation to the impact of commissioning processes and funding arrangements on women-only services, and
- Any other information that would help inform the case study selection process.

Key government policy, funding streams and funders for women-only provision in various service areas were also identified.

To develop a greater understanding of the types of procurement systems faced by specialist services, the research team conducted 15 interviews with key stakeholders from the voluntary and charitable sector, government departments covering women-only service areas and commissioning organisations in England, Scotland and Wales on their views of the extent of any impact on women's services arising from commissioning procedures or funding cuts.

## **Stage two**

The second stage of the research consisted of a case study analysis. Twenty-five organisations were selected to capture the diversity of services in Britain and included:

- A spread of service areas – Violence against women services (VAW), ethnic minority services, health, offender services and other services such as education, or one-stop-shops for women
- A spread of public funding sources
- A range of voluntary and community organisations – local and national bodies
- A geographic spread covering unitary, County and District Local Authorities
- The organisation's willingness to participate and share detailed information on their funding arrangements and views on funders.

Although we were often aware of the broad funding issues facing the case study organisations, it was not possible to select case studies on the basis of different commissioning experience. In many cases, the full story behind the often complex funding packages that combined to support women-only services only emerged when both organisation and funder interviews were completed.

Three case study organisations were located in Scotland, three in Wales and nineteen in England in a variety of settings, including rural and urban locations. Interviews were carried out with:

- Thirty-one individuals from 25 voluntary sector organisations providing specialist women-only services, including seven domestic abuse support service providers, five organisations providing services for offenders and ex-offenders, five 'one-stop-shop' organisations providing a range of services; four organisations providing health related support; two organisations supporting sexual violence and abuse victims; and one organisation supporting homeless women and one offering skills and employability support;

- Twenty-three individuals from funding and commissioning organisations in England, Scotland and Wales who were identified by the case study organisations or other stakeholders. Funders included three national and twelve local government organisations, four health sector funders, and four representatives from local partnerships or trusts; and
- Eighty-seven individuals accessing women-only/mainly women-only services from fifteen case study organisations. Interviews were conducted either as a group, one to one on site or by phone depending on service user preference.

The table below indicates the service areas of the case study projects.

**Table 1 Case study organisations by main service area**

<b>Service Area/Issue</b>	<b>No. of participating providers</b>	<b>No. of service users interviewed</b>
Domestic abuse	7	27
Health	4	24
Housing	1	2
Skills/ Advice and Guidance	1	0
Offending	5	21
Sexual Abuse	2	2
Multiple	5	11
Total	25	87

Of the three providers in Scotland, two offered domestic abuse services and one multiple services; in Wales, two provided offenders' services and the other multiple services, as in Scotland.

Each project provided contact details for their key funding organisations who were contacted by phone. Individuals interviewed from funding organisations were responsible for the relevant budget covering the women-only service area and while many of these worked closely with their colleagues in procurement teams, they were generally responsible for commissioning.

Even though some women-only organisations were happy to reveal their identity to their funders and sometimes introduced us to them, it was agreed at the outset of the project that discussions with funders should not reveal the identity of the case study project. In practice, this limited our ability to challenge and probe particular issues with commissioning organisations. Not all funders were able to participate in the short timeframe available for the research, so additional interviews were arranged with

other commissioning bodies that had some involvement in procuring women-only services, identified through discussions with other funders and women-only projects.

This study is not representative of women-only service providers, nor of those organisations that fund them. Rather, it is illustrative of the situation. It should also be noted that we spoke only to those organisations that were actively providing women-only services or funding them, either as grant-aided projects or contractually as commissioned projects. It does not take into account the views of those who did not fund women-only services, whether or not they may have done so in the past, nor of organisations that had provided women-only services and no longer did so.

### **1.3 Report structure**

Chapter 2 reports on the policy context for the study while the following chapter examines existing research on women-only service provision. Chapters 4, 5 and 6 explore the views and experiences of providers of women-only services, women who use the services and service funders, respectively. The concluding chapter draws a number of implications directly from the study's findings.

## **2. Policy context**

### **2.1 Introduction to policy development**

This section of the report sets out the Public Sector Equality Duty (Equality Duty or PSED), policy structures and key funding sources supporting women-only services. The last three years have witnessed a considerable change in UK policy areas which support women-only services, altering the way specialist women-only services are funded and commissioned, where the general direction of travel has been towards greater local discretion in decision making and the commissioning of services. There are significant differences and some similarities in the situation across England, Scotland and Wales. The situation in each country is discussed in turn below and we have sought to focus on any differences between them rather than duplicate information.

### **2.2 The policy context in England**

#### **The Equality Act and Public Sector Equality Duty**

The Equality Act 2010 brought together and simplified equality and anti-discrimination legislation within a Single Act. The Act gives protection from discrimination to a wider range of equality groups (nine protected characteristics<sup>1</sup>) and a broader range of circumstances. In addition, the Act includes a Public Sector Equality Duty that has two parts:

- The general duty (Section 149 of the Act) which came into force in April 2011, requires public bodies (and those contracted to carry out public functions) to have due regard to the need to:
  1. eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act
  2. advance equality of opportunity between people who share a relevant protected characteristic and those who do not
  3. foster good relations between people who share a protected characteristic and those who do not.
- The specific duties require public bodies to be transparent about how they are responding to the Equality Duty, publish relevant information on their compliance with the general duty and set equalities objectives.

The general equality duty is the overarching requirement or substance of the duty and its aim is to ensure that equality considerations are built into the design of policies and the delivery of services, and that they are kept under review.

The specific equality duties are intended to help performance of the general duty. They require public bodies to publish information about decision-making and the equality data which underpins those decisions and to set equality objectives.

The specific equality duties in England came into force on 10 September 2011 and require listed public bodies to publish information to demonstrate compliance with the general equality duty no later than 31 January 2012 (6 April 2012 for schools and pupil referral units), and at least annually after that. This must include information relating to people who are affected by the public body's policies and practices who share protected characteristics (for example, service users and, for public authorities with more than 150 staff, their employees). The specific duties also require public authorities, including schools and referral units, to publish one or more objectives developed by them to further any aims of the general duty no later than 6 April 2012, and at least every four years after that.<sup>2</sup>

The Equality Duty requirements call for an adequate evidence base for public bodies' decision-making. Collecting and using equality information has thus become increasingly important in enabling funders to develop a sound evidence base and support their decision making in commissioning and funding services.

There has been concern that some public bodies have misinterpreted the PSED to mean that services should be open to all. However, not all policies can be expected to benefit everyone equally, particularly if they are aimed at addressing specific problems primarily affecting one group of people. EHRC guidance (England only)<sup>3</sup> reinforced by a Court judgement,<sup>4</sup> confirms that the PSED specifically allows the provision of services for a particular group that is known to be disadvantaged, or to have particular needs. Services do not necessarily have to be provided on the same basis or scale for both men and women.

### **Violence against Women**

The UK government defines Violence against Women (VAW) as:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (Home Office, 2010)

This includes issues of specific concern to ethnic minority communities such as 'honour' based violence, female genital mutilation (FGM) and forced marriage.

The Coalition Government has recognised the need for specialist services for women, particularly support for victims of domestic violence and sexual abuse.<sup>5</sup> The principles of their strategy (for England and Wales<sup>6</sup>) include providing adequate support where violence does occur.

The government responded to the need for specialist services through supporting rape centres and investigating new approaches to help families with multiple problems, including alternatives to custody for women. Rape crisis centres have welcomed this funding which, for the first time, has been guaranteed on a three year basis enabling providers to be on a more stable, financial footing. From April 2012 the Government has also committed to provide welfare benefits and public housing for victims of domestic violence who are in the UK on spousal visas, while they apply for settlement under the Domestic Violence Immigration Rule. Other funding is available from the Home Office through the Sojourner Project for women with no recourse to public funds, who entered the UK on a spousal or partner visa and are eligible to apply for Indefinite Leave to Remain (ILR) under the Domestic Violence Rule.

The most recent Action Plan to end Violence against Women and Girls (England and Wales) published in March 2012 (Home Office, 2012) states that accountability for services to support victims will be moving from the central government to local areas. The new Police and Crime Panels in England and Wales will receive government funding from the Ministry of Justice to develop local strategies prioritising the needs of and supporting victims. Unlike in England and Wales, elected local authorities already have responsibility for police forces in Scotland, thus funding decisions for VAW continue to be made centrally by the Scottish Government.

A new consultation paper launched in March 2012 argues that victim support should be:

...targeted to those who have suffered the greatest impact from crime, including victims of serious crimes, those who are persistently targeted, and the most vulnerable. (MoJ, 2012a)

This explicitly includes victims of sexual abuse and domestic violence.

The consultation paper proposes to increase the funding available for victim support and that a proportion of this could be raised from offenders through a Victim Surcharge.<sup>7</sup> It also places greater emphasis on prevention:

...tackling the attitudes that can explicitly or tacitly support violence against women and girls, and communicating to potential victims and perpetrators alike

and raises the issue of support for male victims.

### **Women in the criminal justice system**

The Corston Report (2007) highlighted the need for specialist services for women in prison and targeted interventions to reduce offending by women. Its findings were accepted by Government and, subsequently, there has been substantial investment

in the development of specialist services for women in the Criminal Justice System. In 2008, the Government launched a strategy to divert women away from prison by putting in place alternatives to custodial sentences. More than 30 women's centres have been supported to run specialist services for women in the criminal justice system and/or at-risk of offending. The Single Equality Scheme (SES) (MoJ, 2009), sets out the approach that the National Offender Management Service (NOMS) takes to equalities issues in service delivery for probation and prisons in order to meet the requirements of the equalities legislation. SES has been adopted in all probation areas across England and Wales which, in principle, should ensure that appropriate services for women are available.<sup>8</sup>

However, the Criminal Justice Joint Inspection of use of alternatives to custody for women (HMCPPI, 2011) warned that the financial climate threatened the sustainability of some of the measures that had been put in place and emphasised the importance of effective local partnerships. Funding for women's centres, which Baroness Corston thought had a vital role to play in providing an alternative to prison and helping women stabilise their lives, now looks uncertain as at least some of the future funding needs to come from local partners. The report concluded that considerable efforts were made by some Probation Trusts to develop relationships with local partners, but provision varied considerably, particularly in respect of mental health services. Local partnerships will include, for example, the Police and Crime Commissioning panel (England and Wales) and Health and Wellbeing Boards (England).

The inspection report raised concerns also over the quality of specialist services; although the inspection saw 'some excellent approaches of work with women offenders', the inspectors:

...were disappointed by some of the offender managers' approach: too often, they allowed performance and process measures to dominate their thinking and lacked the awareness and underpinning knowledge to work with women effectively.

The level of future support to women's centres remains unclear, although the government has announced it is working with the Department of Health at the national level to roll out 'diversion and liaison services'<sup>9</sup> in police custody and courts by 2014 for offenders with mental health problems, a significant proportion of whom would be women.<sup>10</sup>

### **Women accessing health services**

The national health system in England is undergoing considerable change. The 151 Primary Care Trusts (PCTs) are due to be replaced by a combination of locally-led clinical commissioning groups (CCGs) and the NHS Commissioning Board (NCB) by

April 2013 – referred to in this report as ‘Health and Wellbeing Boards’ (as no official name was established by the national government at the time this research was conducted).

Some of the PCT responsibilities for local health improvement will be transferred to local authorities. The Health White Paper (DoH, 2010a) sets out that local authorities will:

...employ the Director of Public Health jointly appointed with the Public Health Service. The Department will create a ring-fenced public health budget and, within this, local Directors of Public Health will be responsible for health improvement funds allocated according to relative population health need. The allocation formula for those funds will include a new 'health premium' designed to promote action to improve population-wide health and reduce health inequalities.

Health services are essential for the care, treatment and recovery of women who are victims of violence or abuse, although there is not a specific funding stream for women-only services for this purpose. A 'routine inquiry' asking about violence or abuse was rolled out in NHS maternity services, although it was criticised as not being effective in identifying the needs of victims (Home Office, 2009). To respond to this criticism and the new government policy on tackling violence against women, the Department of Health established an independent Taskforce, led by Professor Sir George Alberti, to look at what more health services can do to prevent violence against women and children and to provide more effective services to identify and support victims. The Taskforce made recommendations around improving the early identification of victims; enhancing the quality of and access to services; raising awareness of violence against women and children; training and development; and partnership working (DoH, 2010b). It is not clear to what extent these recommendations have been taken on by the NHS. The decision to fund women-only services came from individual PCT/local authority's Strategic Needs Assessment and how it was prioritised. In the future, funding decisions will come from the assessment of Health and Wellbeing Boards. This means that the scale and scope of funding has been, and is likely to continue to be, variable.

The Department of Health has published a guidance document for health funders on commissioning services for women and children who are victims of violence and abuse (DoH, 2011). The aim of the guidance is to help health funders manage and improve these services and be better able to deliver effectively, by working in partnership with other organisations such as local authorities, charities and the police.

## 2.3 The policy context in Wales

### Public Sector Equality Duty

The Welsh Government passed the Specific Equality Duties for Wales which came into force for listed bodies in Wales from 6 April 2012 (but do not apply to non-devolved public bodies operating in Wales). The Welsh specific equality duty requires all listed bodies (regardless of their size or number of people they employ) to produce Strategic Equality Plans in order to:

- prepare and publish its equality objectives by 2 April 2012
- draw up a Strategic Equality Plan by 2 April 2012
- publish objectives to meet the general duty by 2 April 2012. If an authority does not have an objective for each protected characteristic – in addition to an objective to address pay differences – it must publish reasons why not
- publish a statement setting out the steps it has taken or intends to take to meet the objectives and how long it expects to take to meet each objective
- make appropriate arrangements to monitor progress towards meeting its objectives and to monitor the effectiveness of its approach
- give appropriate consideration to relevant equality information it holds when considering what its equality objectives should be.
- involve people who it considers representative of one or more of the protected groups and who have an interest in how an authority carries out its functions.

The Strategic Equality Plans are widely expected to be an active vehicle to support the three aims of the public sector equality duty and will cover all listed public authorities (there is no minimum employee threshold).

### Violence against women

The Welsh Government adopted the UN Declaration on the Elimination of Violence Against Women (1993) to define VAW:

Violence against women is a form of discrimination against women and a violation of human rights and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological, or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Although the Coalition Government's Action Plan to end violence against women and girls covers Wales as well as England, the Government in Wales has introduced their own cross-departmental, integrated approach to tackling all forms of violence against women. 'Right to Be Safe' (Welsh Government, 2010), the Welsh Government's six

year integrated strategy, follows the 2005 domestic abuse strategy 'Tackling Domestic Abuse; a Partnership Approach'. The 'Right to be Safe' has four key priorities:

- Prevention and raising awareness of violence against women and domestic abuse
- Providing support for victims and children
- Improving the response of criminal justice agencies, and
- Improving the response of health services and other agencies.

The strategy outlines a cross government programme of action to work with all public bodies including criminal justice agencies and health partners in Wales and nationally, to ensure a more co-ordinated response. This is to be implemented through twenty-two Community Safety Partnerships (CSPs) that bring together the police, local health, local authority, probation and the voluntary sector. CSPs are tasked to promote the interests of, or provide services to, women. Board level champions will be responsible for promoting delivery of this strategy at a local level while Domestic Abuse Co-ordinators will work with local Domestic Abuse Forums to develop strategies and plans for the local area. To provide further impetus to local authority services, a new VAW indicator was introduced in the Local Government Performance Framework to support action around violence prevention and housing support.

The strategy also made provisions for data collection to improve shared understanding of incidents of VAW, the numbers accessing services, the outcome of criminal justice interventions across Wales, and the outcomes for women using refuges in Wales. It was expected that these actions would ensure VAW was aligned to the core business of local authorities.

The Welsh government has published a three-year implementation plan (2010 – 2013) to ensure that:

we focus attention and resources in a proportionate way but maintain a gender inclusive approach to tackling all forms of domestic abuse and supporting all victims. (Welsh Government, 2010)

As part of the 'Right to be Safe' strategy the Welsh Government are supporting the roll out of new domestic violence protection orders, that will give police and courts the powers to exclude perpetrators from victim's homes for up to 28 days to give victims time to seek longer term protection. There are now ten specialist domestic violence courts in Wales and the Welsh Government will be engaging with Local Criminal Justice Boards to explore what might enhance the performance of these courts. Furthermore the government has indicated that:

We will introduce in the next two years the Domestic Abuse (Wales) Bill, designed to place a duty on relevant public sector bodies to have a domestic abuse and 'violence against women strategy' in place. The Bill will not seek to address criminal justice issues. Rather the purpose of the provisions will be concerned with social welfare and the prevention, protection and support elements of a domestic abuse and violence against women strategy.

(<http://wales.gov.uk/legislation/programme/5yearplan/?lang=en>)

### **Women in the criminal justice system**

Women offenders are a priority group for the National Offender Management Service in Wales (NOMS Cymru). There are no prisons for women in Wales – female prisoners serve their sentences within units in England. NOMS Cymru policy as set out in the Strategic Commissioning and Business Plan 2010-13 is:

Reducing year on year the number of women from Wales being held in prisons. To achieve this we are providing courts with a greater range of community sentencing options specifically for women and increasing the support available to reduce the risk of offending behaviour. This will include establishing small managed accommodation units to support specific women offenders. (MoJ, 2010)

Following the Corston Report, NOMS Cymru developed the Women's Turnaround Service investigating alternatives to custody for vulnerable women who are not serious or dangerous offenders. This approach is to be further developed through the provision of supported residential services to reduce the number of women sentenced to short term custody and to enhance resettlement upon release from prison. The project will be supervised and enable women to move on to independent secure homes.

### **Women accessing health services**

In Wales, health services are delivered by seven health boards, which are responsible for everything from planning, providing hospital care and community nursing to contracting GPs and arranging specialist treatment. Created in 2009, the health boards bring together primary, community and secondary care services together within a unified organisational structure to support more holistic service provision. As in England, there are no specific provisions for women-only services in health policy but local partners are able to develop such services if they see the need in their local communities.

The 'Right to be Safe' Strategy does place some requirements on health partners. First, to ensure that health service professionals are alert to the signs of violence and abuse and can refer to specialist support, specialised training is provided to ensure routine questioning in ante natal and accident and emergency settings. Second,

Local Health Board policies will be required to ensure that personal information sharing protocols, based on the Wales Accord for the Sharing of Personal Information (WASPI), are developed to support referrals and a better understanding of the nature and scale of the problem.

