

Freedom of Information Request – [REDACTED]

Documents – Schedule 18 – Folder One – WIRC closure

Folio number	Date	Document name	Status	Reason for Exemption
		Contents Page	Full release	
		New Service Model-Suggestions (NSM)	Full release	
NSM 1 - NSM 2	16/10/2013-31/1/2014	Annotated DRAFT timeframe for implementing the relocation of WIRC with comments.	Full release	
NSM 3 – NSM 5	Undated	Email Wirc timeframe	Full release	
NSM 6 – NSM 20	December 2013	DRAFT: WIRC Services Project 2013 Paper with comments.	Full release	
NSM 21 – NSM 35	December 2013	DRAFT: WIRC Services Project 2013 Paper with additional comments.	Full release	
NSM 36 – NSM 44	December 2013	DRAFT: WIRC Services Project 2013 Paper with comments.	Full release	
NSM 45 – NSM 48	Undated	DRAFT: Three copies of the WIRC Services Project Plan with comments.	Full release	
NSM 49	Undated	Handwritten DATA	Full release	
NSM 50	4/12/2013	Email RE: Blueprint Information as requested	Full release	
NSM 51	3/12/2013	Annotated WIRC Dot Points 3 December 2013	Full release	
NSM 52	2/12/2013	Email RE: WIRC Follow up	Partial release	FOI Act, s41
NSM 53	2/12/2013	Email RE: CMTD Ministerial: M-13/03142	Partial release	FOI Act, s41
NSM 54 – NSM 63	Undated	DRAFT: WIRC Services project 2013 with comments	Full release	
NSM 64 – NSM 65	29/11/2013	Email RE: WIRC	Full release	
NSM 66 – NSM 75	25/11/2013	Annotated Webpage print offs	Full release	

Folio number	Date	Document name	Status	Reason for Exemption
NSM -76 – NSM 81	November 2013	Question Time Brief - November Sitting Period ▪ WIRC Services; ▪ Improving women's services previously provided by WIRC	Full release	
NSM 82	21/11/2013	Email RE: Salary treasury template.	Full release	
NSM 83	15/11/2013	Meeting WIRC Design 15 November 2013 with notes.	Full release	
NSM 84 – NSM 85	15/11/2013	Email RE: WIRC new arrangements	Full release	
NSM 86 – NSM 131	12/11/213	Email RE: meeting agenda	Partial release	Some information is outside of scope
NSM 132 – NSM 139	12/12/2013	Webpage print outs	Not released	Outside of scope
NSM 140- NSM 144	4/11/2013	Email RE: Redesigning Model ideas and budget savings	Partial release	FOI Act, s36
NSM 145 – NSM 146	Undated	WIRC notes towards 2013 ACT Roundtable for the Prevention of Violence against women and children hosted by ACT policing.	Not released	Outside of scope
NSM 147 – NSM 154	Undated	Email WIRC Current Services	Partial release	Some information is outside of scope
NSM 155 - NSM 156	31/10/2013	Email RE: Concerns for community safety if the closure of WIRC goes ahead.	Partial release	FOI Act, s41
NSM 157 –NSM 158	30/10/2013	Email Suggestions from staff around accessibility of the WIRC Program	Partial release	FOI Act, s41
NSM 159	28/10/2013	Email fwd wirc	Full release	
NSM160 – NSM 161	3/10/2013	Email Child and Family Centres	Full release	
NSM 161 - NSM258	2012	Report by Equity and Human Rights Commission Research Paper 86: The impact of changes in commissioning and funding on women only services.(Released 2012)	Full release	
NSM 259 – NSM 283	July 2011	Engaging the Women's Voluntary and Community Sector - Guide for public bodies	Full release	

Folio number	Date	Document name	Status	Reason for Exemption
NSM 284 - NSM 311	Undated	Report by Women's National Commission: Women – only services	Full release	

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phone line ← 3 days → Drop in Theo. Notaras.

**DRAFT TIMEFRAME for implementing the relocation of
Womens information and referral services and programs**

Lifeline (DV training) over H WLC H SV

31 January 2014

Lease for WIRC office space on London Circuit expires.

17 - 30 January 2014

Make good the WIRC office accommodation ready for handing back to building owner.

20 December 2013

Previous WIRC functions formally commence in the Theo Notaras Multicultural Centre.

resource
Contact book
Calendar
Citizens Advice Bureau

- Phone line
- Referral service
- Library books (in Theo Notaras Multicultural Centre or Civic Library)
- computers (client access)
- Return to Work
- Relevant publications in place at Children and Family Centres, Gateway, and Therapy ACT.

Office for Women staff and WIRC staff (to be redeployed) relocated to Theo Notaras Multicultural Centre.

18 December 2013 (Tbc)

Function to recognise WIRC staff and past achievements.

16-19 December 2013

relocate furniture, computers, the phone line, publications and possibly the Library, from WIRC office to Theo Notaras Multicultural Centre. An alternative location for the WIRC books may be the Civic Library.

12 December

13 December 2013

Last course scheduled to be delivered at the WIRC office. Future courses to be delivered/coordinated by Office for Women from Theo Notaras Multicultural Centre or by an community organisation.

14 November 2013

Meeting with WIRC staff to continue discussions new service model meeting will continue weekly until the Centre office closes or as required.

16 Oct -22 Nov 2013

Work with HR to place 3FTEs in other roles - 0.5FTE WIRC officer and Return to Work Officer (RTWO) to relocate to Theo Notaras Multicultural Centre as part of Office for Women (Community Participation Group). It is proposed that the RTWO would have a day in each of the three Children and Family Centres during the week.

31 October 2013

Arrange accommodation for WIRC services in the Theo Notaras Multicultural Centre.

~~SV group~~

NSM-2

30 October 2013

Meeting with WiRC staff to discuss new service model

28 -31 October 2013

Discussions with the following organisations to take up WiRC services such as coordinating and/or delivering DV support group work, development courses on topics such as legal, financial literacy and health:

- Supportlink – Tony Campbell (funded by AFP)
- Children and Family Centres
- ACT Libraries
- Gateway NDH
- DVCS
- YWCA
- Womens Centre for Health Matters
- Womens Legal Centre

28 October 2013

Meeting with CPSU cancelled by the CPSU and rescheduled for 29 October 2013

25 October 2013

Meeting with representatives from the local women's sector

25 October 2013

Email from CPSU requesting an urgent meeting

24 October 2013

Meeting with WiRC staff to discuss new service model.

18 October 2013

Meeting with representatives from the local women's sector

16 October 2013

Meeting with WiRC staff to discuss new service model

Manikis, Nic

To: Violante, Victor; Chapman, Sue
Subject: wirc timeframe
Attachments: wirc timeframe.doc

Victor

For your consideration.

Cheers

nic

DRAFT

NSM-4

DRAFT TIMEFRAME for implementing the relocation of Womens information and referral services and programs

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17 – 30 January 2014	Make good the WiRC office accommodation ready for handing back to building owner.
20 December 2013	Previous WiRC functions formally commence in the Theo Notaras Multicultural Centre. - Phone line - Referral service - Library books (in Theo Notaras Multicultural Centre or Civic Library) - computers (client access) - Return to Work - Relevant publications in place at Children and Family Centres, Gateway, and Therapy ACT. Office for Women staff and WiRC staff (to be redeployed) relocated to Theo Notaras Multicultural Centre.
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NSM-5

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16 October 2013

Meeting with WIRC staff to discuss new service model



ACT
Government
Community Services

NSM-6
NSM-20

WIRC SERVICES POSITION PAPER DECEMBER 2013

1. Introduction
2. Background
3. Model
4. Future evaluation and reform
5. Table of current and future service provision
6. Consultation and research

1 INTRODUCTION

The ACT Government is committed to addressing gender equality issues by funding a range of women specific services and by ensuring mainstream services offer appropriate gender based service responses which are accessible to everyone in the community including those people in the community who are most disadvantaged.

The ACT Government remains committed to ensuring that an information and referral service for women will continue but the location from which this is delivered and for some functions the actual provider will change.

The Women's Information and Referral Centre (WIRC) has been a valued government service for women in the ACT for 35 years and in that time the services offered have evolved in response to demand but the approach to engaging women in the community has remained largely the same. It is reasonable then that this 35 year old approach be re-evaluated taking into account the significant changes to technology, population groups, service delivery models and the geographical layout of Canberra that have occurred in that period.

There are a range of imperatives for making changes to the current WIRC service delivery model. Firstly it is critical that governments ensure their services are delivered in ways that are appropriate to and accessible by those people in the community most in need. Secondly, as the ACT Government has made clear, in the current fiscal environment there is a need to stamp out duplication and deliver services in a more efficient way while minimising the impact on service delivery. Thirdly, it is critical that with the recent reforms of a range of Community Services Directorate (CSD) and other ACT Government services, that all related services are aligned and consistent in their service delivery approach and that they are informed by and operate to and within broader Government policy.

Recent internal CSD changes resulting in the creation of the Community Participation Group provides a timely context for re-evaluating WIRC services and ensuring they align with the policy imperatives of CSD and the ACT Government as a whole.

The reformed model retains those WIRC functions that are appropriate for the ACT Government to provide and the outsourcing of those that are not.

2. BACKGROUND

CSD has been reforming its frontline service delivery for many years to ensure services are efficient, are targeted to those in the community most in need and are provided in ways that minimise multiple sites of contact and wherever possible reduce the need to physically attend those sites. This has included the implementation of the Central Access Point (CAP) in Housing ACT, the development of the Child and Family Gateway Service and a range of initiatives to create an integrated service system of support across and between the various areas of CSD and community sector services.

More recently Minister Barr announced the ACT Government will develop a Human Services Blueprint in partnership with the community sector to 'make Canberra's human services system more integrated and cohesive'. While the Blueprint will understandably initially focus on CSD, as the main provider of human services in the ACT, consideration will also be given to the linkages between CSD services and other areas such as health, justice and education.

The draft guiding principles of the Blueprint such as person-centred, outcome focussed, sustainable, flexible and tailored have informed the changes outlined in this paper.

The (WIRC) model was established some 35 years ago to provide information and referral services to women in the ACT community. The service was created at a particular time in history that acknowledged, through the provision of resources, the need for specific services for women, particularly for women escaping domestic violence.

35 years on, there is a need to re-evaluate that model in relation to: whether women still access and need a women only physical location for information and referral; how the changes to the geography and demography of Canberra (away from the City as the only and central hub) are reflected in the model; how the services has adapted to the significant technological changes in that period; the current commitment to targeting of resources to people most in need; and the need to reduce, wherever possible, duplication in services.

WIRC is currently geographically located in the City, in an area that accommodates government offices and more recently a sizeable student population. While the city was, 35 years ago the only central hub for the ACT, there are now five 'hubs' in the ACT. Combined with the fact that 74% of services offered by WIRC are not provided face to face, it is appropriate to question the ongoing costs of maintaining an isolated commercial lease in the city. It is also appropriate to question how the needs of women living closer to the other four hubs in the ACT could better access WIRC services and what synergies could be established with other CSD funded services in those locations.

While WIRC data shows that the provision of current WIRC services is well received by the women who access the service, the services offered are not in the main, accessed by young women, older women, Indigenous women or women from diverse cultural backgrounds. In a more constrained fiscal environment it is critical that consideration be

given, and changes made, to ensure government funded services are targeted at, and accessible to, those people in the community who are most disadvantaged and for whom assistance the assistance provided by a government information and referral service is of significant importance.

NOTE

The Return to Work Grants Program is not a WIRC service. It is a service of the ACT Government Office for Women where the staff member operated primarily from the WIRC site. However the program has been moving to an outreach based service model and staff report this has seen a wider and more disadvantaged group of women accessing this service. This will continue as a function of the Office for Women in the Community Participation Group which is moving to Theo Notaras Multicultural Centre and will continue to expand and explore the outreach model.

Therefore no changes or reference is made to this service other than as an example of outreach successfully improving accessibility.

3. MODEL OF SERVICE DELIVERY

Information and referral phone line/email

WIRC data (2012-2013) shows that of the total 12,470 contacts with clients, nearly half or 5,787 were via telephone, 3,068 were via email and 330 via post.

Therefore 74% of the services currently provided by WIRC are not provided face to face and are consistent with the core functions of government information and referral service designed to assist women to access the full range of government and community services, from childcare rebates to support groups.

That the provision of information and referral has remained as the core function of WIRC is also reflected in the data on what type of information women sought from WIRC with the highest areas being: WIRC support groups/information sessions (20%), general information (10%) and financial or legal information (10%).

Of the four other States with services similar to WIRC, only one is outsourced to a community provider. The other three services have been retained within government in recognition of the government's role in ensuring accessibility for women to the full range of government and community services.

A review of women's information and referral services conducted by WA in 2013 noted that no "distinct advantages for clients were observed",¹ in relation to whether the services are provided by a Non-Government Organisation or by Government. The Report did however note that the visibility of the service as a distinct service (where it was located with a range of other related government access services), was critical to success.

Therefore the provision of a distinct women's information and referral service will be retained within ACT Government and located with the Community Participation Group within CSD with attention paid to ensuring it remains visible as a distinct service.

Key point 1. The information and referral functions previously delivered by WIRC will be retained within ACT Government facilities and anchored in the Community Participation Group of CSD at Theo Notaras Multicultural Centre.

Domestic violence Support groups

In 2012-2013 WIRC organised five support groups for women who have experienced domestic violence. Three of the groups were run at the WIRC site in the city, one at the Gunyah Indigenous women's service and one through Northside Community services. All five were facilitated by one of a number of women psychologists who have been providing the service to WIRC for some years. The groups varied from three to eight weekly sessions of three hours.

¹ Western Australia Government, *Community Information Evaluation Final Report*, Western Australia, 2013, p.14.

Between 2000 and 2006, the provision of the support groups was tendered to the community sector. However, a review in 2006 found this outsourcing was not successful because of the lack of provider expertise on domestic violence. Consequently, this function was brought back into WIRC.

Consultation undertaken around changes to WIRC, with the primary direct support providers, rather than advocacy based groups, shows support for the need to remodel existing WIRC services, particularly in relation to the domestic violence support groups. Most see an expert community agency such as the Domestic Violence Crisis Service (DVCS) as the natural provider of this in the ACT.

In addition, many of the women attending the WIRC support groups were actually referred to WIRC by DVCS and/or were current or previous DVCS clients. This not only reflects the key expert role of DVCS it also suggests a duplication or additional set of referral processes for the women accessing the WIRC support groups.

Bilateral consultations with the direct providers also shows strong support for a move to a more flexible and outreach based approach to the provision of the support groups to enhance access by women in the community most in need, including young women, Indigenous women and women from diverse cultural backgrounds. Suggestions included developing a rotating location and target group focus that could include groups specifically for women currently in domestic violence homelessness services provided at one of the refuges and groups at locations such as Winnunga Nimmityjah or a youth centre.

The women's services' providers also made comment that the geographic location of the groups should be expanded to meet the needs of services and women who do not find the city accessible. CSD has a number of locations that could be utilised for these support groups such as the Child and Family Centres which would enhance the provision of these services in a range of locations such as Tuggeranong and Gunghalin.

Providers also recommended re-evaluating the content and model of the support groups as they felt the same thing had been provided for many years now. A full consultative evaluation should occur prior to 30 June 2013, undertaken through a separate contract.

Key point 2. That WIRC funds currently allocated to the provision of domestic violence support groups be transferred to a community agency expert in domestic violence from 1 July 2014. This will include a requirement to locate the groups in a variety of locations and settings, such as at one of the refuges (for current and/or previous clients of the domestic violence homelessness services), Winnunga Nimmityjah and the Child and Family Centres.

Key point 3. A full evaluation of the content, delivery and model of all domestic violence related support groups will be included as a separate deliverable (and separate funding) in the support group contract noted at Key point 3. This evaluation is to be completed prior to 30 June 2014 and the evaluation will also consider and make recommendations on the variety of locations that could be utilised to enhance accessibility.

Other courses

WIRC provides a range of courses including 'self esteem after domestic violence', general 'self esteem', 'moving on after separation' and 'healthy relationships'. WIRC staff report that most attendees at these courses are women who have experienced domestic violence in the past but are no longer at the early or crisis stage of the recovery process. These courses are run either with four to six sessions of three hours. In 2012-2013 they were run 10-12 times with an average of six participants in each course.

The data indicates there is some of level of demand for post crisis support groups for women who have experienced domestic violence. However while a large numbers of attendees is not desirable for a support group (rather than for an information based group or course), six attendees is low and suggests these courses could be run less often with more participants in each course.

While it is not strictly necessary to have the same provider run these courses as for the domestic violence support groups, there is merit in doing so. Having one provider coordinating the groups and courses contributes to easier accessibility and a more integrated programmatic approach to content, model and topics.

However, consultation with the women's services sector strongly suggests there is a need to review what courses are provided. It is recommended that the evaluation of the support groups (noted above), include a review of all the domestic violence related courses. This evaluation should be done through a select tender process to ensure an appropriate provider experienced in the provision of women's services and/or support groups.

Key point 4. The provision of the current WIRC courses related to post crisis domestic violence support be included in the evaluation noted at Key point 4.

Information sessions

The current information session on finances and legal issues are relatively well attended. However, WIRC staff report that most attendees are women who have experienced domestic violence. Rather than women who have experienced domestic violence having to attend separate sessions (and address childcare and transport issues for each one), it seems logical that financial and legal information be included in the domestic violence support groups (where the provider can bring in appropriate expertise such as Women's Legal Service), particularly as the providers of the current legal and financial information also conduct separate information sessions as part of their own service provision.

Additionally, having one contract with one provider, rather than outsourcing a number of small contracts goes some way to addressing the issues raised in consultations that the gender based focus of WIRC will be lost if there is a 'piecemeal' approach to remodelling the services.

This can be revisited if the evaluation of the support groups proposes an alternative approach.

Key point 5. The provision of legal and financial information sessions will be included in the domestic violence support groups.

While attendance at the 'Thinking Thursday' sessions provided by WIRC have shown reasonably good attendance, WIRC staff report that they are overwhelmingly attended by public servants. While this indicates demand, with an average of thirty-three attendees at each session, the client group is not a target group for CSD. It is therefore recommended that these sessions be discontinued and be forwarded to CMTD for consideration as part of their 'supporting our staff' commitments.

Key Point 6. The Thinking Thursday sessions will cease and the information on the demand for the Thinking Thursday sessions will be passed to CMTD for consideration.

Face to Face service provision

In 2012-2013 WIRC had 2,476 face to face contacts, with 1,697 of these occurring as 'drop ins', 380 accessing the library or internet and 399 attending a booked appointment.

Across all forms of WIRC service delivery, approximately 35% of contacts are for information about WIRC courses or 'general' information and another 10% for referral or information on legal or financial services. Only 6% of all contacts relate to requests for information or support about domestic violence.

Therefore only approximately 24 women a year access face to face services for support related to domestic violence. This number indicates low usage of WIRC as a place to disclose abuse as would be expected and appropriate to a generalist information and referral service.

While some of the women's sector have raised the importance of WIRC as a 'safe space' for women, particularly in relation to domestic violence, it is important to note that WIRC is an information and referral service, staffed by public servants. It is neither a counselling service, nor a specialist domestic violence service and does not offer direct access to professional or qualified counsellors or the systems and structures that support staff in a specialist service.

It is important also to consider whether a stand-alone and isolated service location is imperative to the provision of good information and referral services for women. The United Kingdom advisory group The Women's National Commission, conducted an online survey in 2010 to explore whether women only services are seen by service users and service providers as critical to good service delivery for women. The survey found that in relation to sexual assault or domestic violence, women only services were seen as critically important.

However for generalist services, the survey found strong support for the provision of 'single-sex services within mixed-service organisations'. A range of reasons were cited including, that 'this sends a clear message that women's issues are not seen as marginal', that 'it is the service user experience and how a service is delivered that matters' 'and that women's services in mixed organisation could change the ethos of the organisation as a whole'.²

It is appropriate that WIRC as a generalist information and referral service be relocated to the Theo Notaras Multicultural Centre, not only as this saves on commercial leasing costs, but because it integrates the service with similar services in ACT Government

² Women's National Commission (2010), *Findings from the WNC survey on women only services*. UK. p.2.

rather than isolated from the natural integrations and policy contexts that inform and support service provision (including the Human Services Blueprint).

However it is important that WIRC staff are trained and understand how to deal with disclosures and refer women to the appropriate expert services and that the service creates an atmosphere that is welcoming, safe and discreet with private spaces easily created or available if required.

Key point 7. A designated, private and safe space for women to access WIRC services will be provided in the Theo Notaras Multicultural Centre.

To increase the accessibility of WIRC services in locations other than the city, it could be possible to create a number of identifiable 'outreach' locations in existing CSD sites where the face to face responses to information requests could be provided by identified existing CSD staff. This model would see the Theo Notaras Multicultural Centre as the primary or central hub, with the three Child and Family Centres (CFCs) and the Housing ACT Central Access Point (CAP) as identified outreach sites. This would result in WIRC information and support being provided in Tuggeranong, Gunghalin, Belconnen and the city.

This model operates in South Australia where the Women's Information Service (WIS) has a central hub in the Adelaide CBD but has satellite functions at rural and other locations. While "WIS staff are not available at these locations" women can access information at those sites and there is a free telephone contact to the service in Adelaide.

Locating the anchor hub in Theo Notaras Multicultural Centre with the Community Participation Group provides an opportunity to enhance access for women (particularly women from culturally diverse backgrounds) as well as ensuring a more streamlined and consistent approach to service delivery within CSD. Increasing outreach services at the Housing Central Access Point provides an opportunity to enhance access by a more disadvantaged group of women than currently reflected in the WIRC data and services at the CFCs improves accessibility for women residing in a wide variety of geographical locations. X

As the primary requests for information received by WIRC are about WIRC support groups, general information and legal/financial information and referral it should not be difficult to identify and train specific and appropriate CSD staff to be able to respond at these locations.

Key Point 8. Consideration be given to creating outreach sites in the three Child and Family Services and the Housing Central Access Point. The outreach sites could have signage and information stands and specific workers (existing HACT and CFC staff) trained and able to respond to the requests for information.

Key point 9. The Internet/ computer services will be relocated to the Theo Notaras Centre.

The current library facilities at WIRC were only accessed by 78 women in 2012-2013. While space could be found in the Theo Notaras Multicultural Centre usage of these resources could be improved through their placement in another location. Preliminary discussions are underway with the Civic Library regarding the possibility of establishing a feminist or women's section with the donated books from the WIRC library which could significantly increase the current low usage of this resource. This is also consistent with the ACT Women's Plan. Any other suggestions from the women's sector should also be considered.

As the name WIRC currently contains the word "centre" and the remodelling changes the notion of place based services, the use of the word "centre" could be misleading. It is recommended that the name be changed to either 'Women's information', Women's Information and Referral Network or the Women's Information Network. This could be determined into the future in consultation with the women's sector. Due to the time constraints on printing the calendar for instance, the interim name used will be 'Women's Information'.

Key point 10. Consultation with the sector will occur to determine a new name to be phased in across publications and documents over a 12 month period.

In most other jurisdictions in Australia, information services for women, similar to WIRC have a strong online presence. For example Women's Infolink in Queensland provided by the Queensland Government through their Office for Women provides a "Find a service" facility on line to search in a variety of categories for local relevant services and a range of fact sheets and other publications available on line.

In order to increase access and adapt to new platforms it is recommended that CSD and in particular the Community Participation Group improve the current accessibility of on-line information for women over the next 12 months.

Key point 11.- CSD will explore improvements to the current provision of on-line information for women over the next 12 months.

The NSW Government has developed and made available the "Aurora" phone application for women experiencing domestic violence or who are worried about their relationship. The app allows women to message trusted friends and or the police in situations where they have concerns for their safety and the app contains useful and critical information on services and supports that are available. The app has been designed with a range of safety features and is available for free download. This app provides a new platform to support women in situations of domestic violence and could be seen to have particular application for young women and across Australia and in the ACT a very significant proportion of women experiencing domestic violence are young women.

Key point 12. The Office for Women will investigate the development/purchase of an ACT specific phone app (like the 'Aurora' for women experiencing domestic violence.

4. FUTURE EVALUATION AND REFORM

It is important that robust data be collected and evaluated as to the success of the relocation of WIRC and the intention to improve access to the services provided by disadvantaged groups of women in the ACT. A data committee will be established within the Community Participation Group to develop robust data collection and analysis tools.

The success of any service delivery in government depends on the integration of policy and practice. That WIRC services will now be located with the Office for Women in the Theo Notaras Multicultural Centre allows for the development of stronger links between the policy and practice arms of the Office for Women. To this end it is appropriate to review and evaluate the revised model of delivery of WIRC functions in line with the ACT Women's Plan.

While the ACT Women's plan continues to June/July 2015, the current implementation plan ends in September 2014. This provides a perfect opportunity to ensure consistency between service delivery and policy. The data committee will look at current data collection and potential additions or changes to this collection with a final data plan by end February 2014. This then allows for 6 months data collection and a period for revisions to be completed and amended in line with the next Women's Implementation plan on 1 October 2015.

During the 6 month period from February 2014 to September 2014, consultation will also occur with a range of women's sector forums about any issues arising from the reformed model of service delivery that can then also be considered in relation to the new Implementation plan.

Input into the Implementation plan for the ACT Women's Plan must include consideration of WIRC functions and services within the broader policy context of CSD and the ACT Government more broadly, particularly Health and Education and with particular focus on improving access by the most disadvantaged women in the ACT community.

A full evaluation of the reformed model of service delivery should occur in preparation of the new ACT Women's Plan in June/July 2015. The parameters, deliverables and timeframe of this evaluation will be determined and managed by the Office for Women in consultation with the women's sector.

Community
Participation
Group

5. RESEARCH AND CONSULTATION

2a Research

Other jurisdictions

A number of State and Territory governments in Australia provide some form of 'free and confidential information and referral service about government agencies and community services supporting women' (Queensland Government).

Of the four jurisdictions with identified women's information services, South Australia, Victoria, Queensland and Western Australia, three provide the service within government and one, Victoria is community based. Two of the four, Victoria and South Australia, offer a shopfront facility.

South Australia also operates 'satellite' services in regional locations. These locations (in other government shopfronts, provide a range of written information and a free phone service to the Adelaide centre.

Only the Victorian service, provided by a community based organisation, offers a range of services other than information and referral such as programs, classes and professional development.

WIRC DATA (2012-2013)

WIRC data (2012-2013) shows that of the total 12,470 contacts with clients, nearly half or 5,787 were via telephone, 3,068 were via email and 330 via post. Therefore 74% of the services currently provided by WIRC are not provided face to face.

Of the 2,476 face to face contacts, 1,697 'dropped in' to the service, 380 clients accessed the WIRC library or the internet services provided and 399 attended a booked appointment.

Across both the non face to face and face to face services, the four most common areas of information sought were:

- Information on WIRC support groups/information sessions (20%)
- General information (10%)
- Financial or legal information (10%)
- Domestic violence (6%)

Support groups/information sessions

A range of support groups for women are facilitated by WIRC, including domestic violence support groups, self esteem based courses and legal or financial information sessions.

In 2012-2013, there were 52 attendees at the five domestic violence support groups offered (each running for between three to eight sessions).

Across a range of other courses targeting women's self esteem and relationships (including self esteem post separation, healthy relationships and self confidence courses) there was a total of approximately 130 attendees in 2012-2013. Data does not reveal whether the women attending the domestic violence support groups are also attending the self esteem based courses, although WIRC staff report that many of the self esteem based courses are attended by women who have experienced domestic violence in the past (where the support groups are attended by women who have recently experienced domestic violence).

Other groups and information sessions

While data shows high attendance with an average of 33 attendees, at the "Thinking Thursday sessions", (with topics such as: 'Dealing with change', 'mentoring', 'Getting organised', Building resilience in the workplace', 'presentation skills'), consultation with WIRC staff indicates these are attended predominantly by public servants, both Commonwealth and ACT. While this indicates an area of demand by women in the community, it is legitimate to question whether CSD as the provider of targeted human services is the appropriate provider of these. This interest has been referred to the relevant area of Chief Ministers and Treasury Directorate for consideration.

The courses/information sessions on financial matters showed relatively good attendance with 35 women attending four sessions. While a breakdown of the details of the attendees is not available, these courses appear relevant to CSD targeted service provision in that women as a group disproportionally experience poverty (particularly single mothers), and women escaping domestic violence often need support to regain control of finances, given financial control is a common component of domestic violence.

The same reasoning could be applied to the legal information sessions provided, with 24 attendees at the three information sessions offered in 2012-2013.

2b Consultation

Early consultation occurred with the Chair of the Multicultural Women's Advocacy Inc, former Chair of the National Prevention of Violence Against Women Council, Chair of the Ministerial Advisory Council for Women and Women's Centre for Health Matters. All reported that they understood the need to modernise and change the current model of service provision and agreed that basing these services on a more outreached basis would enhance access for women in the ACT. It is also safe to assume that given the low numbers of clients from diverse cultural backgrounds accessing WIRC services (7%), this consultative group would respond favourably to the relocation of the shopfront functions to the Theo Notaras Multicultural Centre, given the central location of the Centre to a range of services for people from culturally diverse backgrounds.

Two general consultation forums were also held on 18 and 25 October 2013 with representatives from the ACT Women's sector, including the Women's Centre for Health Matters, Domestic Violence Crisis Service, Canberra Rape Crisis Centre, Inanna, Women's Legal Centre and the Multicultural Women's Advocacy group. Minister Burch also met with her Women's Advisory Council to discuss possibilities for a new service model.

WIRC staff have been provided with a range of consultation forums and these are ongoing in relation to employment and redeployment.

Ideas were sought at all consultations about ways to modernise and improve access to WIRC services.

Further consultation was held with WIRC staff about the range of services currently provided, their views on the strengths and weaknesses of the current model and how future service provision might occur. All WIRC staff were encouraged to continue contact at any time about other information they wished to have considered in the development of the new model.

Bilateral consultation occurred with a range of direct women's service providers in the ACT to invite suggestions about service delivery, which were considered in the development of the proposed model.

Bilateral consultation was also conducted with staff in Office for Women and CSD staff working on the Human Services Blueprint.

An information update and question session was provided to the December meeting of the Ministerial Advisory Council for Women.

Current WIRC service provision	Future provision	Approx % current WIRC output	% function maintained
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Provision of 'Thinking Thursday' sessions	Will cease as of 31 December 2013. Attendees are primarily public servants– not CSD target group- referred to Chief Ministers and Treasury Directorate for consideration	.5%	0%
Drop in information and support service	Relocated to Theo Nataras centre <i>CFR + 6 out (over)</i>	14%	100%
Domestic violence phone app	Investigate purchase/development support phone app like 'Aurora' in NSW	Nil	Additional
			Total WIRC services continued = 99.5%



ACT
Government
Community Services

NSM-21
NSM-35

WIRC SERVICES POSITION PAPER DECEMBER 2013

1. Introduction
2. Background
3. Model
4. Future evaluation and reform
5. Table of current and future service provision
6. Consultation and research

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1 INTRODUCTION

The ACT Government is committed to addressing gender equality issues by funding a range of women specific services and by ensuring mainstream services offer appropriate gender based service responses which are accessible to everyone in the community including those people in the community who are most disadvantaged.

The ACT Government remains committed to ensuring that an information and referral service for women will continue but the location from which this is delivered and for some functions the actual provider will change.

The Women's Information and Referral Centre (WIRC) has been a valued government service for women in the ACT for 35 years and in that time the services offered have evolved in response to demand but the approach to engaging women in the community has remained largely the same. It is reasonable then that this 35 year old approach be re-evaluated taking into account the significant changes to technology, population groups, service delivery models and the geographical layout of Canberra that have occurred in that period.

community services inadequate
There are a range of imperatives for making changes to the current WIRC service delivery model. Firstly it is critical that governments ensure their services are delivered in ways that are appropriate to, and accessible by, those people in the community most in need. Secondly, as the ACT Government has made clear, in the current fiscal environment there is a need to stamp out duplication and deliver services in a more efficient way while minimising the impact on service delivery. Thirdly, it is critical that with the recent reforms of a range of (CSD) and other ACT Government services, that all related services are aligned and consistent in their service delivery approach and that they are informed by and operate to and within broader Government policy.

Recent internal CSD changes resulting in the creation of the Community Participation Group provides a timely context for re-evaluating WIRC services and ensuring they align with the policy imperatives of CSD and the ACT Government as a whole.

~~The changes to the current WIRC model discussed in this paper are not drastic. The reformed model retains those WIRC functions that are appropriate for the ACT Government to provide and the outsourcing of those that are not.~~
service

2. BACKGROUND

The Community Services Directorate (CSD) has been reforming its frontline service delivery for many years to ensure services are efficient, are targeted to those in the community most in need and are provided in ways that minimise multiple sites of contact and wherever possible reduce the need to physically attend those sites. This has included the implementation of the Central Access Point (CAP) in Housing ACT, the development of the Child and Family Gateway Service and a range of initiatives to create an integrated service system of support across and between the various areas of CSD and community sector services.

More recently Minister Barr announced the ACT Government will develop a Human Services Blueprint in partnership with the community sector to 'make Canberra's human services system more integrated and cohesive'. While the Blueprint will understandably initially focus on CSD, as the main provider of human services in the ACT, consideration will also be given to the linkages between CSD services and other areas such as health, justice and education.

The draft guiding principles of the Blueprint such as person-centred, outcome focussed, sustainable, flexible and tailored have informed the changes outlined in this paper.

The (WIRC) model was established some 35 years ago to provide information and referral services to women in the ACT community. The service was created at a particular time in history that acknowledged, through the provision of resources, the need for specific services for women, particularly for women escaping domestic violence.

35 years on, there is a need to re-evaluate that model in relation to: whether women still access and need a women only physical location for information and referral; how the changes to the geography and demography of Canberra (away from the City as the only and central hub) are reflected in the model; how the services has adapted to the significant technological changes in that period; the current commitment to targeting of resources to people most in need; and the need to reduce, wherever possible, duplication in services.

WIRC is currently geographically located in the City, in an area that accommodates government offices and more recently a sizeable student population. While the city was, 35 years ago the only central hub for the ACT, there are now five 'hubs' in the ACT. Combined with the fact that 74% of services offered by WIRC are not provided face to face, it is appropriate to question the ongoing costs of maintaining an isolated commercial lease in the city. It is also appropriate to question how the needs of women living closer to the other four hubs in the ACT could better access WIRC services and what synergies could be established with other CSD funded services in those locations.

While WIRC data shows that the provision of current WIRC services is well received by the women who access the service, the services offered are not accessed by young women, older women, Indigenous women or Culturally and Linguistically Diverse (CALD)

women. In a more constrained fiscal environment it is critical that consideration be given, and changes made, to ensure government funded services are targeted at and accessible to those people in the community who are most disadvantaged and for whom assistance the assistance provided by a government information and referral service is of significant importance.

NOTE

The Return to Work Grants Program is not a WIRC service. It is a service of the ACT Government Office for Women where the staff member operated primarily from the WIRC site. However the program has been moving to an outreach based service model and staff report this has seen a wider and more disadvantaged group of women accessing this service. This will continue as a function of the Office for Women who are moving to Theo Notaras Multicultural Centre and will continue to expand and explore the outreach model. *which is*

Therefore no changes or reference is made to this service other than as an example of outreach improving accessibility.

successfully

*In the
Community
Participation
Group.*

3. MODEL OF SERVICE DELIVERY

Information and referral phone line/email

WIRC data (2012-2013) shows that of the total 12,470 contacts with clients, nearly half or 5,787 were via telephone, 3,068 were via email and 330 via post.

Therefore 74% of the services currently provided by WIRC are not provided face to face and are consistent with the core functions of government information and referral service designed to assist women to access the full range of government and community services, from childcare rebates to support groups.

That the provision of information and referral has remained as the core function of WIRC is also reflected in the data on what type of information women sought from WIRC with the highest areas being: WIRC support groups/information sessions (20%); general information (10%) and financial or legal information (10%).

Of the four other state or territory services similar to WIRC, only one is outsourced to a community provider. The other three services have been retained within government in recognition of the government's role in ensuring accessibility for women to the full range of government and community services.

A review of women's information and referral services conducted by WA in 2013 noted that no "distinct advantages for clients were observed",¹ in relation to whether the services are provided by a Non-Government Organisation or by Government. The report did however note that the visibility of the service as a distinct service (where it was located with a range of other related government access services), was critical to success.

Therefore the provision of a distinct women's information and referral service will be retained within ACT Government and located with the Community Participation Group within CSD with attention paid to ensuring it remains visible as a distinct service.

Key point 1. The information and referral functions of WIRC will be retained within ACT Government and located in the Community Participation Group of CSD at Theo Notaras Multicultural Centre.

Domestic violence Support groups

In 2012-2013 WIRC organised five support groups for women who have experienced domestic violence. Three of the groups were run at the WIRC site in the city, one at the Gunyah Indigenous women's service and one through Northside Community services. All five were facilitated by one of a number of women psychologists who have been providing the service to WIRC for some years. The groups varied from three to eight weekly sessions of three hours.

¹ Western Australia Government, *Community Information Evaluation Final Report*, Western Australia, 2013, p.14.

Between 2000 and 2006, the provision of the support groups was tendered to the community sector. However, a review in 2006 found this was not successful. Consequently, this function was brought back into WIRC. WIRC staff report that the non success of outsourcing the support groups was that the providers were not expert on domestic violence.

Consultation undertaken around changes to WIRC, with the primary direct support providers, rather than advocacy based groups, shows support for the need to remodel existing WIRC services, particularly in relation to the domestic violence support groups. and Most see an expert community agency such as DVCS as the natural and most expert provider of this in the ACT.

In addition, many of the women attending the WIRC support groups were actually referred to WIRC by the Domestic Violence Crisis Service and/or were current or previous DVCS clients. This not only also reflects the key role of DVCS it also suggests a duplication or additional set of referral processes for the women accessing the WIRC support groups.

Bilateral consultations with the direct providers also shows strong support for a move to a more flexible and outreach based approach to the provision of the support groups to enhance access by women in the community most in need, including young women, Indigenous women and women from diverse cultural backgrounds. Suggestions included developing a rotating location and target group focus that could include groups specifically for women currently in domestic violence homelessness services provided at one of the refuges and groups at locations such as Winnunga Nimmityjah or a youth centre.

The women's services' providers also made comment that the geographic location of the groups should be expanded to meet the needs of services and women who do not find the city accessible. CSD has a number of locations that could be utilised for these support groups such as the Child and Family Centres which would enhance the provision of these services in a range of locations such as Tuggeranong and Gunghalin.

Providers also recommended re-evaluating the content and model of the support groups as they felt the same thing had been provided for many years now. A full consultative evaluation should occur prior to 30 June 2013, undertaken through a separate contract.

Key point 2. That the WIRC funds currently allocated to the provision of domestic violence support groups be transferred to a community agency expert in domestic violence from 1 July 2014. This will include a requirement to locate the groups in a variety of locations and settings, such as at one of the refuges (for current and/or previous clients of the domestic violence homelessness services), Winnunga Nimmityjah and the Child and Family Centres.

Key point 3. A full evaluation of the content, delivery and model of all domestic violence related support groups will be included as a separate deliverable (and separate funding) in the support group contract noted at Key point 3. This evaluation is to be completed prior to 30 June 2014 and the evaluation will also consider and make recommendations on the variety of locations that could be utilised to enhance accessibility.

Other courses

WIRC provides a range of courses including 'self esteem after domestic violence', general 'self esteem', 'moving on after separation' and 'healthy relationships'. WIRC staff report that most attendees at these courses are women who have experienced domestic violence in the past but are no longer at the early or crisis stage of the recovery process.

These courses are run either with four to six sessions of three hours. In 2012-2013 they were run 10-12 times with an average of six participants in each course.

The data indicates there is some level of demand for post crisis support groups for women who have experienced domestic violence. However, while a large numbers of attendees is not desirable for a support group (rather than for an information based group or course), six attendees is low and suggests these courses could be run less often with more participants in each course.

While it is not strictly necessary to have the same provider run these courses as for the domestic violence support groups, there is merit in doing so. Having one provider coordinating the groups and courses contributes to easier accessibility and a more integrated programmatic approach to content, model and topics.

However, consultation with the women's services sector strongly suggests there is a need to review what courses are provided. It is recommended that the evaluation of the support groups (noted above), include a review of all the domestic violence related courses. This evaluation should be done through a select tender process to ensure an appropriate provider experienced in the provision of women's services and/or support groups.

Key point 4. The provision of the current WIRC courses related to post crisis domestic violence support be included in the evaluation noted at Key point 4.

Information sessions

The current information session on finances and legal issues are relatively well attended. However, WIRC staff report that most attendees are women who have experienced domestic violence. Rather than women who have experienced domestic violence having to attend separate sessions (and address childcare and transport issues for each one), it seems logical that financial and legal information be included in the domestic violence support groups (where the provider can bring in appropriate expertise such as Women's Legal Service), particularly as the providers of the current legal and financial information also conduct separate information sessions as part of their own service provision.

Additionally, having one contract with one provider, rather than outsourcing a number of small contracts goes some way to addressing the issues raised in consultations that the gender based focus of WIRC will be lost if there is a 'piecemeal' approach to remodelling the services.

This can be revisited if the evaluation of the support groups proposes an alternative approach.

Key point 5. The provision of legal and financial information sessions will be included in the domestic violence support groups.

While attendance at the 'Thinking Thursday' sessions provided by WIRC have shown reasonably good attendance, WIRC staff report that they are overwhelmingly attended by public servants. While this indicates demand, with an average of thirty-three attendees at each session, the client group is not a target group for CSD. It is therefore recommended that these sessions be discontinued and be forwarded to CMTD for consideration as part of their 'supporting our staff' commitments.

Key Point 6. The Thinking Thursday sessions will cease and the information on the demand for the Thinking Thursday sessions will be passed to CMTD for consideration.

Face to Face service provision

In 2012-2013 WIRC had 2,476 face to face contacts, with 1,697 of these occurring as 'drop ins', 380 accessing the library or internet and 399 attending a booked appointment.

Across all forms of WIRC service delivery, approximately 35% of contacts are for information about WIRC courses or 'general' information and another 10% for referral or information on legal or financial services. Only 6% of all contacts relate to requests for information or support about domestic violence.

Therefore only approximately 24 women a year access face to face services for support related to domestic violence. This number indicates low usage of WIRC as a place to disclose abuse as would be expected and appropriate to a generalist information and referral service.

While some of the women's sector have raised the importance of WIRC as a 'safe space' for women, particularly in relation to domestic violence, it is important to note that WIRC is an information and referral service, staffed by public servants. It is neither a counselling service nor a specialist domestic violence service and does not offer direct access to professional or qualified counsellors or the systems and structures that support staff in a specialist service.

It is important also to consider whether a stand-alone and isolated service location is imperative to the provision of good information and referral services for women. The United Kingdom advisory group The Women's National Commission, conducted an online survey in 2010 to explore whether women only services are seen by service users and service providers as critical to good service delivery for women. The survey found that in relation to sexual assault or domestic violence, women only services were seen as critically important.

However for generalist services, the survey found strong support for the provision of 'single-sex services within mixed-service organisations'. A range of reasons were cited including, that 'this sends a clear message that women's issues are not seen as marginal', that 'it is the service user experience and how a service is delivered that matters' 'and that women's services in mixed organisation could change the ethos of the organisation as a whole'.²

It is appropriate that WIRC as a generalist information and referral service be relocated to the Theo Notaras Multicultural Centre, not only as this saves on commercial leasing costs, but because it integrates the service with similar services in ACT Government

² Women's National Commission (2010), *Findings from the WNC survey on women only services*. UK. p.2.

rather than isolated from the natural integrations and policy contexts that inform and support service provision (including the Human Services Blueprint).

However, it is important that WIRC staff are trained and understand how to deal with disclosures and refer women to the appropriate expert services and that the service creates an atmosphere that is welcoming, safe and discreet with private spaces easily created or available if required.

✓ **Key point 7.** A designated, private and safe space for women to access WIRC services will be provided in the Theo Notaras Multicultural Centre.

Expanded
To increase the accessibility of WIRC services in locations other than the city, it could be possible to create a number of identifiable 'outreach' locations in existing CSD sites where the face to face responses to information requests could be provided by identified existing CSD staff. This model would see the Theo Notaras Multicultural Centre as the primary or central hub, with the three CFCs and the Housing ACT CAP as identified outreach sites. This would result in WIRC information and support being provided in Tuggeranong, Gunghalin, Belconnen and the city.

✓ This model operates in South Australia where the Women's Information Service (WIS) has a central hub in the Adelaide CBD but has satellite functions at rural and other locations. While "WIS staff are not available at these locations" women can access information at those sites and there is a free telephone contact to the service in Adelaide.

✓ *Anchor*
✓ Locating the central hub in Theo Notaras Multicultural Centre with the Community Participation Group provides an opportunity to enhance access for women (particularly women from culturally diverse backgrounds) as well as ensuring a more streamlined and consistent approach to service delivery within CSD. Increasing outreach services at the Housing Central Access Point provides an opportunity to enhance access by a more disadvantaged group of women than currently reflected in the WIRC data and services at the CFC's improves accessibility for women residing in a wide variety of geographical locations.

✓ As the primary requests for information received by WIRC are about WIRC support groups, general information and legal/financial information and referral it should not be difficult to identify and train specific and appropriate CSD staff to be able to respond at these locations.

✓ **Key Point 8.** Consideration be given to creating outreach sites in the three Child and Family Services and the Housing Central Access Point. The outreach sites could have signage and information stands and specific workers (existing HACT and CFC staff) trained and able to respond to the requests for information.

✓ **Key point 9.** The Internet/ computer services will be relocated to the Theo Notaras Centre.

The current library facilities at WIRC were only accessed by 78 women in 2012-2013. While space could be found in the Theo Notaras Multicultural Centre usage of these

resources could be improved through their placement in another location. Preliminary discussions are underway with the Civic Library regarding the possibility of establishing a feminist or women's section with the donated books from the WIRC library which could significantly increase the current low usage of this resource. This is also consistent with the ACT Women's Plan. Any other suggestions from the women's sector should also be considered.

As the name WIRC currently contains the word "centre" and the remodelling changes the notion of place based services, the use of the word "centre" could be misleading. It is recommended that the name be changed to either 'Women's information', Women's Information and Referral Network or the Women's Information Network. This could be determined into the future in consultation with the women's sector. Due to the time constraints on printing the calendar for instance, the interim name used will be 'Women's Information'.

Key point 10. Consultation with the sector will occur to determine a new name to be phased in across publications and documents over a 12 month period.

In most other jurisdictions in Australia, information services for women, similar to WIRC have a strong online presence. For example Women's Infolink in Queensland provided by the Queensland Government through their Office for Women provides a "Find a service" facility on line to search in a variety of categories for local relevant services and a range of fact sheets and other publications available on line.

In order to increase access and adapt to new platforms it is recommended that CSD and in particular the Community Participation Group improve the current accessibility of on-line information for women over the next 12 months.

Key point 11. CSD will explore improvements to the current provision of on-line information for women over the next 12 months.

The NSW Government has developed and made available the "Aurora" phone application for women experiencing domestic violence or who are worried about their relationship. The app allows women to message trusted friends and or the police in situations where they have concerns for their safety and the app contains useful and critical information on services and supports that are available. The app has been designed with a range of safety features and is available for free download. This app provides a new platform to support women in situations of domestic violence and could be seen to have particular application for young women and across Australia and in the ACT a very significant proportion of women experiencing domestic violence are young women.

Key point 12. The Office for Women will investigate the development/purchase of an ACT specific phone app (like the 'Aurora' for women experiencing domestic violence).

4. FUTURE EVALUATION AND REFORM

It is important that robust data be collected and evaluated as to the success of the relocation of WIRC and the intention to improve access to the services provided by disadvantaged groups of women in the ACT. A data committee will be established within the Community Participation Group to develop robust data collection and analysis tools.

The success of any service delivery in government depends on the integration of policy and practice. That WIRC services will now be located with the Office for Women in the Theo Notaras Multicultural Centre allows for the development of stronger links between the policy and practice arms of the Office for Women. To this end it is appropriate to review and evaluate the revised model of delivery of WIRC functions in line with the ACT Women's Plan.

While the ACT Women's plan continues to June/July 2015, the current implementation plan ends in September 2014. This provides a perfect opportunity to ensure consistency between service delivery and policy. The data committee will look at current data collection and potential additions or changes to this collection with a final data plan by end February 2014. This then allows for 6 months data collection and a period for revisions to be completed and amended in line with the next Women's Implementation plan on 1 October 2015.

During the 6 month period from February 2014 to September 2014, consultation will also occur with a range of women's sector forums about any issues arising from the reformed model of service delivery that can then also be considered in relation to the new Implementation plan.

Input into the Implementation plan for the ACT Women's Plan must include consideration of WIRC functions and services within the broader policy context of CSD and the ACT Government more broadly, particularly Health and Education and with particular focus on improving access by the most disadvantaged women in the ACT community.

A full evaluation of the reformed model of service delivery should occur in preparation of the new ACT Women's Plan in June/July 2015. The parameters, deliverables and timeframe of this evaluation will be determined and managed by the Office for Women in consultation with the women's sector.

5. RESEARCH AND CONSULTATION

2a Research

Other jurisdictions

A number of State and Territory governments in Australia provide some form of 'free and confidential information and referral service about government agencies and community services supporting women' (Queensland Government).

Of the four jurisdictions with identified women's information services, South Australia, Victoria, Queensland and Western Australia, three provide the service within government and one, Victoria is community based. Two of the four, Victoria and South Australia, offer a shopfront facility.

South Australia also operates 'satellite' services in regional locations. These locations (in other government shopfronts, provide a range of written information and a free phone service to the Adelaide centre.

Only the Victorian service, provided by a community based organisation, offers a range of services other than information and referral such as programs, classes and professional development.

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Facilitate operation of Financial/legal information sessions	Organised by WIRC until 30 June 2014 Incorporated into the domestic violence support groups and outsourced from 1 July 2014	1.5%	100%
Provision of 'Thinking Thursday' sessions	Will cease as of 31 December 2013 Attendees are primarily public servants- not CSD target group- referred to Chief Ministers and Treasury Directorate for consideration	.5%	0%
Drop in information and support service	Relocated to Theo Nataras centre	14%	100%
Domestic violence phone app	Investigate purchase/development support phone app like 'Aurora' in NSW	Nil	Additional
			Total WIRC services continued = 99.5%

NSW



WIRC SERVICES

PROJECT

2013

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I PROJECT SCOPE INFORMATION

1a Project justification

The Community Services Directorate (CSD) has been reforming its frontline service delivery for many years to ensure services are efficient, are targeted to those in the community most in need and are provided in ways that minimise multiple sites of contact. This has included the implementation of the Central Access Point (CAP) in Housing ACT, the development of the Child and Family Gateway Service and a range of initiatives to create an integrated service system of support across and between the various areas of CSD and community sector services.

The project drivers for the restructuring and modernising of the Womens Information and Referral Centre (WIRC) services include: the need to reassess a 35 year old model of service delivery, particularly given the significant technological changes in that period; the need to consider the WIRC services within the larger suite of CSD services; the ACT Government commitment to reducing inefficiencies; and an acknowledgement of the current fiscal environment.

1b Background

The (WIRC) model was established some 35 years ago to provide information and referral services to women in the ACT community. The service was created at a particular time in history that acknowledged, through the provision of resources, the need for specific services for women, particularly for women escaping domestic violence.

35 years on, there is a need to re-evaluate that model in relation to: the changes to the geography and demography of Canberra (away from the City as the only and central hub); significant technological changes in that period; the current commitment to targeting of resources to people most in need; and reducing, wherever possible, duplication in services.

WIRC is currently geographically located in the City, in an area that accommodates government offices and more recently a sizeable student population. While the city was, 35 years ago the only central hub for the ACT, there are now five 'hubs' in the ACT. Combined with the fact that a significant proportion of services offered by WIRC are not provided face to face, it is appropriate to question the ongoing costs of maintaining an isolated commercial lease in the city. It is also appropriate to question how the needs of women living closer to the other four hubs in the ACT could better access WIRC services and what synergies could be established with other CSD funded services in those locations.

While 74% of WIRC services are already provided in non face to face format, there is good reason to explore the expansion of information provision through the newer technological platforms available.

While WIRC data shows that the provision of current WIRC services is well received by women accessing the service, the services offered are not accessed by young women, older women, Indigenous women or Culturally and Linguistically Diverse (CALD) women. In a more

constrained fiscal environment it is critical that consideration be given, and changes made, to ensure government funded services are targeted at and accessible to those people in the community who are most disadvantaged.

This project considered the drivers described above in formulating options for the provision of the services currently offered by WIRC in a way that responds to the current environment and has the potential to improve accessibility to those in the community most in need.

1c Business benefits

- Improved accessibility and targeting of WIRC services
- Reduction in duplication of services.
- Reduction in the need for clients to have multiple points of contact with CSD.

1d End product

Options (and justifications) for delivering the current suite of WIRC services in a more modern and accessible way, with particular attention to improved access for the most disadvantaged in our community.

1e Out of scope

- Changes to the Theo Notaras Multicultural Centre layout.
- Logistics of the move from WIRC to Theo Notaras Multicultural Centre.
- Managing WIRC staff changes and/or redeployment.

1f Work breakdown structure

Research and consultation

- Consultation:
 - WIRC staff
 - Community sector bilateral consultation
 - DVCS
 - CRCC
 - Beryl
 - Doris
 - Toora
- Research:
 - WIRC services provided
 - WIRC data
 - Other models within ACT and Australia
 - Potential and existing synergies

Development of options

- Draft Options Paper which includes options for service delivery and implementation plans for each service function
- Consult on draft
- Incorporate consultation and finalise paper

2. RESEARCH AND CONSULTATION

2a Research

Other jurisdictions

A number of State and Territory governments in Australia provide some form of 'free and confidential information and referral service about government agencies and community services supporting women' (Queensland Government).

Of the four jurisdictions with identified women's information services, South Australia, Victoria, Queensland and Western Australia, three provide the service within government and one, Victoria is community based. Two of the four, Victoria and South Australia, offer a shopfront facility.

South Australia also operates 'satellite' services in regional locations. These locations (in other government shopfronts, provide a range of written information and a free phone service to the Adelaide centre.

Only the Victorian service, provided by a community based organisation, offers a range of services other than information and referral such as programs, classes and professional development.

WIRC DATA (2012-2013)

WIRC data (2012-2013) shows that of the total 12,470 contacts with clients, nearly half or 5,787 were via telephone, 3,068 were via email and 330 via post. Therefore 74% of the services currently provided by WIRC are not provided face to face.

Of the 2,476 face to face contacts, 1,697 'dropped in' to the service, 380 clients accessed the WIRC library or the internet services provided and 399 attended a booked appointment.

Across both the non face to face and face to face services, the four most common areas of information sought were:

- Information on WIRC support groups/information sessions (20%)
- General information (10%)
- Financial or legal information (10%)
- Domestic violence (6%)

Support groups/information sessions

A range of support groups for women are facilitated by WIRC, including domestic violence support groups, self esteem based courses and legal or financial information sessions.