## **2.4 The policy context in Scotland**

### **Public Sector Equality Duty**

In 2010, the Scottish Government consulted on amendments to the Equality Act (2010) to increase the range of Scottish public authorities covered by the general duty for all of their functions. The terms of the general duty were not in themselves amended, but the Order added 48 public organisations<sup>11</sup> to the list of those bodies covered.

Draft regulations for the specific equality duty were laid before the Scottish Parliament on 21 March 2012 and these came into force on 27 May 2012. The Scottish specific equality duty requires listed organisations to:

- Assess and review policies and practices, gather and use employee information and consider criteria and conditions in procurement by 27 May 2012
- Publish by 30 April 2013 a mainstreaming report (which includes employee information); equality outcomes prepared involving representatives of people with protected characteristics; gender pay gap information; and a statement on equal pay and occupational segregation.
- Two years after first reporting, a listed authority has to publish a mainstreaming report (which includes employee information); a report on progress towards achieving equality outcomes; and gender pay gap information.

As part of the regulations, Scottish Ministers must also publish proposals for activity to enable a listed authority to improve their performance against the equality duty and report on progress by the end of 2015.

### **Violence against women**

The Scottish Government defines VAW as:

Actions which harm or cause suffering or indignity to women and children, where those carrying out the actions are mainly men and where women and children are predominantly the victims. The different forms of violence against women - including emotional, psychological, sexual and physical abuse, coercion and constraints - are interlinked. They have their roots in gender inequality and are therefore understood as gender-based violence. (Scottish Government, 2009)

This is a slightly wider interpretation of VAW than the England and Wales strategy in that it also includes emotional violence and encompasses all children (whereas the UK government focus is on women and girls).

Scotland began to move towards a strategic approach to Violence against Women in the mid 2000s and in a report published by the Equality and Human Rights Commission and the End Violence against Women Coalition (EVAW) (Coy et al., 2007), Scotland was considered to lead the way in the provision of specialist support services to women. In December 2007, Scotland's First Minister signed the Women's Coalition *Statement of Intent* that committed the Scottish Government to continue to work with others to address all forms of violence against women. The Scottish Government's approach to tackle VAW is set in the 2009 strategy document (Scottish Government, 2009), followed by a multi-agency partnership guidance to help practitioners to implement the strategy (Scottish Government, 2010). The key points of the strategy were:

- Increasing the focus on prevention and reducing the levels of violence against women
- Considering the best means to support those experiencing violence and abuse including those more marginalised women and children
- Improving the data and mechanisms for measurement of progress.

The strategy is to be delivered through partnership working at a local level with the third sector and public bodies and, in particular, collaboratively with local government and Community Planning Partnerships in the context of the Concordat, an agreement between Scottish Government and Local Government to deliver a specified set of Manifesto commitments and to work together to develop policy. Although Scottish Government's VAW funding programme covers sexual abuse and domestic violence, the level of funding devoted to domestic violence services at the local level is dependent on local authorities' assessment of priorities.

### **Women in the criminal justice system**

In Scotland, Community Justice Authorities are required to coordinate how councils, the Scottish Prison Service and other local partners work together to reduce re-offending, while the Probation service is delivered by local authority social work departments.

A Her Majesty's Inspectorate of Prisons (HMIP) inspection report on Scotland's only female prison, Cornton Vale Prison and Young Offenders Institute (HMIP, 2011), revealed that the female prison population had doubled in Scotland over the last ten years. In response to this report, the Cabinet Secretary for Justice announced the

establishment of an independent Commission on Women Offenders which had a remit to:

Consider the evidence on how to improve outcomes for women in the criminal justice system; to make practical measures in this parliament to reduce their reoffending and reduce the recent increase in the female prisoner population. (CWO, 2012)

The Commission published their findings in April 2012. It is yet too early to report how the Scottish Government will respond to the Commission's findings and recommendations.

### **Policy for women accessing health services**

In September 2008, the Scottish Government's Directorate of Healthcare Policy and Strategy issued a Chief Executive's Letter (CEL) on Gender-Based Violence. The letter required that Chief Executives of the 14 Health Boards implement a plan to address the health consequences of gender-based violence across four deliverables:

- Introduction of routine enquiry of abuse in mental health, maternity, addictions, sexual and reproductive health, A&E and primary care settings
- Dissemination of guidance on gender-based violence to staff
- Production of an employee policy for staff with experience of abuse, and staff who are perpetrators of abuse
- Multi-agency responses to abuse, with a particular focus on homelessness and child protection. A National Gender-Based Violence Team has been created to support health boards develop and deliver their action plans.

These deliverables were to be implemented first in the areas of mental health, sexual and reproductive health, A&E, addictions, primary care and maternity services. The Health Boards were encouraged to form partnerships with other public bodies and the third sector to deliver services, although there is no specific guidance on funding or commissioning women-only services.

### **2.5 Key funding streams for women-only services**

This section looks briefly at how some areas of women-only service provision are principally funded, illustrating the complexity of current arrangements. This was the situation in early 2012 and as this is a fast moving policy area, it is possible that further changes may have occurred.

#### **Domestic violence and sexual abuse**

One of the core sources of funding for women affected by domestic violence is through the Supporting People (SP) programme. This had an annual budget of £1.6 billion in 2009 for England and Wales but there is no clear indication of the level of

funding for domestic violence support (House of Commons, 2009). The government removed the ring fence placed around SP in England in 2009 and reduced the annual programme by 3 per cent over four years in the October 2010 comprehensive spending review (House of Commons, 2012). The Supporting People budget decreased from £1,174 million in 2011-12 to £1,027 million in 2012-13 (DCLG, 2012) and a cut of 11.5 per cent has been reported between 2011-2014 (Towers and Walby, 2012).

In 2011, SP became a non-differentiated part of the Formula Grant, that is, central government's allocation to local authorities. Thus, any decisions about where to allocate these funds are now entirely at the discretion of the local authorities and funds are managed in different ways by different local authorities, according to their own local priorities and political mandates.

Analysis of the government's 2011/12 financial settlement for 150 English councils (Inside Housing, 2011a) shows considerable changes to local authorities SP pots and the picture overall is very mixed. For example, while 16 local authorities had experienced more than 30 per cent reductions in funding from government, SP funding swelled 83 councils' budgets. Further research, also by Inside Housing, analysed the impact of SP cuts in more detail on vulnerable people and indicated that although annual Government funding of SP was staged to decrease by 3 per cent, councils reduced their SP budgets far more; on average 10.3 per cent in the first year (Inside Housing, 2012). The research also identified considerable variance in the level of cuts; while some councils had made substantial budget reductions of up to 44 per cent, other authorities had protected their budgets entirely. In summary, the removal of the ring-fence around SP funding has had an effect at two levels;

- As a result of the non-differentiated part of the Formula Grant, some local authorities have experienced cuts in their SP allocation while others have had their SP funding level increased, and
- Local authorities have had differing council priorities and/or legal obligations, which means differing levels of budget allocations.

Approximately £5 million per year (April 2011 – March 2015) has been ring-fenced to provide a range of specialist sexual abuse support services in England and Wales, mainly delivered by a network of Rape Crisis Centres.<sup>12</sup> Three year contracts for this service have provided a degree of sustainability although there is a concern about how these services will be funded beyond 2014/15. As mentioned above, some funding is to be raised from offenders through the Victim Surcharge.

In addition to SP, the Government's VAW funding streams also cover Independent Domestic Violence Adviser (IDVA) support.<sup>13</sup> This currently (2012/13) supports 50 posts in England and 10 posts in Wales,<sup>14</sup> compared with 42 posts in 2010/11.

The Welsh government accepted recommendations of the independent review into how the SP funding pot could be strengthened in 2009. In Wales, the SP programme has a national board and regional committees to check that local and regional use of the funding is meeting the needs of SP clients. Wales has rejected competitive tendering and embraced collaboration within governance, pushing housing-related support up the political agenda. Supporting People monies are still ring fenced in Wales although cuts are expected in the region of: 1.48 per cent in 2011/12; 1.51 per cent in 2012/13; and 2.3 per cent in 2013/14 (Towers and Walby, 2012).

Since April 2012, the Welsh Government no longer receives 50 per cent match-funding from the UK government to cover the cost of IDVAs in Wales. The Welsh Government has responded to this by adding an extra £10,000 for positions in each local authority and have assured its commitment to provide funding for domestic violence support services through the 'Right to be Safe' programme.<sup>15</sup> The Welsh VAW strategy (Welsh Government, 2010) pledged £4.4m per annum for 2010-11 onwards, an increase from £1.6m in 2004-2005.

The Scottish Government has committed to maintain current funding levels until 2015 for providers delivering VAW services.<sup>16</sup> However, the ring fence for SP funding was removed in 2008 and the budget allocation rolled up into the main local government settlement (now called Housing Support). In 2011/12, local authority budgets in Scotland decreased by 2.6 per cent (The Scottish Parliament, 2010).

Changes in the allocation of budgets from central government changed the way local authorities commission and fund housing support. Many have chosen to re-organise commissioning arrangements to combine the former SP budget with social work funding, or split it between social work and housing. In 2010, only 11 local authorities had distinct housing support budgets compared to 21 in 2008. (HSEU, 2010)

The same research by the Housing Support Enabling Unit suggested that despite the tendency for local authorities to direct less funding (in real terms) for housing support, most indicated they commissioned the same or an increased level of housing support compared to the previous year. It showed that although nine out of 27 Scottish local authorities reported that housing support had been reduced, 12 had increased housing support funding and another six had maintained the level of funding from the previous year. However, service providers reported concerns that they were stretching staff resources to the limit to sustain levels of service.

A report by Scottish Women's Aid (2011) reported that over the past year, the proportion of funding for Women's Aid groups from local authorities fell from 60 per cent to 56 per cent. For just over two-thirds of Women's Aid groups the amount of local authority funding remained the same, while 16 per cent saw a decrease and 16 per cent saw an increase. Around 40 percent of funding is still provided through the

Violence against Women Fund and ring-fenced funding streams which operate for Rape Crisis and Women's Aid children's services.

The Violence Against Women Fund provides grants to domestic violence and sexual violence services (including work with adult survivors of child sexual abuse), and services for ethnic minority women. The Scottish Government states that this includes projects delivering frontline services or building capacity in local partnerships to strengthen responses to violence against women.<sup>17</sup> The funding aims to improve current services, not replace or compete with existing alternative funding arrangements. In tackling violence against women, the Scottish Government works to a gender-based analysis of such violence.

### **Support for offenders**

Responding to the Corston Report (2007), the government announced an additional £15.6 million Ministry of Justice Diversion programme to invest in the provision of additional services for women offenders and women at risk of offending in the community in England and Wales (2009). This support includes Women's Community Projects, Intensive Alternatives to Custody and specialised Approved Premises, delivered through 38 women's centres as one-stop-shops of support services.

NOMS and, later, the Corston Independent Funders' Coalition (a group of 21 charitable trusts, foundations and individual philanthropists, set up to sustain a shift from imprisonment to community sentencing for vulnerable women offenders, through advocacy, funding and critical partnership with charities and government)<sup>18</sup> have continued to fund women's centres, sustaining the majority (but not all) of projects that were previously funded by the Ministry of Justice. NOMS Commissioning Intentions Discussion Document for 2012-13 (MoJ, 2012b) sets out the intention to maintain current levels of investment in rehabilitation services and interventions for women prisoners although focusing commission services that demonstrate effectiveness. NOMS has allocated another £3.5 million funding for 30 centres in 2012/13, although there has been no dedicated funding for women's centres since March 2011 (All Party Parliamentary Group, 2011).

The Scottish Government earmarked £800,000 additional funding to strengthen efforts to prevent women re-offending in 2010.<sup>19</sup> The additional funding was provided to Scotland's eight Community Justice Authorities (CJAs), responding to the Equal Opportunities Committee's report on female offenders in the Criminal Justice System (Scottish Parliament, 2009). The Scottish Government has also continued to fund the Glasgow 218 centre<sup>20</sup> for women for the last five years at an annual cost of approximately £1.7million. There are a number of other local projects supporting women who are at risk of offending or in the Criminal Justice System such as the

Willow project, which is funded and delivered in partnership with NHS Lothian, City of Edinburgh Council and Sacro.<sup>21</sup>

## **2.6 Summary**

Policy for women-only services is centred on VAW, the criminal justice system and health. Services are typically delivered by a range of voluntary sector agencies with funding from a variety of sources. The situation is complex; there are national strategies in England, Scotland and Wales to tackle VAW with funding channelled directly from different governments or government departments to Women's Aid networks, Rape Crisis centres and other voluntary organisations for domestic violence or sexual abuse services, whereas criminal justice, health and other types of services may receive funding from central and local agencies and partnerships as well as voluntary sector organisations. In places, the national strategies in Scotland and Wales go further than those in England, for example, in respect of the definition used of VAW and commitment of resources.

The last three years have witnessed a considerable change in policies covering women-only services, altering the way they are funded and commissioned. There has been a move towards greater local discretion in decision making and the commissioning of services, where local partners make decisions based on their local-needs assessments. For example, services to support women offenders will be commissioned by 35 local probation trusts in England and Wales whereas the new Health and Wellbeing boards will commission specialist services in England from 2014.

This devolution of responsibility as exemplified by the Action Plan to end Violence Against Women and Girls, removal of the ring-fence from Supporting People funds, restructuring of NHS structures and devolution of budgets for NOMs and Police and Crime Commissioning Panels is expected, by policy makers, to lead to better integration of services through joint commissioning at the local level. These are similar to structures already in place in Scotland and Wales, where national strategies for violence against women, for example, have placed stronger obligations on local partners to support national service objectives. It is unclear how this will operate in England however, as the interpretation of local priorities for expenditure may result in a differential level and quality of service provision.

### 3. Research context and evidence

#### 3.1 Introduction

Several studies (Towers and Walby, 2012; GEO, 2009; Scottish Women's Aid, 2011 and Women's Resource Centre, 2010) have examined how austerity measures and changes to the commissioning process have impacted on women-only services. It is suggested that commissioning procedures have appeared to disadvantage women-only service providers because:

- Larger providers may be better resourced and this is reflected in the quality of their bids and in making their case to commissioners
- Generic services offer a more cost-effective service and better value for money
- Commissioning processes may be inclined to place more emphasis on the short-term direct cost of assistance and immediate measureable benefits, not the 'whole life' value for money of the service or wider social return on investment
- Women-only services are not considered essential by some funding organisations and may be seen as unaffordable when budgets are coming under pressure
- Procurement officers are concerned about the potential for bidders to challenge their procurement process on the grounds of discrimination.<sup>22</sup>

#### 3.2 Rationale and context of women-only services

The rationale for women-only services has been well documented. The Corston Report (2007), for example, clearly established that the characteristics and needs of women offenders are more complex and substantially different from those of male offenders. Women in prison suffer disproportionately compared to men: they tend to be in prison further away from home, get fewer visits, their children may be taken into care, and they are often homeless on release. They are likely to suffer great levels of self-harm and mental health problems and their problems persist when they are released, often making it more likely that they may re-offend. Addressing the problems faced by women offenders would not only meet their different needs, but also lead to significant savings to the public purse.

Research by the Women's Resource Centre (WRC, 2006) identified a number of crucial aspects of women-only services. Women are: more comfortable to express themselves and articulate their needs; less constrained or intimidated when not exposed to the 'male gaze'; able to 'take stock' before going out into mainstream, mixed spaces; women-only leadership ensures women's needs are met; and they deliver better outcomes than mixed spaces.

There is also clear evidence that, given a choice, most women would prefer a service that is for women only. A survey of 1,000 women (WRC, 2007) showed that women

prefer women-only services across a range of service areas. Some 97 per cent stated that a woman should have the choice of accessing a women-only support service if they have been the victim of a sexual assault and 90 per cent felt it was important to have the right to report sexual or domestic violence to a woman. Slightly fewer thought it was important to be able to see a female health professional about sexual or reproductive health matters, while 78 per cent thought it was important to have the choice of a woman professional for counselling and personal support needs. However, there is less quantitative evidence from specialist service users themselves, distinct from women in general.

Research on the prevalence of women-only services highlights that such specialist provision is patchy. The Map of Gaps 2 research into VAW service provision (Coy et al., 2009) found that over one in four local authorities in Britain had no specialised support services at all and just one in 10 had a specialised service for ethnic minority women. The same research reported that despite the estimated £1.2 billion cost each year for physical injuries and £176 million for mental health support caused by VAW, the Department of Health had made no significant investment in specialised VAW services, nor made reference to VAW in its departmental strategic plans (Coy et al., 2009). The report also highlighted that the majority of new services (60 per cent of all new services in 2008) were in the statutory sector and criminal justice based services (for example, Sexual Assault Referral Centres and Specialist Domestic Violence Courts). These were important new services but as the majority of women who had experienced sexual assault or domestic violence did not report it to the police, they did not benefit from the services offered (Coy et al., 2009).

### **3.3 Evidence of the impact of cuts on women-only services**

A number of reports have highlighted the vulnerability of women-only services to cuts and the impact of the greater use of commissioning procedures to procure services for women. Most recently, Towers and Walby (2012) estimated that local authority expenditure on VAW services had been reduced by 31 per cent, from £7.8m in 2010/11 to £5.4m in 2011/12. For individual service providers this represented decreases of between 29 and 70 per cent, and organisations with smaller budgets suffered the biggest cuts. There were large variations across different localities, highlighting an issue raised in many studies that there is a significant knowledge gap in drawing together the impact of localised funding decisions into an overall assessment of impact on the women-only sector.

These cuts were found to be having a considerable impact on waiting times and the number of women being turned away from refuges across the country. The report also highlighted that supporting services such as IDVAs have been reduced, alongside specialist support from the police and Court services.

In Coventry, recent research found that funding for outreach work in ethnic minority communities which promoted the services available led to a 74 per cent increase in ethnic minority women accessing the Independent Sexual Violence Advocates service and a 24 per cent increase in service users requesting counselling – suggesting a high level of previously unmet need. At the same time, the number of specialist domestic abuse police officers was reduced from eight to two as part of budget savings (Stephenson and Harrison, 2011).

Research by Welsh Women's Aid (2012) pulled together the indicative allocations for 2012/13 and showed cuts to two key funding programmes:

- Supporting People is one of the most important sources of funding for women-only services and, in particular, for delivering accommodation and support to vulnerable women. In Wales, the Supporting People budget has been ring fenced, although cuts are still expected (see above under 'Key funding streams').
- Safer Communities revenue funding for the Welsh domestic abuse budget has been protected from cuts in the indicative budget for 2012-13, though it will not rise in-line with inflation. However, the capital budget estimates suggest a 28.5 per cent decrease to the domestic abuse budget for 2012/13 and a further reduction of 28.5 per cent in 2013/14, leading to an indicative capital budget of £300,000 for 2013/14 – compared with a capital budget of £700,000 for 2011/12.