In 2012-2013, there were 52 attendees at the five domestic violence support groups offered (each running for between three to eight sessions).

Across a range of other courses targeting women's self esteem and relationships (including self esteem post separation, healthy relationships and self confidence courses) there were a total of approximately 130 attendees in 2012-2013. Data does not reveal whether the women

attending the domestic violence support groups are also attending the self esteem based courses, although WIRC staff report that many of the self esteem based courses are attended by women who have experienced domestic violence in the past (where the support groups are attended by women who have recently experienced domestic violence).

Other groups and information sessions

While data shows high attendance with an average of 33 attendees, at the "Thinking Thursday sessions", (with topics such as: 'Dealing with change', 'mentoring', 'Getting organised', 'Building resilience in the workplace', 'presentation skills'), consultation with WIRC staff indicates these are attended predominantly by public servants, both Commonwealth and ACT. While this indicates an area of demand by women in the community, it is legitimate to question whether CSD as the provider of targeted human services is the appropriate provider of these. This interest has been referred to the relevant area of Chief Ministers and Treasury Directorate for consideration.

The courses/information sessions on financial matters showed relatively good attendance with 35 women attending four sessions. While a breakdown of the details of the attendees is not available, these courses appear relevant to CSD targeted service provision in that women as a group disproportionally experience poverty (particularly single mothers), and women escaping domestic violence often need support to regain control of finances, given financial control is a common component of domestic violence.

The same reasoning could be applied to the legal information sessions provided, with 24 attendees at the three information sessions offered in 2012-2013.

Incidental domestic violence disclosure contacts

Consultation with WIRC staff indicated that many women may drop in or request information about a general area and then some way into that contact disclose domestic violence. This is not an uncommon approach in the areas of domestic violence and/or sexual assault where some level of trust often needs to be established prior to a disclosure. This is an important factor to take into consideration in changes to the model of information provision both for in person and phone contacts. WIRC staff were particularly concerned that in any area or service that may provide the general information, staff be adequately trained and supported to allow this form of disclosure to continue and support staff dealing with those disclosures.

Return to work grants

The Return to Work Grants for women program has been operating out of the WIRC shopfront since its inception in 2010. More recently the return to work grants officer has been trialling outreach visits in other CSD locations such as the Child and Family Centre's (CFC's) and the Housing ACT Central Access Point (CAP). The return to work officer in consultation for this report indicated a very positive response from women to this outreach approach. The worker particularly noted that the outreach at the CAP involved contact with a 'very different' target group and resulted in the provision of grants to a number of women who would otherwise not have accessed this service. The return to work grants function and officer will continue to expand this successful outreach approach to better target those most in need and improve access to this grants program.

2b CONSULTATION

First stage consultation

Early consultation occurred with the Chair of the Multicultural Women's Advocacy Inc, Former Chair of the National Prevention of Violence Against Women Council, Chair of the Ministerial Advisory Council for Women and Women's Centre for Health Matters. All reported that they understood the need to modernise and change the current model of service provision and agreed that basing these services on a more outreach basis would enhance access for women in the ACT. It is also safe to assume that given the low numbers of clients from diverse backgrounds accessing WIRC services (7%), this consultative group would respond favourably to the relocation of the shopfront functions to the Theo Notaras Multicultural Centre, given the central location of the Centre to a range of services for people from culturally diverse backgrounds.

Two consultation forums were also held on 18 and 25 October 2013 with representatives from the ACT Women's sector, including the Women's Centre for Health Matters, Domestic Violence Crisis Service, Canberra Rape Crisis Centre, Inanna Women's Legal Centre and the Multicultural Women's Advocacy group. Minister Burch also met with her Women's Advisory Council to discuss the new service model.

WIRC staff have been provided with a range of consultation forums and these are ongoing in relation to employment and redeployment.

Ideas were sought at all consultations about ways to modernise and improve access to WIRC services.

Service provision/model consultation

Consultation was held with WIRC staff about the range of services currently provided, their views on the strengths and weaknesses of the current model and how future service provision might occur. All WIRC staff were encouraged to continue contact at any time about other information they wished to have considered in the development of the new model.

Bilateral consultation occurred with a range of direct women's service providers in the ACT to ensure their suggestions for service delivery were considered in the development of the proposed model.

3 OPTIONS FOR MODEL OF SERVICE DELIVERY

Introduction

The ACT Government remains committed to addressing gender equality issues by funding and supporting a range of women specific services and ensuring mainstream services offer appropriate gender based service responses.

WIRC has clearly been a valued government service for women in the ACT for 35 years and in that time the services offered have evolved in response to demand but the approach to engaging women in the community has remained largely the same.

The Government is committed to ensuring that the services for women offered by WIRC will continue but the location from which they are delivered and in some cases the actual provider may change.

The need to evaluate and make changes to the current service delivery is twofold. Firstly it is critical that governments ensure their services are delivered in ways that ensures accessibility to those in the community most in need and secondly, as the ACT Government has made clear, in the current fiscal environment there is a need to stamp out duplication and deliver services in a more efficient way while minimising the impact on service delivery.

Recent internal changes resulting in the creation of the Community Participation Group in CSD which collocates the services and staff of the Office for Women, Office for Ageing and the Office for Multicultural Affairs also provides a context for re-evaluating WIRC services. One of the overarching aims of the Community Participation Group is to improve access to services for a range of groups in the community who may experience levels of disadvantage. In turn this reflects the ACT Governments broader objectives to ensure all members of the ACT community can, and where relevant are assisted to, access the full range of government and community based services.

The changes proposed here recommend retaining those WIRC functions that are appropriate for the ACT Government to provide and the outsourcing of those that are not. Additional recommendations are based on achieving efficiencies while maintaining service delivery.

3a Information and referral phone line/email

Of the four other state or territory services similar to WIRC, only one is outsourced to a community provider. The other three services have been retained within government in recognition of the government's role in ensuring accessibility for women to the full range of government and community services.

A review of women's information and referral services conducted by WA in 2013 noted that no "distinct advantages for clients were observed",¹ in relation to the services being provided by a Non-Government Organisation. The report did however note that the visibility of the service as a distinct service was critical to success.

¹ Western Australia Government, *Community Information Evaluation Final Report*, Western Australia, 2013, p.14.

Current WIRC service provision	Option	Costs	Provider/staff	Approx % current WIRC output	% current function maintained in new delivery format
Phone/email information service- 9 am to 5pm Mon to Frid	Combine administration of Elder APRIL and WIRC phone services within CSD Community participation group with separate numbers for community.	\$70,000 pa already expended on APRIL. 2,500 printing	CSD- 1xAS04 p/t and one AS03/pt to manage both lines and email and some occasions of community engagement (ie stalls at community events)	74%	100%
Drop in information and support service	Relocated to Theo Nataras centre	Nil- absorbed by allocated AS04 and CPG staff	CSD 14%	19%	100%
Development of WIRC calendar and organising groups/training 2,500	Calendar and organisation of groups provided by 1x AS04 (at .65FTE) supported by and located with the Community Participation Group	1x 0.65 AS04 = \$49,595 + printing costs \$2000 \$50	55,405 expenses inc \$2,250 for communication	2%	100%
Facilitate operation of Domestic violence support groups and courses Library	Outsource to community provider	~~\$45,000 to~~ 36,000 community expert provider in kind rental support by CFC is Youth Center? training rooms NSH etc	DVCS	3%	100%
				5%	100%

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Facilitate operation of Financial/legal information sessions	Incorporate into the domestic violence support groups	\$8,000		15% 10%	100%
Provision of 'Thinking Thursday' sessions	Attendees are primarily public servants and the sessions relate to career development – not CSD target group			.5%	0%
Domestic violence phone app	Investigate purchase/development support phone app like 'Aurora' in NSW	Unknown		Nil	Additional
					Total current WIRC services provided 99.5%

Total costs (not including \$70,000 elder abuse line) = \$102,595. Budgeted costs = \$105,000 – note- does not include purchase/development of the app

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WIRC SERVICES

PROJECT 2013

Current WIRC service provision	Option.	Costs	Provider/staff	% current WIRC output	%maintained in new delivery format
Phone/email information service- 9 am to 5pm Mon to Frid	CSD contracted out Elder Abuse line (\$70,000pa) which receives approximately 7 calls pw. Funding and function to CSD and Community participation group maintain this line and WIRC line with separate numbers and badging.	\$70,000 pa	CSD- 1xAS04 p/t and one AS03/pt to manage both lines and email and some occasions of community engagement (ie stalls at community events)	74%	100%
Drop in information and support service	Relocated to Theo Nataras centre	Nil- absorbed by CPG and Office for Women staff	CPG and Office for Women	19%	100%
Development of WIRC calendar and organising groups/training	Calendar and organisation of groups provided by 1x AS04 (at .65FTE) supported by and located with the Community Participation Group	1x 0.65 AS04 = \$49,595 + printing costs \$8000????		1%	100%
Domestic violence support groups and courses	Total figures hard to ascertain but estimated attendee numbers maintained but delivery numbers may change	\$35,000 to provider	DVCS	3%	100%
Financial/legal information sessions	Range of providers including Women's Legal centre, Care Financial- Total figures hard to ascertain but estimated attendee numbers maintained but delivery numbers may change	\$8,000 to providers ??		3%	100%

Domestic violence	Purchase/development of an app similar to the domestic violence support app 'Aurora' in NSW	??		Nil	Additional
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Total costs (not including \$70,000 elder abuse line) = \$92,595. Budgeted costs= \$105,000 – note- does not include purchase/development of the app

DRAFT

NSM-4b



ACT
Government

Community Services

WIRC SERVICES

PROJECT 2013

0/0 of current WIRC workload
NSM-47 0% monitored in new delivery format

Current WIRC service provision	Option	Costs	Provider/staff	% current service
Phone/email information service- 9 am to 5pm Mon to Frid	CSD contracted out Elder Abuse line (\$70,000pa) which receives approximately 7 calls pw. Funding and function to CSD and Community participation group maintain this line and WIRC line with separate numbers and badging.	\$70,000 pa.	CSD- 1xAS04 p/t and one AS03/pt to manage both lines and email and some occasions of community engagement (ie stalls at community events)	~~74%~~ 100%
Drop in information and support service	Relocated to Theo Nataras centre	Nil- function absorbed by CPG and Office for Women staff	CPG and Office for Women	~~19%~~ 100%
Development of WIRC calendar and organising groups/training	Calendar and organisation of groups provided by 1x AS04 (at .65FTE) supported by and located with the Community Participation Group	1x 0.65 AS04		~~1%~~ 100%
Domestic violence support groups		\$22,000 to provider	DVCS	~~3%~~ 100%
Other support groups including Financial/legal		\$8,000 to providers	Range of providers including Women's Legal centre, Care Financial	~~3%~~ ?

Ditch Things That do

Total costs (minus \$70,000 elder abuse line) = \$79,595. Budgeted costs= \$105,000

Develop/purchase consolidation of Aurora app +20

NSM-47 2% referred to CMTA for consultation



ACT
Government

Community Services

*Is Information Network
for Information for*

WIRC SERVICES

PROJECT 2013

Current WIRC service provision	Option	Costs	Provider/staff	% current service
Phone/email information service- 9 am to 5pm Mon to Frid	CSD contracted out Elder Abuse line (\$70,000pa) which receives approximately 7 calls pw. Funding and function to CSD and Community participation group maintain this line and WIRC line with separate numbers and badging.	\$70,000 pa.	CSD- 1xAS04 p/t and one AS03/pt to manage both lines and email and some occasions of community engagement (ie stalls at community events)	74%
Drop in information and support service <i>already into CSD CAP CFC's</i>	Relocated to Theo Nataras centre <i>How to provide these services elsewhere</i>	Nil- function absorbed by CPG and Office for Women staff <i>CSD staff</i>	CPG and Office for Women <i>CAP CFC's</i>	19%
Development of WIRC calendar and organising groups/training	Calendar and organisation of groups provided by 1x AS04 (at .65FTE) supported by and located with the Community Participation Group	1x 0.65 AS04		1%
Domestic violence support groups		\$22,000 to provider	DVCS	3%
Other support groups including Financial/legal		\$8,000 to providers	Range of providers including Women's Legal centre, Care Financial	3%

Total costs (minus \$70,000 elder abuse line) = \$79,595. Budgeted costs= \$105,000

Polygons

1st quarter	2nd	3rd	4th
Boy - 17			
Self esteem - 8	10	-	7 6/6/10/8
Com skills - 12	8		
D V support group - 6	-	9	7
Anger management	-	-	15 15
Thinking Thursday 3:30 x 3 1st 2nd + 3rd			
Family law/legal 6	-	8	10
Emotions 10	5	8	12
Healthy relationships -	7	-	7/6
Managing anger			
after separation -	12		
Self esteem after DV -	15		
Career info -	11		
Self confidence -	-	17	13
Emotional maturity -	-	13	
Managing change -	-	-	8
Relationships -	-	11	
Assertives -	-	6	
Public speaking -	-	6.6	

Doyle, Bridie

From: Myers, Christina
Sent: Wednesday, 4 December 2013 10:05 AM
To: Doyle, Bridie
Subject: Blueprint information as requested

Dear Bridie

Thanks for your call.

I have put some words below that might be useful to you. Let me know if you need anything further and I'm happy to look at your words about the Women's Information and Referral Centre and see if I can think of any other obvious linkages to the Blueprint that I can send you.

Kind regards

Christina

Blueprint description:

The Minister for Community Services, Andrew Barr MLA, recently announced the ACT Government was developing a Human Services Blueprint in partnership with the community sector. The *Human Services Blueprint* will be a three-year plan to make Canberra's human services system more integrated and cohesive, aiming to create "one human services system" with people at the centre. It will initially focus on core human services delivered or funded by the Community Services Directorate, with consideration given to the interface with other services like health, justice, education, Medicare and Centrelink.

Draft guiding principles:

Person-centred — ensuring services are person and family centred, and delivered holistically

Outcomes focused — ensuring funding, accountability and performance measurement focus on outcomes and impact, not inputs and outputs

Sustainable — ensuring the system is viable, with a considered investment strategy

Tailored — providing the right support, in the right amount, at the right time (promoting early intervention and service user participation, reducing episodes of crisis)

Flexible — providing services through a variety of approaches including online delivery and encourage self-service, wherever possible

Local networks — local service networks that are collaborative and responsive to local needs

Online consultation:

An online survey and a public discussion paper to seek public views about human services were produced and made available on the ACT Government's *Time to Talk* web site. The survey attracted more than 100 responses. In response to the question: "How do you like to receive information?", most (67.65%) respondents selected "by e-mail" or (64.71%) "online tools and information".

(Bridie – note respondents could select more than one answer)

In response to the question: "If you needed information about human services in the future, where would you look for it?" the vast majority (86.41%) selected "web sites". Other responses included "doctor, hospital or community health centre" (47.57%), "family and friends" (42.72%); "counsellors or other professional support services (eg Lifeline, community nurse, social worker) (38.83%)."

Christina Myers

Strategic Policy

Community Services Directorate ACT Government

02 6207 7990

christina.myers@act.gov.au

Level 4 11 Moore St City| GPO Box 158 Canberra ACT 2601| www.act.gov.au

Drop in for info + referral will be provided on a phone line will centre also
WOMENS INFORMATION AND REFERRAL CENTRE (WIRC) DOT POINTS
3 December 2013

- The ACT Government is committed to maintaining the provision of a government information and referral service for women as provided by WIRC but the location from which they are delivered and in some cases the actual provider will change. ✓
- The new model retains those WIRC functions that are appropriate for the ACT Government to provide and the outsourcing of those that are not. ✓
- The revised model of service delivery ensures the continuity of 99.5% of the current WIRC functions with an annual saving of \$196,000.
- There were multiple drivers for the changes to WIRC services, including:
 - Current WIRC data which shows low access by a range of disadvantaged populations of women in the ACT, including Indigenous women, women with a disability and young women. It is critical that the ACT Government is confident their services are delivered in ways that improve accessibility to those in the community most in need. ✗
 - The need in the current fiscal environment to find ways to deliver services in a more efficient way.
 - The recent changes internal to CSD to join up the services provided by Office for Women, Office for Ageing and Office for Multicultural Affairs into the 'Community Participation Group' provided an opportunity to reassess a range of functions across these areas to ensure improved linkages, accessibility and shared service provision, including WIRC functions.
 - The WIRC model is 35 years old and while it has evolved in response to demand, the service has moved into provision of services that are outside the scope and professional ambit of government information and referral service.
- The provision of domestic violence and other related support groups will be outsourced via contract to an appropriate expert community agency. The contract will include a requirement to provide groups in a variety of locations across the ACT.
- A contract will also be developed to undertake a full review of the current support groups prior to the new provider taking them on from 1 July 2014, which will include reviewing client feedback and a requirement to consult with the women's services sector and other agencies working with identified target groups such as Indigenous women, women from diverse cultural backgrounds and women with a disability to improve accessibility by these target groups.

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Beer, Kylie

From: Everitt, Gabrielle on behalf of GALLAGHER
Sent: Monday, 2 December 2013 12:05 PM
To: CMTD MLO
Subject: TRIM: FW: WIRC

Categories: CSD

For appropriate action please

From: s 41
Sent: Monday, 2 December 2013 11:57 AM
To: GALLAGHER
Subject: WIRC

Dear Ms Gallagher

I have been a user of WIRC for two years. They have been invaluable assisting me in my crisis.

I am calling on you in your capacity as Chief Minister to reverse the decision to close the Women's Information and Referral Centre. The Centre has been operating as a vital and effective hub for women in the ACT for over 35 years. Almost 12 500 women used the Centre last year and 3 205 of them did so face to face. As of 13 December these women, who are some of the most vulnerable in our community and who just want and need a safe and welcoming place, will have nowhere to go.

WIRC provides a range of free and very low cost services to women in the ACT including telephone, drop in or email access to information and/or referral to appropriate services. Women can use the Centre's free library, access the computers, take a personal development course or join a support group. WIRC is the only place that offers personal development courses specifically for women on self-esteem, assertiveness and many other topics. It coordinates services with Carers' groups, Indigenous health services and others and works in a myriad of ways to increase the health and well being of women in the ACT.

WIRC also has a critical role to play in supporting and increasing community safety. It is the only place in the ACT where women can access domestic violence support groups, where the focus is on supporting them to move on from the cycle of violence, to increase their self-esteem and to be able to build respectful relationships in their future, thus aiming to prevent the inter-generational transmission of the cycle of family violence. This is particularly important given the Canberra Times article on Sunday 27 October 2013 which outlined that the ACT Domestic Violence Crisis Service has experienced a 50% increase in demand for its services and is desperately struggling to keep pace with this demand. The same article also highlighted that the Domestic Violence Crisis Service is calling for more resources for long term follow up programs to assist those experiencing violence to break the cycle of violence. They are unable to provide these programs themselves and it appears that the loss of WIRC will remove the only service providing these critical support programs for women. All of which has the potential to diminish the safety of women and children in the ACT.

I understand that a recent KPMG review found WIRC to be the service which has the highest reach per capita and which offers the most number of programs of the women's services reviewed. The same report highlighted WIRC as one of the most cost effective community information services in Australia. I also understand your government is committed to continuing to fund services with a proven effectiveness for women. So I cannot understand your decision to close the Centre.

Perhaps our first female Governor General Ms Quentin Bryce said it best in her recent Boyer lecture when she spoke of her time as the Coordinator of the Women's Information Service in Queensland – a sister service to WIRC. She detailed how she '...felt a serious responsibility to ensure that the concerns of women ... were accurately recorded and presented as compelling testimony to decision makers in government. What these women said mattered at last.' To lose the Women's Information and Referral Centre is to lose a place for the voices of ordinary women to be heard, to be valued and to be counted.

Please Chief Minister at a time when your government can find \$2.6 million to tell people about Brand Canberra please find the necessary resources to keep the Women's Information and Referral Centre a safe and empowering place for women operating.

Yours Sincerely

s 41

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m-13/2263

Beer, Kylie

From: Payne, Cassia on behalf of CMTD MLO
Sent: Monday, 2 December 2013 12:21 PM
To: Beer, Kylie
Subject: CMTD Ministerial: M2013/03142 - Please reverse the decision to close the Women's Information and Referral Centre - 541
Attachments: TRIM: FW: WIRC

Chief Minister Correspondence – Community Services Directorate

Record Number: M2013/03142

Due Date: 16/12/13

From: 541

Subject: Please reverse the decision to close the Women's Information and Referral Centre

Action Required: Response by CM

Cassia Payne | Ministerial Liaison Officer - Government Business Coordination
Phone: 6205 4058 | Fax: 6205 1093 | cassia.payne@act.gov.au
Chief Minister and Treasury Directorate | ACT Government
Level 5 Canberra Nara Centre | GPO Box 158 Canberra ACT 2601 | www.act.gov.au



ACT
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Community Services

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WIRC SERVICES PROJECT 2013

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Optimis paper

NSM-55

1 PROJECT SCOPE INFORMATION

1a Project justification

(CSD) ✓
Community Services Directorate has been reforming its frontline service delivery for many years to ensure services are targeted to those in the community most in need and are provided in ways that minimise multiple sites of contact. This has included the implementation of the Central Access Point (CAP) in Housing ACT, the development of the Child and Family Gateway Service and a range of other initiatives to create an integrated service system of support across and between the various areas of CSD and community sector services.

The project drivers for the restructuring and modernising of WIRC services include: the need to reassess a 35 year old model of service delivery, particularly given the significant technological changes in that period; the need to consider the WIRC services within the larger suite of CSD services; acknowledgement of the current fiscal environment.

1b Background

The Women's Information and Referral Centre (WIRC) model was established some 35 years ago to provide information and referral services to women in the ACT community. The service was created at a particular time in history that acknowledged through the provision of resources, the need for specific services for women, particularly for women escaping domestic violence.

35 years on, there is a need to re-evaluate that model in relation to: the changes to the geography and demography of Canberra (away from the City as the only and central hub); significant technological changes in that period; the current targeting of resources to people most in need; and reducing wherever possible duplication in services.

WIRC is currently geographically located in the City, in an area that accommodates government offices and more recently a sizeable student population. While the city was, 35 years ago the only central hub for the ACT, there are now 5 'hubs' in the ACT. Combined with the significant proportion of services offered by WIRC not being provided face to face, it is appropriate to question the ongoing costs of maintaining an isolated commercial lease in the city. It is also appropriate to question how the needs of women in the other 4 hubs in the ACT could better access WIRC services and what synergies could be established with other CSD funded services in those locations.

While 74% of WIRC services are already provided in non face to face format, there is good reason to explore the expansion of information provision in the newer technological platforms available.

WIRC data shows that while the provision of current WIRC services is well received by women accessing the service, the services offered are not accessed by young women, older women, Indigenous women or NESS women. In a more constrained fiscal environment it is critical that consideration be given, and changes made, to ensure government funded

services are targeted at and accessible to those people in the community who are most disadvantaged.

This project considered the drivers described above in formulating options for the provision of the services currently offered by WIRC in a way that responds to the current environment and has the potential to improve accessibility to those in the community most in need.

1c Business benefits

- Improved accessibility and targeting of WIRC services
- Reduction in duplication of services
- Reduction in the need for clients to have multiple points of contact with CSD

1d End product

Options (and justifications) for delivering the current suite of WIRC services in a more modern and accessible way, with particular attention to improved access for the most disadvantaged in our community.

1e Out of scope

- Changes to the Theo Notaras centre layout
- Logistics of the move from WIRC to Theo Notaras centre
- Managing WIRC staff changes and/or redeployment

1f Work breakdown structure

Research and consultation

- Consultation:
 - WIRC staff
 - Community sector
 - DVCS
 - ACTCOSS
 - YWCA
 - St Vincent de Paul Family services
- Research:
 - WIRC services provided
 - WIRC data
 - Other models within ACT and Australia
 - Potential and existing synergies

Development of options

- Draft Options Paper which includes options for service delivery and implementation plans for each service function
- Consult on draft
- Incorporate consultation and finalise paper

2. RESEARCH AND CONSULTATION

2a Research

WIRC DATA (2012-2013)

2012-2013 WIRC data shows that of the total 12,470 contacts with clients, nearly half or 5,787 were via telephone, 3,068 were via email and 330 via post. Therefore 74% of the services currently provided by WIRC are not provided face to face.

Of the 2,476 face to face contacts, 1,697 'dropped in' to the service, 380 clients accessed the WIRC library or the internet services provided and 399 attended a booked appointment.

Across both the non face to face and face to face services, the ^{four} most common areas of information sought were:

- Information on WIRC support groups/information sessions (20%)
- General information (10%)
- Financial or legal information (10%)
- Domestic violence (6%)

Support groups/information sessions

A range of support groups for women are facilitated by WIRC, including domestic violence support groups, self esteem based courses and legal or financial information sessions.

In 2012-2013 there were 52 attendees at the ^{five} domestic violence support groups offered (each running for between ^{three} 3 to ^{eight} 8 sessions).

Across a range of other courses targeting women's self esteem and relationships (including self esteem post separation, healthy relationships and self confidence courses) there was a total of approximately 130 attendees in 2012-2013. Data does not reveal whether the women attending the domestic violence support groups are also attending the self esteem based courses, although WIRC staff report that many of the self esteem based courses are attended by women who have experienced domestic violence in the past (where the support groups are attended by women who have recently experienced domestic violence).

Other groups and information sessions-

While data shows high attendance with average of 33 attendees, at the "Thinking Thursday sessions", (with topics such as: 'Dealing with change', 'mentoring', 'Getting organised', 'Building resilience in the workplace', 'presentation skills'), consultation with WIRC staff indicates these are attended predominantly by public servants, both Commonwealth and ACT. While this indicates an interest by women in the community, it is legitimate to question whether CSD as the provider of targeted human services is the appropriate provider of these. It is suggested that this interest be referred to CMTD ^{the relevant area of the} section for consideration. ^{type of courses} ^{Chief Manager}

The courses/information sessions on financial matters showed relatively good attendance with 35 women attending 4 sessions. While a breakdown of the details of the attendees is

not available, these courses appear relevant to CSD targeted service provision in that women as a group disproportionately experience poverty (particularly single mothers), and women escaping domestic violence often need support to regain control of finances (given financial control is a common component of domestic violence).

The same reasoning could be applied to the legal information sessions provided, with 24 attendees at the ^{three} information sessions offered in 2012-2013.

Incidental domestic violence disclosure contacts

Consultation with WIRC staff indicated that many women may drop in or request information about a general area and then some way into that contact disclose domestic violence. This is not an uncommon approach in the areas of domestic violence and/or sexual assault where some level of trust often needs to be established prior to a disclosure. This is an important factor to take into consideration in changes to the model of information provision both for in person and phone contacts. WIRC staff were particularly concerned that in any area or service that may provide the general information, staff be adequately trained and supported to allow this form of disclosure to continue and support staff dealing with those disclosures.

Return to work grants

The Return to work grants for women program has been operating out of the WIRC shopfront since???? More recently the return to work grants officer has been trialling outreach visits in other CSD locations such as the Child and Family Centre and the Central Access Point (Housing ACT). The return to work officer in consultation for this report, indicated a very positive response from women to this outreach approach. The worker particularly noted that the outreach at the Central Access point involved contact with a 'very different' target group and resulted in the provision of grants to a number of women who would otherwise not have accessed this service. The return to work grants function and officer have now been transferred to the Office for Women and will continue to expand this successful outreach approach to better target those most in need and improve access to this grants program.

2b CONSULTATION

First stage consultation

Early consultation occurred with the Chair of the Multicultural Women's Advocacy Inc, Chair of the National Prevention of Violence Against Women Council, Chair Ministerial Advisory Council for Women and Women's Centre for Health matters. All reported that they understood the need to modernise and change the current model of service provision and agreed that basing these services on a more outreached basis would enhance access for women in the ACT. It is also safe to assume that given the low numbers of clients from diverse backgrounds accessing WIRC services (7%), this consultative group would respond favourably to the relocation of the shopfront functions to the Theo Notaras Centre, given the centrality of the Centre to a range of services for people from diverse backgrounds.

A consultation forum was also held with representatives from the ACT Women's sector, including the Women's Centre for Health matters, Domestic Violence Crisis Service, Canberra Rape Crisis Centre, Inanna, Women's Legal centre and the Multicultural Women's

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Advocacy group. Minister Burch also met with her Women's Advisory Council to discuss the new service model.

WIRC staff have been provided with a range of consultation forums and these are ongoing in relation to employment and redeployment.

Ideas were sought at all consultations about ways to modernise and improve access to WIRC services.

Service provision/model consultation

Consultation was held with WIRC staff about the range of services currently provided and seeking their views on the strengths and weaknesses of the current model and how future service provision might occur. All WIRC staff were encouraged to continue contact at any time about other information they wished to have considered in the development of the

new
model.
service

DRAFT

3 OPTIONS FOR MODEL OF SERVICE DELIVERY

3a Information phone line

The WIRC phone/email functions, which comprise nearly 74% of the current WIRC workload, could be combined with the Older Persons Abuse Prevention and Information line (APRIL) functions. The APRIL service is currently outsourced to Anglicare for \$70,000 per annum with the current contract due to expire at the end of January 2014. APRIL only receives on average 7 calls per week and the service participates in some community stalls/information sessions across the year.

While this is not an efficient use of CSD funds, it must be acknowledged that it is difficult to maintain a phone line for much less than \$70,000, given the need for appropriate staff to be on hand and available. However, because staff need be on hand, increasing the usage of the service does not necessarily increase actual costs. Consequently it would be cost and resource efficient to combine the functions and management of the two existing phone services (April and the WIRC information line).

It is recommended that the phone services be provided by appropriately skilled¹ CSD Community Participation Group in Theo Notaras at least for the next 12 months, given the timeframe for the completion of the current contract with Anglicare and the need to ensure the transition and maintenance of current WIRC functions. The possibility of tendering out the two phone services as a single package at some later date is easily achieved at which time any problems in the combined service can have been resolved and attention around WIRC functions will have eased.

Recommendation One- That the APRIL contract with Anglicare, expiring end January 2014, not be renewed and the budget and functions of that service be brought into CSD Community Participation Group and combined with the WIRC phone information line functions while maintaining separate phone numbers and badging.

3b Face to Face service provision

In 2012-2013 WIRC had 2,476 face to face contacts, with 1,697 of these "dropping in", 380 accessing the library or internet and 399 attending a booked appointment.

Across all forms of WIRC service delivery, 35% of contacts are for information about WIRC courses or for 'general' information and another 10% for referral to legal or financial services. Of the remaining 55%, only 6% (or 24 people per year) are requests for information or support about domestic violence. Nonetheless ensuring appropriate service provision for this group is important to maintain. As discussed earlier it is also important to consider that some women may disclose domestic violence only after receiving a response to their initial information request. It is therefore important that for any form of face to face services offered, staff be available who are appropriately skilled and supported to respond to disclosures of domestic violence.

¹ Important to note that only 6% of requests relate to domestic violence.

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Mult. Centre Mult. Centre

To increase access to WIRC services in locations other than the city, it could be possible to create a number of identifiable 'outreach' locations in existing CSD sites where the face to face responses to information requests could be provided by identified CSD staff. It is recommended this model include the Theo Notaras Centre as the primary or central hub, the three CFC's and the Housing ACT CAP as identified outreach sites. This will result in WIRC information and support being provided in Tuggeranong, Gunghalin, Belconnen and the city. Locating the central hub in Theo Notaras with the other services and functions provided by the Community Participation Group provides a perfect opportunity to enhance access for women (particularly women from a diverse background) as well as ensuring a more streamlined and consistent approach to service delivery within CSD. Increasing outreach services at the Housing Central Access Point provides an opportunity to enhance access by a more disadvantaged group of women than currently reflected in the WIRC data and CFC's picks up ?? who??

As the primary requests for information received by WIRC are about WIRC support groups, general information and legal/financial information and referral it should not be difficult to identify and train specific and appropriate CSD staff to be able to respond at these locations.

Recommendation Two - That there be an identified WIRC central site at Theo Notaras Centre and that outreach sites be created in the three Child and Family Services and the Housing Central Access Point. The outreach sites should have WIRC signage and information stands and specific workers able to respond to the requests for information

Culturally

3c Domestic violence Support groups

Theo In 2012-2013 WIRC organised 5 support groups for women who have experienced domestic violence. 3 of the groups were run at the WIRC site in the city, 1 at the Gungah Indigenous women's service and one through Northside Community Services. All 5 were facilitated by one of a number of women psychologists who have been providing the service to WIRC at non commercial rates for some years. The groups varied from 3 to 8 weekly sessions of 3 hours.

one five three eight three

Most of the women attending the support groups were referred to WIRC by the Domestic Violence Crisis Service and/or were current or previous DVCS clients.

In ??? provision of the support groups was tendered to the community sector, however this was not particularly successful and the number of women attending reduced significantly in that period. In ?? this function was brought back into WIRC where the number of attendees returned to previous levels. WIRC staff report that the primary reason for non success was the service contracted to provide the groups was not particularly expert on domestic violence or women's issues.

It is clear that DVCS are the primary experts and source of clients in relation to domestic violence in the ACT. They are a well respected service across the women's sector and the community sector more broadly and have substantial expertise in the delivery of support and education services to women who have experienced domestic violence. The current contract between ACT Government and DVCS already contains outputs related to community education, counselling and support.

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While the women's sector has expressed a reluctance to "pick over the carcass" of WIRC funds, consultation with the primary direct support providers, rather than advocacy based groups such as WEL, are supportive of the need to remodel existing WIRC services, particularly the support groups and support that DVCS is the natural and most expert provider of domestic violence support groups in the ACT.

Bilateral

Consultations with the direct providers strongly supported a more flexible and outreach based approach to the provision of the support groups to enhance access by women in the community most in need, including Indigenous women and women from diverse cultural backgrounds. Their suggestions included developing a rotating location and target groups that could include groups specifically for women currently in domestic violence homelessness services provided at one of the refuges and groups at locations such as Winnunga Nimmitjiah.

The women's service providers also made comment that the geographic location of the groups should be expanded to meet the needs of services and women who do not find the city accessible. CSD has a number of locations that could be utilised for these support groups such as the CFCs to enhance the provision of these services in locations other than the city.

Some providers also recommended re-evaluating the content of the support groups as they felt the same thing had been provided for many years now.

It needs be recognised that within current funding allocation for this function not all needs and locations would be covered over the course of 12 months.

Recommendation Three- That the proportion of WIRC funds currently allocated to the provision of domestic violence support groups be transferred to DVCS through their existing contract with an increase in their current education and support outputs. That this include the development of a calendar of groups located in a variety of existing settings, such as a group at one of the refuges (for current and/or previous clients of the domestic violence homelessness services), a group at Winnunga and groups at Tuggeranong or other CFCs.

3d Other courses

WIRC provides a range of courses including 'self esteem after domestic violence', general 'self esteem', 'moving on after separation' and 'healthy relationships'. WIRC staff report that most attendees at these courses are women who have experienced domestic violence in the past but are no longer at the early or crisis stage of the recovery process. These courses are run either with 4 to 6 sessions of 3 hours. In 2012-2013 they were run 10-12 times (depending on which actual courses are counted) with an average of 6 participants in each course amounting to between 66 to 76 participants in total.

This does suggest a demand for this type of post crisis support group. However while a large numbers of attendees is not desirable for a support group (rather than for an information based group or course), 6 attendees is low and suggests these courses could be run less often with more participants in each course.

While it is not strictly necessary to have the same provider run these courses as for the domestic violence support groups, there is merit in doing so. Having one provider

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coordinating the groups and courses contributes to easier accessibility and a more integrated programmatic approach to determining content and topics.

Additionally, given the majority of attendees have experienced domestic violence it seems appropriate that provision of these courses be included in the revised contract with DVCS. However consultation with the women's services sector strongly suggests there is a need to review what courses are provided as well as a review of the content of the domestic violence support groups.

✓ **Recommendation Four** - That the provision of the current WIRC courses related to post crisis domestic violence support be included in the contract with DVCS.

✓ **Recommendation Five** - That evaluation of the content of all courses be included in the contract with DVCS and that this include an annual survey with the women's services sector about what courses might be required in the next 12 months.

3e Information sessions

✓ *need broader*
???as mostly about finances or legal could give some money to women's legal and care financial to do it??

Or could build it into the dv groups??

Or check their existing contracts and work out how to facilitate them achieving their outputs in format that meets needs of women???

Thinking Thursday sessions to be discontinued as attended by public servants. Pass to CMTD for consideration (ie them developing a women in the public service program??)

3f Name and badging

✓ As the name WIRC currently contains the word "centre" and the remodelling offers a services in a range of locations it is possible the current name could be misleading. Given the clear attachment some members of the community have to the existing service it is recommended that the name be changed to either the Women's information and Referral Network (WIRN) or the Women's Information Network (WIN). WIRN retains the general emphasis and a connection to the previous name and WIN could be confused with WIN television, however WIN is a more meaningful acronym.

✓ Given financial constraints and other significant changes it is not suggested that all publications etc be immediately changed but that this be phased in over the next 12 months as the functions become bedded down in their new form.

It is also recommended to retain the artwork associated with WIRC with any new name to ensure continuity and connection to WIRC functions.

Recommendation - That a decision be made to change the name WIRC to either the Women's Information and Referral Network (WIRN) or Women's Information Network (WIN) and phased in across publications and documents over the next 12 months, retaining the current WIRC artwork.

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Doyle, Bridie

From: Susan Helyar [director@actcoss.org.au]
Sent: Friday, 29 November 2013 10:31 AM
To: Chapman, Sue; Doyle, Bridie
Subject: WIRC

Hi Sue here is the letter we will send to the Chief Minister and Minister for women Cheers
Susan

WOMEN'S INFORMATION AND REFERRAL CENTRE (WIRC) LOCATION AND ROLE

As the peak body of the community sector, we are writing to you in response to the recent ACT Government decisions regarding the Women's information and Referral Centre (WIRC). This letter and the advocacy asks it contains represents the views of a number of organisations and individuals, including:

- Beryl Women Inc.
 - Canberra Rape Crisis Centre
 - Domestic Violence Crisis Service
 - Innana Inc.
 - Toora Women Inc.
 - Women's Centre for Health Matters
 - Women's Legal Centre
 - YWCA of Canberra
 - Rianne Williams (representing current providers of WIRC programs)
- We see this as an opportunity to reorganise and reorient services to support vulnerable and disadvantaged women in the ACT, and we would like to work collaboratively and constructively with the government to achieve this.

We believe there are three key issues to address.

The most urgent issue to address is the location of WIRC post 13 December 2013, and securing a commitment to maintain existing funding levels for women-specific services.

The second issue is a need to develop a service model for information, referral and response services that is appropriate and effective in meeting the needs of women in the CT and addressing the causes of over-representation of women in disadvantaged and vulnerable groups.

The third matter to deal with is the development of an overall vision and framework for provision of women-specific and trauma-informed services that makes best use of funds, expertise and community linkages available in the ACT.

The advocacy ask below proposes a way forward on each of these issues:

1. The ACT needs a women's safe space located in the community that can be built into a women's centre that is a hub for women-specific, trauma-informed community development, information, and supported referral. This hub would operate using a service model that is strengths-based, community located and led, outreach focused and both leverages existing expertise and expands expertise and capacity in the ACT.

2. The ACT Government needs to commit to:

- Provide advice to the community on what problems they have identified with the current operation and model of WIRC, and the evidence and data that underpins the identification of this problem.

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- Current staff and financial resources for WIRC remaining available to use now and in the future to meet ongoing and growing needs of women, who are over-represented in many domains of disadvantage and vulnerability.

- An independent cost-benefit analysis, using available research and evidence, of the service model of WIRC. *NO*

3. There is a phased approach to implementation of changes in WIRC: *NO*

Phase one: Staff in WIRC are not moved to the North building in Civic, but instead to a community-based site where the staff can co-locate with another women's specific organisation. *NO*

Phase two: A collaborative approach is used to develop the service model for a women's centre via dialogue between Community Services Directorate (including the Office for Women) and relevant organisations, concerned individuals and citizens associations. The development process should be informed by current evidence regarding the current and emerging needs of women, opportunities to interconnect with existing services, clarification of the gaps in existing provision and the evidence of good practice in addressing these gaps. The outcomes from this phase should be an overarching framework for current and future provision of women specific services in the ACT and a service model for a women's centre. *NO*

Phase three: Development of a plan and evaluation strategy for implementation of the agreed service model, and establishment of a joint community/government steering committee to oversee implementation and evaluation.

Phase four: Development of a plan for full implementation of the framework for women-specific services in the ACT

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Susan Helyar

Director | ACT Council of Social Service Inc. (ACTCOSS) Justice + Equity + Social Inclusion + Reconciliation

Ph: 02 6202 7200 or 0448 791987 | director@actcoss.org.au PO Box 849, Mawson ACT 2607 |
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02 6202 7200 | Fax: 02 6281 4192

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for people living with disadvantage and not-for-profit community organisations in the Australian Capital Territory.

ACTCOSS is committed to reconciliation, acknowledges the traditional custodians of the land and pays respect to elders past and present.

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SA
web/phone /
shopfront

Women's Information Service

The Women's Information Service provides information to South Australian women online, person. We aim to increase access to information that promotes choice and empowerment

Our shopfront is located on the Ground Floor of Chesser House, 91-97 Grenfell St, Adelaide Regent Arcade.

You can talk to us about:

- Family life and relationships
- Domestic/family violence, sexual assault and safety
- Health and wellbeing
- Accommodation and housing issues
- Financial security and independence
- Women's groups and events
- Education, training and career paths
- or anything at all..

We can discuss options and choices relevant to your individual situation.

Talk to us...

- if you need help but don't know where to start
- if you aren't sure what services can assist you
- if you've tried everything you can think of
- if you just don't know where to go next

1st Liaison
- 1st Liaison

Services for hearing impaired women

SMS our mobile on 0401 989 860

Find us on Facebook! (<http://www.facebook.com/sawomen>)

& Tasmania

Dept Health

Tas - 03 62332208

NT - 08 89993730

Vic - 1300 650 172

WA -

outsourced

FREE INFORMATION, SUPPORT AND REFERRALS FOR WOMEN



Uic
web / phone / shop front
out sourced
Govt to private funding
walking in the forest
WIC

WIRE Women's Information provides Victorian women with free and confidential support, information and referrals on *any* issues statewide. We take time to listen to and support women like you via our Telephone Support Service, our Women's Information Centre, our online Livechat support and email support service.

Why women contact WIRE

Last year more than 12,000 women contacted us for information, support and referrals. Women of all ages and from all walks of life in Victoria contact us about matters such as family relationships and legal issues; domestic violence; housing and homelessness; emotional well-being; mental health—anxiety, fear, stress and depression; and job search, study options and community volunteering.

Simply call **1300 134 130**, [email us](#) or [visit us](#)! Or you can [download/order hard copies](#) of any of our information booklets, sheets or publications including our [Annual Report 2013](#).

Free Programs for Women

WIRE runs many free [programs for women](#) including Job Coaching sessions, legal clinics, basic computer classes and our NEW Amica Women's Lunch Club. Check out our [program calendar](#) and book your free place today!

Training Women

As a Registered Training Organisation, we train our volunteers, run gendered training courses and education programs for women and organisations that work with them. We also run various [professional development workshops](#) for community workers.

We also hire out our [Meeting Room](#) to community groups and organisations at very reasonable rates!

Advocating women's rights

Our daily work and research projects with women inform and support our advocacy work on women's key issues, such as the prevention of violence against women, and women's equal

Family Relationship Centres

Service Description

The Family Relationship Centres provide a source of information and confidential life. Whether you are starting a relationship, wanting to make your relationship strong the Centres can help.

Sixty-five centres have been established throughout Australia and are staffed by individuals offering confidential and impartial services in a welcoming, safe and confidential environment.

All the Centres have facilities for children and free internet access to help you find services are free, or are offered on a sliding scale according to your level of income.

Where families separate, the Centres provide information, advice and dispute resolution reach agreement on parenting arrangements without going to court.

Click the access button below to search for your nearest Family Relationship Centre near you (<http://www.familyrelationships.gov.au/searchpages/searchpage.aspx?KEYWORD=frc%20>)

What if I need more information?

The Family Relationship Advice Line is available on **1800 050 321** from 8 am to 8 pm on Saturday (local time), except national public holidays.

How do I access this service?

Phone

1800 050 321

Hours

Monday to Friday

8.00am to 8.00pm

Saturday

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Our services

The Women's Information Service provides the following services:

Information and referral

We provide information about South Australian government, non-government and commu

Family Court support (<http://officeforwomen.sa.gov.au/womens-inform>

Volunteer programs (<http://officeforwomen.sa.gov.au/womens-informat>

Rural Women's Phone Link Up

Women in rural and remote areas can contact us on our toll free number (1800 188 158) services in SA that do not offer a toll free number.

Please note there is a charge for calls to this number from mobile phones.

Tax Help (July – October)

Tax Help is available annually at the Women's Information Service during tax time. This is provided by fully trained volunteers.

Call us in July to find out if you are eligible to access this service and/or make an appointm

Free internet access

Women can access free internet in our shopfront on Grenfell Street. Contact WIS (<http://officeforwomen.sa.gov.au/womens-information-service/contact-us>) for more infor

Women's Information Access Points (WIAP)

WIS has a number of 'Information Access Points' in regional SA. Women can access infor at these sites. WIS staff are not available at these locations but if you would like to speak discuss your information needs. Find out where your nearest 'Information Access Point' (C (http://officeforwomen.sa.gov.au/data/assets/word_doc/0015/645/Womens-Informatic) located.

Ombudsman Outreach

Staff from Ombudsman SA and the Commonwealth Ombudsman's office provide a monthl can speak to the staff in person or over the phone on the last Tuesday of each month from



Women's Infolink

Qld - web/phone

What we do

Women's Infolink provides free and confidential information and referral services about government agencies and community services supporting women.

Women's Infolink as a first point of contact service puts you in touch with the services, agencies and organisations in your local area.

Contact Women's Infolink

Free call statewide telephone service - **1800 177 577** - Mondays to Fridays 8 am to 6 pm.

Email - send an email detailing your query to info@women.qld.gov.au.

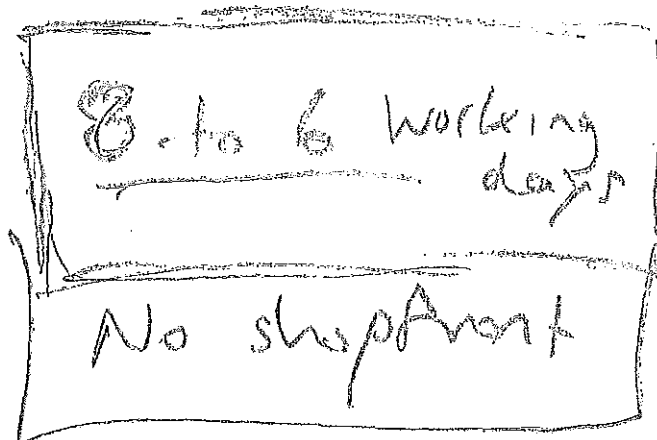
Find a Service provides 24 hour access to contact details for Government and community services that are relevant to Queensland women and girls. You can search for services in your region across a wide range of categories.

Information about services for women experiencing violence is also available online at [Find a Service](#) (you can hide your search path if necessary).

We also have [infosheets](#) covering a range of topics important to women. You can view these infosheets online, download and print them yourself, or order hard copies.

A number of other publications are also available from our [Resources page](#).

To ask us a question or send us your comments please complete the [feedback and enquiries](#) form.



The content on this page may have been updated since printing. Please check the website to ensure you have the latest information.

Last reviewed 15 February 2012

Last modified 15 February 2012



About us

Our vision

The Queensland of the future is a place where Queenslanders balance work, family and lifestyle and women and men share caring roles in their families and communities.

It is a place where society's diversity is celebrated, women's rights, interests and wellbeing are promoted, and men and women enjoy equal opportunity and participation.

Who we are

The Office for Women is part of the Queensland Government and plays a central role in carrying out the government's vision for the women of Queensland.

We aim to promote and encourage the rights of all Queensland women - across cultures, socio-economic backgrounds and age groups.

At the core of our work is the ongoing challenge to remove the barriers that stop women from fully participating in society.

What we do

We advise the Queensland Government on ways to address inequity, disadvantage and under-representation for women. We do this by working with other government agencies, the community, educational institutions and industry partners on a wide range of issues affecting women's status in Queensland.

One of our key roles is to assist Queensland Government agencies to develop policies that provide more equitable outcomes for women and men.

We reach women across the state with [Women's Infolink](#), our free information and referral service, on 1800 177 577.

Our [Find a Service](#) searchable database ensures that women always have access to the information and services they need, whether in times of crisis or in everyday life.

Featured Links

- [Resources we provide](#)

We influence government decision making and educate the wider public about issues specific to women, by producing policies, information papers and fact sheets about issues that Queensland women tell us are important to them.

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We work with industry to encourage fair working conditions and increase the number of women moving into non-traditional areas of employment.

Specialist policy officers in the Office for Women research trends and find ways to address inequity, disadvantage and under-representation. These policy officers provide advice from a whole-of-government perspective.

More information

To ask us a question or send us your comments please complete the [feedback and enquiries form](#).

The content on this page may have been updated since printing. Please check the website to ensure you have the latest information.

Last reviewed 30 August 2012

Last modified 30 September 2013



Find a service

Search for contact details of services relevant to Queensland women and girls.

Find a service search

Key words:

Accommodation Department of Housing
Accommodation Disputes
Accommodation Emergency
Accommodation Emergency Families
Accommodation Emergency Indigenous Women

Region:

All regions

Free text search:

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If you require further confidential support and assistance with your query or problem please call or email the Women's Infolink service: **1800 177 577** freecall, Monday to Friday, 8.00am to 6.00pm Women's Infolink Client Email Service.

- Add your service to the search or let us know about any errors

In an emergency

If you are in a life-threatening or emergency situation, phone **000** for police, fire or ambulance, any time, day or night.

Additional information is also available

- Phone help lines
- Related websites
- Resources

The content on this page may have been updated since printing. Please check the website to ensure you have the latest information.

Last reviewed 23 May 2012

Last modified 8 May 2013



Resources

The Office for Women provides a range of resources and information on issues of importance to Queensland women. You can download most of our publications and resources and in some cases, you can order printed copies. All resources are provided free of charge. Some limits on quantities apply.

Statistics about Queensland women

Find our [statistical snapshot](#) (PDF, 1.2 MB) (RTF, 163 KB) of Queensland women's education and training, employment and economic security, safety, housing, and health and wellbeing status.

Publications

Office for Women

- [Gender Analysis Toolkit](#)

A tool to assist with the development of policies and programs that provide more equitable outcomes for women and men.

- [Infosheets](#)

Brief information sheets on topics of interest to Queensland women.

- [Research and policy on women](#)

Publications relating to research, statistics and women's policy in Queensland.

Work and life

- [Separating from your partner](#) (PDF, 332 KB)
- [Property settlement - Dividing property after separation](#) (PDF, 323 KB) (RTF, 73 KB)
- [Women and counselling services](#) (PDF, 287 KB) (RTF, 110 KB)

Community

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- [International Women's Day 2009 fact sheet](#)
(PDF, 1.5 MB)
- [How to organise an event booklet](#)
(PDF, 787 KB)
- [Great Queensland Women](#)

A coffee table book produced for the 2005 Centenary of Women's Suffrage.

Health and safety

- [Women and eating issues - understanding food and body image](#) (PDF, 110 KB)
- [Domestic and family violence - Planning for safety](#) (PDF, 427 KB) (RTF, 32 KB)

You may also find useful information from other government and community organisations listed on our [links](#) page.

The content on this page may have been updated since printing. Please check the website to ensure you have the latest information.

Last reviewed 2 August 2013

Last modified 2 August 2013

[illegible]

ISSUE: Improving Women's services previously provided by WiRC

- The Women's Electoral Lobby has alleged that the ACT Government has a broad agenda for 'dispensing with women's services'
 - This government is committed to improving women's services. These changes are about modernising the service and improving outreach so that women across the ACT have better access to programs and services. The changes are also designed to reduce duplication in the provision of services.
 - The ACT Government continues to work with a range of women's community sector organisations around what the new Women's service model will look like. Space is already being made available at the Theo Notaras Multicultural Centre to ensure a city presence for Women's services is maintained. This new space will be more secure than the previous WiRC location and will also accommodate the ACT office for Women, as well as community groups such as Multicultural Women's advocacy.
 - The service delivery model for the new location is being carefully planned, while there is a public foyer at the Theo Notaras Multicultural Centre, there are secure and confidential meeting spaces available for women's services.
 - Planning for extending the Women's service model out to regional hubs such as the Child and Family Centres is continuing and this approach aims to improve the availability of women's services to those in outer suburban areas as well as target groups including Aboriginal and Torres Strait Islanders, and older women from culturally diverse backgrounds.
-

CONTACT OFFICER: Nic Manikis
TELEPHONE: 6205 0522
AGENCY: CSD – Policy and Organisational Services

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Question Time Brief

Women's Information and Referral Services – Minister for Women

History of Amendments to Question Times Briefs

Question Time Briefs are held in the **Shared Folder ONLY**. You **MUST COMPLETE** the table below to provide a detailed history of any QTB amendments.

Date	Name	Changes/Nil changes required
14/09/2013	Jancye Winter	Created
17/10/2013	Richard Beaton	Edit
18/10/2013	Richard Beaton	Edit
21/10/2013	Michelle Bamford/ Richard Beaton	Edit
15/11/2013	Richard Beaton	Edit
21/11/2013	Richard Beaton	Edit – incorporate recent media

ISSUE: Women's Information and Referral Centre

- There is an emerging need to change the Womens Information and Referral Centre (WiRC) model that has been in place since the establishment of the Centre 35 years ago. We need to ensure that women have support they need when and where they need it.
- This change is about reducing duplication in services while providing better outreach so that women have better access to our programs and services. This will be achieved in part by moving from a model where WiRC and its programs were based in one location to one where these services are based in the community.
- The suite of offerings we have in this area remains strong and their effectiveness will be enhanced through the increased outreach under the new model. This is being achieved while remaining true to the ACT Government's aim of fiscal responsibility.
- These changes will also see savings in administrative costs and an opportunity to reinvest a portion of these savings into the community sector.
- On Friday 18 October 2013, the Community Services Directorate consulted with representatives from the ACT Women's Sector including the Women's Centre for Health Matters, Domestic Violence Crisis Service; Rape Crisis Centre; Inanna; Women's Legal Centre; Multicultural Women's Advocacy to engage the community in developing a new model for service delivery.
- On Tuesday 22 October 2013, Minister Burch met with her Women's Council to discuss the new service model with a view to integrating their ideas and comments about the new service model, ensuring the information is accessible and assists women and girls in our community to achieve their goals.
- Online services means that women are sourcing information in other ways (either as a self service or through assistance services such as libraries, Canberra Connect, Citizen's Advice).