Other research (WRC, 2010) on the financial vulnerability of organisations providing women's services concluded they were dependent on fewer sources of income and derived a significantly higher share of income from voluntary sources (donations, legacies, grants and similar income) than other service providers. This study assessed a number of measures of financial stability such as dependency on a limited number of sources of funding, past financial surpluses, and the ratio of assets to income. Comparing women-only organisations with other service providers with the same income, income concentration, asset ratio, surplus and administrative cost ratio and in the same region, the women-only organisations were nearly 16 percentage points less likely to survive than other service providers.

Similarly, the Government Equality Office (GEO, 2009) considered the sustainability of the VAW voluntary sector in response to concerns raised by the Women's National Commission. The research concluded that organisations' dependency on a limited number of key funding sources and the introduction of commissioning are a threat to VAW services. They found this was particularly the case for domestic violence and sexual abuse support projects working with ethnic minority groups. The challenges to women-only services arose across a number of fronts:

- Many projects were dependent on Supporting People funding and the introduction of the Quality Assurance Framework and National standards (from 2004/05) were seen as a problem, as these did not include any performance measures directly relevant to the VAW sector. Commissioning by local authorities of services under Supporting People has accelerated this trend to greater quantification of outcomes and specification of services.
- The increased requirement for project monitoring and reporting requirements and limited management capacity has created a significant overhead cost for women-only service providers. This has led some to seek mergers with other organisations to enable them to cope with the back-office functions required by funders. The study found that voluntary sector counterparts in mental health services were more likely to systematically measure their performance.
- The shift from grant aid to commissioning may involve moving from funding the charity as a whole to contracting for a particular service, and these may well not be the same. This can lead to a potential funding gap between 'paid for' services and the wider organisational costs. Organisations reported that they were not able to achieve full cost recovery in their funding bids.
- This was further complicated by differences of opinion between service providers and commissioners over the definition of VAW services – the VAW voluntary sector defines itself in terms of specialist provision whereas funders often referred to a broader range of generic voluntary organisations.
- Future trends were likely to further impact on the VAW voluntary sector due to the removal of the Supporting People ring fence and increasing use of commissioning at a time when public sector funding was increasingly under pressure.

These findings echo those of previous research (WRC, 2008) which highlighted that as women-only services are non-statutory, local authorities and other public bodies consider that they have no obligation to provide them. However, other research has emphasised that women-only support services make a significant contribution to statutory services such as child protection; an evaluation of IDVA services (Howarth et al., 2009) found that over two-thirds (69 per cent) of victims accessing IDVA services had children, a large proportion of whom were of primary school age or younger. The level and frequency of abuse was found to be higher where children were present.

### **3.4 Evidence of the impact of commissioning on women-only services**

The transition from grant aid to commissioning has been happening over an extended period, but the public sector budget cuts appear to have accelerated the impact.

A WRC report (2008) highlighted the changes in public sector funding; whereas grants represented 52 per cent of government funding to charities in 2001/02, this was down to 38 per cent in 2004/05. Contracts, on the other hand, increased from 48 per cent to 62 per cent in the same period. Many women-only organisations reported that their limited capacity and the bureaucracy involved in many commissioning processes meant that they often lost out to larger more generic service providers.

Primary Care Trusts (PCTs) in England are perceived to provide little funding to the VAW voluntary sector (GEO, 2009). Respondents from both funders and voluntary organisations suggested that: it is difficult to get funding from PCTs; and that they are difficult to engage with, possibly because of their medical approach to helping women, whereas voluntary organisations prefer a holistic approach. PCTs also demand detailed monitoring information and evidence collection, which voluntary organisations can find difficult to meet.

The same report (GEO, 2009) found that women-only service providers were less likely than their counterparts in mental health services to measure results systematically. Twice as many women-only service providers who did measure performance used this information when reporting to funders, rather than in the management of their service. This links to the finding, also from this study, that funders highlighted the low quality of bids from VAW organisations and identified problems with their presentation of supporting evidence. Some funders doubted providers' understanding of what robust evidence means. For their part, VAW organisations felt that more evidence would not make a difference, as funders did not take into account the information they were already provided with. Some women-only providers felt that they were being asked to provide more evidence than their counterparts in other sectors.

A more recent study (New Economics Foundation, unpublished) highlighted that to date, commissioning procedures have been relatively unsophisticated in their focus on following government guidance, rather than using procurement to pro-actively tackle equalities objectives. The Labour Party's Commission on Women's Safety (LCWS, 2012) similarly raised concerns over the 'chaos in commissioning', particularly the lack of clarity over who (for example, Health and Wellbeing Panels or Police and Crime Commissioners) will be taking the lead role in commissioning VAW services in the future.

The research also highlighted the concern by a number of women-only service organisations that service contracts did not cover the costs of their whole organisation in quite the same way as grant funding used to do. For example, applications for government funding were restricted to a maximum of £20,000 per IDVA and there can be only one bid for each kind of post per local authority

irrespective of how many posts there have been in the past (or the level of need). This would be barely sufficient to cover the post, so requires other funding to be available.

These findings have been echoed in other research exploring the voluntary sector's experience of commissioning procedures. The 2010 survey of British Association of Settlements and Social Action Centres (BASSAC) members showed that 57 per cent found commissioning processes to be very or fairly ineffective. Common problems identified by community organisations included prohibitive contract sizes, limited sub-contracting potential, overly tight timescales that failed to consider the consortia-building needs of community organisations, and bureaucracy to which community organisations were not geared up to respond (BASSAC, 2010).

These issues are particularly felt by women-only organisations who especially value their independence and regard it as crucial to effective service delivery. Only 26 per cent of women-only organisations delivering public services felt they were able to make decisions in the best interests of their service users, without pressure to conform to their funders' wishes (WRC, 2008).

A recent study of commissioning procedures in the public sector by the Office of Fair Trading (OfT, 2011) concluded that commissioning processes need to do more to engage potential suppliers in the process of improving services:

... having an open, transparent and competitive tender process is not enough on its own to ensure that public services markets are open and contestable. Achieving effective competition in public services must also involve: reducing barriers to entry and exit; encouraging a diverse supplier base; ensuring suppliers have the right incentives to make efficiency savings, to raise quality and to innovate. (OfT, 2011)

Several guidance documents exist to support funders and commissioners in procuring services, suggesting that commissioning practices are work in progress and continually being developed. These include:

- Commissioning guidance for women-only services developed by the Department of Health (DoH, 2011) and Commissioning of offender services produced by NOMS (MoJ, 2012b)
- Other commissioning guidance documents, including the Audit Commission's report on intelligent commissioning (Audit Commission, 2007) and guidance developed by the Scottish Government (2010) that fully describe the key elements of the good practice undertaken by the funders involved in this research
- Various other National Audit Office guidance on commissioning services from third sector organisations and on decommissioning,<sup>23</sup> and

- COMPACT – local codes of best practice between local government, other local public bodies and the voluntary and community sector.

These guidance documents place much greater emphasis on service user needs and perceptions in order to improve the definition of service needs upfront. However, these are guidance only and not required practice for commissioners.

### **3.5 Summary**

The rationale for women-only services has been well documented. Women are more comfortable, less constrained or intimidated when not exposed to the ‘male gaze’; able to ‘take stock’ before going into mixed spaces; women-only leadership ensures women’s needs are met; and services deliver better outcomes than mixed spaces. Women may have different needs to men and, given a choice, most women would prefer a service that is for women only.

Previous research has found that women-only service providers were less likely to continue operating compared with other similar voluntary bodies, due to their relatively narrow funding base and reliance on one-off funding from charities and other sources of grants.

Evidence points to a shift from funding services through grant aid to the commissioning of services where the scope, scale and nature of the service are specified by the funder, with an increasing requirement for providers to evidence their performance. Studies suggest that providers can be disadvantaged in the commissioning process by their lack of management resources, their typically small and localised nature, and by the short timescales often associated with bidding processes.

Although there are a number of guidance documents in existence that emphasise the service-user perspective (and a minority specifically focus on the issue of specialist women-only services), it is not yet clear whether these are being widely adopted by commissioners in practice.

## **4. The views of women-only service providers**

### **4.1 Introduction**

This chapter explores the experiences of providers of women-only services. First it sets out the characteristics of the organisations participating in the study, then addresses experiences around sourcing and securing funding, the scale and impact of cuts on service provision and how services have been shaped as a result of these changes.

#### **Case study provider characteristics**

The 25 case study organisations providing women-only services typically had very flat organisational structures consisting of one manager with a small number of frontline staff delivering face to face support to service users. Providers generally employed ten or fewer members of staff (full time equivalent (FTE)) although domestic violence providers, had, on average, considerably higher numbers with up to 100 reported, covering a large and/or densely populated area. Case study providers were becoming increasingly reliant on volunteers; the number of volunteers outweighed the number of paid staff in all service areas aside from domestic violence support.

Many providers had multiple funding sources (frequently more than ten but on occasion more than forty), while others were more reliant on two to three key funding streams such as Supporting People, national pilot programme funding or Big Lottery funding. In general, third sector funding had become a more important source of funding for all providers but, in particular, for health related provision and support services related to offending. Seven providers had an annual turnover of less than £250,000, for 11 providers it was between £250,000 and £499,999, while the remaining seven providers had a turnover of £500,000 or more.<sup>24</sup>

All the providers who participated in the study had a commitment to provide a holistic response to service users' needs. They emphasised that being client-focused and addressing as many of their client's needs as possible produced the best, most sustainable, outcomes.

#### **Domestic violence case study providers**

Seven organisations delivered domestic violence support services. These typically combined refuge accommodation for women and their children together with counselling support. A number of providers also offered an outreach service (or floating support) where counselling and other support was provided to women in the local community.

Three domestic violence providers specialised in supporting ethnic minority women, responding to needs more specific to their communities such as forced marriage, immigration issues, and 'no recourse to public funds'.<sup>25</sup> Two of these providers also offered sexual abuse support alongside other services.

Domestic violence providers included both large organisations covering a number of local authority areas (with turnover of more than £2 million), and small organisations supporting ethnic minority service users only (with turnover of less than £150,000). Staffing levels of domestic violence service providers were considerably higher than those delivering other services and seemed to be less reliant on volunteers, compared to other service areas. Four of the seven providers had more than 20 FTE staff, and the two largest organisations had more than 70 members of staff.

Supporting People (Housing Support in Scotland) funding was the most substantial funding source (70-100 per cent of total), paying for both refuges and outreach support. Two providers had had their funding reduced while that of other providers in receipt of SP funding had been frozen for two years or longer; one provider had received the same level of funding for the past seven years. Some organisations received significant contributions from The Big Lottery, smaller pots of funding from the Home Office (IDVA service) and other local charities.

### **Sexual abuse service case study providers**

Two organisations were sexual abuse support service providers offering one to one counselling and therapy (delivered mainly in the centre but also externally), and a telephone helpline for sexual abuse and rape victims. Provision also included peer support groups run in the organisations' premises.

The two providers were medium sized (average turnover of £330,000) with nine paid full time staff on average. They were heavily supported by volunteers, both projects having approximately 30 volunteers on their books.

Both providers had benefited from longer term ring-fenced national grant funding in recent years as part of the coalition government's strategy to end violence against women and girls.<sup>26</sup> One organisation was primarily funded by the Ministry of Justice (several funding streams, about 90 per cent) and one from the Big Lottery (75 per cent). Local partnerships generated small income revenues for both services, including funding from local strategic partnerships (Crown Prosecution Service and Criminal Justice Board). They had also benefitted from securing long-term contracts and had not experienced any cuts to their overall level of funding. However, the heavy reliance of one organisation on the Big Lottery funding has potentially put it in a vulnerable position, as grant funders are often reluctant to repeat funding for similar activity in subsequent funding rounds.

### **Support for offenders or those at risk of offending**

Five organisations provided support for women offenders, ex-offenders or those at risk of offending. Depending on the type of service, provision took place in or outside of prison, and included both one to one and group work. These organisations were relatively large, typically with turnover of more than £600,000 and, on average, around 14 full time staff. Offender services were often supported by volunteers; on average, each organisation had around 30 volunteers regularly working for them.

Funding sources were relatively varied, including different Ministry of Justice funding streams (NOMS, One-Stop-Shop pilot, Probation Trust, Prison service) and funding from charitable organisations (for example, the Big Lottery Fund), as well as earned income (principally from training activity) and private giving. Voluntary sector funding was particularly important for case study providers accounting for more than 50 per cent of total funding.

### **One-stop-shops case study providers**

Five case study providers offered 'one-stop-shops', providing support on multiple issues facing service users, for example, skills development and employability, emotional support and confidence building, and information, advice and guidance (IAG) around legal or housing issues. In some cases, they also provided support on domestic violence or sexual abuse. These services were typically delivered from a specialist centre where women could attend through drop-in or by appointment.

Some providers delivered services in a number of locations nationally while others supported a local community, with provision delivered by small and medium sized organisations. The latter's core source of funding tended to come from national bodies (Ministry of Justice One-stop-shop fund, Wales European Funding Office and Equality Fund in Scotland) and funding for smaller organisations was mostly from local authorities (such as Adult Social Care). The services were very reliant on volunteers; all case study organisations had considerably higher numbers of volunteers than paid staff (with a ratio of three to one on average).

### **Health and wellbeing services case study providers**

Most of the 25 case study providers offered some health and (emotional) wellbeing services as part of their service offer. For example, one organisation supporting domestic abuse service users also offered support with mental health or substance abuse issues. However, the research came across only a limited number of women-only services solely for health issues that received funding from public bodies, outside mainstream support such as maternity services.

Four case study organisations primarily provided health and wellbeing services. Two offered support around mental health or substance abuse issues; another supported women's mental, physical and economic wellbeing and the remaining case study provided ethnic minority mental health and wellbeing support. Provision typically involved a combination of peer group work and one to one counselling.

Voluntary sector funding was particularly important for organisations delivering health and related services; typically more than 50 per cent of providers' funding was from non-public bodies, often the Big Lottery Fund. Local charitable bodies were another key source of funding. Some providers delivered services across several local authorities and thus received funding from a number of local sources. Local authority funding came typically from Social Care or Community Learning.

### **Other case study provider service areas**

The research found relatively few women-only providers in other service areas. One provider offered a women-only service for those who were homeless or at risk of becoming homeless and included emergency accommodation for those in need. This was a small organisation and was entirely funded by the local authority. A second provider offered information, advice and guidance on skills and employment related issues. This provider received funding from a number of sources, including several local authorities and primary care trusts, local schools and charities.

## **4.2 Providers' experience of sourcing and securing funding**

Providers reported that sourcing and securing funding had become a major issue dominating the working lives of project managers and squeezing out other service management activity. Organisations involved in this study had attempted to diversify their funding streams and actively searched for funding from a range of sources. However, simply finding the time to put a bid together alongside other day-to-day management duties was a challenge.

Not all the providers interviewed had gone through commissioning exercises and many still obtained funding from various grants and other sources. Those who had participated in new commissioning processes reported that it had been particularly difficult for small providers, where the management of the organisation and services provided were the responsibility of just one individual, limiting their ability to undertake strategic planning and secure funding. This lack of capacity was becoming a particular challenge as more funding streams became localised, as described by one service manager:

We are dealing with crisis work and we are dealing with frontline support and then expect with the kind of money we have to run a refuge and we are expected to run an outreach and then children's services – put all

those things in place and then expected to tender for our work. (Domestic violence service manager)

A lot of provider time was spent on locating funding opportunities and filling in often complicated and resource intensive application forms. Several service managers expressed their frustration over the time and resources it took to chase small and shrinking pots of funding.

The funding pots are becoming smaller but local authorities still want us to go through the same hoops regardless of whether the total amount of funding is £120,000, £20,000 or £2,000. Sometimes I think, is this worth it? Does it make sense to spend several days filling in an application form for just £2,000? (Sexual abuse service manager)

Some project managers of smaller services reported that significant time commitments were needed to prepare their bids for funding. They were concerned that they could not match their larger competitors, who often had centralised bid writing teams who were not preoccupied with day-to-day operational issues:

What has happened is that we need to compete against [large more generalist providers]. Their capacity and resources are so different to what we have. (Domestic violence service manager)

Providers who had experienced competitive tendering also reported that commissioning procedures required more information than when they applied or re-applied for grant funding. This, they felt, put additional pressures on their capacity to continue to deliver a good service. A lack of time to respond to funding rounds or invitations to tender was raised by several case study providers. Some reported that they had not submitted bids for some commissioning opportunities because they had been given too little time to respond. This was not only in relation to gathering the information necessary to bid for the service, but also to have time to negotiate with other service providers or present a consortium bid:

Funders want us to work in a partnership but there is no time to set up any partnerships – the lead times are short! (Sexual abuse service manager)

Short time scales to complete an application are a bit of an issue. We got the application back by email one week before Christmas and the deadline was in mid-January! The proposal needed to include a supporting letter from Children's Services in the local council and an agreement on how we plan to deliver services together so it was quite tight to include these discussions in the bid, especially as it was over a Christmas period. (One-stop-shop service manager)

### **Support received from funders to bid for contracts and apply for funding**

Most service managers felt they had a good relationship with their core funders although some felt frustrated by the lack of understanding of some funders, or the

lack of guidance and advice on funders' requirements. Some good practice was highlighted, for example, one funder organised a seminar for potential applicant organisations to explain their new funding stream and their expectations for this programme. The seminar included a lot of practical advice including, for example, how to fill in the application and calculate overheads, which the service manager found very useful. However, there were several occasions where service managers felt the description of the service required and the supporting documentation provided by the commissioning body were not adequate. Issues highlighted included:

- Too little detail in the service request or confusing descriptions of what was required
- Too much detail in the service specification forcing providers into a particular delivery model that, in their view, made the service uneconomic or too restrictive to risk bidding, or
- Unrealistic payment terms and conditions.

One manager raised the issue of the very short lead time given to set up a new commissioned service, commenting that there was insufficient guidance from the commissioning body on how to structure the contract, which included some payment by results:

The lead time to set up the service with a new team, accommodation and systems was very short – initially set at three months. A longer lead time between award and start date would be helpful for new contracts. (Project manager ex-offender services)

Another provider did not realise that payments on one contract would be quarterly in arrears compared to the monthly in arrears payment terms they were expecting, reporting that this was not mentioned during the tendering process. This has proved to be a significant issue, requiring an injection of £45,000 per quarter to pay staff and cover the additional operating costs for this contract. This is something of a 'double whammy', as charities are discouraged from hoarding cash reserves.

It was suggested by several providers that securing funding from local partners has been a particular challenge because their service offer does not necessarily 'fit' any of the funding categories developed by a local authority or partnership. This has forced providers to develop bids for funding streams that are not well matched to the services they offer:

It took a long time to prepare an application and answer various myriad of questions and to ensure all the policies are in place. We had to submit five different bits for the same funder because sexual abuse services cross all five areas. (Sexual abuse service manager)

## **Uncertainty and late notification of funding decisions**

Several service managers reported that the level of uncertainty over funding decisions had increased considerably in the past few years. Many interviews took place during January and February 2012 and a number of domestic abuse services had not yet been advised whether they would continue to be funded after the end of that financial year, only weeks away. Several stated they were on 'rolling' rather than annual/longer-term contracts, where the contract was secure for a short time period only (three to six months) and the expectation was that their service would be re-commissioned in the near future. Managers found this uncertainty particularly difficult to cope with:

Although we have a contract, it is not really a contract. I don't know how it fits with the Compact and other things. Because ideally speaking small charities should be given at least six months notice because I think three months is really outrageous, it is not fair either to the people who have given their time and commitment. It becomes so business like. It is such a shame because it will be the most vulnerable people who will be losing out in a very big way. (Domestic violence service manager)

This had a very direct impact on the morale and stability of providers, and their staff were usually fully aware of the threat of redundancy:

Our current funding runs out 31 March 2012. We will only find out whether we have been successful at the end of March. We have had to agree with the board that, if the funding stops, the board will continue payment for three months. Otherwise we would have had to give people their notice now. Even then our funding is only for a one-year period. (Domestic violence service manager)

In England, the projects that had benefited from stable long-term contracts for sexual abuse services reported that they would be in real difficulties over the next two to three years if they could not secure similar levels of funding from other sources. The Ministry of Justice funding stream will come to an end in 2014 when local partnerships are expected to take over commissioning these services. Some managers were sceptical as to whether local partnerships had enough understanding or expertise to commission sexual abuse services and, more importantly, whether the new commissioning bodies would be able to maintain the level of funding in the future. While they appreciated that they had not yet had to deal with funding cuts, managers from this sector were acutely aware of the likelihood of future changes to their funding.

The great majority of providers in all service areas had actively applied for, and been successful in obtaining, funding from voluntary sector funders. However, service managers did not see funding from charities and trusts as a solution to their core funding needs. Most notably, Big Lottery, Comic Relief and other non-governmental

sources of funding rules preclude repeat funding so cannot support on-going services.

### **4.3 The scale of funding cuts**

All case study providers who participated in this study, with the exception of sexual abuse services that had benefited from longer term sustained national grant funding in recent years, had seen some elements of their funding reduced. This was particularly the case for those relying on local authority funding.

As discussed earlier, there have been considerable pressures on Supporting People funding in recent years, which was confirmed by domestic violence providers. Most had experienced a reduction in their funding, although many had been able to negotiate a funding freeze in nominal terms.

Providers that had traditionally received annual grants from local authorities and PCTs had experienced major changes to their public funding. Contract values either decreased (typically by 20 per cent), or were under review at the time of the research, while in one case funding had been totally withdrawn. Three of the four providing health services had been told by local funders to expect further changes to funding, due to funding organisations reviewing their priorities for service provision.

Five organisations providing support for women offenders and those at risk of offending (funded by the Ministry of Justice/NOMS) felt their funding had remained relatively stable. However, one had experienced a funding cut of 20 per cent after the initial funding round in 2010 when they moved from grant aid to commissioning of services, while another had lost one of their contracts during the latest funding round for women's centres.

The situation with one-stop-shop providers was more mixed; while two organisations had secure funding from national programmes, the other three had experienced deep cuts to their budgets due to withdrawal of some funding streams or reductions of around 20 per cent from a local funder.

There had been no major funding changes to the case study organisation supporting homeless women or the organisation supporting women's skills. In contrast, the organisation providing skills support had recently diversified its funding base and now included a wide range of public and voluntary sector funders and commissioners.

Of the three Scottish case studies, two received Housing Support funding from local authorities and had not experienced any direct cuts in funding, although the level of funds had not increased either. Local authority grant funding for services other than housing had reduced, although this represented only a small level of funding for them. The three Welsh case study providers had received long-term funding from the

national government and/or a national charity. However, one Welsh provider (one-stop-shop) had recently lost its contract for future delivery of this service and was actively looking for alternative funding.

#### **4.4 The impact of funding reductions**

Several organisations have taken significant steps to reduce costs over the past three years. This had typically involved doing one or more of the following:

- Cutting back or removing ancillary services such as childcare or transport to venues
- Using their expertise or facilities to generate income, for example, one provider had considered training caseworkers for other organisations while another was hoping to raise revenue by renting out their meeting room
- Organising special fund-raising events and appeals, and
- Asking service users to make a voluntary donation. One provider charged 'what people can afford' for counselling, while others asked users to pay for some services such as yoga and other more 'social' networking support:

There used to be smaller funds from the local council – a couple of these streams have been stopped. These provided money for the welfare pots. It is very hard to provide the level of support required. We used to arrange activities and outings for the children during school holidays however this support has been cut completely. Activities such as healthy lifestyles and yoga have been cut. (Domestic violence service manager)

The drive for greater value for money was not confined to commissioned contracts. A one-stop-shop case study provider had lost all its core funding for domestic violence services over the past year. First, a three-year funding programme from The Big Lottery accounting for 60 per cent of their income finished in March 2011. The project was informed that no continuation funding was available and any new claim would have to be for a significantly different service. Then, in the autumn of 2011, the project's application to the local authority for grant support was rejected. A misunderstanding in the completion of their grant application meant that they under-reported their performance outputs and, despite appealing the decision, the funding cut was recently confirmed. The local authority had announced that its annual grant support to the voluntary sector would be reduced by 34 per cent, although their Supporting People allocation under the Area Based Grant had been reduced by 'only' 15 per cent.

Another domestic violence project funded in part by local authority grants reported that each annual funding round was now accompanied by negotiations. These usually led to increasing the number of service users the provider would support and the level of service on offer to each client, but with no increase in funding. Another

one-stop-shop organisation learnt that their funder was no longer prepared to fund a crèche for the children of mothers who attended the weekly peer support group, although funding for crèches had been available in the past and was an important element of the service.

One provider delivering specialist health and wellbeing services had appealed against a decision by their funder to cease supporting the project. In this case, the organisation successfully demonstrated that it was providing a valuable and valued service and the funder reversed its decision. This lack of understanding (and relationship) between the provider and their funding sources was a common issue and mentioned by many providers who participated in this study.

Most providers who had experienced recent budget cuts or were expecting them in future, felt strongly that the days of any 'inefficient practice' had long since passed. Almost all perceived that their funding arrangements were now about meeting budget reduction targets and reported that these cuts had real consequences for service provision – with fewer staff and longer waiting lists for service users. Some providers reported a noticeable increase in domestic violence cases as households were under increasing strain due to the recession, and many providers highlighted increased referrals from other service areas. For example, mental health providers reported that referrals from General Practitioners and other services had increased as a result of closures of other support services, or restrictions on the level of support (for example, some services limit users to six counselling sessions).

There used to be six independent providers but three years ago the Council decided to put out just one service tender for the whole city. And at that time we needed to really, really negotiate with them and try to make them understand that we are a specialist service.... We were really lucky that we had recorded really good quality marks and costs so we were able to demonstrate value for money...we managed to keep our independent contract...But we lost our outreach services, which had a huge impact on us...those that are more vulnerable are still living with perpetrators and are not able to access support and staff. It was a really difficult process.  
(Domestic violence service manager)

The vast majority of providers felt that, while cuts were damaging, as far as they were aware, women's services were not being targeted disproportionately. For some, their relationships with funders meant that they trusted their intention to preserve, as far as possible, the essential elements of service delivery:

It is clear that the funders understand the importance of frontline services and they want to protect these services – they don't want to have the number of frontline staff cut – but there is less understanding that we still have overheads and there is no funding for this anymore. (Domestic violence service manager)

## 4.5 Shaping the service

### Designing services to fit funders' requirements

One of the key challenges described by women-only service providers was how the shift from grant aid towards commissioning procedures threatened to shape the nature of the service they provided to clients. Traditionally, grants for women-only services effectively bought into the provider's objectives and the type and level of service it aimed to provide. In most cases, Service Level Agreements (where funding was awarded subject to the achievement of certain performance measures) tended to fund a sub-set of the organisation's objectives and activities, although some providers reported being able to choose how to report against their expenditure:

We have a good relationship with funders. [The Government] specifies the outcomes, but we decide the service. We have been told to continue what we are doing. They value our service, they listen to us. The application form asks which performance measurements we will use, it is up to us to decide these, so we can be innovative. (Ethnic minority service manager)

However, providers in this study generally felt that commissioning procedures designed the service from the perspective of the buying organisation. As a result, service providers felt they rarely had full control over the nature and quality of the service they offered clients. This was seen to be a particular challenge where a holistic service was provided. The benefits of some aspects of service delivery may seem peripheral or not be apparent but, for the service provider, they were a key element in encouraging participation. The onus on service providers to demonstrate the value of each element of a holistic service, could be very challenging and time consuming:

What has been ignored is that we are going to the roots of the problem. The holistic support that we provide doesn't get accounted anywhere. So we may be helping a woman with mental health issues, as well as depression as well as benefits as well as giving a refuge and shelter. A lot of preventive work is going on but the costs are being measured just for the refuge and it looks huge to people, they don't realise that within one roof person gets everything – and that's why she is able to shift, make that move and be safe and it is kind of saving the children as well. (Domestic abuse service manager)

A number of providers suggested that with certain funding bids they were unlikely to achieve full-cost recovery – that is, the value of the contract was below what they expected the service would cost to deliver. This problem was also recognised by the GEO research (2009) cited earlier. Some providers reported that there was a mismatch between their view of what service was needed and the necessary budget to support this, and the view of the buying organisation:

- either they were sometimes being asked to deliver a greater level of support than could be funded by the budget and/or
- the funders were only willing to pay for core services and not fund other aspects of provider's services that they felt were important to the quality of service on offer.

This appeared to be the case when budget cuts impacted on the available funding but the funder still required the service to operate as before, or even to provide broader coverage than previously. Examples from this study included: expanding the scope of service provision to cover a wider geographic area, for example, an advice line service to cover the whole sub-region despite a decrease in the annual budget that previously paid for the same service for a local authority area; delivering the same service but with reduced funds, for example, one ethnic minority one-stop-shop had been told by their local authority funder that they would no longer cover the costs of crèche facilities, travel or hospitality costs; including an additional client group, for example, a domestic violence support outreach service received a similar level of funding on condition they would also support women in the Criminal Justice System.

### **Provider responses to the new commissioning processes**

Many providers reported that to improve their score in commissioning or funding processes they demonstrated their effectiveness and professional approach through the use of standards and procedures. Several providers that had been successful in the award of commissioned services, believed their monitoring arrangements and evidence of client outcomes were very useful when bidding for commissioned services or grant aid:

We have survived for 11 years, and we have learnt from experience. Our future is based around the database, which we will use to evidence our work for future tenders, and will be a means to demonstrate value for money. (Domestic violence service manager)

One provider emphasised that robust performance information was central. It was a significant consideration for those 'higher up' in funding organisations, who were taking budget allocation decisions:

We have invested heavily in getting staff to complete the monitoring properly. Even if and when we don't reach our outcomes it is important to explain why. It is about being accountable. (Domestic violence service manager)

The provision of monitoring and performance information was part of a wider strategy by many service providers to improve relations with their funders and better explain how they operated. One domestic violence provider invested time in getting to know

their liaison officer in the local authority, inviting them to visit the project to see how it operated, attend events and meet service users:

Better funders work together with us. For example, the NHS trust we work with said that they have less money available but that they have looked into this and we can continue to deliver the same service as the hospital is able to provide office space and clinical supervision. With some funders you are able to negotiate and keep the frontline service. (Offender support service manager)

Another provider said it prepared the ground for negotiations to consider possible savings and service innovation in advance of their annual budget meeting with funders. To date, they had always been able to offer some savings to their funders that they themselves had identified as feasible, and were also aware of any that might be impractical and threaten the financial viability of their organisation:

We will have to look at restructuring. I have already started to identify tasks of front-line and manager staff on areas where funding is coming to an end. We need to consider whether we need to continue this post or service area or not. For example, do we really need a HR manager? We are considering outsourcing some elements of the service. (Domestic violence service manager)

Other providers highlighted that monitoring information came at a cost, and explained how their staff now spent far more of their time on collating and checking monitoring and performance information for their funders:

We seem to be so caught up with collecting all this information and doing all this work. It becomes harder and harder to give more time to women we support. It has moved to a very descriptive way in terms of how we deliver our services now. Rather than face to face, 60 per cent of staff time is now writing up a report or filling in the forms. It used to be 60:40 the other way around. Even four or five years ago the paperwork was very limited. (Domestic abuse service manager)

Performance monitoring requirements have become more outcome focused and although most providers recognised that this was part of the funder's requirements, they doubted that it fully represented their services' achievements:

This is absolutely fine but it seems they don't really have much knowledge of the way service is provided, it is difficult to set outcomes for this service. (Domestic abuse service manager)

One provider who was primarily funded through grant aid had recently bid for a competitively tendered contract out of area:

[We] were told by the funder that we were successful because of our robust outcomes and monitoring system – we try to be very thorough, we have a therapy questionnaire and have developed our own data

system...[The funders] required specific outcomes providing justification for our expenditure – can definitely see that they want to reduce risk and ensure we are capable of delivering. We have definitely become more professional as a result – developed child protection issues and other policies. (Sexual abuse service manager)

The same organisation had actively sought to diversify its advisory services away from specialist sexual health and abuse to non-specialist therapy with young people. They were successful and are now on the list of approved suppliers and able to bid for a wider range of services.

Some providers have sought to re-design services to be more innovative in how those services are delivered with a focus on improving service effectiveness. For some providers, delivery from fixed premises was often seen as a cornerstone of their service whereas others felt that this might 'institutionalise' the service:

So many service providers are stuck, as provision is fixed in their centres – but people have no money to travel to the centre! It is better that we travel to them, we have a network of rooms rented by the hour. It works well. Clients are happy as they are not being seen going to a 'centre' – instead go to a local reiki healing centre – no one knows why they are there. (Sexual abuse service project manager)

Not all services can do this as some have been endowed with their premises – while these may be rent free, they do also 'ground' services in the centre and mean that projects may not be as flexible in providing services in other locations. Equally, one provider was able to demonstrate that meetings between women clients and their probation officers were more effective when undertaken in their women-only premises in a more informal and relaxed environment.

All providers stated they monitored their service and client characteristics to some extent, and some had collected feedback from service users, but they rarely mentioned involvement in more formal service evaluation. One, providing health and wellbeing services, reported having been part of a wider evaluation of services; similarly one organisation providing domestic violence support had participated in a review conducted by a local authority.

### **Specialist versus generalist service provision**

Several providers raised concerns about the threat of more generalist service providers taking over commissioned women-only services that have traditionally been delivered by women-only community organisations. Among domestic violence providers, a key issue was the relatively high overhead costs of providing a small number of refuge spaces on a single site, compared to larger providers such as registered social landlords who might spread the cost of accommodation across a range of emergency housing services to homeless people and other disadvantaged

groups. Registered social landlords are also able to access a wider range of accommodation and offer this to domestic violence service users when they are ready to move on. In contrast, refuge providers in all parts of the country reported that the lack of suitable accommodation to move their service users into was a significant constraint on their service and meant that they were seen as less cost-effective. Domestic violence providers in this study felt that while competing bidders may be cheaper, they did not offer the same depth and range of specialist services to women affected by violence.

In some cases, specialist women-only service providers could not compete with the lower cost base of other bidders:

- One women-only service provider lost a bid to provide a telephone contact and referral service in favour of a large voluntary organisation. The latter already had a number of telephone hotline contracts and was able to offer the service at a fifth of the cost bid by the specialist provider.
- In another local authority area, Supporting People funding services were all put out to tender. A local women-only organisation, that had provided the services when Supporting People was grant aid, won the outreach and domestic violence support service contracts but lost their contract to deliver the helpline services to a registered social landlord that was considerably cheaper.

Others did not conform to the bid specification:

- Following an extensive review of provision and detailed consultations with service users on service re-design, the local authority contract for a one-stop-shop for women's services required that the provider operate across the whole area. The three existing women-only service providers bid separately to deliver in their own areas, although the local authority had encouraged them to submit a consortium bid. The contract was won by a registered social landlord with a track-record in providing support services to vulnerable residents.

Ethnic minority women-only service providers, in particular, said that their funding was jeopardised by more generalist providers. They felt strongly that, unlike other providers, they directly serve their own community through use of their own language and having a wider understanding of the cultural issues facing women from that community. This made them reluctant to join a consortium and risk a loss of identity that could harm their ability to serve their communities.

We were not able to source any evidence on whether, or how well, non-specialist services met the needs of women using the service, as many had only recently started providing it. There was widespread concern among women-only service providers and some funders, that the impact of moving to non-specialist services

would not be evaluated properly, and that there should at least be monitoring of any difference in take-up or performance with women for whom the service was intended.

### **Providers' experience of bidding in consortia**

Where funders have decided to commission a service to cover a wider area, small, specialist providers reported being under increasing pressure to collaborate with other women-only services or face the loss of their funding. Several providers had sought to develop collaborative work with both generalist and other specialist service providers. One domestic violence provider was formed by a merger of five separate groups at the behest of their principle funder some seven years ago:

Since we merged, we have become more cost effective, there are no longer five managers in five offices; we are able to operate on 1.5 staff per centre instead of 2 staff. The central costs are cheaper because there is less admin involved. We are all specialist anyway, if we had not merged then a generic provider would have taken over. We have not been affected by funding cuts but are aware that some others are struggling. (Domestic abuse service manager)

In another local authority area, one provider of health and wellbeing services is at the forefront of an initiative to form a consortium of voluntary sector providers in readiness for the expected move to commissioning. This is not in response to any specific local authority contract, although the local authority is fully aware of the initiative. The provider explained:

We are trying to lead on this agenda, rather than wait for a contract to be advertised, and then scramble to find partners. My input has been very labour intensive. There has been a positive response from other organisations, with the attitude that 'we know we can't do nothing' [as that would risk closure]. (Health service manager)

Understandably, in this case there is some concern about sharing information, because of commercial sensitivity. Each organisation will retain its independent status. When a new contract is advertised, interested parties will state whether they wish to bid on their own, or as a member of a group.