- The process of moving to the new approach will involve consultations with staff affected by this change. The broader Office for Women will remain and continue to deliver strategic advice.
 - Throughout December 2013 and January 2014 some of the service footprint for WIRC will move to the Theo Notaras Multicultural Centre in the North Building and to other locations in North and South Canberra. The Centre currently houses a number of community groups such as Multicultural Woman's Advocacy and will eventually also house the ACT Office for Women.
-

Court Ordered courses at WIRC

- While no formal information is held on the numbers of staff accessing services at the Centre under an ACT court mandate, we estimate that it is around five a year.
 - Our understanding is that courts may direct people to attend particular types of courses not necessarily specify a location or provider. I reiterate our commitment to keeping the range of courses available under the new model.
 - Similarly, the Care and Protection Service offers support and referral to community resources and this may include courses available through the Women's Information and Referral Centre.
 - These courses will continue to be run in 2014 depending on demand.
 - The courses will be advertised in the publication 'What's on in Canberra Jan-Jul 2014' - this will be available early in the New Year. We are still awaiting on input from some service providers for that calendar.
-

BACKGROUND

- Women's Information and Referral Centre provides an information and referral service.
- The lease cost of the WIRC office is \$76,000 per annum. The cost of salaries for the five staff is \$325,000.

NSM-81;

- Current WiRC services include:
 - online directory of women's services and a calendar of "What's on for Women" in the ACT. See Women ACT website at www.women.act.gov.au;
 - The ACT Women's Return to Work Grants Program provides women returning to the paid workforce with financial assistance of up to \$1,000;
 - personal and professional development courses;
 - information sessions and support groups;
 - internet access and training through the Broadband for Seniors Program;
 - partnerships to deliver support programs; and
 - a lending library.
- The intention is that all these services will continue. How they will be delivered into the future remains subject to consultation with staff and the sector before a final service model is settled.
- In 2012-13, WIRC staff responded to 12,375 contacts, including 5,693 by telephone, 3,477 by fax, post or email, 1,698 drop-in visits, 380 instances of internet and library use, 398 face-to-face scheduled appointments, and 729 course, support group and/or information session attendees.

CONTACT OFFICER:	Nic Manikis
TELEPHONE:	6205 0522
AGENCY:	CSD – Policy and Organisational Services

Manikis, Nic

From: Polkinghorne, Peter
Sent: Thursday, 21 November 2013 11:09 AM
To: Manikis, Nic
Subject: SALARY-TREASURY TEMPLATE

Hi Nic,

Please find below salary details for the various staff levels for your information. Based on this \$70K will pay for 1 FTE @ ASO3 level

2013-14 Salary rates - Treasury					
Position Level	Base Salary 2013-14 (A)	Superannuation (10%) (B)	EPS (3%) (C)	LSL/LL (4%) (D)	Sub-Total (\$) (E)
Senior Officer Grade A	124,810	12,481	3,744	4,992	146,
Senior Officer Grade B	113,821	11,382	3,415	4,553	133,
Senior Officer Grade C	94,510	9,451	2,835	3,780	110,
Administrative Services Officer Class 6	76,612	7,661	2,298	3,064	89
Administrative Services Officer Class 5	68,545	6,855	2,056	2,742	80
Administrative Services Officer Class 4	62,260	6,226	1,868	2,490	72
Administrative Services Officer Class 3	55,607	5,561	1,668	2,224	65
Administrative Services Officer Class 2	49,537	4,954	1,486	1,981	57
Administrative Services Officer Class 1	43,585	4,358	1,308	1,743	50

Outstanding Debts.

I have checked the system and to date there has not been any payment recorded for either MWA or NAIDOC.

Regards

Peter Polkinghorne

Senior Finance Officer
 Finance and Budgets
 Policy and Organisational Services
 Community Services Directorate
 Ph: 62052487

137 % 2

at 205. each =
 68

Meeting WIRC Redesign

15 November 2013

Nic Manikis, Jancye Winter, Elizabeth Spence, Flor Sermenov, Biljana Petrova, Chikee Bejar

- 1) Designated Officer for WIRC handover procedures for documents and electronic files including:
 - a) WIRC Statistics
 - b) Courses for Women
 - c) Support Groups
 - d) Information Sessions
 - e) What's on for Women Calendar
 - f) International Women's Day Calendar of Events
 - g) Other minor publications (e.g. Women's Services in the ACT), ACT Women's Services Directory, Fact Sheets, etc.
- 2) Records Management
- 3) Broadband for Seniors Kiosk Handover
- 4) Petty Cash Handover *→ Flor Sermenov (Chikee)*
- 5) Reduced hours of face-to-face service at WIRC before closing
- 6) Move Coordination
- 7) Course and Group delivery Planning for next year
- 8) WIRC Associates and Clients Open Day
- 9) Roles for Biljana and Flor

G'drive

16-19 Dec

ask WIRC staff
custodial
court
↳ to WIRC
for support

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Manikis, Nic

From: Wyles, Paul
Sent: Friday, 15 November 2013 9:35 AM
To: Manikis, Nic; Duggan, Frank
Cc: Crane, Julie
Subject: RE: WiRC new arrangements

Nic,

As discussed Child and Family Centres are happy to engage with the Office for Women to consider how we can support the current change of arrangements at WiRC.

Our three centres are staffed by professionals including social workers, psychologists, early childhood educators and maternal and child health nurses, and are designed to provide a range of support programs to assist parents and young children (pre-birth to 8 years).

mentioned previously, of interest to WIRC might be the following:

- Relationships Australia have counsellors at each of the centres
- Women's Health have a presence at each centre (counsellors and nurse)
- Our Intake service operates at each centre 8.30 – 5.00 and will see people who drop in as well as taking phone enquiries
- There are a range of playgroups at each of the CFCs which largely target mothers – multicultural, children with a disability, parents with mental illness
- From early 2014 we will be expanding our Parents as Teachers program, a home visitation program for vulnerable new mums
- The CFCs are well connected in their local areas to health, education and community services and supports

I have previously sent you a program map for the centres, this will only change marginally as we confirm the programs for 2014.

In relation to your points below:

- (a) There is space for relevant publications, brochures posters at each of the centres
- (b) There is space at each centre for meeting and training sessions – this will just require booking in advance
- (c) As above
- (d) Most staff have training and experience in this area, however it would be good to discuss specific opportunities going forward
- (e) We would need to negotiate this, but it is a possibility

Let me know if you or your staff would like to meet to discuss detail and progress further.

Regards

Paul.

From: Manikis, Nic
Sent: Thursday, 14 November 2013 11:00 AM
To: Wyles, Paul; Duggan, Frank
Subject: WiRC new arrangements

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Paul/Frank

Following on from our meeting earlier this week, I would be grateful if you could send me through a list of the services or activities that your respective facilities (*Child and Family Centres* and *Gateway*) could offer women and also provide contact details of the people we need to contact to put discuss arrangements:

- (a) space for stands of relevant publications, brochures posters, etc;
- (b) use of meeting facilities for seminars and training;
- (c) synergies with existing services and programs conducted from these facilities;
- (d) opportunities for training existing staff to work with vulnerable people (if this has not been undertaken recently);
- (e) free use of computers and internet for clients.

Please provide information as soon as you can.

cheers

Nic Manikis Director, Community Participation Group

n 620 50522 | Fax 620 75862 | mob 0423014455

Community Services Directorate | ACT Government

Level 4, 11 Moore St City | GPO Box 158 Canberra ACT 2601 | nic.manikis@act.gov.au

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WIRC training

NSM-86
to
NSM-131

Manikis, Nic

From: Adams, Rebecca
Sent: Tuesday, 12 November 2013 12:11 PM
To: Manikis, Nic; Winter, Jancye
Subject: Meeting Agenda
Attachments: 1 Training Needs Analysis- CHCCS422B Responding holistically to client issues and refer appropriately edited.docx; 2 CHCCS422B_R1 Unit of Competency.docm; 4 Lesson plan - Responding holistically to client issues and refer appropriately- CPG.docx; 5 a CHCCS422B Responding holistically to client issues and refer appropriately.pptx; Meeting Agenda.doc

Dear Nic and Jancye,

I'm very much looking forward to discussing the future of RTW and CPG development with you tomorrow.

Please see attached the proposed agenda for tomorrow's meeting.

If there is a topic to add or remove, please let me know.

Please also see attached the training plan I developed as part of my final assessment in Training and Assessment Cert IV in direct relations to CPG's new direction and in regards to capturing the ethos of WIRC.

We can discuss further possibilities tomorrow.

Warm regards

Rebecca Adams

Return to Work Coordinator

Women Information and Referral Centre

52052885

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Meeting Agenda:

DATE / TIME : 13.11.13 1pm –2pm

LOCATION: Theo Notaries

Invitation: Jancye Winters, Nic Manikis, Bec Adams

DISCUSSION TOPICS:

1. Introduction to RTW re- location: Nic and/or Jancye
2. Requirements/equipment needed to fulfil role: Bec
 - Computer
 - Printer
 - Desk and chair
 - Private interview space readily available
 - RTW Mail in- tray easily accessible by applicants
 - Mobility/ accessibility of program.
3. Overview of projected new model: Nic and/or Jancye
4. Training suggestions for new model: Bec
5. Training expectations and hours: all

Manikis, Nic

To: Sermeno, Flor; Chapman, Sue; Howson, Natalie
Subject: RE: Redesign Model ideas

Thank you Flor

This is a good option going forward. Can we please discuss?

Cheers

Nic

From: Sermeno, Flor
Sent: Monday, 4 November 2013 5:03 PM
To: Chapman, Sue; Howson, Natalie
cc: Manikis, Nic
Subject: Redesign Model ideas

Dear Sue,

Following our conversation, I have attached ideas in the redesign model of WIRC.

This is my updated version that includes changes proposed taking into consideration recent factors. Worked this weekend in the Attachment to provide you with ideas on the redesign model, with the limited background information available. Early in March this year I prepared alternatives and financial calculations and proposed it to Biljana we made changes/additions and a copy was provided to Veronica Wensing in her role as OFW Manager.

This model could be modified and integrated in the Gateway in which a central entry point refers to specialised teams to provide short interventions.

appy to discuss further and give you a short presentation or clarification.

Thanking you for this opportunity.

Kind Regards,

Flor

Flor Sermeno /Assistant Manager / Women's Information & Referral Centre
Ph: 02 6205 1076/ Fax: 02 6205 1077
Community Participation Group/ Community Services Directorate /ACT Government
Ground Level 13 London Cct Canberra City/ GPO Box 158 Canberra ACT 2601/ www.women.act.gov.au

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AIM

To provide quality of Information and Referral services on any issue for all women in the ACT.

Proposed model recommends that WIRC maintains the provision of information and referral to empower women to make informed choices to obtain positive outcomes for themselves and their families. Continue with a solution focus and strength based model by providing short interventions. Facilitates the unpacking of issues and the offering of information and referral for all women on any issue. Including vulnerable women due changes in their circumstances. This offers no duplication to counselling, therapy and/or clinical models.

Highlight the importance of trained and experienced staff. The importance of the shared knowledge of trained and experience staff in a team environment with equal skills in the success of delivering excellent client service.

OBJECTIVES

- Lead by example by maintaining WIRC's staff with required competencies. CSD has required NGOS to up skill their workforce to minimum competencies.
- Maintain the delivery of information and referral in the different forms including face to face, telephone, electronic, shared information support courses and groups.
- Maintain free supported courses and Domestic Violence groups to contribute to eliminate the recurrence women getting in abusive relationships.
- Explore alternatives for the continuation of access to information through the publications and the library within the community organisations, business sponsorships.
- Explore risks of delivering information with staff with minimum training and experience. Shared role with amongst existing CPG staff . Risk assessment in house resource - Customer Advocacy and Quality Services - Kerry Webb & Mark Robertson .
- Research and Benchmark other transitioning government units. Most recently the Queensland model Women's Info Link recent transition to a new model.
- Reverse the collection of statistical data to "contacts", in line with similar service delivery areas, from current "Occasions of service" used in the health systems. Change implemented 2010-11 has not reflected the activities of the WIRC for the last 3 years.

POTENTIAL RISKS

1. Liability to Directorate by utilising staff with minimum competencies.

Providing an efficient service that will support people to make informed choices firstly requires to have an skilled and experienced workforce with:

- Ample knowledge on a range of current information;
- Skills in applying principles of the strength model to support clients to move on to next step, support and encourage self determination;
- Competencies in the areas of basic counselling, crisis intervention and conflict resolution.
- Ability to identify and adequately respond to disclosure of domestic violence, child abuse, incest, self harm, suicidal ideation, addiction and co-dependency ensuring duty of care is considered in all interactions.

- Awareness of self reflecting practice to distinguish between the issues presented by client and their own past traumas;
- Ability to seeks supports to self care and prevent burnt out;
- Skilled supervisor to support staff to develop in their learning and development and able to manage quality control of services delivery.

2. Outreach

- Inability to outreach and respond all geographical areas with limited staff;
- Lack of client's anonymity by accessing WIRC at identified specialised services (eg. Child and Family Centre for women with children; client focus is the child vs. the woman; safe place for single women with multi morbidity issues and the risk of sharing space with women and children with less complex issues);
- Need to make appointments to meet with clients vs. available when needed;
- Too many people sharing client information. Privacy and confidentiality at risk;
- Extra time and cost in travelling staff from one location to the next;
- WIRC as "first point of contact" able to drop in casually instead to come to local services
- Limited staff in Civic location.

STRATEGIES

Information and Referral - Maintain min 2 f/t staff to provide:

- Phone line 10am-4pm M-F ;
- Responding to electronic enquiries including to AFP through Supportlink referrals;
- Limited face to face contact in central location ;
- Obtain administrative support from CPG to maintain statistical reports, co-ordination of publications and courses, filling for short staffing period due illness and/or recreational leave etc.

Group information sharing - Courses

Deliver for the vulnerable at no cost. Continue with contracting trained group leaders and qualified supervision to ensure quality control. Two Six weeks/ 2.5 hrs Self esteem and Assertiveness , Two Anger Management (\$1,250 each) and Two Eight weeks/3hrs Domestic Violence Support Group (\$2,500 each) a year . Running two groups of each a year total \$10,000

Library –

Donate library resources to Women's Information Resources and Education Drug Dependency WIREDD (located Griffin Centre) remaining books Lifeline.

Publication – What's on for women

- Maintain publication electronic version. Project managed by current CPG.
- Change name to "What's of for women and families". Seek business sponsorships to print a Quarterly insert in "The Chronicle" – free newspaper accessible to everyone in the community, targeting disadvantaged people. Only on cost staff co-ordinating the information.

Manikis, Nic

To: Chapman, Sue
Subject: wirc Current Services
Attachments: wirc Current Services.doc

Sue

Just some thoughts about where the WiRC services may land in December 2013. There are probably several other options and suggestions that will be made by the WiRC staff and the representatives from the women sector that can be considered in due course.

I have also added some suggestions for funding programs that give effect to the Womens Plan / Prevention of Violence Strategy actions if all goes to plan with WIRC we will have between \$50k and \$80k underspent to 30 June 2014.

nic

#	Current Services	Status	Delivery Options
1.	Support groups for women affected by domestic violence, sexual assault and relationship separations	<u>Transfer to Sector</u>	Community organisations to work collaboratively to offer this service with one non government agency coordinating (eg. DVCS, YWCA and WCHM). Transfer of service to be negotiated with relevant organisations over the next few weeks. These organisations have in-house skilled workers who could deliver the service.....(cost approx \$15,000).
2.	Women's personal and professional; development courses	<u>Transfer to Sector</u>	A relevant community organisation to coordinate the delivery of all courses through relevant community and professional organisations. For example, the YWCA, WLCs and WCHM could deliver subject specific courses and training..... (cost approx \$40,000). Transfer of service to be negotiated with relevant organisations over the next few weeks.
3	Telephone information lines and direct contact with clients	<u>Retain</u>	<u>Community Participation Group (Office for Women)</u> located in the <i>Theo Notaras Multicultural Centre</i> to operate a central hub for women's services. An appropriately staffed telephone line and confidential meeting room for face-to-face contacts will be available in this facility.
4.	Provision of a range of publications Access to printed resource material and books supportive of information needs – a borrowing library Access to computers and internet	<u>Retain</u> (however, existing <i>WiRC library</i> could be transferred to <i>Civic Library</i>)	<u>Community Participation Group (Office for Women)</u> located at the <i>Theo Notaras Multicultural Centre</i> would maintain the library at this location and generate publications for distribution to outreach locations such as the Child and Family Centres, Therapy ACT and First Point/Gateway. The Office for Women would also: (a) provide access to computers and internet from this central location but would also explore opportunities for such access to be available to women at outreach locations; (b) explore feasibility for development of a phone app (prevention of violence information in the ACT) –(cost approx \$40,000); and (c) inform enhancements to internet site and provide additional scripts to Canberra Connect and ultimately transfer service to single Human Service operation.

Nic discussed
 with Liz Horwath
 3/10
 do do
 What's on
 Women's
 Publication
 Ctr. Advise
 Bureau

NSW-150

Fiona

- complexity
① fall out → WIRC.
② dismantling
Centre for Women.

Impact

- ① WIRC →
② OFW →

workload.

* Plan to alleviating
workload
of OFW

transitioning to
"include"

Personal

Rehabilitation

	Information sessions Public Outreach through community organisations, network meetings, and guest speakers at events and workshops	<u>Retain</u>	Appropriately trained staff in the Community Participation Group to be available to deliver information sessions or to buy-in specialist presenters from time to time depending on the topic.
6.	Support for Women wishing to re-enter the workforce – Return to Work Grants Program	<u>Retain</u>	The Return to Work Officer in the Community Participation Group (Office for Women) to arrange to visit the three Child and Family Centres each week. The Return to Work Officer will be based in the <i>Theo Notaras Multicultural Centre</i> .

#	Current Services	Status	Delivery Options
1.	Support groups for women affected by domestic violence, sexual assault and relationship separations	<u>Transfer to Sector</u>	Option: Community organisations to work collaboratively to offer this service with one non government agency coordinating (eg. DVCS, YWCA and WCHM). These organisations have in-house skilled workers who could deliver the service. (cost approx \$10,000).
2.	Women's personal and professional; development courses	<u>Transfer to Sector</u>	Option: A relevant community organisation to coordinate the delivery of all courses through relevant community and professional organisations. For example, the YWCA, WLCs and WCHC could deliver subject specific courses and training. (cost approx \$15,000).
3	Telephone information lines and direct contact with clients	<u>Retain</u>	<u>Community Participation Group</u> located in the <i>Theo Notaras Multicultural Centre</i> to operate a central hub for women's services. An appropriately staffed telephone line and confidential meeting room for face-to-face contacts will be available in this facility, as well as at other facilities.
4.	Provision of a range of publications Access to printed resource material and books supportive of information needs – a borrowing library Access to computers and internet	<u>Retain</u>	<u>Community Participation Group</u> located at the <i>Theo Notaras Multicultural Centre</i> would maintain the library at this location and generate publications for distribution to outreach locations such as the Child and Family Centres, Therapy ACT and First Point/Gateway. The Community Participation Group would also: (a) provide access to computers and internet from this central location but would also explore opportunities for such access to be available to women at outreach locations; (b) explore feasibility for development of a phone app (prevention of violence information in the ACT); and (c) Inform enhancements to internet site and provide additional scripts to Canberra Connect and ultimately transfer service to single Human Service operation.

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	Information sessions Public Outreach through community organisations, network meetings, and guest speakers at events and workshops	<u>Retain</u>	Appropriately trained staff in the Community Participation Group to be available to deliver information sessions or would buy-in specialist presenters from time to time depending on the topic. <u>Option:</u> Citizens Advice Bureau to undertake the publication What's on for Women from July 2014. <u>Option:</u> The WiRC library could be located at the Civic Library.
6.	Support for Women wishing to re-enter the workforce – Return to Work Grants Program	<u>Retain</u>	The Return to Work Officer in the Community Participation Group to arrange to regularly visit the three Child and Family Centres among other relevant sites around the ACT. The Officer will develop and implement an outreach schedule for the promotion and implementation of the RTW program with a view to maximise women's access to the program. The Return to Work Officer will be based in the <i>Theo Notaras Multicultural Centre</i>.

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MSM

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#	Current Services	Proposed Delivery Options
1.	Support groups for women affected by domestic violence, sexual assault and relationship separations	<u>Option:</u> Community organisations could work collaboratively to offer this service with one non government agency coordinating (eg. DVCS, YWCA and WCHM). These organisations have in-house skilled workers who could deliver the service. (\$15,000). <u>Option:</u>
2.	Women's personal and professional; development courses	<u>Option:</u> The Office of Women would coordinate the delivery of all courses through relevant community and professional organisations. For example the YWCA, WLCs and WCHC could deliver subject specific courses and training. (\$40,000). <u>Option:</u>
	Telephone information lines and direct contact with clients	<u>Option:</u> Office for Women located in the Theo Notaras Multicultural Centre could operate a central hub for women's services. A fully staffed telephone line and confidential meeting room for face-to-face contacts would be available in this facility. <u>Option:</u>
4.	Provision of a range of publications Access to printed resource material and books supportive of information needs – a borrowing library Access to computers and internet	<u>Option:</u> The Office for Women located at the <i>Theo Notaras Multicultural Centre</i> would maintain the library at this location and generate publications for distribution to outreach locations such as the Child and Family Centres, Therapy ACT and First Point/Gateway. The Office for Women would also provide access to computers and internet from this central location but would also explore for such access to be available to women at the outreach locations. <u>Option:</u>

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5.	Information sessions Public Outreach through community organisations, network meetings, and guest speakers at events and workshops	<u>Option:</u> Appropriately trained staff in the Office for Women would be available to deliver information sessions or would buy-in specialist presenters from time to time depending on the topic. <u>Option:</u>
6.	Support for Women wishing to re-enter the workforce – Return to Work Grants Program	<u>Option:</u> The Return to Work Officer in the Office for Women to arrange a schedule that would see her present at the three Child and Family Centres on several days each week. The Return to Work Officer will be based in the <i>Theo Notaras Multicultural Centre</i> . <u>Option:</u>

Some ideas for getting some funding to delivery against the Women Plan:

1. Anti-violence Program
 - Extend the 'Working with the Man' Program \$10,000
2. Awards Ceremony - 'professional staging....' \$10,000
3. Phone App for the ACT (\$35,000)
4. Violence Prevention campaign in schools in time for 'Summer of Respect' campaign (education) (\$10,000)

NSM-155

RECEIVED

- 4 NOV 2013

DLO Br response to Ms Corbell

Gray, John

Minister Burch's Office

From:
Sent:
To:
Subject:

341
Thursday, 31 October 2013 11:22 PM
CORBELL
Concerns for community safety if the closure of Women's Information and Referral Centre goes ahead.

☐ Chief of Staff

☐ Senior Adviser

☐ Media Adviser

☒ EO

☒ DLO

PLEASE

☐ Reply

☐ Advise

☐ Noted

☐ File

☐ Arrange meeting

☐ For information

☒ Refer to ... *Min Burch*

☐ Action

Dear Mr Corbell

I am writing to you about my concerns about the decision of the ACT Minister for Women, Ms Joy Burch, to close the Women's Information and Referral Centre.

COMMENT

As you may be aware the Centre has been operating for 35 years and is used by about 12 500 women each year. It provides a range of free and very low cost services to women in the ACT including telephone, drop in or email access to information and/or referral to appropriate services. Women can use the Centre's free library, access the computers, take a personal development course or join a support group.

WIRC is the only place that offers personal development courses specifically for women on self-esteem, assertiveness and many other topics. It coordinates services with Carers' groups, Indigenous health services and others and works in a myriad of ways to increase the health and well being of women in the ACT.

WIRC also has a critical role to play in supporting and increasing community safety. It is the only place in the ACT where women can access domestic violence support groups, where the focus is on supporting them to move on from the cycle of violence, to increase their self-esteem and to be able to build respectful relationships in their future, thus aiming to prevent the inter-generational transmission of the cycle of family violence.

This is particularly important given the Canberra Times article on Sunday 27 October 2013 which outlined that the ACT Domestic Violence Crisis Service has experienced a 50% increase in demand for its services and is desperately struggling to keep pace with this demand.

The same article also highlighted that the Domestic Violence Crisis Service is calling for more resources for long term follow up programs to assist those experiencing violence to break the cycle of violence. They are unable to provide these programs themselves and it appears that the loss of WIRC will remove the only service providing these critical support programs for women. All of which has the potential to diminish the safety of women and children in the ACT.

I understand that since the introduction of new referral arrangements with the ACT Police WIRC has seen a 30% increase in police referrals. It is unclear whether Minister Burch is aware of this and I am wondering if she has consulted with you in your capacity as Minister for Police and Emergency Services as to the potential impacts of the closure of WIRC and how to manage the same.

In particular I am concerned that the closure of WIRC will reduce the options for referral for ACT Police, it will reduce the options for women and both of these things will lead to increasing cycles of family violence and inter-generational transmission of that violence.

I understand that a recent KPMG review found WIRC to be the service which has the highest reach per capita and which offers the most number of programs of the women's services reviewed. The same report highlighted WIRC as one of the most *cost effective* community information services in Australia.

I am deeply confused and gravely concerned by the Minister's decision and am calling on you as the Minister for a portfolio area that will be very adversely impacted by this decision to take whatever steps are available to seek the reversal of this decision.

I would greatly welcome the opportunity to discuss my concerns with you.

Thank you for your time and consideration of this most important matter.

NSM-156.

Yours sincerely

s41

s41

To

- | | |
|---|------------------------------|
| ☐ Minister | ☐ DLO |
| ☐ Chief of Staff | ☐ OM |
| ☐ Senior Advisor | |
| ☐ Media Advisor | |

Please

- | | |
|--|--|
| ☐ Reply | ☐ Arrange Meeting |
| ☐ Advise | ☐ FYI |
| ☐ Noted | ☐ Refer to |
| ☐ File | ☐ Action |
| ☐ Comment | |

URGENT

NSM-157

Manikis, Nic

From: Elizabeth Spence [Elizabeth.Spence@cpsu.org.au]
Sent: Wednesday, 30 October 2013 2:51 PM
To: Manikis, Nic
Subject: Suggestion from staff around accessibility of the WIRC program

Hi Nic,

Thanks for the meeting yesterday. I hope the meeting with staff today went okay.

As mentioned yesterday, a member of the WIRC team forwarded their ideas to me around interim-ongoing accessibility of the program. In amongst some concerns about communicating the change of service to clients, here are the other points that the staff member sent:

"I have some possible options to support the accessibility of the program:

- Central location Theo Notaries'-easy access for women and access to interview room which is required.
- Lap top and scanner for offsite processing of women's applications for instance at Gateways, Gungahlin, Tuggeranong and West Belconnen child and family centres.
- Access to booking vehicles from any of those locations to insure that I can still provide service visits to varying agencies and to sustain the option of outreach interviews to women where mobility is an issue.
- A mobile phone for safety when off site interviews occur.
- A centralised processing procedure, i.e. direct to Nic/Jancye for sign off
- Training in up loading documents on TRIM, this will support reducing the amount of people processing the grant and time for applicants in receiving the grant. I have never been trained or asked to put documents on TRIM as it always sat with the manager of WIRC as a role.
- Procedures on booking any interview rooms from various sites to insure that I have appropriate venues for applicants at interview times.
- Create a rotating roster of service visits so all areas of the ACT are covered.
- Experienced and skills debriefing available to me regularly, as I see a lot of women in very vulnerable positions and need to have a mechanism to debrief.
- Reporting, who will I send my quarterly, fortnightly and annual reports too.
- Filing cabinets need a permanent location, they are accessed daily as women contact daily for alterations to their grant, acquittals or in regards to the survey. There are two filing cabinets at present.
- Phone needs to stay the same as all flyers, 1.5 boxes of 200 pamphlets per box and posters are in numbered to 62052885.
- Mailing address needs to stay the same as GPO BOX 158 is the listed return mailing address for women acquittal information to be returned too. These women often do not get in contact with the service once paid and there for need to have the same mail return address.
- Mail needs to have a centralised location for RTW program as the program receives a lot of mail from women applying, acquitting or with queries. Also many NGO, training organisations or employment services send their current information to RTW coordinator GPO BOX 158 Canberra City for processing. All mail will need to go to a centralised location for me to process or there will be no accountability to the program or forward motion for the applicants. Theo Notaries seems like the most sensible location as it is also where all sign off of the grant is likely to be and this will make all correspondence with the applicants more fluid from our end.