Other women's services providers reported that their experience of building consortia was more negative:

You know, after the [unsuccessful] tendering round, we really tried to diversify then. We are really looking what our options are. We have tried to build up partnerships and bid for contracts but that has not been really effective. We need a lot of support too to really start doing something like that. A lot of organisations similar to us have closed down or had major funding cuts...people are not in a position to make a consortium because they are losing out in a big way. (Domestic violence service manager)

The merger was very difficult. There were five lots of management committees and although they then moved to one office, all were still working separately, independently rather than as a team. It has been a big effort to pull everyone together; information sharing was not working and some staff were on different salaries which caused an undercurrent of resentment. (Domestic violence service manager)

There is supposed to be a new partnership with police, health, local authority and the voluntary sector linked to the development of a Sexual Assault Referral Centre (SARC). We don't have a very good relationship with the rest of the partnership. We have not really been listened to, we have not been part of the decision making. Instead we have been told what is going to happen. (Sexual abuse service manager)

One project we spoke to, which had already been successful in diversifying their funding, found that their attempts at developing a consortia approach to other bids with other providers was difficult. Some they approached, were suspicious that they intended taking them over. Another provider recalled how, having shared their proposals with another organisation, they subsequently discovered that their paperwork was being re-used by their putative partners without their permission.

Two organisations reported negative experiences of working with the lead contractors delivering the 'Work Programme' in certain areas, helping ex-offenders and other excluded women into a 'back to work' process. One submitted proposals that were included in the lead contractor's submission to secure the work, but the actual contract bore no relation to that proposal. The other stated that the contract terms provided only about 70 per cent of the total cost of providing the service. They had continued to work under the contract in the hope that they could use the experience to diversify their project services further, but other (grant) funding had to cross-subsidise their involvement.

#### **4.6 The Equality Duty and working with men**

Project managers had mixed views on whether their government funders fully understand the implications of the PSED for women-only services (Equality Act, 2010). As one project manager put it:

If you get a group of funders in a room, at least one of them will claim that gendered services are not legal under the Equality Duty. (Domestic violence service manager)

Many providers reported increasing pressure on them to extend their service to men. For domestic violence and sexual abuse services, the primary reason given by funders for requiring this is financial. As the incidence of male domestic violence and sexual abuse victims is relatively low, the costs of providing services separately for this group would be disproportionate. Many women-only providers felt the pressure to

provide for male service users has arisen because funders wish to be seen to work with all those in need.

One provider reported that their local health commissioning agency issued a Pre-Qualification Questionnaire (PQQ) as part of the process to commission sexual abuse services, stating that the service needs to be available for all (to conform with the Local Authority's equality policy). The provider requested an opinion on the terminology used in this PQQ from the legal team at Rape Crisis England and Wales, who felt it was unlawful. Other providers reported that local authority procurement teams can easily slip into the mind set that *not* being 'equal', that is not providing the same services for women and men, would leave them open to legal disputes.

For many providers in this study, there is a fundamental contradiction in the approach of funders. In their view, the needs of male users (or as some said, the need to be seen to treat all groups equally), were given more weight than the unmet needs of women service users which could arise from broadening the service, for example, increased waiting times and potentially reduced service quality. Addressing the needs of male service users meant that fewer resources were available to support women.

A sexual abuse service provider estimated that just two of their 200 clients in a year would be male but that to adapt their service, this would have a huge impact on their way of working and the culture of their organisation. Another project reported that their local authority had a budget of £20,000 to support domestic violence service users and estimated that eight per cent of the client group would be male – requiring that £1,600 be devoted to support for men.

There are a number of issues raised here:

- All case study providers believe that they offer a better service by providing a women-only service
- For many, being women-only is a core principle and part of their ethos
- For some providers, being a women-only organisation was enshrined in their constitutions.

All providers stressed that they referred men who contacted them to appropriate services but felt that women-only space was essential. Moreover, a large number of volunteers, who were often former clients of the service, may be put off if the projects had to open their doors to men. Sexual abuse and domestic violence providers in particular, pointed out that central government contracts for providing rape crisis support specified provision of a women-only space. In contrast, several domestic violence support providers who deliver an outreach service, stated that their contracts

with local authorities or partnerships require provision for both sexes, although in practice the number of male victims has been very small:

[A local authority] are obsessed that we are women-only. It is a bit out of proportion – We have now agreed to signpost men so that we can continue to deliver this service. But out of 146 people we have seen so far just two are men of which one was a perpetrator. There is a huge demand for family support and one man seems to occupy so much of their attention. [The funders] are saying that men's need are not met but there has been no evidence of this need. (Domestic violence service manager)

Another domestic violence service provider explained that despite extensive outreach and local campaigning, they had not had any male service users. Similarly, a provider contracted to provide domestic violence support to both men and women trained a worker to provide specialist services for men but, after a year, has had just three referrals from over one thousand service users.

One project offering sexual abuse counselling services for both women and men offers a women-only day once a week and allows all clients to specify whether they wish to see a female or male adviser on registration. The project believes it is important to provide choice but that, in their view, women-only is not essential. The project manager commented that local authorities have become uncomfortable with women-only services on 'equality grounds', although they had only ever been asked to ensure that they were not women-only on one contract that enabled the inclusion of non-abusive male family members in advisory sessions.

#### **4.7 Summary**

All case study providers (with the exception of sexual abuse services) had seen some elements of their funding cut and the need to become more cost effective was universal. Several providers who participated in the research had lost contracts or faced considerable reductions although many domestic violence service providers had experienced a funding freeze rather than funding cut.

Sourcing and securing funding had become a major issue for service providers in this study, squeezing out other management activity. Responding to new commissioning practices was particularly onerous for small providers who did not have the resources to dedicate to tendering requirements. Several providers felt they were given insufficient time to respond to bids, not only because of the information required but because they did not have time to negotiate with other service providers to present a consortium bid.

Although most providers felt they had a good relationship with their core funders, some felt there was a lack of understanding on the part of funders, or insufficient advice and guidance on what funders required.

Several providers suggested the level of uncertainty over funding decisions had increased considerably in recent years. For example, some were on rolling contracts where the contract is secure for a limited period of three to six months, rather than annual or longer term contracts. Similarly, many had experienced 'late decisions', where notification of bids for funding came at the last minute, with an understandable effect on staff morale and stability. The majority of providers had received funding from charities and trusts but did not see this as a solution to their funding needs.

Most providers felt strongly that the days of any 'inefficient practice' had long since passed. They reported that the cuts were having a real effect on service provision with fewer staff and longer waiting lists for service users, at a time when many providers also reported an increase in referrals from other service areas. Many relied heavily on volunteers to help run the service. In addition, several organisations had taken steps to reduce costs over the last three years by reducing or cutting services such as childcare or transport or asking for voluntary donations from service users for activities and more social networking support.

Providers felt the shift from grant aid towards commissioning procedures had shaped the nature of the service provided. Almost all who had been through the commissioning process felt that rather than having the freedom to define the service themselves, they were now required to respond to the commissioner's view of what an appropriate service should be. Furthermore, a number suggested that they were unlikely to receive full-cost recovery with some funding bids, as the value of the contract was less than the service would cost to deliver.

Most providers monitored their service and client characteristics and this was thought to be particularly useful by several who had been awarded contracts. Performance monitoring has also become more outcome focused. Some doubted whether it fully reflected their services' achievements, particularly when holistic support was provided. It also came at a cost in terms of staff resources.

There were concerns about more generalist service providers 'taking-over' provision traditionally delivered by specialist organisations. The research suggests that in some cases, women-only providers could not compete with the lower cost base of other bidders. Ethnic minority women-only service providers were particularly concerned about this, especially as those interviewed for this study were reluctant to join consortia and risk losing their special identity.

All case study providers believed they offered a better service by being women-only and for many, it was a core principle and part of their ethos, enshrined in their constitutions. However, some reported increasing pressure on them to offer services to men, suggesting that local authority procurement teams may feel that not offering services to both sexes could leave them open to legal disputes. Some felt that more

weight was given to the needs of male users (or the need to be seen to treat both sexes equally) than to the unmet needs of women service users.

## 5. Service users' perspectives

### 5.1 Introduction

The perspective of women who used the services is explored in this chapter. Interviews with service users were conducted either as a group, one to one on site or by phone, depending on service user preference. In all cases, they were contacted by the service providers to ask whether they were willing to participate. Group discussions in two projects were conducted through an interpreter where service users preferred to participate in their own language. Interview expenses were offered and used at the discretion of providers, where service users were required to travel specifically to attend interviews.

### 5.2 Importance of the women-only service

Feedback from service users suggests that women had been referred to specialist provision typically by mainstream organisations. These included, for example, a police or prison service, local health provider (hospital or GP) or social services.

The great majority of service users who participated in the research were aware that they were referred to specialist women-only services. Only two out of 86 service users were not aware that the service was exclusively for women (one service user who was accessing emergency accommodation and one who was granted a drug rehabilitation order to participate in the service).

Overwhelmingly, service users interviewed felt that the women-only aspect of the service was an important factor when they made their decision to access provision. Just four of the 84 women interviewed who were aware the service was women-only stated this was not important.

Service users gave a number of reasons why attending a women-only service was important to them.

Safety and security were paramount. This was the case with service users across all service areas but particularly women accessing domestic and sexual abuse support services. Women felt relieved that there was a space where there was no need to worry about coming face to face with a man:

Here you can be yourself, feel safer and not threatened at all. (Domestic violence service user)

The difference between women-only and other services is that men can be quite...it is hard to explain, there is a sexual thing always about it, it is a safety thing – here you can be safe. You know you are hundred percent safe. (Offender support service user)

It is very safe here, the door is always locked and people can't get in.  
(Homelessness support service user)

Another key aspect was the greater empathy service users felt with female professionals and volunteers, many of whom had previous experience as service users themselves. This helped their ability to talk and share their experiences and feelings with confidence:

We are able to talk about issues in a comfortable and confidential place.  
We understand each other. (Domestic violence service)

What's really important is that what's said in here and what's done in here stays in here... We kind of leave ourselves open... we need to feel safe.  
(Offender and at risk of offending service user)

They [the police] gave me all these leaflets, counselling and like that. But I was raped, I wanted to talk to someone who understands about being raped. (Sexual abuse service user)

I had previously tried [generic] counselling and that was not helpful, they did not 'get it'. I wanted to talk to someone who was trained, who had an understanding of rape and sexual abuse. (Sexual abuse service user)

Peer support and solidarity between women who were experiencing similar issues were highlighted: .

[Women-only provision is important because] you know you've got people there who've gone through the same thing. (Sexual abuse service user)

We could not discuss these issues if there were men in the group. Muslim men talk, everyone would now about our problems. Now things stay in the group. (Domestic violence service user)

Similarly, several of the women felt that the women-only aspect of the service had helped them increase in confidence:

I attended some group sessions to build my confidence. If the group was mixed, I would not have participated fully (Sexual abuse service user)

What is really wonderful about this place is you don't have to engage with men if you don't want to, because a lot of women here have been very traumatised... there's a magnificent unity here, I've seen people grow.  
(Offender support service user)

It takes a lot of courage to contact [women-only service] and you need to feel confident that there will be someone on the other end of the phone or at the door who will understand and a man wouldn't give off that 'vibe'  
(Mental health service user)

Many women felt that, unlike generic provision, a women-only service allowed users to talk more freely on all issues of their life, such as pregnancy and childbirth, raising

children, relationships or the menopause. They strongly felt that discussing these topics would be very difficult or at least 'it would not be the same', if the service supported both sexes or if provider staff were male:

What can I say? It is easy to be in contact with women. It feels comfortable when I talk with women, I feel free. I could not talk to men like this.  
(Domestic violence service user)

My friend went through breast cancer and it was extremely important for her, to come to this group. It has been essential to have a place where we feel comfortable. (One-stop-shop service user)

Women attending health related services found the women-only environment particularly helpful, allowing them to open up more fully about their health issues. Many health service users had previously accessed mixed groups (mental health and substance abuse), so were able to compare these with women-only groups. Service users (in particular those that had experienced violence by men in the past) felt they would not come to a mixed service as it would prevent them from sharing their feelings and emotions or discussing difficult issues around violence or abuse they had experienced:

We are all a lot like each other, we can relate to each other. We can say things we cannot say in male environment (Health service user)

In a group with men, there are a lot things we could not communicate, like children and feelings, I would have been too embarrassed to talk. (Health service user)

I don't hate men but I need this space. I can talk with someone when going through a life change, I am able to share my deep feelings without feeling silly, I am able to communicate lot easier. (Health service user)

Culture and faith were also given as reasons for women-only services, most often by women from ethnic minority groups. Many of these women felt that they could not attend a mixed service:

All here are Muslim, we maybe come from different cultures but we all know about Islam, it is easy to do our religion and pray. I am not aware of other refuges, I have not used a refuge before. I am very happy that this refuge is women-only. (Ethnic minority domestic violence service user)

My husband would not let me get involved with a group if it was also attended or run by men. (Ethnic minority health service user)

It was very important [that the service was women-only] because it would be difficult for me if I had to live with men in a refuge. Very difficult because I am a Muslim and cannot stay with men outside of marriage.  
(Ethnic minority domestic violence service user)

One service user noted a significant difference between her relationship with her probation officer when they met in the probation office, compared with meeting the same officer at the women-only organisation premises. She felt the first was an administrative meeting, the second more comprehensive and personal:

When I come here and I sit and I talk to [probation officer's name] and she sits and she says 'why do you commit your crime and that', in probation no-one cares, here people care, if I had had to go to the other probation, I would probably be in jail by now. (Offender support service-user)

### **5.3 Availability of services**

Women who used women-only services were asked what alternative services they would use if this current service was no longer available. Most stated that they were not aware of any similar services available elsewhere, the specialist service was unique and there was no other provision (locally). This was particularly the case with sexual abuse and domestic violence support services, but also in the case of 'one-stop-shops' offering a holistic service:

There is no other [women-only service] for the county. If I hadn't had that intervention, I would have been in a psychiatric unit. (Sexual abuse service user)

If this support was no longer available, I don't know what I would do. I would have probably got severely depressed – I would probably try to sort it out myself but would not cope that well (Sexual abuse service user)

I am not aware of any other service. I tried calling one phone helpline but they don't provide any counselling, only an opportunity to talk to someone – it is not the same. (Sexual abuse service user)

Clients accessing women's health services or services targeting women offenders and those at risk of offending, were more likely to state that they were aware of other services but that they were not women-only. One service user who received therapy was aware of alternative private sector services but stated that this would be out of the question due to its high cost.

Service users were asked whether they would still attend the service if the provider was no longer able to offer a women-only service. Responses were mixed. A considerable minority of women stated they would carry on using the service but were keen to stress that this was only because they now knew and trusted the provider and staff. They would not have accessed the service if it was not women-only in the first instance. Some went on to explain that they had made real progress at the provider, and now felt able to move to a mixed environment:

I'm not so bad now but I think at the time when a lot of women are first introduced to the project they are very, very vulnerable. (Offender support service user)

A small minority of service users thought there were potential benefits from some aspects of a mixed service. In most cases, this revolved around the need to get used to circumstances that exist in society in general, including the need to relate to and be able to deal with men. A few service users suggested that once someone has been supported by the women-only service for 'a while', it would be 'okay' to introduce men as staff members in some capacity:

Children may benefit from male staff so that there are positive role models and that they can learn to relate to both males and females. Sometimes [in women-only service provision] it can feel as though we're avoiding men and able to pretend they don't exist in the world but that is false so maybe children and young people's work or some part of resettlement work it might be good to have male input. (Domestic violence service user)

Similarly, a small number of service users felt that support need not be provided exclusively for women:

Whoever is raped knows how you feel. It does happen to both sexes, it is fine [for the provider] to help blokes too as they might also find it easier talking to a woman. It is good to know that you are not alone. (Sexual abuse service user)

However, a number of interviewees had previous experiences of services that supported both men and women and felt strongly that a women-only service was better:

First I felt that the service being women-only was not relevant but now I realise that [women-only service] is more comfortable, open and honest. (Health service user)

Ethnic minority women stressed their preference for services that recognised their faith and culture, often over and above the women-only aspect of the service. A number of ethnic minority women suggested that although they were aware of alternative provision elsewhere, they would not access this service even if it was women-only, because the service would not be culturally sensitive:

If there would be no more this service, I would probably rather just try to move to my own home, rent a flat [rather than use non-ethnic minority women-only service]. It would be difficult. [Ethnic minority service user]

Although not directly related to the women-only nature of a service, a number of women found the availability of a crèche an important aspect, influencing their ability to attend. In one service where a crèche was no longer available, women who

participated in the focus groups suggested that some of their peers who had small children, were no longer able to access the service.

#### **5.4 Summary**

Nearly all the women interviewed said that the women-only aspect of the service was important in their decision to attend in the first place. Reasons for this revolved around feelings of: safety and security; building confidence and trust; peer support; and the ability to talk more freely and open up about the issues facing them. This was particularly the case for ethnic minority women who suggested that they simply would not be able to attend if the service was not women-only.

A minority of women were prepared to continue using the service should it no longer be women-only, but they stressed this was only because they now knew and trusted the provider and staff. They would not have used the service originally if it had not been women-only. A small minority thought that having men around, possibly as staff or other clients, might help prepare them better to cope in society in general.

Most service users stated that they were not aware of any similar services available elsewhere, the specialist service was unique and there was no other provision locally. This was particularly the case with sexual abuse and domestic violence support services, but also in the case of 'one-stop-shops' offering a holistic service in a range of service areas.

## **6. The views of funders of women-only services**

### **6.1 Introduction**

This chapter explores the views of 23 funders of women-only services who participated in the study. It looks at funders' strategic objectives, their commissioning arrangements, the impact of the commissioning process on women-only service provision and future changes.

The interviews were carried out after those with service providers. Many providers had suggested contacts in their funding organisations and in a small number of cases, they also notified the funder that they had passed their details to the research team. Not all funders of case study providers were able to take part in the research in the run up to the end of the financial year, so three interviews were undertaken with funders of women-only services identified through discussions with stakeholders.

In all cases, in order to preserve anonymity, the interviewer did not identify the individual services or the specific issues facing any particular provider.

### **6.2 Strategic objectives and the need for women-only services**

#### **Strategic objectives**

The strategic objectives of funders of specialist women-only services were understandably varied. However, all funders who participated in the study sought to provide a good quality service and to secure value for money across all service areas. Women-only services were simply a part of this wider process:

We need to be clever on how to spend money – there is much less around. (Local authority funder of domestic violence, sexual abuse and health services)

A significant minority of funders reported that this means re-modelling services better to meet service user needs and introduce service innovations. For example, in the case of domestic violence services, one funder improved refuge facilities to cater for women with three or more children, while another shifted the balance of expenditure more towards floating services to meet the desire from many women to stay in their own homes.