These are some of the areas of more immediate address that need to be considered with the moving of the grant from the WIRC location."

The staff may have already submitted these ideas to you but I wanted to ensure that you have them.

Cheers

NSM-158

Elizabeth Spence | Field Organiser | CPSU | ph 02 6220 9604 | 541 | f 02 6220 9690
website www.cpsu.org.au | member service centre 1300 137 636

CPSU Values: By joining our union you help make our workplaces and communities fairer. We believe every worker deserves; dignity and respect; a safe workplace; decent pay and conditions; rights at work and a balanced working life. Together we provide; a voice for all workers; support and promote a strong, independent public sector and ...make a difference. Find out more on 1300 137 636 and join online <https://web.cpsu.org.au/join>

For information and assistance call the CPSU Member Service Centre on 1300 137 636

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NSM-159

Manikis, Nic

From: Chapman, Sue
Sent: Monday, 28 October 2013 6:33 PM
To: Manikis, Nic
Subject: Fwd: Wirc
Attachments: image001.jpg

FYI

Begin forwarded message:

From: "Howson, Natalie" <Natalie.Howson@act.gov.au>
Date: 28 October 2013 4:53:29 PM AEDT.
To: "Chapman, Sue" <Sue.Chapman@act.gov.au>
Subject: Wirc

In discussion with Minsiter today it occurred to me that a table which describes each element of the current service offer and our intentions regarding whether it will be retained and the methodology for its transformation into a new delivery setting would be helpful?

Is it possible to pull this together? eg Internet access – retained – managed by Office for Participation ; telephone information service - retained and manned by Office for Participation, inform enhancements to internet site and additional scripts to Canberra Connect , shift service to single human service gateway.

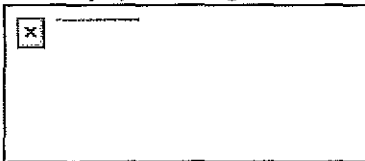
Natalie Howson | Director-General |

P 02 6205 5335 | E Natalie.howson@act.gov.au

Community Services Directorate | ACT Government

Level 8, 11 Moore Street, Canberra | GPO Box 158, Canberra, ACT 2601 | www.act.gov.au

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NSM-
160

Manikis, Nic

From: Wyles, Paul
Sent: Thursday, 3 October 2013 12:38 PM
To: Manikis, Nic
Subject: Child and Family Centres
Attachments: Program Map CFC's 16 09 2013.docx

Nic,

Attached is a program map for the three CFCs.

Of interest to WIRC might be the following:

- Relationships Australia have counsellors at each of the centres
- Women's Health have a presence at each centre (counsellors and nurse)
- Our Intake service operates at each centre 8.30 – 5.00 and will see people who drop in as well as taking phone enquiries
- There are a range of playgroups at each of the CFCs which largely target mothers – multicultural, children with a disability, parents with mental illness
- From early 2014 we will be expanding our Parents as Teachers program, a home visitation program for vulnerable new mums
- The CFCs are well connected in their local areas to health, education and community services and supports

I am happy to catch up and discuss further when you are ready.

Regards

Paul Wyles

Director Early Intervention and Prevention Services

P 02 62071598 | M 0409 772 343

Office for Children, Youth & Family Support | Community Services | ACT Government

PO Box 158 Canberra City ACT 2601 | www.act.gov.au



ACT
Government

Community Services

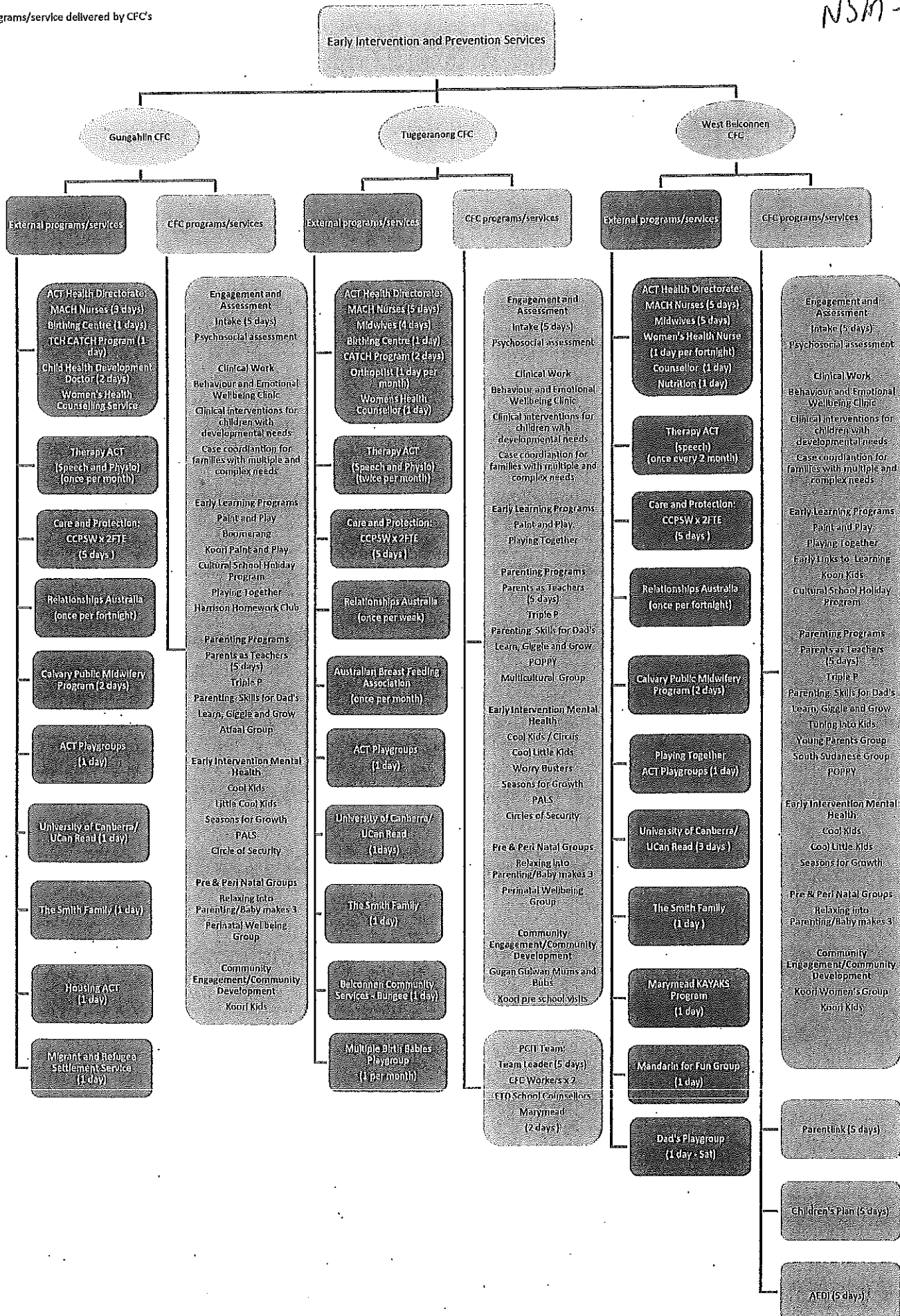
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Program Map – Child and Family Centres

- Programs/service delivered by partners
- Programs/service delivered by CFC's

NSM-160



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

Andy Hirst and Sini Rinne

Cambridge Policy Consultants



Equality and
Human Rights
Commission

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

**Andy Hirst and Sini Rinne
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Policy
Consultants**

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Acknowledgements

The authors would like to thank all those who have contributed towards this study. The providers of women-only services, representative bodies, policy officials and funders who all participated in the research, during what was a particularly busy time for them. We would also like to thank those service-users who gave up their time to contribute to this study.

The research benefitted greatly from the advice, assistance and feedback of Liz Speed and Jennifer Earle at the Equality and Human Rights Commission. We would like to thank them and acknowledge their contributions throughout the research process.

Other Cambridge Policy Consultant (CPC) colleagues: Christina Short, Morgane Lefaucheux, Janet Cowling and Joke Delvaux, undertook much of the fieldwork and made significant contributions to the findings and case studies.

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

Service Area/Issue	No. of participating providers	No. of service users interviewed
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 characteristics¹) 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.²

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)³ reinforced by a Court judgement,⁴ 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.⁵ The principles of their strategy (for England and Wales⁶) 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.⁷ 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.⁸

However, the Criminal Justice Joint Inspection of use of alternatives to custody for women (HMCPSI, 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'⁹ in police custody and courts by 2014 for offenders with mental health problems, a significant proportion of whom would be women.¹⁰

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)⁹

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 organisations¹¹ 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.¹² 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.¹³ This currently (2012/13) supports 50 posts in England and 10 posts in Wales,¹⁴ 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.¹⁵ 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.¹⁶ 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.¹⁷ 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)¹⁸ 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 2010.¹⁹ 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 centre²⁰ 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.²¹

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.²²

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,²³ 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.²⁴

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.

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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'.²⁵ 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.²⁶ 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 bids 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

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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.²⁷ 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.²⁸ 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.²⁹ 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 documents³⁰ 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

Commodity type	Description	Suggested ratio cost/quality
Routine	• Low value/high volume • Many existing alternatives	90:10 to 80:20
Leverage	• High spend area • Many sources of supply • Commercial involvement can influence price	70:30 to 60:40
Strategic	• Strategic to operations • Few sources of supply • Large spend area • Specification may be complex	60:40 to 40:60
Bottleneck	• Few sources of supply and alternatives available • Complex specifications • If supply fails, impact on organisation could be significant.	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.³¹ Indeed, compliance with the duties set out in the Equality Act 2010 may involve treating some people more favourably than others.³² 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.

THE IMPACT OF CHANGES IN COMMISSIONING AND FUNDING ON WOMEN-ONLY SERVICES

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.³³ 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 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.

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

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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.

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Endnotes

¹ 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).

² 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.

³ Meeting the Equality Duty in Policy and Decision Making (January 2012) EHRC

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

⁵ 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

⁶ 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.

⁷ 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.

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

⁹ 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.

¹⁰ 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.

¹¹ A list can be obtained here:

www.legislation.gov.uk/sdsi/2011/9780111012208/pdfs/sdsi_9780111012208_en.pdf

¹² 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.

¹³ 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'.

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

¹⁵ [http://www.welshlabour.org.uk/news/2012/04/05/](http://www.welshlabour.org.uk/news/2012/04/05/cameron-must-apologise-for-domestic-violence-workers-funding-cuts/)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'.

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

¹⁷ 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>

¹⁸ 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/>

¹⁹ 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>

²⁰ The 218 Centre is a service for women offenders

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

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

²² See R (Kaur and Shah) v London Borough of Ealing 2008, at

<http://www.equalityhumanrights.com/enforcement/examples-of-interventions/>

²³ 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 and for guidance on decommissioning see: http://www.nao.org.uk/sectors/civil_society/decommission/home.aspx

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

²⁵ 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.

²⁶ 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.

²⁷ See

http://ec.europa.eu/internal_market/publicprocurement/docs/guidelines/services_en.pdf

²⁸ 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.

²⁹ See for example (GEO, 2009) p.94.

³⁰ See for example, DoH, 2011; Audit Commission, 2007.

³¹ 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.

³² S.149(6) Equality Act 2010

³³ 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.

NSM-259

NSM-183



Engaging the women's voluntary and community sector

A guide for public bodies

July 2011

Understanding and supporting
women and their organisations

This document is available in other formats. Contact the Women's Resource Centre on 020 7324 3030 or info@wrc.org.uk

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About the Women's Resource Centre

The Women's Resource Centre (WRC) is a unique charity which supports women's organisations to be more effective and sustainable. We provide training, information, resources and one-to-one support on a range of organisational development issues. We also lobby decision makers on behalf of the women's not-for-profit sector for improved representation and funding.

Our members work in a wide range of fields including health, violence against women, employment, education, rights and equality, the criminal justice system and the environment. They deliver services to and campaign on behalf of some of the most marginalised communities of women.

There are over ten thousand people working or volunteering for our members who support almost half a million individuals each year.

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Disclaimer: At the time of publication, all care was taken to ensure the information contained in this guide was accurate and correct. However, websites, organisations, strategies, policies, laws, contact details etc. do change or become outdated. Please always check information to ensure it is correct and up-to-date at time of use. The WRC cannot take responsibility for changes to references or information in this guide.

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Introduction

The purpose of this guide is to help public bodies engage more effectively with women's voluntary and community organisations (VCOs). We believe that in the current economic climate, it is vital that public bodies and the voluntary and community sector (VCS) work in partnership to deliver the best outcomes for their local communities.

Emerging Coalition Government policy on engagement between communities and public bodies is shaped by a drive for political and economic reforms at a national and local level and there is widespread political consensus that there must be greater citizen involvement in what happens in their localities.

Public bodies are dealing with significant cuts to their budgets and have to make tough decisions about how they can best serve their communities whilst simultaneously embracing the Government's vision for Localism and the 'Big Society'. Women's VCOs, with their local knowledge, expertise and track record of supporting women, families and communities, are ideally placed to support local authorities through this challenging period and beyond.

Many public bodies have already set out strategies and frameworks which outline the way in which they engage with the public. Engagement is carried out by public bodies for a variety of purposes, which include:

- improving planning and decision-making
- providing better quality services and value for money
- informing policy development
- enhancing local democracy
- contributing to the sustainability and resilience of communities.

This guide is informed by research carried out by the WRC with women's organisations. The organisations identified factors which helped or hindered their ability to influence change at a local level.¹

It provides practical advice on how public bodies can respond to the emerging Government policy on localism, community engagement and the 'Big Society' in relation to women and their organisations by:

- identifying and getting to know women's VCOs in their area
- building effective relationships with women's VCOs
- working jointly with women's VCOs to remove barriers to women's engagement

¹ Womens Resource Centre (2010) *Power and Prejudice: Combating gender inequality through women's organisations*, WRC: London.
http://www.wrc.org.uk/includes/documents/cm_docs/2010/w/1_wrc_power_and_prejudice_final.pdf

- maximising the use of information and expertise in the women's voluntary and community sector
- supporting the women's VCS to build its capacity.

Why engage with women's organisations?

"In many ways, the women's sector is a model of the Big Society we wish to build. That is a society in which we all work together to address problems, conscious that government has a role to play but that it does not have all the answers, and recognising the role played by charities, voluntary groups and others alongside central and local government. You're way ahead of us with this. The support services you provide and have been providing for over 35 years are invaluable to so many – thank you for all that you do."

Theresa May MP, Home Secretary and Minister for Women and Equalities, 2010²

Women are disproportionately affected by poverty and exclusion and therefore at a time of increasing austerity it is vital to engage with them. It is now widely known that the impact of the economic downturn and cuts in public spending is likely to have a disproportionate impact upon women.

- Women will suffer 72% of the tax and benefit cuts proposed by the Emergency Budget.³ In Coventry alone the 2010 budget will cost women almost £30 million.⁴
- Lone mothers will lose public services worth 18.5% of their income (6.8% for average household) by 2014/15.⁵
- The Office of National Statistics' labour market statistics bulletin (April 2011) shows that women across all age groups are bearing the brunt of joblessness.⁶ The Trades Union Congress has warned of a "*potential crisis in female unemployment*", particularly due to cuts in public sector jobs where women comprise 68% of the workforce.⁷

² May, Theresa (2010) Speech to the 36th Annual Women's Aid Conference.

<http://www.womensaid.org.uk/page.asp?section=000100010015000800040002§ionTitle=Theresa+May%27s+Speech>

³ Cooper, Yvette (2010) *Women bear the brunt of budget cuts.*

<http://www.yvettecooper.com/women-bear-brunt-of-budget-cuts>

⁴ Stephenson, Mary-Ann and James Harrison (2011) *Unravelling Equality? A Human Rights and Equality Impact Assessment of the Public Spending Cuts on Women in Coventry*, Centre for Human Rights in Practice, University of Warwick and Coventry Women's Voices.

http://www2.warwick.ac.uk/fac/soc/law/chrp/projects/humanrightsimpactassessments/cwv/report/127948_cwv-chrp_report.pdf

⁵ Women's Budget Group and The Fawcett Society (2011) *The Impact on Women of the Budget 2011*, WBG and The Fawcett Society. http://www.wbg.org.uk/index_7_282363355.pdf

⁶ Office for National Statistics (2011) *Labour Market Statistics*. ONS.

<http://www.statistics.gov.uk/pdfdir/lmsuk0411.pdf>

⁷ Owens, Vicky (2011) *TUC warns of 'crisis in female unemployment'*, Financial Mail Women's Forum. <http://www.fmwf.com/media-type/news/2011/03/tuc-warns-of-crisis-in-female-unemployment/>

- 57% of those likely to be affected by proposed changes to legal aid are women, compared to 43% men. Sixty-five per cent of those who will lose legal aid for family law cases are women; this increases to 73% of education cases.⁸
- Cuts to housing benefits will have a disproportionate effect on women. In 2010 46% of housing benefit claimants were single women, compared to 20% couples and 33% men.⁹ Nine hundred and thirty thousand households will be affected by reforms to housing benefit; around 450,000 of these households will be families with children.¹⁰
- The London Economics Consultancy has estimated that with the new rates of university tuition fees, 70-80% of women students will not be able to pay off their student loans in the thirty years after they graduate.¹¹

Engaging with women's VCOs can help to ensure that local councils deliver the most appropriate and effective service provision for women and families in their local communities. Where women's organisations are able to participate in decision making processes, they are able to identify pragmatic, high quality and cost-effective solutions to support and improve the lives of women, families and local communities.

Research by Oxfam, Urban Forum and WRC on Local Strategic Partnerships (LSPs) found that women chaired 28% of central LSP boards and 19% of other groups within LSPs. Women were most likely to be community representatives, thematic partnership representatives or administrators. However, the research found that even where women were represented on LSPs, they did not necessarily raise 'women's issues' or get 'gender on the agenda', with the exception of domestic violence and teenage pregnancy. Only 1.8% of VCS representatives on LSPs were from women's organisations. This highlights the need for women's organisations to be engaged in decision making to ensure the broad range of women's issues are raised and improve gender embedding generally in policy development.

Women's VCOs are a pathway to change for some of the most marginalised and vulnerable women in society. They have a significant impact on the lives of the women they work with, empowering women to take back control over their lives, which supports women to participate more fully in society. In addition to service delivery, women's VCOs are crucial in campaigning for women's equality and this remains a crucial function of the women's VCS.

There have been many advances in women's equality, poverty and disadvantage. However, there is still much to do. For example, only 22% of MPs are women placing the UK well behind countries such as Rwanda, Mozambique, Belarus, Cuba, New Zealand, Sweden and Germany.¹² In 2008 the Equality and Human Rights

⁸ Stephenson, Mary-Ann and James Harrison (2011) *Unravelling Equality? A Human Rights and Equality Impact Assessment of the Public Spending Cuts on Women in Coventry*.

⁹ Ibid

¹⁰ Asthana, Anushka (2010) *Ministers accused of 'burying' damning report on impact of benefits cuts*. The Observer. <http://www.guardian.co.uk/society/2010/dec/05/housing-benefit-cuts-impact-dwp>

¹¹ Stephenson, Mary-Ann and James Harrison (2011) *Unravelling Equality? A Human Rights and Equality Impact Assessment of the Public Spending Cuts on Women in Coventry*.

¹² Cracknell, Richard and Richard Groat and John Marshall (2009) *Women in Parliament and Government*. House of Commons Library
<http://www.parliament.uk/documents/commons/lib/research/briefings/snsq-01250.pdf>

Commission estimated that, at the current rate, it would take 200 years to achieve equal representation of women and men in parliament.¹³

Every minute, an incident of domestic violence is reported to the police and one in four women experience violence, harassment or stalking over their lifetimes.

25% of women who made an employment tribunal claim had been dismissed within hours of telling their employer about their pregnancy and one in five women returning from maternity leave were given lower grade jobs.

Across the UK, the mean full-time gender pay gap in 2010 was 15.5% for hourly earnings excluding overtime and 21.5% for gross weekly earnings.¹⁶

Women retiring this year will receive £6,500 less in pension than men and almost a third do not have a private or company pension compared to 10% of men.¹⁷

Almost 2.1 million pensioners living in poverty are women.¹⁸

Mothers' low incomes are the source of 70% of child poverty. Four out of ten children in poverty are in single mother households, and a further three out of ten are in households where the father works, but the mother is on a low income or no income.

40% of ethnic minority women live in poverty.

In a time of global economic crisis, the value and expertise of women-only and women-centred organisations in shaping policy and service delivery is vital.

¹³ Equality and Human Rights Commission (2008) *Sex and Power 2008*. EHRC: London.
<http://www.equalityhumanrights.com/advice-and-guidance/here-for-business/working-better/sex-and-power/>

¹⁴ Women's Aid Federation of England (2007) *Statistics*. WAFE.
http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220036§ionTitle=Statistics

¹⁵ Equal Opportunities Commission (2005) *Greater Expectations: Final Report of EOC investigation into discrimination against new and expectant mothers in the workplace*. EOC.
http://www.equalityhumanrights.com/uploaded_files/eoc_pregnancygfi_summary_report.pdf

¹⁶ Perfect, David (2011) *Gender Pay Gaps*. Equality and Human Rights Commission.
http://www.equalityhumanrights.com/uploaded_files/research/gender_pay_gap_briefing_paper_2.pdf

¹⁷ Simon, Emma (2011) *Gender gap of £6,500 for women's pensions*. The Telegraph.
<http://www.telegraph.co.uk/finance/personalfinance/pensions/8517017/Gender-gap-of-6500-for-womens-pensions.html>

¹⁸ Women's Budget Group (2010) *A Gender Impact Assessment of the Coalition Government Budget*. WBG.
[http://www.fawcettsociety.org.uk/documents/Women's%20Budget%20Group%20Emergency%20Budget%20Response%20\(June%202010\).pdf](http://www.fawcettsociety.org.uk/documents/Women's%20Budget%20Group%20Emergency%20Budget%20Response%20(June%202010).pdf)

¹⁹ Fawcett Society (2008) *'Keeping Mum' campaign briefing*. Fawcett Society.
<http://www.fawcettsociety.org.uk/documents/Keeping%20Mum%20-%20Final%20Website%20Briefing.pdf>

The legal and policy context

The Equality Act (2010)

The new Equality Act (2010) brings together and simplifies equality law that has been developed in various Acts and Regulations between 1970 and 2008 relating to race, gender and disability.²⁰ The Act also covers a range of other characteristics that are now protected from discrimination and a wider range of circumstances in which people are protected. The law protects people with the protected characteristics from discrimination in a wide range of areas, such as public functions, employment and the provision of goods and services. The nine "*protected characteristics*" covered by the Act are:

- age
- disability
- sexual orientation
- marriage and civil partnership
- gender reassignment (with a wider definition than previously)
- race
- religion or belief
- sex
- pregnancy and maternity

Public Sector Equality Duty - General Duty

Potentially the most important part of the Equality Act is the new Public Sector Equality Duty, which came into force in April 2011. The duty applies to eight protected characteristics:

- age
- disability
- sexual orientation
- gender reassignment (with a wider definition than previously)
- race
- religion or belief
- sex
- pregnancy and maternity

The Duty applies to all public bodies that are listed in Schedule 19 of the Act and others, including voluntary sector organisations that carry out public functions. The list includes ministers and central government departments, local councils, police authorities, NHS trusts, primary care trusts, governing bodies of maintained schools and institutions of further and higher education.

Their duty is to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and other conduct that is unlawful under the Act

²⁰ For a more detailed overview of the Equality Act see: http://www.wrc.org.uk/includes/documents/cm_docs/2011/e/equality_act_2010_briefing_update_march_2011.pdf

- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between persons who share a protected characteristic and those who do not.

The Act indicates that the "*need to advance equality of opportunity*" includes:

- removing or minimising disadvantage suffered by particular groups
- taking steps to meet different needs of particular groups
- encouraging participation by particular groups in areas of public life or other activity where they are under-represented.

The Act specifies that the "*need to foster good relations*" includes tackling prejudice and promoting understanding.

Positive action

The Act's approach to positive action recognises that some equality groups are disadvantaged in some areas of life as a consequence of past or current discrimination and exclusion.

The Act enables public, voluntary and community and private sector employers and providers of services to take steps to help particular groups overcome disadvantage, meet needs that are different from the needs of other groups or increase participation. Service providers include public authorities, schools and colleges, housing providers and associations. Therefore the Act makes it lawful to take positive action measures that involve different treatment of different equality groups which would otherwise be unlawful. However, for positive action measures to be considered lawful three conditions must be satisfied:

1. The employer or service provider must reasonably think that the group in question suffers a disadvantage, has different needs, or has disproportionately low level of participation.
2. The employer or service provider takes action with the aim of enabling or encouraging the group to overcome or minimise their disadvantage, meeting their needs, or enabling or encouraging participation.
3. The action is a proportionate means of achieving that aim - that is, that the action is both appropriate and necessary to achieve the aim.

Exceptions to the prohibition of discrimination

The existing legislation contains a large number of exceptions that relate to particular characteristics. The Equality Act extends some existing exceptions to apply to all protected characteristics, modifies or merely restates other exceptions.

These exceptions make it legal and appropriate to fund and provide women-only services.

The following are exceptions relevant to the work of women's VCOs:

- If an organisation normally provides services for one equality group only, it is lawful to continue to do so. A charity may provide benefits to one equality group, other than a group defined by colour, but only if this is within its charitable instrument and is a proportionate means of achieving a legitimate aim or for the purpose of preventing or compensating for a disadvantage linked to that equality group.
- The Act disallows discrimination by an association with 25 or more members that applies some form of selection of its members. A club or association may restrict their membership to one equality group only but cannot restrict membership to a group defined by colour. Under the Act an association could be only for retired women or only for retired African-Caribbean women, but it could not be an association for retired black women.
- This Act contains an exception to the general prohibition of gender reassignment discrimination in relation to the provision of separate- and single-sex services. Such treatment by a provider has to be objectively justified and must be a proportionate means of achieving a legitimate aim. Any exception to the prohibition of discrimination must be applied as restrictively as possible and the denial of a service to a transsexual person should only occur in exceptional circumstances. Policy relating to trans people should be applied on a case-by-case basis in order to determine whether the exclusion of a transsexual person is proportionate in the individual circumstances. An example included in the Explanatory Notes of the Act is of a group counselling session provided for female victims of sexual assault, where clients attending the group session are unlikely to do so if a male-to-female transsexual person was there. Exclusion of transsexuals would be lawful.
- Religion or belief organisations, other than those whose main purpose is commercial, may, subject to specified conditions, restrict who can be a member or who can participate in its activities based on a person's religion or belief or their sexual orientation. It is never lawful to impose restrictions based on sexual orientation where the religion or belief organisation is carrying out a contract with a public authority.
- In recruitment for a job, giving work to a contract worker or appointment to a public office, it will be lawful to require a person to have a particular protected characteristic if, having regard to the nature or the context of the work, to have that characteristic is required to do that work, and applying that requirement is appropriate and necessary.

The Localism Agenda

As part of the Government's 'Big Society' agenda, the Decentralisation and Localism Bill²¹ aims to empower communities and give local councils greater responsibility for meeting local need. According to the Government, a centralised approach to politics has been unsuccessful - local people have the greater understanding of local need and therefore, decision making and power should be further devolved to a local level. This, the Government believes, will also improve accountability and democracy within local government.