The majority of funders felt that it was important to work collaboratively with providers to understand what might be achieved and to help them change, where perceived necessary. Some funders felt that they now had to encourage more radical innovation to secure greater cost-effectiveness to meet future budget cuts.

## **The need for women-only services**

Funders in different service areas highlighted the contribution and added value of women-only services. They recognised that the women-only aspect of the service creates a feeling of safety for service users, providing them with clear benefits in terms of reporting and recovery rates. Women's own preference for women-only services was also seen by many funders as a fundamentally important part of the service offer:

Many women are happier to contact a women-only service and we need to be able to offer that. (Health service funder of domestic abuse services)

Funders of domestic violence services and support for offenders mentioned that a key part of the women-only service offer was that children were able to stay with their mother. Safeguarding children is a statutory duty and offering services that accommodate children, while keeping them safe and with their mother, was seen as having substantial long term benefit. Funders of offender services had a strategic commitment to women-only services and an aspiration that all women in the criminal justice system should be able to benefit from holistic services that also address under-lying issues. This could take some time, as one funder explained, because the women-only services they were introducing cost more than the generic service offer, partly because they were specialist and partly because, in order to deliver benefits, they have to work with clients for longer. The funder did not doubt that these services would provide better results and value for money.

Local funders of domestic violence services, in particular, recognised the need for specialist women-only services for specific ethnic minority groups in their locality, to provide a culturally sensitive approach to domestic violence, forced marriage and health issues. Some funders questioned whether the whole service should be women-only and felt that much depended on the particular service offered and the criteria applied for judging success:

Domestic abuse does not necessarily need to be women-only but it is necessary to provide women-only space. It is possible that throughput is better in places where women are not reliant on the service and reluctant to move on. (Local authority funder of domestic violence services)

We want to commission this service for everyone, not just for women. We want the service to be accessible for all our service users, including men. (Health funder of sexual abuse services)

While women-only services were recognised as important, many funders reported that it was difficult to judge the scale of need. In the case of VAW support, a minority of funders said they considered crime statistics and reporting rates when assessing demand for services although they thought these were a poor measure of real

demand. Most did not attempt to assess levels of service-user need. At best budgets were flat, and without additional resources there was very little prospect of serving any unmet needs.

One funder reported that the Equality Act had prompted them to improve their understanding of the needs of service users and to translate these needs into priorities, which had then been discussed at a meeting of their grant committee. However, the same funder also felt that this had not been fully embraced by all partners and there was some doubt about how strictly it would be enforced.

The Equality Duty requires an adequate evidence base for public bodies' decision-making. A number of funders had undertaken reviews of women-only services, most often local authorities reviewing domestic violence services and one-stop-shop services. However, some of these were still in the process of undertaking reviews and other funders were not able to share their results, so it is not possible to comment on their contents in detail.

A minority of health sector and local authority funders were keen to see services open to all users. Many in this group felt that senior colleagues saw this as an equality issue (that is, that having services open to both women and men was appropriate under equality legislation). Others pointed to their universal service ethos. It is interesting to note, as many women-only service providers pointed out, that:

- the assessment of need for domestic violence and sexual abuse services for men has led to a shift in budget priorities, as a proportion of the available budget for women-only services is diverted to pay for support to men, and yet
- the impact of this decision on female service users has not been assessed.

Funders told us that this decision had been taken from a financial perspective given the reality of setting up an entirely separate service for men in the current funding climate. One funder, who had strong evidence for the benefits of offering women-only services, did not actually contract for women-only provision but required that providers signpost male victims to other support services. Another local authority had a small budget for domestic violence support services and could see no possibility of establishing a separate service for the estimated eight per cent of service users who would be men.

While none of the funders interviewed were in any doubt that funding women-only services was perfectly legal under equality legislation and many expressed complete understanding of the need for women-only services, there was a sense that a fuller understanding of the public sector equality duty and its role in ensuring that public services better serve the three aims of the duty was not yet in place. Over the past

three years, funders confirmed that the procurement process had rarely commenced with an assessment of service user demand but, more frequently, with the available budget.

Only a minority of funders of women-only services were themselves directly involved in setting the budgets for their service areas. In most cases, these decisions had been taken at a more senior level. Few of those interviewed were willing to speculate on the criteria used to determine budgets. Most funders had been given a budget and were tasked to secure the best possible service for the money available. As above, the process for most started with the need to implement a budget cut rather than an assessment of the scale and nature of service user needs:

[It is] really difficult to pitch the size of the service – to be honest, the size [of the contract] is constrained by the funding available, relative to competing budgets. [We have to] spread the jam quite thinly – while ideally, we would like to get the right scale and nature to cope with perceived need, there are no resources for this. (Health funder of health, domestic violence and sexual abuse services)

In domestic violence and sexual abuse services, promoting service stability and sustainability were identified as fundamental to increasing service-user reporting rates and raising their confidence in the services by both national and local funders. The availability of longer-term funding to support service users over a sustained period was recognised as a key contribution to recovery rates by funders.

### **6.3 Funding arrangements**

Not all funders had actually commissioned women-only services. In fact, the majority of those interviewed reported that they still procured women-only services through grant aid rather than competitive tendering procedures, although some used commissioning for other services. Around half of the funders interviewed said that they had not yet formally introduced commissioning procedures:

We have done a lot of reshaping, rather than commissioning of services. There is no point in tendering if you have good quality already. (Local authority domestic abuse service funder)

However, most funders agreed that the direction of travel over the next two to three years is towards much greater use of commissioning. This was being driven by a number of factors:

- Some funders had decided to commission more services in order to improve cost-effectiveness and conform to corporate procurement strategies. In some cases, this also involved a shift from direct provision by the funder's own organisation to externally contracted provision.

- A minority of funders had significantly re-modelled services and commissioning the service was the final stage in the process. In some cases, telephone helplines and one-stop-shops had been put out to competitive tender as funders ‘wanted to test the market’ and see what other potential providers had to offer.
- Funders in local Probation Trusts who had inherited some NOMS budgets and local authorities in England who will inherit some PCT spending in 2013, suggested that procurement rules will require them to commission services with these ‘new’ budgets.

This reshaping of services has been taking place over an extended period – one local authority formed their separate women-only community services into a single service in 2003. Other funders also pointed to funding arrangements evolving over time:

Over recent years, [our] contracts with service providers have become more formalised and structured...The contracts that are in place have not been awarded on an open tender basis, as they are simply a more formalised version which has evolved since the grant system. (Local authority domestic violence service funder)

Some funders (particularly those who had yet to go through a competitive bidding process for women-only services), expressed concern that the shift to commissioning would alter the provider landscape. One funder said that they would only move away from their current non-competitive contracting arrangements if the performance of the provider slipped or, more likely, they were required by their Legal Team to comply with EU Procurement regulations.<sup>27</sup> They expected that a provider external to the locality would then win the contract with a service covering the whole area:

This would provide efficiency but the point about these specialist services is that they are local and accessible. So there is a real risk to accessibility and local employment if they gave it to someone from outside the area. (Health service funder)

### **Arrangements for supporting service providers**

In a number of cases, funders explained how they had worked closely with local providers to develop commissioning procedures. One local authority has set up a provider commissioning forum where the timing, scope, and scale of any calls for bids are discussed. This group has developed the scoring criteria that will be used to judge bids, including the balance between quality and price. The funder books rooms and takes the minutes, but the providers set the agenda items. In a discussion of housing benefit reforms, for example, the funder aimed for improved co-ordination between services and considered the co-location of services to save costs. The funder, based in England, also established a Commissioner’s Board with other funding partners, including the PCT, Drug and Alcohol partnership, public health,

police and probation to improve the relationship between them and increase co-ordination in funding.

Another English local authority and PCT jointly funded a third sector capacity building organisation to provide support to a range of small voluntary bodies in their area, including their two providers of women-only health projects. Currently neither service is subject to competitive tendering, but this is likely to change when public health is transferred to the local authority in 2013. The expectation is that the transition to new funding arrangements will stretch service providers' capacity to manage the change and this is one method of ensuring that they have support and advice.

One funder was in talks with a local voluntary network to support small local providers to bid for services, including domestic violence support, either as a consortium or individually. So far, services have not been tendered but have evolved from the previous grant regime with service level agreements.<sup>28</sup> Eventually, all services will be commissioned so the local authority welcomes initiatives to help the local voluntary sector.

The research came across several cases where funders have attempted to amend their funding or commissioning process to cater for smaller organisations bidding or procuring for small contracts. In one English location, a PCT used a short two page application process with Service Level Agreements (SLAs) to commission mental health services for women. The PCT expressed intent to fund a service, and offered help to providers in preparing the bid. PCT equalities staff were involved in this process, but were made redundant recently as part of staff cuts.

As part of a wider process for commissioning more services from the voluntary sector, one local authority had undertaken a consultation process with a range of service users and providers. This identified a strong preference for local service providers. Although the funders expected this to cause issues with their procurement team, the latter were helpful in designing a commissioning process that would encourage the participation of local voluntary organisations, including those working with certain groups, such as women:

The [local authority dept] team has discussed the new tendering process with the procurement department, and has agreed a new approach, appropriate to the type of service provider. They have introduced a 'Dynamic Purchasing System', which is designed for a market place where the market is changing. The framework will be permanently open. The PQQ will not require financial data; as there are likely to be 40 to 60 providers, each with a relatively small contract, the risk associated with each provider is small. The PQQ will ask about the provider's footprint in the local community, their experience, and networking with other providers. The aim is to have a level playing field for small, voluntary organisations. (Local authority domestic violence service funder)

In contrast, another local authority that had used their standard procurement portal to commission services, felt that this was no more onerous than most funding applications to organisations such as The Big Lottery or Comic Relief, for example.

Funders felt that the quality of funding applications or bids from women-only organisations was generally good, with several funders suggesting that responses from women-only organisations were typically of high quality.

Women-only service providers' bids are the same if not higher quality [when] compared to others. This area of the voluntary sector is highly motivated and have a skilled management and boards...if anything, they are slightly better than average. They seem to have a greater sense of what is required and needed. (Health funder)

This contrasts with the assessment of some women-only provider bids reported in the literature which reports that funders often have a low opinion of the quality of supporting evidence provided by women-only service providers.<sup>29</sup> Where funders have had the time and resources to research the nature of women-only services and service user needs, they frequently have a better appreciation of the quality and relevance of the service on offer than those who have not.

### **Drawing up bid documents and criteria for assessment**

Many funders who had commissioned services reported that they worked closely with providers pre-bid, in an effort to understand better how specialist women-only services work. This experience influenced the development of the service specification in the bid documents.

### ***Designing documentation***

One funder opted to re-commission their domestic violence service as they had concerns over service quality and performance. The funder felt that more formal service criteria and structured performance monitoring were needed to manage performance, and that this was best achieved through competitive tendering. However, by going through the commissioning process, the funder gained a far better understanding of the service provided by the women-only provider and of what they were already achieving with service users. Having gone through a competitive tendering process, the original provider was re-contracted.

Some funders had not succeeded in getting their intentions across to bidders, either in the design of the service or funding arrangements described in bid documents. One funder felt that, with hindsight, they had been too specific in their description of the service and had only succeeded in putting off organisations that were expected to bid. They now considered that a better approach would have been to focus on the outcomes required and allow providers to use their experience to organise the

service. However, as services were often dependent on a cocktail of funding, it was increasingly difficult to take this approach as providers bidding for one part of the service had no guarantee that they would secure funding for other elements of the service in subsequent commissioning procedures.

### ***Assessment criteria***

Funders reported that a key decision when drawing up criteria for assessment was to determine the balance between the quality, price and length of contract offered. Most would prefer two to three year contracts as this provided a greater degree of stability and allowed providers more certainty. However, at least two local authorities felt constrained by their own budget settlement and offered shorter contracts as a result.

Most funders in this study said that scoring criteria weighed the contribution of cost and quality equally. In some cases, funders had argued for a 60/40 split with a higher scoring for quality measures on the grounds that higher quality services typically produced better performance whereas a similar number were working with a 40/60 split with a greater emphasis on cost.

The strategic procurement policy of the commissioning organisation was key to the ratio of cost and quality in scoring. A few funders of women-only services had made the case to increase the weight given to the quality score in relation to their organisation's overall weighting, – so although 40/60 quality/cost may not place an emphasis on quality, it was better than the 30/70 split the strategic procurement team may have established for the organisation as a whole. None of the funders we interviewed were able to say why their organisation had selected a particular ratio of cost and quality.

Procurement and commissioning guidance documents<sup>30</sup> are not specific about the balance of weighting funders should use in commissioning. They require criteria to be selected on an objective basis but leave this process to be determined by the service funder. Some Scottish guidance has been published that sets out key areas for funders to consider, shown in Table 2.

### **Re-shaping services**

All funding and commissioning organisations reported significant pressure to improve the cost-effectiveness of all services; women-only services were subject to the same pressures. The drive for greater efficiency applied to all, but was clearly a more significant issue at the local level where public bodies' budgets had been cut. It was also highlighted by funders who had their women-only budgets preserved by national or local decisions. In a number of cases, funders co-invested in women-only services and cuts in their partners' funds meant that changes in service provision had to be made or renegotiated, even when their own funding remained stable. This may

become more critical and widespread, as commissioning of specialist services will be increasingly decided at the local level by such partnerships.

The focus of most funders was on the structure of service delivery – seeking to gain economies of scale in delivery and reduce service overheads. Not one funder suggested that savings were to be made by cutting ‘unnecessary’ parts of the service. As a number of women-only projects reported, they had already stripped away parts of their service offer that were not deemed essential and, depending on the service, were charging small fees for some activities or asking service users for voluntary donations for advice sessions.

**Table 2 Ratio of cost to quality procurement guidance, Scotland**

<b>Commodity type</b>	<b>Description</b>	<b>Suggested ratio cost/quality</b>
Routine	<ul style="list-style-type: none"> <li>• Low value/high volume</li> <li>• Many existing alternatives</li> </ul>	90:10 to 80:20
Leverage	<ul style="list-style-type: none"> <li>• High spend area</li> <li>• Many sources of supply</li> <li>• Commercial involvement can influence price</li> </ul>	70:30 to 60:40
Strategic	<ul style="list-style-type: none"> <li>• Strategic to operations</li> <li>• Few sources of supply</li> <li>• Large spend area</li> <li>• Specification may be complex</li> </ul>	60:40 to 40:60
Bottleneck	<ul style="list-style-type: none"> <li>• Few sources of supply and alternatives available</li> <li>• Complex specifications</li> <li>• If supply fails, impact on organisation could be significant.</li> </ul>	40:60 to 10:90

Source: Scottish Government Selection and Award criteria toolkit (2012)  
<http://www.scotland.gov.uk/Topics/Government/Procurement/buyer-information/spdlowlevel/routetwotoolkit/developdocumentsroutetwo/selectionandawardcriteria>

***Providers merging***

Although women-only services were generally considered to be efficient, funders said that they had to respond to reductions in the budget and cutting the costs of delivery was the preferred approach, so that cuts to frontline service were kept to a minimum:

There have been some changes in recent years; providers have voluntarily merged or been forced to merge when the alternative would have been no service. Where budgets are under pressure provider organisations [not just women-only] that do similar things are in danger of losing all funding otherwise. (Local authority sexual abuse and domestic violence funder)

Most of the funders interviewed aimed to reduce any perceived duplication in service provision and/or gain economies in scale. For example, in one case, funding partners required a women's refuge and rape crisis centre to merge to save money and retain both services, when the alternative was that one or both would have been cut. The service providers strongly resisted the merger but had no option. Savings were made by amalgamating management of the refuge and rape crisis centre and sharing premises. The funder thought that the new service could offer more holistic support to service users who had previously accessed each service separately.

This is clearly an area of contention. Although some funders felt that mergers and co-location of services would bring down costs and help preserve frontline services, providers typically saw their services as distinct and feared that service quality would suffer.

### ***Co-funding***

A number of funders said that while co-investment with other funding partners was very efficient, it meant they were sometimes affected by constraints on their partners. This could lead to:

- Shorter contracts - some funders in the health and justice sectors, (where budgets have been largely maintained), often reported that while they wanted to offer longer service contracts to providers, local authority partners were unable to do so because of uncertainty over future budgets. One local authority was funding women-only services on three-month rolling contracts as they had no certainty on their own funding beyond the Comprehensive Spending Review in November 2012. This was seen as less than ideal for the providers, but the local authority felt that they had no alternative.
- Service cuts - ultimately, as budgets further decrease, there are no more efficiencies to be made. Some funders said they are having to cut good services and make reductions that prevent providers delivering the same service. In some cases, they ask providers to try to make up the funding shortfall from elsewhere.

Where money is tight and we have high-performing services meeting needs, it gets more uncomfortable; all are doing well, so which least-worst decision can we take? (Health services funder)

While cuts in funding were having a direct impact on women-only providers, funders were also concerned about the loss of other specialist support services that impacted on services to women, for example, the numbers of police and court staff:

We are extremely concerned over the level of risk – demand is high and it is a worry as to what can be delivered with limited capacity. (Public health services funder)

***Pilot services***

In a small number of cases, women-only services started as a pilot initiative. Once the value of the service had been demonstrated, funders were advised that they were legally obliged to 'test the market' rather than award standard service contracts to the incumbent providers. In one case, the funders felt this was unnecessary but in another, the pilot service was put out to tender and the contract won by a larger, voluntary sector women-only provider. (In the latter case, the size of the contract was reported to be, pro-rata, considerably smaller than that deployed in the pilot, but it is not clear whether this was due to available budgets or a specification for a lower level of service.) In another case, a four-year grant for the pilot became a two-year contract for the mainstream service.

***Negotiations with providers***

A funder in the Justice sector felt that developing close working relationships with women-only providers formally through quarterly review meetings and informally through regular telephone contact, meant that they could work more flexibly and draw on their experience to improve service delivery. One local authority funder had undertaken a detailed programme of work with their providers, reviewing their capacity and staffing and non-staffing costs. This had given the funder a better understanding of providers' margins.

The drive for greater cost-effectiveness was not restricted to commissioned service delivery alone. One women-only service provider reported that they negotiated with their grant funder each year over changes to the service, often in terms of greater client throughput. While fully appreciating that they were in a better position than many other providers, this still had a real impact on, for example, staff terms and conditions as waking staff posts were cut and replaced by sleepover duty for all staff. Another provider reported that while standstill budgets were welcome in a world of decreasing budgets, this meant paid staff had received no cost of living pay rises for some time which was a strain for all. One funder interviewed for this study suggested that voluntary sector organisations should be able to deliver more outputs because they can mobilise volunteers to provide services.

***Consulting with service users***

All funders recognised the value of service user input into the design of services but more initiatives to involve service users were being planned than had yet been undertaken. Some funders have attempted to consult with service users but a number commented on the time and resources this takes and, with very vulnerable service users, how it can be difficult to get meaningful discussions with a significant number of clients:

We cannot just get everyone into a church hall, so we need to work with providers to access service users. (Health service funder)

A number of funders had undertaken detailed analyses of service user needs and revised their service requirements on the basis of this information. One funder found that the historical basis for funding existing women-only services had created an anomaly, in that the drop-in centre with fewest users was receiving the largest grant, as changes in the local population had altered the pattern of demand. This led them to re-design the service specification and commission an area-wide service based in newly re-furnished one-stop-shops that catered for the needs of women and men within the same building.

A second funder had undertaken an extensive consultation and auditing exercise to determine service effectiveness. This audit looked at various elements of the service, including staff/client ratios, non-staffing costs, other funding sources and service user throughput. This review found evidence that more resilient service users achieved better long term outcomes if they were offered permanent accommodation more quickly, instead of refuge accommodation. The local authority was seeking to develop a social letting agency to increase access to appropriate and affordable accommodation, to ease pressure on the refuge and better serve the needs of service users. The funder was establishing a panel of users in order to consult regularly on service design issues.

A third had looked into under-occupancy in their refuges and, as a result, the accommodation was re-designed to reduce the overall number of rooms available but increase capacity for women to stay with their children, which had been the cause of under-occupancy in the first place. As more domestic violence service users were opting to stay in their own home, the balance of support in the new contract with the service provider placed greater emphasis on outreach and floating support services.

One funder reported that although they had indications from monitoring data that the offender service they were funding had been diverting women from offending, they were unable to afford the evaluation research to confirm this. Another reported that they expected to undertake some evaluation of services but had not yet done some. These examples echo a concern of many providers, that the impact of significant changes in delivery models will not be evaluated because the resources are not available.

In the only case where we believe the women-only service may have suffered a cut in their budget above that of other service providers, it is difficult not to conclude that the funder simply failed to understand the service being provided. The funder used open forum discussions with local community members as a basis for assessing service need and the absence of anyone asking for domestic violence support in

these meetings appears to have been used as evidence that it was not a local community priority. The funder also suggested that any need for domestic violence could be adequately covered by the rape crisis centre and a project supporting sex workers.

#### **6.4 Impact of the commissioning process**

Most funders felt that the reshaping of services and commissioning procedures were very much work in progress. Those funders who had undertaken commissioning reported that it had real benefits in improving the shape and direction of the service:

The commissioning process has been very beneficial. It has given us clarity in terms of what we wanted and helped the [provider] organisation to be similarly clear on what they offered to do. (Health service funder)

Funders expected their actions to have impacts across the board resulting in better value for money, a closer relationship between expenditure and outcomes, improved co-ordination between different services and rationalisation of provision.

Some funders also pointed to other benefits such as a contribution to wider service objectives. For example, a few funders were able to not only identify providers with high service delivery scores, but were then able to select the provider who, they felt, was best able to work in partnership and integrate their services into other support services.

The majority of funders were developing clearer standards and a better evidence base to help improve future service provision. This included:

- Information available on provider performance, outcomes and throughput
- Assessment of providers against consistent quality standards, which provides performance benchmarks for the services on offer from different providers on a comparable basis (and gives funders further evidence that current providers offer a good service to users)
- Bringing together services funded across the partnership to set standards so that different parts of the system have confidence in other services and are happy to cross-refer service users as appropriate
- Asking providers to adopt standards such as the Supporting People Quality and Management Framework, and
- Setting up systems to include service user feedback. One funder is about to establish a service user forum and website to improve engagement and allow users to express their opinions on the service quality and support available.

A minority of funders explained how they use their performance information to assess the performance of individual providers against service benchmarks and to ask for service improvements. This involves a detailed assessment of client numbers, staff-client ratios and non-staff costs and provides information that identifies where and how the provider might save costs. This is a fundamental turnaround from the days of grant aid when funders paid for the service providers applied to run. Funders now have far greater involvement in selecting elements of service provision which, they believe, best deliver service user outcomes.

The same process has left service providers with much less control over which services are funded. As noted earlier, there are real challenges in identifying the impact of particular elements of the service on service users, or their contribution to sustainable outcomes in the longer term.

Other funders felt that they had not yet obtained the evidence to demonstrate improvements in the cost-effectiveness of services per se. Most pointed to savings in management costs through the rationalisation of providers – more often encouraging local providers to bid in consortia. This was also expected to deliver benefits through more joined-up ways of working. All funders felt that it was too early or too difficult to say how much these changes had improved value for money.

Others were using less formal procedures (scanning performance figures to identify differences in provider performance) and their regular performance meetings to explore with providers how to respond, for example, reducing waiting times and improving referral processes.

Most funders said that they required quarterly monitoring, but some were less frequent (annual quantitative and qualitative monitoring with interim quantitative updates). Where possible, monitoring systems had been designed to minimise the administrative task of collecting and entering data by providers. One funder was about to introduce an on-line system that, they hoped, would allow providers to enter the required data just once and be collated centrally by the funder.

A number of funders expressed concern that their providers could not adequately assess the risk to their own financial viability. There were two concerns:

- Service providers who were increasingly being contracted to achieve specific outcomes, for example, client employability or offender diversion, that providers could influence but not control. It is far more complex to identify and measure qualitative outcomes than contract to deliver a minimum number of guidance sessions for service users.
- Service providers who are reliant on a myriad of one-off funding grants:

I am aware that the community and voluntary sector seem to be very reliant on one-off grants, for example, the Big Lottery Fund. It's great that they have got this funding but I cannot see any exit plan. (Local authority domestic violence funder)

A number of funders reported that they had undertaken equality impact assessments as part of the changes to services and budget reductions:

[The local authority] has completed an equality impact on the funding cuts. This showed the high reliance on [programme] funding for the services, and the significant impact on service delivery and staff if there were significant cuts. (Local authority domestic violence funder)

It is less clear that funders have done anything with the implications of these equality impact assessments or that this is part of a systematic assessment of the impact of services or their redirection on users, called for under the equality duty.

NOMS is considering the introduction of outcome-related payments – one funder mentioned that up to 30 per cent of overall payments may be dependent on achieving longer-term outcomes such as lowering re-offending rates. As NOMS commissioning is being devolved to Probation Trusts it is unclear whether this will become part of their commissioning criteria. For Probation Trusts, maintaining close contact with the service provider and obtaining good information on clients' progression is essential, as they have responsibility for assessing and managing the risk of harm or re-offending. One trust had mapped out how they felt an ex-offender should progress, identifying which aspects remained their responsibility and those that were the responsibility of the service provider. This requirement to share information may be in conflict with the confidentiality that some community-based organisations wish to maintain for their service-users.

No other funders said that they expected to develop outcome related funding although one health funder stated that they were considering introducing the Commissioning for Quality and Innovation (CQUIN) payment framework for future contracts. This enables funders to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

## **6.5 Future changes to commissioning**

The majority of funders who commissioned women-only services were satisfied that their service providers were delivering, and considered that their commissioning processes had 'tightened up' and produced the performance information they required to help manage the service. Getting to know the providers – what they did best and understanding their value – was crucial for many of the funders in this study.

Some intended to improve the information available on the effectiveness of services, with better feedback from service users.

A minority of funders expressed some concern for women-only services in the future. A particular concern was the 'political' weight that specialist women's services carried in the process of setting funding organisations' priorities:

Specialist women's services are under significant scrutiny – they are not an attractive service, people are not happy to talk about it. I am concerned about the vulnerability of service. Without making our strategic partnerships to specifically look at these service areas, services could be overlooked or other services priorities could take over. (Public health domestic violence funder)

I have concerns over domestic violence service not having a proper 'home', it is always tied into other things; Supporting People is mainly about homelessness – it is not set up to tackle domestic abuse. Top priorities for public health are diet, alcohol and sexual health – not domestic violence. Tackling domestic violence is not secured in public health priorities and I am sad about that. (Local authority domestic violence funder)

A few also felt that this lack of a champion for women's services was an even greater potential threat to providers because of impending changes to funding streams, and the fragmentation of decision-making responsibility to local partners in England, many of whom have limited resources and capacity:

The level of funding from MoJ will diminish or it won't increase and the decision making will move to the local Police and Crime Funders. At all times we have tried to have this sustainability mantra – now that centres have longer term funding, they need to develop proper strategies and longer term plans (including diversifying their funding sources). The current emphasis of the government is that more decision making power needs to be at the local level – they are better at making educated decisions of how and what to fund in their community. (Ministry of Justice sexual abuse and domestic violence funder)

The future provision looks patchy – local policy makers and partnerships will decide different things. When they are asking local people on their priorities it is all about burglaries, not domestic violence. There were good things that came out of the government – but things like crime and disorder partnerships are now being dismantled and moved into adult social care and housing – domestic violence has no clear strategic home. (Local authority domestic violence funder)

The government should tell local bodies what to do and ring-fence money – providers need to see the link to other areas (e.g. huge mental health issues) even if they are not easy to quantify. (PCT health funder)

Having exploited available economies of scale, a number of funders were considering shifting resources towards prevention. Again, the principle driver for this was the need to secure more cost-effective returns on their available budgets in the long term. Funders recognised the risk attached to investing more in prevention initiatives as there is currently limited evidence that prevention will deliver results. A number of funders felt that measuring the benefits of any such intervention would be a considerable and expensive exercise. Others were concerned that they would have to take resources away from and, thereby, stretch current services, in order to develop prevention services.

## 6.6 Summary

All funders interviewed in this study said they knew that provision of women-only services is legitimate under existing equality legislation but the research team was left with a sense that better understanding of the Equality Act and PSED was needed. Yet there is still a discernible tendency among some funders to believe that equality requires everyone to be treated the same. In fact the duty is clear that to eliminate discrimination and advance equality means recognising and taking steps to meet different needs and acting to remove disadvantage.<sup>31</sup> Indeed, compliance with the duties set out in the Equality Act 2010 may involve treating some people more favourably than others.<sup>32</sup> The researchers were not sure that all those involved in making funding decisions understood this clearly, which sometimes undermined their confidence in funding services for women only.

A common theme with funders was the need to provide a consistent, good quality service and achieve value for money in a time of funding constraints. Many stated that the drive for greater efficiency applied to all, and was a particular issue at the local level where public bodies' budgets had decreased. Some funders reported that they were deciding on the 'least worst' cuts to services.

Women-only services were generally seen as essential although health funders, in particular, were keen to see services open to all and some funders questioned whether the whole service had to be women-only, or whether it was only necessary to provide women-only space. None of these funders had assessed the impact on (further) unmet demand among women arising from their decision to pay for services for men by diverting budget from existing women-only services.

Around half the case study funders had undertaken some form of commissioning of women-only services. Many still procured women-only services through grant aid although all expected that most of their services would be subject to competitive tendering over the next two to three years. The tendering process appeared to start with the available budget, not the level of demand among local women.

In some cases, funders have worked closely with local providers to develop commissioning procedures that smaller, voluntary organisations are more able to cope with. Several funders commented on the typically high-quality funding applications they received from women-only service providers.

Funders reported that the balance between quality, price and length of contract was a key decision when drawing up criteria for assessment. The ratio of quality to cost scoring was agreed at a strategic level, but many funders appeared to have made the case to increase the weight given to quality, over cost. Some reported that they were having to offer shorter contracts than they would have liked.

Most funders who had undertaken commissioning felt that it had improved the shape and direction of the services and expected their actions to result in better value for money, a closer relationship between expenditure and outcomes and rationalisation of provision. The majority were also developing a better evidence base to help improve future service provision. However, some funders felt they did not have the evidence to demonstrate an improvement in the cost-effectiveness of services and that it was too early or too difficult to say if these changes have improved value for money.

Although all funders recognised the importance of service user input to the design of services, a minority had actually carried out such consultation. Some funders who had undertaken detailed analyses of service user needs had revised their services on the basis of this information.

Some funders felt that women-only services lacked 'a champion' and expressed concern over the lack of political weight that such services carried in the process of setting funding priorities.

There was concern about the potential threat to women-only services as decision making responsibility and funding is devolved to local partners. Similarly, a number of funders were considering shifting resources towards prevention but recognised the risks attached to existing services as limited resources are diverted.

## 7. Conclusions and implications

This project has sought to examine in some detail how organisations that provide women-only services are affected by and respond to the current climate of funding cuts and changes to commissioning processes. It has also sought to assess the extent to which public authorities that commission services understand the need for women-only services. The researchers adopted a case-study approach and talked to people working within organisations providing services, women who use these services and public authorities who provide the funding for them. It did not seek to be representative of the situation, rather illustrative, and it did not take into account the views of those who do not fund women-only services, whether or not they may have done so in the past, nor of organisations that had provided women-only services in the past and no longer do so. A number of observations and implications can be drawn from the findings.

### **Policy frameworks and the application of the equality duty**

National policies in England, Scotland and Wales recognise the need for women-only services across a range of sectors. In some cases, strategies in Scotland and Wales go further than those in England, for example, in respect of the definition of VAW and committing resources. The specific duties are also different in the devolved nations.

Commissioning guidance provides clear support for women-only services, particularly in health and offender service areas.

The funding of women-only services was recognised as legitimate under equality legislation by all of the funders interviewed for this study. However, the researchers formed the view from their discussions with those involved that a comprehensive understanding of the equality duty, and particularly its role in ensuring that different needs are met and that disadvantage is properly addressed by public services is not yet fully in place. One case study funder explained how they appreciated the framework provided by the PSED but there was a feeling among local partners that the duty would not be enforced.<sup>33</sup> Additional practical guidance on the relevance of the duty to the provision of women-only services could be helpful.

The move towards more localised arrangements for services could have a major impact on future service provision because, rather than being funded from central government, funding will be determined by local priorities. Several funders and service providers were concerned that this could lead to inconsistent levels of service provision for women in different areas, depending on local priorities and how these are decided. At a policy level, Scotland and Wales are further down the localisation agenda but have had the benefit of greater central commitment to preserve budgets. In England, there have been myriad changes and an insistence from politicians and

policy makers that local delivery will release funds as a result of greater efficiency. This is an issue in many service areas.

### **Monitoring of service provision and the identification of needs**

On-going monitoring of funding outcomes by central government, and regular reviews of whether these are delivering the type and level of services envisaged or required by national policy frameworks at a local level are essential. This will help to ensure services are reaching the women who need them and that the UK government is fulfilling its obligations under the CEDAW convention.

At a local level, appropriate engagement strategies are necessary to ensure that services are meeting the needs of disadvantaged women. Conducting public meetings about the services required is unlikely either to reach vulnerable women or to encourage them to speak out about the services they need. Talking with target audiences and their representatives through interviews and focus groups may explore more effectively what services are needed and plan how best these may be delivered.

### **Good practice in procurement and commissioning**

More systematic promotion of good practice would be helpful. This study found a wide variation in commissioning practices, which suggests that standardisation of approach along good practice lines would benefit providers and funders alike, and not least the women who actually rely on the services. A range of commissioning guidance already exists and far greater use could be made of this to ensure more consistent and transparent practice.

Women-only services are generally held in high regard and considered good value, but their service model does not fit easily into mainstream or generic commissioning frameworks. There was evidence that some funders were working with existing providers and their procurement teams to develop tendering processes that are more user-friendly for smaller service organisations. Examples of good practice in the commissioning process should be shared between public bodies to avoid some of the problems identified in this study, such as very short timescales for bid development and requests for excessive information.

Some funders were actively building a relationship with service providers by inviting them to seminars on procurement issues and contract requirements. Similarly, some providers were very proactive in their approach to funders, inviting them to visit and see first hand their approach to service provision and ways of working. More liaison and contact, whether initiated by funder or provider, is likely to be of benefit to all

concerned and will help to reduce misunderstandings identified between some service providers and funders.

Several funders also commented that providers' tenders were well put together and of a high quality. Successful providers might like to work with other women's groups to share good practice and techniques when tendering, and this is something that funders could encourage or help to facilitate.

### **Measurable outcomes and the complexity of needs**

The complexity of women's needs and circumstances need to be reflected in the evaluation of services. Funders are increasingly moving towards requiring measurable outcomes from their services and to awarding payment by results. Yet the outcomes used to measure and assess the effectiveness of a provider's service may not be within the full control of the service provider. It is important that funders are realistic about what a particular service can achieve, and take a broader and more flexible view of what success looks like.

For example, whereas investment in intensive alternatives to custody for women has been shown to produce a direct return in terms of savings to the criminal justice budget, the cost of providing services to women affected by domestic violence is not recognised to have a similar benefit on the health service budget. Guidance on how to measure impact and outcomes for services where complex needs and multiple disadvantage are involved could usefully be developed in consultation with the women's services sector.

### **The effect of reductions in spending**

Reductions in funding are jeopardising the holistic nature of some services that is key to their success in reaching disadvantaged and vulnerable women. There was evidence from one of the focus groups in this study that some women with young children were no longer attending the service because the crèche had closed. Some services had also introduced payments for counselling, networking sessions and other activities. The effects of these changes on outcomes for women users may not be fully appreciated unless the benefits of a service are understood and properly evaluated.

A number of service providers were already relying on volunteers or were changing employees' job roles to help provide the service. This suggests that in some cases, it is being delivered at less than cost to the organisation.

Heavy reliance on volunteers can be problematic because it can increase the insecurity of the service. One public funder suggested that the shortfall in service funding could be met in part by the increased use of volunteers, and many service

providers mentioned how important volunteers were in service delivery. In many organisations that participated in this study, the number of volunteers involved in service delivery outweighed the number of employees. Volunteering can be of real benefit, especially when people with similar experiences are then able to help others, and as a way into paid work. However, numbers of volunteers are unlikely to be consistent and cannot be relied upon, possibly leading to reduced hours and quality of service. There is also the issue of confidentiality as many services deal with very sensitive issues.

A number of funders mentioned that they were considering a shift to funding preventive measures rather than service delivery. They recognised that this could take resources from existing services, as the same budget would have to be used. Some funders talked about diverting funds from women-only services to provide for men also, while some providers of services that were currently women-only said that they were being pressurised by their funders to open their services to men. The rationale for this was not clear as the law specifically allows for the provision of services for a particular group that is disadvantaged, or has particular needs. Services do not necessarily have to be provided on the same basis or scale for both women and men. Proportionality is key in allocation of funds, and in the case of the services considered in this research study the needs of the women at whom services are targeted are well-evidenced. Any diversion of existing funds from women-only services should be accompanied by a thorough investigation of the equality impact of this action through engagement, monitoring and assessment.