²¹ See: <http://www.communities.gov.uk/publications/localgovernment/decentralisationguide>

The Compact

The Compact, renewed by the Coalition Government in 2010, aims to improve relationships between the public and third sectors (at all levels of government) for mutual advantage, and sets out guidelines for how both parties should work together to ensure that better outcomes are delivered. In addition, public bodies may have their own compacts with their local VCS, and codes of practice and guidance.

The Government makes a number of undertakings under five outcome areas:

1. A strong, diverse and independent civil society
2. Effective and transparent design and development of policies, programmes and public services
3. Responsive and high-quality programmes and services
4. Clear arrangements for managing changes to programmes and services.
5. An equal and fair society.

Of particular relevance to women's organisations are the following Government undertakings:

Engagement in decision making

- Ensure greater transparency by making data and information more accessible, helping organisations to challenge existing provision of services, access new markets and hold government to account.
- Consider the social impact that may result from policy and programme development, and in particular consider how these would impact local efforts to inspire and encourage social action and to empower communities.
- Work with organisations from the earliest possible stage to design policies, programmes and services.
- Ensure those likely to have a view are involved from the start and remove barriers that may prevent organisations contributing.
- Give early notice of forthcoming consultations, where possible, allowing enough time for organisations to involve their service users, beneficiaries, members, volunteers and trustees in preparing responses. Where it is appropriate, and enables meaningful engagement, conduct 12-week formal written consultations, with clear explanations and rationale for shorter time-frames or a more informal approach.

Equalities

- Work with organisations that represent, support or provide services to people specifically protected by legislation [e.g. women] and other under-represented and disadvantaged groups. Understand the specific needs of these groups by actively seeking the views of service users and clients. Take these views into account, including assessing impact, when designing and implementing policies, programmes and services.

- Acknowledge that organisations representing specific disadvantaged or under-represented group(s) can help promote social and community cohesion and should have equal access to state funding.
- Take practical action to eliminate unlawful discrimination, advance equality and to ensure a voice for under-represented and disadvantaged groups.

Funding

- If a programme or service is encountering problems, agree with the civil society organisation a timetable of actions to improve performance before making a decision to end a financial relationship.
- Assess the impact on beneficiaries, service users and volunteers before deciding to reduce or end funding. Assess the need to re-allocate funds to another organisation serving the same group.
- Where there are restrictions or changes to future resources, discuss with organisations the potential implications as early as possible, give organisations the opportunity to respond, and consider the response fully, respecting sector expertise, before making a final decision.
- Give a minimum of three months notice in writing when changing or ending a funding relationship or other support, apart from in exceptional circumstances, and provide a clear rationale for why the decision has been taken.
- Demonstrate how funding arrangements and financial support can allow smaller and specialist providers to play a greater part.
- Recognise that when organisations apply for a grant they can include appropriate and relevant overheads, including the costs associated with training and volunteer involvement.

What do we mean by 'engagement'?

Community engagement is the process of involving people in decisions that affect them. This can mean involving communities in the planning, development and management of services or tackling issues that affect people's lives in a specific community.

The Scottish Community Development Centre has defined community engagement as:

*"Developing and sustaining a working relationship between one or more public body and one or more community groups, to help them both to understand and act on the needs or issues that the community experiences."*²²

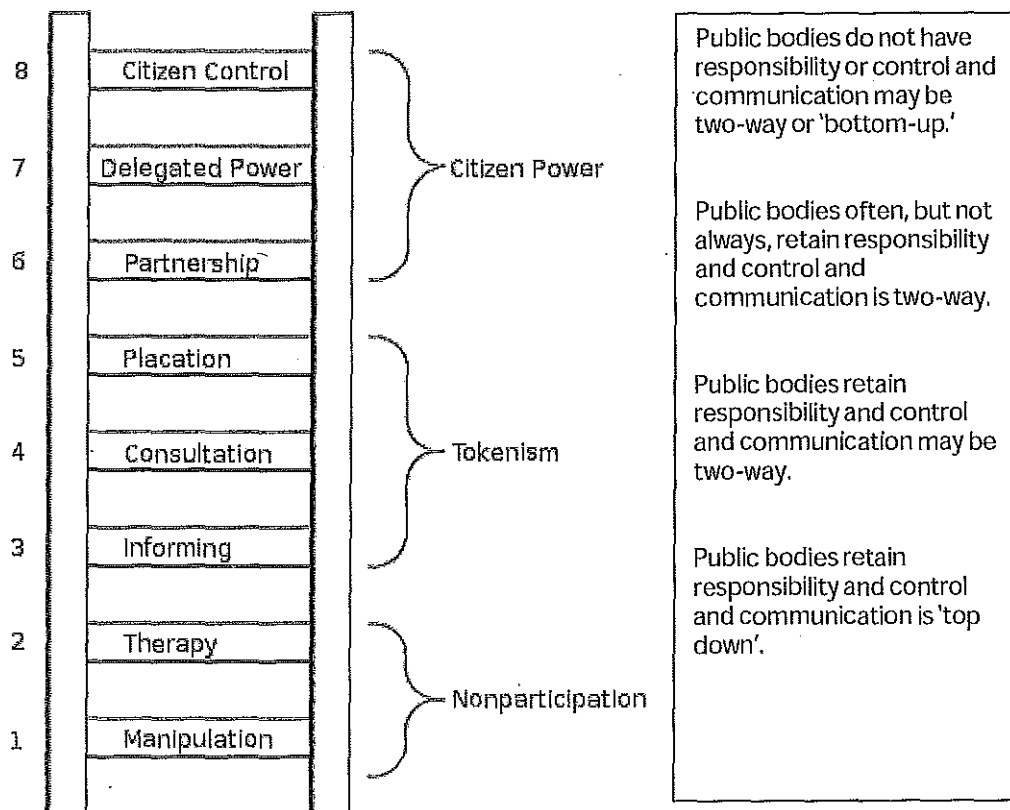
They have also developed ten standards for community engagement:

- 1. Involvement** – identify and involve the people and organisations with an interest in the focus of the engagement.
- 2. Support** – identify and overcome any barriers to involvement.
- 3. Planning** – gather evidence of the needs and available resources and use this to agree the purpose, scope and timescale of the engagement and the actions to be taken.
- 4. Methods** – using methods of engagement that are fit for purpose.
- 5. Working together** – agree and use clear procedures to enable the participants to work with one another efficiently and effectively.
- 6. Sharing information** – ensure necessary information is communicated between the participants.
- 7. Working with others** – work effectively with others with an interest in the engagement.
- 8. Improvement** – develop actively the skills, knowledge and confidence of all the participants.
- 9. Feedback** – feedback the results of the engagement to the wider community and agencies affected.
- 10. Monitoring and evaluation** – monitor and evaluate whether the engagement meets its purposes.

²² Scottish Community Development Centre. See <http://www.scdc.org.uk/national-standards-community-engagement/what-is-community-engagement/>

A critical feature of engagement is the nature of the relationship between public bodies and citizens (in this case women and girls), and agencies acting for citizens (in this case the women's VCS). The Government aims to create a responsive state which is accountable to responsible citizens.

Whereas the previous government aspired to passing power to local bodies and to citizens, the policy implications for the Coalition Government's model is that citizens are the first point of call, then communities and public bodies. Arnstein's 'Ladder of Participation' shows what this could look like in practice (see levels 6 to 8).²³



²³ Arnstein, Sherry R. (1969) *A Ladder of Citizen Participation* in *Journal of the American Institute of Planners*, Vol. 35, No. 4, July 1969. <http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html>

How can public bodies engage with women's organisations?

Barriers

Throughout 2008 and 2009, WRC worked with four women's organisations on a participatory action research project on influencing local decision makers.²⁴ In this research, key barriers to engaging local public bodies included:

Lacking knowledge and confidence about how to engage locally

- do not know how to hold public bodies to account
- do not have strong links to other women's VCOs doing similar work
- not knowing where to start and who to contact
- do not have the knowledge of and confidence to use existing policy tools and frameworks.

Hitting a 'brick wall' with public bodies

- a lack of good practice in engagement by public bodies
- various forms of resistance from within public bodies' local partnership structures that got in the way of them having their voice heard
- many different kinds of obstacles, including blockers and gatekeepers not responding; lack of transparency and accountability in engagement processes and decision making; bureaucracy, red tape, and simple bad practice
- a gap between good policy not translating into good practice on the ground.

The contested issue of what counts as evidence and expertise

- key issues women service users were raising with women's VCOs were not being acknowledged by policy makers as valid forms of evidence
- data from women's VCOs was not being inputted into Local Area Agreements
- it was unclear about the criteria and who had the power to decide what data and evidence was valid and credible, and what is not.

Gender equality not on the local agenda

- gender equality was not understood or taken seriously enough at local level
- a lack of gendered analysis – public bodies did not understand the need to look at issues or policy through the 'lens' of gender, to understand the different life experiences and needs of women and men.
- women's VCOs constantly having to defend their women-only services and spaces.

²⁴ Womens Resource Centre (2010) *Power and Prejudice: Combating gender inequality through women's organisations*. WRC: London.
http://www.wrc.org.uk/includes/documents/cm_docs/2010/w/1_wrc_power_and_prejudice_final.pdf

The women's VCS is 'invisible'

- denial of any knowledge of women's services (despite their existence)
- local public bodies did not seek out women's VCOs as a key audience for consultations and action plans
- lack of understanding by many local decision makers about why women's organisations exist and the nature of their work in challenging women's inequality and supporting and empowering women.

Surviving financially

- fear that cuts to public services and the VCS will give public bodies a reason not to address local equalities work
- local commissioners rejecting women's VCOs because they do not work with men
- exhausted by the continuous and draining nature of constantly battling for funding and recognition of their work
- the backdrop for the constant challenge of fundraising for the organisations' survival was: a backlash against women's services; difficulty finding routes in to local discussions and decision-making; and disproportionately high levels of work required to contribute to the local agenda
- the constant pressure on organisations to survive impacts upon their ability to be strategic and outward-facing. Working constantly in survival mode isolates women's VCOs.

What can public bodies do?

Assist women's VCOs to increase their knowledge and confidence in decision making processes

- Disaggregate your data (by sex, race, disability, sexual orientation etc.) and make it widely available.
- Illustrate the differential impact of policies and services upon women and men. This shows that you have thought seriously about gender differences.
- Support the development of networks of women's VCOs.
- Provide information about 'who is who' in your organisation and who is responsible for what.
- Take the time to meet with women's VCOs or networks, and encourage those most senior in the organisation to do so. Even small gestures like this can significantly help to build better relationships.
- Be frank and honest about what issues/decisions can be influenced, what can't and why. Women's VCOs will appreciate knowing where they stand.
- If you are consulting on an issue, follow this up so that women's VCOs can see that what they have said has been heard and noted (e.g. a consultation outcome document). Women's VCOs often feel that they put a lot of energy

into responding to consultations only to be ignored. Explain how you can or why you can't implement their suggestions and ideas and why. Women's VCOs will appreciate a well evidenced and justified decision even if they don't agree.

- Provide accessible information about relevant policy tools and decision making structures.

Be proactive in engaging women's VCOs

- Identify the points of connection between your organisation and the women's VCS.
- Audit the impact of the women's VCS and the barriers it faces in dealing with public bodies.
- Provide a range of communication routes – web-based, partnership working, one-to-one contact with a named officer etc. Clarify and publicise what each route is for and monitor its effectiveness at reaching the women's VCS.
- Identify and get to know women's VCOs in your locality. Make sure databases of women's VCOs are comprehensive, accurate, up-to-date and consistent across the public body, with the correct contact person identified for each organisation.
- Invite women's VCOs in your locality to evaluate decision making structures, identify obstacles to having their voice heard and work jointly with you to find solutions to removing them.
- If bureaucracy and red tape is unnecessary then remove it.
- Work responsively and creatively with women's VCOs to translate government policy into good practice in your locality.

Embrace the opportunities to draw upon the evidence and expertise of the women's VCS

- Listen to the voices of women service users emerging from women's VCOs and acknowledge them as valid forms of evidence.
- Recognise that women's VCOs are vital sources of data, information and knowledge and work with them to unlock these sources to contribute to more effective service-planning, decision making and policies.

Actively promote gender equality

- Promote understanding of gender, power and equality within **all levels** of your public agency.
- Ensure that there are people working at a policy making level who have the ability to look at issues of policy through a 'gender lens' to see women and men's different life experiences and needs.

Promote better awareness and understanding of the women's VCS

- Promote understanding across your organisation about why women's organisations exist and the nature of their work in challenging women's inequality and supporting and empowering women. It is our experience that

many people in the public sector don't even know that a women's VCS even exists let alone why women's VCOs are important.

- Recognise women's VCOs as key audiences for consultations and action plans on a range of different issues and not just the 'usual suspects' of domestic violence or teenage pregnancy.

Recognise the value of women-only services and space

- Ensure that your organisation is clear about the necessity and value of women-only services and spaces.
- Recognise that women have different routes to empowerment and community engagement than men and that women-only space is vital to women's empowerment and is a vital component of building an inclusive, vibrant and effective 'Big Society'.

Improve the culture of decision making

- Put measures in place to involve women and women's VCOs in local decision making at every level.
- Provide opportunities for women's VCOs to participate on their own terms in area and theme based participatory mechanisms, including providing women-only space to enable women to share their own experiences and clarify their perspective on a particular issue.
- Ensure the environment for joint working is safe, respectful and supportive. You will be more likely to hear the authentic voice of the women's VCS.
- Build in women-friendly ways of working including small group work and more interactive processes.
- Make sure women's VCOs are appropriately prepared for participation in engagement activities by ensuring participants have access to necessary support to enable them to participate (e.g. child or elder care, transport, etc.).
- Put measures in place to remove gender inequalities in local engagement and participation such as training in implementing gender analysis, monitoring of the effectiveness of women's participation in meetings and training of Chairs to ensure inclusive processes enable all to be heard.
- Make sure evaluation of participation in engagement processes and outcomes is carried out with and across a range of diverse women's groups.

Improve data and information sources

- Gender disaggregate all relevant sources of data, including who is responding to consultations, attending events etc.
- Recognise that women are not one homogenous group, but include a wide range of characteristics including ethnicity, disability, faith, sexuality, etc.
- Address intersectionality to ensure equalities strands are not looked at in isolation from each other.

- Carry out gender-profiling across areas and in relation to 'needs' audits. Develop action plans to follow up identified gaps and issues and consider commissioning the women's VCS to address these.
- Monitor the impact of decisions, policy and services on different and diverse groups of women.
- Ensure an equalities impact assessment is carried out at an appropriate level which focuses on imagery and language in public documents, websites, and other promotional material to make sure it reflects and is relevant to women's lives.
- Carry out an equalities impact assessment on engagement strategies and frameworks to see how effectively your public body is reaching the women's VCS and women and girls in general and develop an action plan to improve this if necessary.
- Train staff and members to be gender aware, or better still commission the women's VCS to deliver this training.

Build joint working relationships with the women's VCS

- Provide opportunities for the women's VCS to interact with members of the governing body and senior officers, including giving presentations and following-up in small groups.
- Hold public events which celebrate the women's VCS, for example by giving public awards and recognition.
- Develop and promote the use of mechanisms to disseminate information from the women's VCS across the public body and between partners.
- Work with the women's VCS on joint events and ensure attendance at events. Follow-up with appropriate internal feedback and action.
- Work with and support women's VCOs to make effective local change
- Work jointly with the women's VCS to carry out joint training for sector staff and public body staff, elected members, members of governing bodies and the public in general.
- Support the women's VCS to build its own capacity.
- Support women's VCOs to be effective in partnership working by using measures such as funding for back-filling to cover time taken in partnership working or by recognising the contribution when developing Service Level Agreements.
- Within the financial constraints facing public bodies, ensure the women's VCS is effectively resourced and value the independent voice which women's VCOs have and which can sometimes be a 'critical friend'.
- Where appropriate support women's VCOs to form and maintain a network which can act as a strategic channel of communication between the women's VCS and public bodies.²⁵

²⁵ See:

http://www.wrc.org.uk/includes/documents/cm_docs/2010/w/1_wrc_how_to_develop_a_womens_network_or_forum_aug_10.pdf

Outcomes of good engagement with women's organisations

Improved planning and decision making

- A gender-specific perspective to ensure scarce resources are targeted effectively and appropriately.
- Improved quality of decision making, including pathways to marginalised and vulnerable women and families.
- Improved decision making, thereby creating better quality, more appropriate and cost-effective services which are informed and influenced by women's needs.

Better quality services and value for money

- Better awareness of services and support that are available for women.
- Improved knowledge of gaps in public services.
- Increased satisfaction from women with public services and better understanding of issues affecting women.

More effective policies

- Improved partnership working, including opportunities for joint projects – giving rise to joint planning, development and delivery of policy and services where appropriate.
- Policies which reflect the diverse needs of communities and individuals.
- Improved access to local intelligence as a result of harnessing the knowledge and expertise of the women's VCS in relation to delivering better outcomes for women and families and about the needs of local communities more broadly.
- Policies which take account of social, environmental, economic and equalities outcomes.

A more inclusive 'Big Society'

- A 'Big Society' that understands women's different routes to engagement from men's.
- Ensures women's participation and recognises that the 'personal' issues affecting the lives of women and their families are often central to women's political concerns.
- A 'Big Society' that is inclusive of the diversity of the women's VCS and includes elements of service delivery, volunteering, social enterprise, social action and campaigning.

Enhanced local democracy

- A greater sense of democracy, involvement and social responsibility by making it simpler for women's VCOs to participate in decision making.
- Access to a wider audience of women.

- Increased civic participation and interest in local decision making.

Greater sustainability and resilience of communities

- More sustainable women's VCOs and networks, thereby enhanced women's resilience and well-being, and strengthened families and communities.

Where can I find out more?

Research into women's engagement

Bedford, J., S. Gorbing and S. Robson (2008) *Closing the Gap, Final Report: Women Take Part*. Government Equalities Office: London.
http://www.equalities.gov.uk/pdf/7841-TSO-Women_TakePart_WEB.pdf

Berry, Hannah and Carolina de Oteyza (2007) *Not seen and not heard? Gender, Community Engagement and Representation*. Oxfam: Manchester.
<http://www.oxfam.org.uk/resources/ukpoverty/downloads/notseennoheard.pdf>

Women's Resource Centre (2010) *Power and Prejudice: Combating gender inequality through women's organisations*. Women's Resource Centre: London.
http://www.wrc.org.uk/includes/documents/cm_docs/2010/w/1_wrc_power_and_prejudice_final.pdf

Gudnadottir, E., D. Corry, S. Robson and S. Smith (2007) *Where are the women in LSPs? Women's representation in Local Strategic Partnerships*. Urban Forum: London.
http://www.wrc.org.uk/resources/wrcs_research_and_reports/where_are_the_women_in_lsps.aspx

Smith, S., B. Bance and S. Fooks (2009) *Getting Women into Local Strategic Partnerships: Knowing your community, improving public services*. Oxfam GB: Oxford. <http://www.idea.gov.uk/idk/aio/16101495>

South Essex Rape Crisis and Incest Centre (2008) *Women's Participation in Local Strategic Partnerships and Gender Equality in Local Area Agreements*. Shaping Thurrock, Oxfam GB and SERICC: Thurrock.
http://www.wrc.org.uk/includes/documents/cm_docs/2010/t/thurrock_women_and_lsps.pdf

Research about the women's voluntary and community sector

Women's Resource Centre (2010) *In All Our Colours. Lesbian, bisexual and trans women's services in the UK*. WRC: London.
http://www.wrc.org.uk/resources/wrcs_research_and_reports/lesbian_bisexual_and_trans_womens_services_in_the_uk.aspx

Women's Resource Centre (2010) *Assessing the financial vulnerability of charities serving women*. WRC: London.

http://www.wrc.org.uk/includes/documents/cm_docs/2011/a/assessing_the_financial_vulnerability_of_charities_serving_women.pdf

Women's Resource Centre (2009) *Not just bread, but roses, too: Funding to the women's voluntary and community sector in England 2004-2007*. WRC: London.

http://www.wrc.org.uk/resources/wrcs_research_and_reports/not_just_bread_but_roses_too.aspx

Women's Resource Centre (2008) *The impact of commissioning and procurement on the women's voluntary and community sector*. WRC: London.

http://www.wrc.org.uk/includes/documents/cm_docs/2010/i/impact_of_commissioning_on_wvcs_briefing.pdf

Women's Resource Centre (2008) *The Crisis in Rape Crisis*. WRC: London.

http://www.wrc.org.uk/resources/wrcs_research_and_reports/the_crisis_in_rape_crisis.aspx

Women's Resource Centre (2007) *Why women-only? The value and benefits of 'by women, for women' services*. WRC: London.

http://www.wrc.org.uk/resources/wrcs_research_and_reports/why_women_only.aspx

Women's Resource Centre (2007) *Funding to London women's refuges*. WRC: London.

http://www.wrc.org.uk/resources/wrcs_research_and_reports/funding_to_london_womens_refuges.aspx

Women's Resource Centre (2006) *Why women? The women's voluntary and community sector: changing lives, changing communities changing society*. WRC: London.

http://www.wrc.org.uk/resources/wrcs_research_and_reports/why_women.aspx

*A social return on investment analysis of five different women's organisations will be published by autumn 2011 and will be available on WRC's website:

www.wrc.org.uk

Glossary of relevant terms

Disaggregated data: Data that is broken down by different categories, such as equalities groups or "*protected characteristics*". For example, once broken down by gender, data is further broken down by other equalities strands such as race, age, sexuality, disability etc. in order to gain a fuller understanding of an issue and who is most affected.

Gender: The term 'sex' is used to describe biological differences between women and men. The term 'gender' refers to the wider social roles and relationships which structure men's and women's lives. Gender inequality exists in all aspects of society and refers to lasting and embedded patterns of advantage and disadvantage.

Gender analysis: The systematic effort to document and understand the different needs of women and men and how gender impacts upon their life experience within a given context.

Intersectionality: Is about personal identity, social group membership and how people experience or react to the 'isms' such as racism, sexism, heterosexism, disablism, ageism etc. based upon their personal identities and social group membership. At the broader level, intersectionality speaks to the way in which the 'isms' interconnect or interlock to act as systems of oppression that support the domination of one group over another. Understanding and applying intersectionality is a crucial step in the pursuit of social justice, equality and fairness in the formation of any analysis or strategies. Intersectionality helps us to understand how different sets of personal and group identities impact on women and men's access to rights and opportunities.

Substantive model of equality: As defined by the United Nations Convention on the Elimination of all forms of Discrimination Against Women.²⁶ This model is based upon the principle that discrimination is socially constructed and is not a natural principle of human interaction. It recognises the need for concerted action against inequality and the institutional mechanisms that perpetuate it. Substantive equality includes:

- equality of opportunity through law, policy programme and institutional arrangements
- equality of access by eliminating all obstacles that prevent access to opportunities and taking positive steps to ensure the goal of equality is achieved
- equality of results/outcomes.

Violence against women and girls (VAWG): VAWG is both a cause and a consequence of gender inequality, and remains a fundamental barrier to achieving equality between women and men. It includes domestic violence, rape and sexual assault, childhood sexual abuse, female genital mutilation, child marriage, so-called 'honour' killings, forced marriage etc. Acts and threats of violence and coercion can occur in private or public life and can be physical, psychological,

²⁶ See: <http://www2.ohchr.org/english/bodies/cedaw/index.htm>

emotional and economic. Importantly, these acts of violence disproportionately affect women and girls, and are directed at women because of their gender.

Women-only services: Services for women, delivered by women only. Research by WRC found that women from all walks of life prefer to use women-only services within a range of different contexts.²⁷ It is lawful to provide women or girls-only services; both the Equality Act (2010) and Sex Discrimination Act (1975) make provisions for single-sex services.

Women's participation: The means for women to directly participate in political, economic, cultural or social decisions. Whereas representation implies having the authority to be a delegate on behalf of a particular agency or community group, participation infers a level of proportionate decision making power (i.e. a woman having a say in decisions directly proportional to the degree that a particular decision affects her).

Women's voluntary and community sector (VCS) and women's voluntary and community organisations (VCOs): Includes registered charities, self-help groups, community groups, networks and campaigning organisations and can be formal and informal. Women's VCOs are not-for-profit and non-governmental and usually have an aim to promote women's/girls'/gender equality. The women's VCS is the legacy of the Women's Liberation Movement and has been responsible for bringing about significant gender equality changes in legislation, policy and public perceptions. Advocating and campaigning on behalf of the women they work with remains an important role of women's VCOs.

'VCO' and 'VCS' are often used interchangeably with the terms: non-governmental organisation (NGO); 'third sector' and 'third sector organisations' (in reference to the public and private sectors and which includes social enterprises and co-operatives as well as VCOs); and 'civil society' and 'civil society organisations' (in reference to wider society playing a role in bringing about change).

²⁷ Women's Resource Centre (2007) *why women-only? The value and benefits of 'by women, for women' services*. WRC: London.
http://www.wrc.org.uk/resources/wrcs_research_and_reports/why_women_only.aspx

Women's National Commission
women's voices to government

Women - only services

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Executive Summary

The Women's National Commission (WNC) conducted an online survey on women-only service provision (January-March 2010) to get a better picture of the state of women's organisations and women-only services three years after the Gender Equality Duty came into effect. The findings are based on the views of 297 respondents, including service users and service providers. This survey revisits almost entirely a questionnaire published by the Women's Resource Centre (WRC) in 2007. Indeed, the respondents' answers recall many of the responses to the WRC survey, suggesting that the implementation of the Gender Equality Duty has not had the desired effects in terms of single-sex service provision. For instance, while 70% of women polled in 2007 stated that funders and decision makers were unsupportive of women-only services, 67% of respondents who answered this question in 2010 still claim that being a women-only service closes off or at least complicates women's services' funding opportunities. The value of women-only services becomes clear when reading through the comments of the women who took the time to complete our survey:

- 99% of the respondents believe that it is important for a woman who has been sexually assaulted or has experienced any other form of violence to have the choice to access a women-only support service.
- 79% of women said that there is still a need for independent women's organisations even if mixed organisations and statutory bodies also provide single-sex services.

This is not surprising given the considerable expertise in meeting women's complex needs women's organisations have gained over the last few decades. The main points raised by respondents when asked about the importance of women-only support services for women who have been sexually assaulted or have experienced any other form of violence are that:

- Women need safe spaces in which they feel comfortable enough to disclose what has happened to them, to explore their own needs, to rebuild trust, and to spend time healing after often very traumatic experiences.
- Women should have the choice of accessing female staff and/or women-only services, especially after experiencing violence.
- Women-only services should be managed by female staff to ensure empathy and respect and to decrease the risk of reproducing the power imbalances that exist in society more generally.
- The presence of men and male staff in violence against women and girls support services would deter many women from seeking support and from accessing longer-term after-care services.
- Mixed service access increases the risk of external interference by those who have a vested interest in hiding the abuse that occurred (e.g. the perpetrator(s) or friends/family of the perpetrator(s)).
- Mixed services do not take into account the particular needs of women (and men) who have experienced domestic violence or sexual abuse.
- Women appreciate the holistic approach of women-only services, their response to complex and multiple needs, their focus on women's safety and empowerment without labelling or judging them, or limiting the service to times of crisis.

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Overall, the respondents feel quite strongly that single-sex services at the point of delivery should also be offered by mixed-service organisations because:

- Cultural and institutional sexism and gender-based violence justify the prioritisation of women-only spaces in mixed environments.
- This sends out a clear message that women's issues are not seen as marginal.
- This means that women can access services safely and get the best possible support to address their gender-specific needs at a time when they might be at their most vulnerable.
- It is the service user experience and how a service is delivered that matters, rather than who works behind the scene.
- Women's services in mixed organisations could change the ethos of the organisation as a whole.