### **Specialist ethnic minority women's services at risk**

Evidence from this and other studies suggest that ethnic minority women-only services may be at particular risk from the combined effect of commissioning frameworks and funding cuts. There is a risk that if big non-local providers are awarded contracts at the expense of small localised ones, the local connection and the ability to reach vulnerable women may be lessened. Ethnic minority providers felt particularly at risk, as connection with their own community was central to their service offer. They were less likely to form partnerships with other providers, feeling this threatened the integrity of their service and their ability to meet the needs of ethnic minority women. Careful monitoring of service provision and of experiences and outcomes for those communities most likely to benefit from their services, will be essential to ensure they are not affected disproportionately.

### **Lack of influence and ownership**

The lack of a champion for specialist women-only services was perceived as a real threat to the future of these services by several research participants, providers and funders alike. Similarly, the sector was perceived to lack political clout. Some funders

were concerned that a danger in the shift to localised arrangements was that services would not be owned or championed by any one public body, but were dependent instead on a shared commitment from funders. The relative fortunes of the sector will need to be kept under close scrutiny to ensure that it does not suffer disproportionately as funding is localised. It will be important for central government to give clear messages about the need for and value of women's services, and the obligation to fund these if national commitments to reducing women's disadvantage are to be met.

## References

All Party Parliamentary Group (2011) *Women in the penal system; Second report on women with particular vulnerabilities in the criminal justice system*. All party parliamentary group on women in the penal system. London: Howard League for Penal Reform.

Audit Commission (2007) *Hearts and Minds: commissioning from the voluntary sector*. Public Services National Report. London: Audit Commission.

BASSAC (2010) *Benefitting everyone: Commissioning Community Organisations and collaboration*. London: The British Association of Settlements and Social Action Centres

CWO (2012) *Commission on Women Offenders*. April 2012. Available at: <http://www.scotland.gov.uk/About/commissiononwomenoffenders>

Corston, J. (2007) *The Corston Report*. Home Office. Available at: <http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf>

Coy, M., Kelly, L. and Foord, J. (2007) *Maps of Gaps: The Postcode Lottery of Violence Against Women Support Services*. London End Violence Against Women and Equality and Human Rights Commission. Available at: [http://www.equalityhumanrights.com/uploaded\\_files/research/map\\_of\\_gaps1.pdf](http://www.equalityhumanrights.com/uploaded_files/research/map_of_gaps1.pdf)

Coy, M., Kelly, L. and Foord, J. (2009) *Map of Gaps 2: The Postcode Lottery of Violence Against Women Support Services in Britain*. London End Violence Against Women and Equality and Human Rights Commission. Available at: [http://www.equalityhumanrights.com/uploaded\\_files/research/map\\_of\\_gaps2.pdf](http://www.equalityhumanrights.com/uploaded_files/research/map_of_gaps2.pdf)

Department for Communities and Local Government (2012) *Local Authority Revenue Expenditure and Financing, Statistical Release*. July. Available at: <http://www.communities.gov.uk/documents/statistics/pdf/2178912.pdf>

Department of Health (2010a) *Equity and excellence: Liberating the NHS*. Cm 7881, Department of Health, July.

Department of Health (2010b) *Responding to violence against women and children – the role of the NHS*. Taskforce on health aspects of violence against women and children, March. Available at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_113727](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113727)

- Department of Health (2011) *Commissioning services for women and children who experience violence or abuse – a guide for health commissioners*. London: Department of Health, February.
- Government Equalities Office (2009) *Understanding the stability and sustainability of the violence against women voluntary sector*. London: Government Equalities Office
- Her Majesty's Crown Prosecution Service Inspectorate (2011) *Thematic Inspection Report: Equal but different? An inspection of the use of alternatives to custody for women offenders*. Criminal Justice Joint Inspection, HMI Probation, HMCPSP and HMI Prisons, October.
- Her Majesty's Inspectorate of Prisons (2011) *HMP and YOI Cornton Vale Follow up Inspection: 1 – 4 February*. HM Inspectorate of Prisons, June.
- Home Office (2009) *Together we can end Violence Against Women and Girls: A Strategy*. London: Home Office, November.
- Home Office (2010) *Call to End Violence Against Women and Girls: Strategic Vision*. Available at: <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-paper?view=Binary>
- Home Office (2012) *Call to end violence against women and girls, Taking Action – the next chapter*. Available at: <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/action-plan-new-chapter?view=Binary>
- House of Commons (2009) *The supporting People Programme Communities and Local Government Committee 13th Report of Session 2008-09*. Available at: <http://www.publications.parliament.uk/pa/cm200809/cmselect/cmcomloc/649/649i.pdf>
- House of Commons (2012) *The Supporting People programme. Research Paper 12/40*. Available at: [www.parliament.uk/briefing-papers/RP12-40.pdf](http://www.parliament.uk/briefing-papers/RP12-40.pdf)
- Howarth, E., Stimpson, L., Barran, D. and Robinson, A. (2009) *Safety in Numbers: A Multi-site evaluation of IDVA services*. The Hestia Fund, The Sigrid Rausing Trust and The Henry Smith Charity. Available at: <http://www.henrysmithcharity.org.uk/documents/SafetyinNumbersFullReportNov09.pdf>
- Housing Support Enabling Unit (2010) *Research into Housing Support Levels and Service Volume in Scotland*. Edinburgh: Housing Support Enabling Unit.

IDeA/LGID (2007) *National Programme for Third Sector Commissioning: Eight Principles of Good Commissioning*. Available at:  
<http://www.idea.gov.uk/idk/aio/6617745>

Inside Housing (2011a) <http://www.insidehousing.co.uk/news/care-and-support/scale-of-supporting-people-cuts-uncovered/6513408.article>, Inside Housing, January 2011.

Inside Housing (2012) <http://www.insidehousing.co.uk/care/services-cut-for-46000-vulnerable-people/6521072.article>, Inside Housing, March 2012.

Labour Party (2012) *Everywoman Safe Everywhere*. Labour's Commission on Women's Safety. Interim report. March. Available at:  
<http://www.labour.org.uk/labours-commission-into-womens-safety,2012-03-07>

Ministry of Justice (2009) *Promoting Equality in Prisons and Probation: the National Offender Management Service Single Equality Scheme (2009 – 2012)*. Ministry of Justice, March.

Ministry of Justice (2010) *NOMS Cymru Strategic Commissioning and Business Plan 2010-13*. NOMS Cymru and Ministry of Justice.

Ministry of Justice (2012a) *Getting it right for victims and witnesses*. Ministry of Justice, January.

Ministry of Justice (2012b) *NOMS Commissioning Intentions 2012-13, Version 2*. Ministry of Justice.

National Audit Office (2012) *Decommissioning Civil Society Organisations*. Available at: [http://www.nao.org.uk/sectors/civil\\_society/decommission/home.aspx](http://www.nao.org.uk/sectors/civil_society/decommission/home.aspx)

New Economics Foundation (unpublished 2011) *Commissioning for Equalities*. Study commissioned by Equality and Human Rights Commission and Local Government Improvement and Development.

Office for Fair Trading (2011) *Commissioning and Competition in the Public Sector*. The Office of Fair Trading.

Scottish Government (2009) *Safer Lives: Changed Lives: A Shared Approach to Tackling Violence Against Women in Scotland*. Scottish Government, June.

Scottish Government (2010) *A partnership approach to tackling violence against women in Scotland: guidance for multi-agency partnership*. Scottish Government, January.

Scottish Parliament (2009) *Female Offenders in the Criminal System*. The Scottish Parliament Equal Opportunities Committee.

Scottish Parliament (2010) *Draft Budget 2011-12: Local Government and Communities*, November. Available at:  
[http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S3/SB\\_10-81.pdf](http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S3/SB_10-81.pdf)

Scottish Women's Aid (2011) *Funding for Women's Aid Services in Scotland: Scottish Women's Aid Survey 2011*. Edinburgh: Scottish Women's Aid.

Stephenson, M. and Harrison, J. (2011) *Unraveling Equality: A Human Rights and Equality Impact Assessment of the Public Spending Cuts on Women in Coventry*. A Joint Report of Coventry Women's Voices and the Centre for Human Rights in Practice, School of Law, University of Warwick.

Towers, J. and Walby, S. (2012) *Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls*. Northern Rock Foundation and Trust for London, January.

United Nations (1979) *Convention on the Elimination of All Forms of Discrimination against Women*. Available at: <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>

Welsh Government (2010) *The Right to Be Safe*. Welsh Government. Available at:  
<http://wales.gov.uk/topics/housingandcommunity/safety/domesticabuse/publications/besafe/?lang=en> 2010

Welsh Women's Aid (2012) *Response to the National Assembly for Wales Finance Committee Call for Information: Welsh Government Draft Budget Proposals for 2012-13*. Cardiff: Welsh Women's Aid.

Women's Resource Centre (2006) *Why women? The women's voluntary and community sector, changing lives, changing community, changing society*. Available at: <http://www.wrc.org.uk/>

Women's Resource Centre (2007) *Why women-only? The value and benefits of by women, for women services*. Available at: <http://www.wrc.org.uk/>

Women's Resource Centre (2008) *The impact of commissioning and procurement on the women's voluntary and community sector*. Available at: <http://www.wrc.org.uk/>

Women's Resource Centre (2010) *Assessing the Financial Vulnerability of Charities Serving Women*. Centre for Market and Public Organisation, University of Bristol. Available at: <http://www.wrc.org.uk/>

## Endnotes

<sup>1</sup> Age, disability, sexual orientation, gender reassignment, race, religion and belief, sex, pregnancy and maternity and marriage and civil partnership (but only in respect of the need to eliminate discrimination).

<sup>2</sup> For further information see Equality Act 2010: Specific Duties to Support the Equality Duty: What do I need to know? A Quick Start Guide for Public Sector Organisations, Government Equalities Office, October 2011.

<sup>3</sup> Meeting the Equality Duty in Policy and Decision Making (January 2012) EHRC

<sup>4</sup> R (Kaur and Shah) v London Borough of Ealing 2008 – re funding of Southall Black Sisters

<sup>5</sup> Call to End Violence Against Women and Girls: Strategic Vision (November 2010) HM Government states: “There were over 1 million female victims of domestic abuse in England and Wales in the last year. Over 300,000 women are sexually assaulted and 60,000 women are raped each year. Overall in the UK, more than one in four women will experience domestic abuse in their lifetime, often with years of psychological abuse...The vast majority of these violent acts are perpetrated by men on women. In 2009/10, women were the victim of over seven out of ten (73%) incidents of domestic violence.” p.5

<sup>6</sup> In addition, Wales has its own strategy Right to be Safe and this is a devolved responsibility in Scotland. These policies are dealt with more fully below.

<sup>7</sup> The Victims Surcharge was introduced in the Domestic Violence, Crime and Victims Act 2004. The money collected from the surcharge goes into a general fund ‘to fund a range of services helping victims of crime and witnesses.’ Although the legislation was passed in 2004, the provision for a victims surcharge was not implemented until April 2007. The victims’ surcharge raises money to support victims of crime and witnesses from offenders whose sentence is, or includes, a fine. They must pay a mandatory flat-rate victim surcharge of £15, regardless of the size of the fine.

<sup>8</sup> However, the Equality Duty no longer requires English authorities to produce schemes although authorities in Wales have to produce Strategic Equality Plans.

<sup>9</sup> Liaison and Diversion Services intervene at an early stage to identify and assess those with mental health or substance misuse problems and help them into treatment where appropriate. The Government has committed in the 2010 Spending Review to make liaison and diversion services available on a national basis by 2014.

<sup>10</sup> Prison Reform Trust’s figures reveal that 70 per cent of female sentenced prisoners suffer from two or more mental health disorders and 30 per cent of women have had a previous psychiatric admission before they come into prison. Neurotic and personality disorders are particularly prevalent; 63 per cent of female sentenced prisoners have a neurotic disorder, over three times the level in the general population. Prison Reform Trust (June 2012) Bromley Briefing Prison Factfile.

<sup>11</sup> A list can be obtained here:

[www.legislation.gov.uk/sdsi/2011/9780111012208/pdfs/sdsi\\_9780111012208\\_en.pdf](http://www.legislation.gov.uk/sdsi/2011/9780111012208/pdfs/sdsi_9780111012208_en.pdf)

<sup>12</sup> Home Office (2011, p.15-16) Ending Violence Against Women and Girls (VAWG): Action Plan Progress Review states that £1.72m has been annually ringfenced for

Independent Sexual Violence Advocates support and another £3.5m annual pot has been distributed via the Ministry of Justice to support Rape Support Centres.

<sup>13</sup> Home Office (2011, p.15-16) Ending Violence Against Women and Girls (VAWG): Action Plan Progress Review states that 'the Home Office will provide £3.3m in every year up to 2015 for IDVAs and MARACs co-ordinators', and that in addition the government will 'allocate £900,000 for national helplines for each year of the Spending Review period. This will support the work of national helplines, which provide advice to male, female and LGBT victims of domestic violence'.

<sup>14</sup> Including Ministry of Justice funding for 40 IDVA posts from the Victim and Witness General Fund (2011/12 – 20013/14).

<sup>15</sup> <http://www.welshlabour.org.uk/news/2012/04/05/cameron-must-apologise-for-domestic-violence-workers-funding-cuts/> Ann Jones AM: 'The Welsh Government is honouring its 50% contribution and has now added an extra £10,000 for positions in each local authority to mitigate this major cut to victim services...The Welsh Government is standing by its funding commitment and has even provided an extra £220,000 to minimise the damage across Wales. Despite record breaking cuts from the Tory-led Coalition, the Welsh Labour Government is providing £4.6 million for domestic violence support services through the 'Right to be Safe' programme'.

<sup>16</sup> Scottish Government (2012) Violence Against Women Funding 2012 – 2015 documents shows identical annual funding for VaW initiatives over the three year time period.

<sup>17</sup> The Violence Against Women Funding provides financial support to help with measures to tackle all forms of violence against women. This includes projects delivering frontline services or building capacity in local partnerships to strengthen responses to violence against women. (as in August 2012)

<http://www.scotland.gov.uk/Topics/People/Equality/violence-women/VAWFS200811>

<sup>18</sup> The Corston Independent Funders' Coalition (CIFC) is a group of 21 charitable trusts, foundations and individual philanthropists, set up to sustain a shift from imprisonment to community sentencing for vulnerable women offenders, through advocacy, funding and critical partnership with charities and government. In 2010, a joint £2m fund was established between the Ministry of Justice and the CIFC to help divert women from the criminal justice system. The fund is being managed by CIFC and, following the launch of the fund in February 2010, a total of 20 projects (including some of the 38 initial projects) have been supported in two rounds of funding to further build capacity of the voluntary sector and fill geographical gaps.

<http://www.corstoncoalition.org.uk/>

<sup>19</sup> The additional funding - £100,000 for each of Scotland's eight Community Justice Authorities (CJAs) - was announced by Justice Secretary Kenny MacAskill as he responded to the report by the Scottish Parliament's Equal Opportunities Committee on Female Offenders in the Criminal Justice System. (January 2010)

<http://www.scotland.gov.uk/News/Releases/2010/01/15101102>

<sup>20</sup> The 218 Centre is a service for women offenders

<http://www.turningpointscotland.com/what-we-do/criminal-justice/218-service/>

<sup>21</sup> SACRO is a membership organisation promoting community safety across Scotland through providing high quality services to reduce conflict and offending).

<sup>22</sup> See R (Kaur and Shah) v London Borough of Ealing 2008, at <http://www.equalityhumanrights.com/enforcement/examples-of-interventions/>

<sup>23</sup> For guidance on successful commissioning with third sector organisations see: [http://www.nao.org.uk/guidance\\_good\\_practice/third\\_sector/successful\\_commissioning/toolkit\\_home/toolkit\\_home.aspx](http://www.nao.org.uk/guidance_good_practice/third_sector/successful_commissioning/toolkit_home/toolkit_home.aspx) and for guidance on decommissioning see: [http://www.nao.org.uk/sectors/civil\\_society/decommission/home.aspx](http://www.nao.org.uk/sectors/civil_society/decommission/home.aspx)

<sup>24</sup> CPC research interviews and analysis of Annual Accounts information collated by Charity Commission <http://www.charity-commission.gov.uk/>

<sup>25</sup> Immigration law in the UK stipulates that those entering on visas must be self funding and are not entitled to any support from the state (the 'No Recourse to Public Funds' rule). This year, the government announced a concession for women who are suffering from domestic violence. However, this concession only applies to women who have entered on spousal visas. Other women, who have entered, for example, on student visas, may continue to be trapped in violent situations.

<sup>26</sup> Call to End Violence against Women and Girls (November 2010) and March 2011 Action Plan alongside a full response to Baroness Stern's review into the way rape complaints were handled.

<sup>27</sup> See

[http://ec.europa.eu/internal\\_market/publicprocurement/docs/guidelines/services\\_en.pdf](http://ec.europa.eu/internal_market/publicprocurement/docs/guidelines/services_en.pdf)

<sup>28</sup> A Service Level Agreement (SLA) is part of a service contract that formally defines aspects of the agreed performance of that contract, such as the minimum number of service users supported, etc. SLAs must contain clearly defined levels of service; these levels must be capable of measurement, and they must be directly relevant to the effective performance of the service supplier.

<sup>29</sup> See for example (GEO, 2009) p.94.

<sup>30</sup> See for example, DoH, 2011; Audit Commission, 2007.

<sup>31</sup> S.149(3) Equality Act 2010; see also R(Kaur & Shah) v London Borough of Ealing [2008] EWHC 1865, commonly known as the Southall Black Sisters case.

<sup>32</sup> S.149(6) Equality Act 2010

<sup>33</sup> The EHRC has powers to assess compliance and issue compliance notices under ss 31 & 32 of the Equality Act 2006. The EHRC assessment of HM Treasury's compliance with the duty was published in May 2012. It noted that "the duty should ensure that public spending is better targeted and that money is spent where it will have the greatest effect" (p.3).



This report explores whether the introduction of commissioning procedures and reduced funding are having a disadvantageous effect on the provision of women-only services. It is based on case studies with 25 providers of women-only services and includes interviews with service providers, funders and service users to examine the scale and impact of funding cuts, different funding arrangements and the impact of commissioning processes. It found a wide variation in funding and commissioning practices and suggests that the move towards more localised arrangements could have a major impact on future service provision.