Respondents are very clear that women-only services in mixed organisations need to:

- Be run by trained and experienced female staff who deal with women's issues sensitively.
- Build on the ethos and expertise of the feminist women's sector.
- Develop partnerships with independent women's sector organisations that often provide more long-term support and solutions, rather than replacing them.
- Guarantee that sensitive information is not accessible to service providers who are not directly involved in providing support.
- Guarantee that there is no contact with male service users or male staff against female service users' wishes.
- Guarantee that measures are put into place that women can access these services without having to rely on partners or extended family members to interpret for them.
- Guarantee a high level of autonomy of women-only services from the larger organisation within which they operate.
- Offer crisis, short, and long-term gender-sensitive support to women who access their services, where appropriate.

Despite the need for single-sex service provision by mixed organisations, independent women's organisations are vital because they:

- Provide more effective, committed, representative and flexible support and make better strategic decisions when it comes to women's issues.
- Have the required expertise and a women-centred ethos.
- Often keep on longer-term service users as mentors and role models.
- Often offer training to women who access their services to specialise in violence against women service provision themselves.
- Provide women's space in a different way to generic organisations due to the feminist tenets that they adhere to.
- Are better equipped to deal with multiple discrimination issues female service users are often faced with.
- Guarantee that there will be no unwanted contact with male service providers at any stage.
- Make a strong statement to service users that women can and do run organisations by themselves.

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Service providers of women-only organisations believe that these organisations make a difference to female service users because they:

- Offer safe and anonymous spaces for women who would otherwise not seek support and advice.
- Are more likely to show solidarity and to provide an unbiased service.
- Encourage women who access them to be much more open and forthcoming about their experiences, their reasons for seeking support and to ask questions and learn.
- Build women's self-confidence and self-respect.
- Inspire women to achieve their own goals and aspirations.
- Provide specialist, gender-sensitive support.
- Advocate on women's behalf with statutory and local government services.
- Give women a greater feeling of control and ownership over the services they access.
- Allow women to explore new ideas and, as a consequence, to become more articulate on issues that concern them in their daily lives.
- Encourage service users affected by VAW to re-establish links in the wider community.
- Teach service users affected by VAW about their rights and about healthy and empowering relationships with men so they do not become re-victimised at a later stage.
- Play an important role in information-sharing and in giving women a sense of control over decisions affecting their lives.

Women-only service providers highlight their main concerns about securing funding:

- Pressure on women's organisations to include men so that they are '*more representative of society*', '*more relevant*' and serve the '*wider community*'.
- They worry that the Gender Equality Duty has had a negative effect on funding (i.e. misinterpretation, reversal of equal opportunities rhetoric).
- A large number of funding bodies refuse to view issues in a gender sensitive way when commissioning services.
- Unless there are cultural/religious reasons for the provision of women-only services, funding bodies and decision makers tend to prioritise more generic service providers.
- Second tier organisations and lower profile organisations in particular, struggle to gain recognition from funders and decision making bodies.
- The removal of ring-fenced funding from funding streams that support specialist women's services '*threatens the ability of these organisations to function properly*'.
- The lack of provision for longer-term funding, in particular, complicates the running of vital services for vulnerable women.
- The '*gender-plus approach*', with which some organisations have had some success in securing funding, does not always work.

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The Women's National Commission (WNC) is the independent advisory body on women's issues to government. The WNC partnership includes over 650 partners from across the UK women's sector and from organisations working to promote women's equality throughout England, Northern Ireland, Scotland and Wales, which in turn represent around 8 million women. The WNC is ideally placed to facilitate a consultation on single sex services, given their strong relationship with their partner organisations, many of whom are women-only services, or women who have used women-only services. The WNC conducted an online survey on women-only service provision (January-March 2010) to get a better picture of the state of women's organisations and women-only services three years after the Gender Equality Duty came into effect.

The Gender Equality Duty came into force in April 2007. This is the biggest change in sex equality legislation in three decades and the Duty has been hailed as the most '*radical new approach to [gender] equality ... since the introduction of the Sex Discrimination Act itself*' (EOC, 2007: 2). Rather than leaving it to individuals to challenge poor practice, as had been the protocol before 2007, the Duty puts responsibility in the hands of service providers 'to think strategically about gender equality' (EOC, 2007: 2).

The questions for the online survey were taken from the Women's Resource Centre (WRC) report *Why Women-Only?*, published in 2007, just before the Duty was passed through parliament. Rather than duplicating the very comprehensive WRC research into '*the value and benefits of by women, for women services*', the aim of this consultation was to establish an up to date picture of women-only service provision, including the landscape in which women's services operate and compete for funding. Incorporating the responses of a large number of service users, the consultation asked for women's views on women-only service provision by independent women's organisations, women-only service provision by mixed organisations, and women-only spaces more generally, and compares their responses to those of the women consulted by the WRC.

Outline of questions:

- Do you think it is important for a woman who has been sexually assaulted or has experienced any other form of violence to have the choice to access a women-only support service?
- Do you think it is ok for any organisation to provide women-only support services? (e.g a housing association providing a drop-in service for women who have experienced domestic violence)
- Do you think it is important for women-only services to be provided by women-only organisations?
- What advantages do you think there are to having women-only services (e.g. counselling, training, refuges, professional networks) for women who use them?
- How does being women-only make a difference to the women you reach or your service users?
- Are funders and decision-makers supportive of women-only services?

The questions, (and the responses received) are largely focused on the provision of violence against women support services, however women-only spaces more generally are discussed. In total, 297 women completed the WNC online questionnaire between January - March 2010. Their answers recall many of the

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responses the WRC received three years ago, suggesting that the implementation of the Gender Equality Duty has not had the desired effects in terms of women-only service provision. For instance, while 70% of women polled by the WRC stated that funders and decision makers were unsupportive of women-only services, 67% of respondents who answered this question in 2010 still claim that being women-only closes off or at least complicates women's services' funding opportunities. Just how important these services remain becomes clear when reading through the comments of the women who took the time to complete our survey. 99% of the respondents believe that it is important for a woman who has been sexually assaulted or has experienced any other form of violence to have the choice to access a women-only support service. Moreover, 79% of women agree that there is still a need for independent women's organisations even if mixed organisations and statutory bodies also provide single-sex services. This is not surprising given the '*considerable expertise in meeting women's complex needs*' women's organisations, which still '*form a distinct part of the third sector*' (WNC 2010: 55), have gained over the last few decades.

Just how important women's organisations are to the women who participated in our study will be highlighted throughout this report which brings together the findings of our recent online questionnaire and the latest WNC publications *Still We Rise* (2009) and *A Bitter Pill to Swallow* (2010). The report also takes into account a publication by the Department of Health (*Women's Mental Health: Into the Mainstream*), Baroness Corston's review of women with particular vulnerabilities in the Criminal Justice System (*The Corston Report*), and the WRC report (*Why Women-Only?*) on women-only service provision.

Consultation feedback

1. Do you think it is important for a woman who has been sexually assaulted or has experienced any other form of violence to have the choice to access a women-only support service?

99% of respondents said that women-only services are essential to women who have been sexually assaulted or have experienced another form of violence. The primary reason they give for this is women's need for a safe space in which they feel comfortable enough to disclose what has happened to them, to explore their own needs, to rebuild trust, and to spend time healing after often very traumatic experiences:

Many women feel afraid of men after experiencing violence and suffer from hyper-vigilance. A women-only space encourages feelings of safety, allowing her respite to explore and deal with her feelings.

Because I was sexually abused as a child by my uncle and have been raped by a guy in a homelessness project, I don't trust guys and I know there are some who are OK but I'm only 18 and my experience makes me scared of them too. Women only projects make me feel safe and I trust them so will be more likely to talk.

Speaking from experience, any history of abuse has categorical effects on issues of trust, self-esteem and confidence. Being able to access women-only support services is paramount to women rebuilding their lives at a base level. From that point, having a comfortable, safe environment to grow and express

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themselves women gain starting blocks to pursue a more positive and productive future¹.

Many of the respondents also believe that women-only services should be delivered and managed by female staff who, according to them, have a clearer understanding of the particular power/gender dynamics involved in violence against women and girls and therefore empathise better with the women using their services.

Women understand the dynamics of power between men and women intuitively and are more easily disposed to listening with respect.

Women-only services can be very inspiring because there are role models of women in all positions – seeing women leading a service, doing the finances etc inspires other women that traditional gender roles can be broken down and they can take opportunities themselves. There is nothing more quickly, deeply or effectively healing than to be surrounded by others who are similar and have had similar experiences to oneself and yet are further along the route to recovery.

Overall respondents feel that female staff are more likely to 'listen with respect', 'relate better', 'avoid trivialisation' and be 'less judgemental', while they believe that male service providers find it harder to understand the emotional aspects of assault or may in some cases even 'empathise with the perpetrator(s)' and therefore risk responding in inappropriate ways. As some respondents suggest, initial meetings with female service providers, especially on first contact, 'feels different', even if a male service provider asked exactly the same questions:

A women interrogating the details of something said feels different to a man asking the same question. Men in my experience have a 'you probably did something to deserve this' approach to violence, but women try in non-judgemental ways to provide a service raised by the issue. This, of course, is not true of all women, as a multiple of prejudices exist across the diversity of women, but generally women I know through work and personally would prefer women services and where these do not exist rely on talking to women in their networks for support.

Women who have experienced male violence, in particular, are less inclined to open up to and seek support from male service providers because their experience has left them 'too frightened', 'distressed', 'intimidated', 'traumatised', 'vulnerable', 'violated', 'humiliated' and 'unable to trust men'. Access to female GPs and nurses who carry out intimate examinations is particularly important:

Women feel more comfortable as the risk of further abuse while accessing the service is all but eliminated, and the presence of male doctors or other professionals can often be a trigger for more trauma.

Females that have been trafficked are often exposed to males dressed in uniforms to 'break them' in when they first arrive in this country so further exposure would also be traumatic. If the choice was not available, the cases of reported assault, which are already low, may reduce further.

It's self-evident, surely, that if a woman has experienced violence (usually at male hands and particularly if it is sexual violence) she is unlikely to wish for a

¹ All quotes are taken from questionnaire respondents.

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man to be treating her, whether for a medical examination, police interviews or counselling support.

These sentiments echo those of the women interviewed for *Still We Rise* (2009) and *A Bitter Pill To Swallow* (2010). One of the key recommendations from the focus group with women trafficked into the UK, for instance, is that women have 'the option of speaking to female officers or caseworkers (in the police, in health and immigration services), so that they feel more able to disclose experiences of abuse' (2009: 112).

The presence of men and male staff in violence against women and girls support services would deter many women from seeking often life-saving immediate support and from accessing longer-term after-care services. For some women, male service providers trigger feelings of discomfort or even anxiety, as to them they are painful reminders of the perpetrator(s) and could potentially abuse their 'position of power':

Having to see a man impacts on these women's already devastated sense of self-worth as well as immediately reminding them of the perpetrator.

Bottom line, if a man has just raped me, I won't go anywhere near a place where there are men who may be in positions where they hold power over me, e.g. counsellor, doctor. I would rather deal with it as best as I can manage on my own, even if this means that I start to self-harm, to become promiscuous, to abuse alcohol or drugs, to develop an eating disorder, to become depressed to the point of suicide and my friends and family, my children, my workplace, my community will then have to deal with the consequences. For me, the choice is not women-only 'vs' mixed, it's women-only 'vs' nothing.

Just how important women-only services can be for women who have experienced violence and abuse becomes clear from the following statement:

There's no way I could have accessed a mixed service as an adult survivor of incest - I just wouldn't go to a service for women and men about having been sexually assaulted as a child by my brothers. Having a local Rape Crisis Centre, with a 24-hour helpline, absolutely saved my life. It gave me a really safe, nurturing space to work through the shame, self-hatred and other negative impacts of being raped.

Women-only services also reduce the risk of further abuse at the hand of other male service-users or (male) staff, thus putting female service users more at ease:

Safe is also safe from male service users who potentially are perpetrators. An example are mixed psychiatric wards where women continued to be raped and/or assaulted by male patients.

Hospitals are very topical - do away with mixed wards - women are experiencing sexual harassment.

While research into the risks of mixed service provision is limited, some of the problems of mixed-gender care are highlighted in the *Department of Health* report on mental health service provision, *Women's Mental Health: Into the Mainstream*. According to the report, acute female in-patients and women in mixed residential care are particularly 'vulnerable to intimidation, coercion, violence and abuse by other patients, visitors, intruders or members of staff' (2002: 22).

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Some respondents are also concerned that mixed service access would increase the risk of 'external interference' by those who have a vested interest in hiding the domestic violence or sexual abuse that occurred, a worry that is echoed by the women consulted in *A Bitter Pill to Swallow*. Indeed, one of the key recommendations of that report is to improve security at hospitals and to introduce women-only wards, to facilitate restricted access to wards dealing with survivors of violence, with the aim of 'keep[ing] abusers and their families from visiting to continue the abuse' (2010: 13).

Respondents point out that it is important to avoid reproducing the power imbalances that exist in society more generally in violence against women service provision:

Sexual assault is fundamentally a gendered experience and women therefore need to be able to access support services that do not recreate the gendered power imbalance present in sexual assault.

Sexual and domestic violence is a cause and consequence of gender inequality. The vast majority of perpetrators are men and the vast majority of victims are women. If given the choice, women almost always choose to be supported by other women.

While it is important to recognise the need for support for men who are survivors of domestic violence, respondents strongly believe that these services should be provided on a needs basis, in addition to women-only services. In their experience mixed services do not take into account the particular needs of women (and men) who have experienced domestic violence or sexual abuse. According to some respondents, the group dynamics of mixed therapeutic sessions, projects or support groups are not conducive to rebuilding confidence and are less likely to enable recovery and to offer adequate and effective support to all women –especially to those who would not be able to access these services for cultural or religious reasons. Furthermore, they suggest that in mixed spaces male-centric views generally prevail which is particularly problematic in a cultural environment where women are often stigmatised or blamed for the violence perpetrated against them:

No amount of gender-neutralising language or p.c. attitudes towards the 'needs of men' can deny the basic fact that in cases of sexual assault and/or intimate partner/familial violence, the majority of perpetrators are male and the majority of victims are female. The fact that in a small minority of cases men are affected does not allow for an argument to change women managed and run services into 'mixed' services. It only makes the case for the development of even more specialist services in addition.

As evidence shows, commonly when services are mixed, it is the male-centric view which prevails and women are often pathologised or else their experiences are trivialised.

If the perpetrator was a male, having to talk to another man is very difficult and possibly traumatic. For some it is culturally inappropriate to talk to a man about intimate issues.

A majority of respondents point out that women who have been sexually assaulted or have experienced other forms of violence at the hands of a man should at least have the choice of accessing female staff and/or women-only services, especially after having experienced violence:

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When a woman is violated, she has choice removed from her, and so it is important that she has choice about the service she uses.

She could not choose when she was subjected to violence; she is doubly entitled to choice now.

The need for choice was expressed across the reports analysed for this study. The Department of Health document *Women's Mental Health: Into the Mainstream*, for instance, points out that 'women say it is important to them to choose the gender of their key worker' (2002: 23). This is also one of the recommendations in *A Bitter Pill to Swallow* (2010: 9):

Health services should give women the choice of being seen by female health professionals, to encourage disclosure and to receive support following disclosure, but should also recognise that for some women this may not be appropriate if other women have perpetrated violence against them.

Taking into account their roots in the early second-wave women's movement, women-only third sector organisations in particular are very well equipped to offer woman-centred, gender-specific services that are responsive to women's particular needs at a time when they are at their most vulnerable. Many of these organisations take a holistic approach ranging from prevention work to crisis management and long-term support and after-care. They therefore create a more productive atmosphere and become sanctuaries for survivors of violence. The findings of the WNC report *Still We Rise* confirm that women appreciate the holistic approach of women-only services, their response to 'complex and multiple needs', their focus on women's 'safety and empowerment without labelling or judging them, or limiting the service to times of crisis' (2009: 50). That crisis support is not enough becomes clear from the following:

Some women spoke of taking on average one to two years after the violence to get their life back on track, whilst other women needed much longer to recover from the abuse they had experienced and valued the opportunity that women's services gave them to recover from emotional abuse, which many women told us they felt was more devastating and difficult to get over. (Still We Rise, 2009: 49)

In her report *A Review of Women with Particular Vulnerabilities in the Criminal Justice System*, Baroness Corston also calls for a reform of the criminal justice system that recognises women's particular needs by treating them 'both holistically and individually – a woman-centred approach' (2007: 7).

The respondents to the WNC questionnaire that advocate for mixed services argue that there is a need to recognise that the perpetrator may not always be male, and that it is important for women who have had very negative experiences at the hands of men to have access to supportive male role models too:

In all of the discussions on this issue, lesbian abuse, female genital mutilation, honour based violence, and forced marriages are always conveniently forgotten because it doesn't fit the dominant paradigm of all abusers are male.

We shouldn't forget that women can be perpetrators too, so for some women to access a women only service might be re-traumatising - so we need to be able to offer both.

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Consideration must be given to those women who have been abused or assaulted by someone of the same gender—who may indeed prefer not to be in a female-specific service. I would also suggest that there is a proportion of women who understand that not all men would abuse them and therefore it is important for them to have positive male role models - especially if they have children.

Some suggest that while front staff should be female, this is not necessary for more background roles. Others highlight the need for women-only spaces, but suggest that these could be supplied by mixed service providers:

I think it depends on what you mean by women-only. Do I think the counsellors should be female? Yes. Do I think the management committee should be women-only? Couldn't care less.

I think it should be a choice - and what should be on offer is women only SPACES not necessarily women only services. There is a distinction.

Overall, however, even those respondents that express some reservations about women-only services agree that women should have the choice to access the service that suits their needs best.

The respondents' comments highlight the urgent need to continue funding women-only organisations and services that provide support to women who have experienced violence and sexual abuse. Access to funding is particularly important if these services are to provide women with access to diverse female staff who are trained to support women from different communities, and who can offer culture-sensitive help and translation services, if necessary.

2. Do you think it is ok for any organisation to provide women-only support services? (e.g a housing association providing a drop-in service for women who have experienced domestic violence)

87% respondents to this question agreed that it is a good idea for mixed organisations to provide women-only support services while 13.1% disagree. Of those that agreed the consensus was that these services should not be replacing women's organisations, instead they should complementing them. Those in favour of women-only service provision by mixed service organisations argue that cultural and institutional sexism and gender-based violence justify such a prioritisation of women-only spaces in mixed environments. In their view, all organisations should take the responsibility of dealing with women-related issues, if only to make sure women everywhere get the specialist help they require (especially in areas where women's centres and women-only services are not available):

Society is rife with sexism and sex-based violence still so I can't see any reason why any organisation cannot provide a women-only support service.

In the absence of being able to deliver support to a girl or woman in a women's centre, providing women-only support services within generic services is entirely appropriate, and in many cases necessary.

It's vital for all relevant organisations to provide support to women who've experienced violence from a known man. This shouldn't be an issue which is buck-passed to specialist organisations alone.

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Some respondents highlight that women-only spaces in mixed service organisations prevent women from becoming even more excluded from mainstream society and services as a consequence of their experiences. This also sends out a clear message that women's issues are not seen as marginal, to be dealt with by a small number of interest groups/ organisations and not really of concern to society as a whole:

It's not just ok, it's essential. Women feel marginalised – women are marginalised in our society, by the media and by lack of funding for necessary services such as rape crisis centres. A women-only space in a mixed organisation can provide vital support and show that gender issues are taken seriously.

As long as there are gender-specific problems such as domestic violence, women should have a right to such services.

Given the hugely disproportionate occurrence of violence against women and girls in society, health care providers and mixed housing associations, in particular, need to make sure women can access their services safely and get the best possible support to address their gender-specific needs at a time when they might be at their most vulnerable:

For victims of DV/trafficking it has been my experience that they cannot function properly in mixed housing.

The recent tendency to incorporate previously independent refuge services into larger housing associations (WRC, 2007) means that the demand for single-sex spaces in mixed organisations is more pressing than ever and needs to be urgently met. As studies into women-only service provision by mixed organisations caution, however, these organisations need to be run by trained and experienced female staff, build on the ethos and draw from the expertise of the women's sector and work in conjunction with independent women's sector organisations that often provide more long-term support and solutions, rather than replacing them. This concern is echoed by many of the respondents to this survey who, in principle, support women-only service provision by mixed organisations:

They need to be run by female staff who have a sound understanding of the gendered nature of male violence against women.

The women's voluntary sector has years of knowledge and background. Any work that is undertaken by groups such as housing associations should at the very least be in conjunction with the women's voluntary sector.

It is ok as long as the organisation concerned has staff who are appropriately trained and understand the need for women-only provision.

Yes - generic VCS or statutory services might well find it useful to provide women-only spaces or groups. However, it is crucial that these services are not seen as the same as services run by independent, women-only organisations - they are not, and they cannot be seen as a valid replacement. There will always be a need for women-run women's services, because the ethos and approach to their services is different.

While the Gender Equality Duty clearly outlines the responsibility of public authorities to provide relevant staff with appropriate skills training to ensure they take a gender-

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sensitive approach, the *'identification of and response to violence against women and girls as a matter of routine is not currently a requirement in statutory training for health practitioners'* (2010: 23). According to the WNC report *A Bitter Pill To Swallow*, the commissioning of domestic violence or sexual violence training from local specialist services by NHS Trusts in some areas is not enough. The report recommends that in order to improve the experiences of women who access single-sex services in mixed organisations, *'violence against women services and survivors of violence need to be involved in the development and delivery of training for health professionals'* (2010: 7). Moreover, *'women's organisations are an important source of "intelligence" for public bodies and Government has much to gain by engaging women-only services in the development of social policy'* (2010: 81).

Several respondents also highlight that security measures need to be put in place to ensure women who choose to access single-sex services in mixed organisations do not accidentally come into contact with male service users or male staff against their wishes and that sensitive information about them is not accessible to service providers who are not directly involved in providing support. This is of particular importance in small communities/tight community networks where the guarantee of anonymous care is further compromised and can put women at risk of further abuse:

It is ok provided the organisation concerned can keep (specified) information secure from access by male staff.

This is supported by the findings from the WNC report, *A Bitter Pill to Swallow*:

We [Iranian and Kurdish Women's Rights Organisation] know many women who have had their confidentiality breached through GPs who have good links with local communities. (A Bitter Pill to Swallow (2010: 45))

There are too many stories of information coming out of these health services that are supposed to be confidential but we know they're not. Too many stories of families locating their daughters and wives through their GPs or other health professionals. (A Bitter Pill to Swallow (2010: 45))

Another important step towards protecting women accessing social care and/or health services, especially in mixed organisations, would be to ensure they are able to do so without having to rely *'on partners or extended family members to interpret for them'* (2010: 35). This would allow women who have experienced violence and/or abuse at the hands of their family to disclose what has happened to them and access help without the fear of retribution. Finally, respondents agree that it is very important for women to have the choice of what kind of service they would like to access. While single-sex environments are vital to cater for women who could not access mixed services for cultural, religious or other reasons, others may, for various reasons, prefer mixed environments.

Of the 13.1% of respondents who voted against women-only service provision by mixed-service organisations, most argue that women's organisations provide more effective, committed, representative and flexible support due to their expertise, their ethos and approach to violence against women and girls, and the *'particular type of quality'* of their services. They also talk of the efforts women's organisations make to keep on longer-term service users as mentors and role models and to offer training to women who access their services to specialise in violence against women service provision themselves. Some respondents warn that mixed, non-specialist organisations are ill-equipped to deal with women-only issues sensitively, and that even female staff in non-specialist contexts risk giving harmful advice if they have not

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been properly trained. This is partly the case, some respondents feel, because of the conflict of responsibilities of more generic organisations, especially when it comes to funding distribution – women-only services always risk being marginalised:

It is vital that women-only organisations are preserved, as an equivalent service cannot be provided elsewhere. I have often seen women-only services in mainstream organisations suffer after the initial grant ends, because the organisation may move on to another priority rather than continuing the women-only service. Women-only organisations always put the needs of women first, so they will be needed until violence against women is no longer a problem.

Generic services providing a one-off support service will always do so using generalist policies, procedures, and lack understanding of the type of services wanted by women. Staff of such services are more likely to be marginalised within the wider organisation and less effective at representing the views and needs of their service users. Service management, especially senior management, are unlikely to give sufficient time/resources to provide effective and flexible services to women-only.

Women-only support services were created to be independent of statutory bodies. Also, women-only support services were specifically set up by women for women and these women-only services have always ensured their female staff are experts in the field of male violence against women. One of the criteria of feminism is to listen to the experts - meaning the women and girls who have experienced male violence. Housing Associations and other statutory bodies have other responsibilities and these responsibilities can and will inevitably conflict with attempting to provide women-only support services. What needs to be undertaken is for long-term adequate funding to be provided by Central Government for the provision of women-only support services. Women as a group do not have an 'equal playing field' as opposed to men as a group. Furthermore, women as a group are the ones commonly subject to male violence in all its forms.

There is also a worry that single-sex service provision by mixed organisations may influence funding decisions in the longer term and reduce the support for independent women-only third sector organisations. Mixed organisations, in some respondents' view, are often too target-driven to prioritise the gender-sensitive, long-term support many women who access their services require.

A smaller number of respondents believe that services open to both sexes are preferable to women-only services because they create an opportunity for men and women to learn to talk and work together after experiencing gendered conflict. In one respondent's view, supportive and well-trained male service providers may be crucial in women's recovery from male violence because they would give these women the opportunity to experience positive male role models and to realise that violence against them is not acceptable or defensible in any case.

3. Do you think it is important for women-only services to be provided by women-only organisations?

79% of respondents agree that there is still a need for independent women's organisations, even if mixed organisations and statutory bodies provide single-sex services too. Many of the reasons they give for this echo those already provided for

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the previous questions. Respondents believe that these organisations make better strategic decisions when it comes to women's issues, guarantee a 'women-centred ethos' and 'do women's space differently to generic organisations' due to the 'feminist tenets' that they adhere to. They highlight the importance of such services especially for BAMER and LBT women and suggest that women's organisations are better equipped to deal with multiple discrimination issues female service users are often faced with:

Women-only organisations usually have a very women-centred ethos that underpins and informs their practice and the service they deliver. They are able to provide a women-only environment in a way that other organisations may not be able to provide. The very nature of a women-only service that is run by women for women at all levels, enables the provision of a safe and appropriate space.

It's not just the women-only space that makes such a big difference, it's the way the services are set up and run. Women-only services that operate from a framework of empowerment, of safety and inclusivity, of providing gendered analysis of the world -essentially, feminist organisations -are going to 'do' women-only space differently from other generic VCS or the statutory sector. Grassroots feminist organisations have unique qualities that work effectively to meet women's needs, and should be sustainably funded.

The best possible services are from women-only organizations, informed as they are, not just by women's experiences, but also by a range of expertise, hard gained in challenging sexism and the multiple discriminations that inform practices that marginalise women. Other organisations could buy in women-only organisations' services.

Again, the consensus is that these organisations play a particularly important role in responding to violence against women and girls, and are therefore, where possible, preferable to women-only service provision by mixed organisations. Some of the most vulnerable women may be too scared or inhibited to ask to be seen by female staff when accessing mixed organisations, even if it is their right to do so. As contact on different levels of the organisation may be necessary, women-only organisations guarantee that there will be no unwanted contact with male service providers at any stage:

Confidence that you will see a woman without having to ask. Fear of the need to ask may prevent you from accessing services and may lead to feelings that you are being a nuisance.

A women may need contact on a number of different levels of the organisation and the only way it can be ensured that she only contacts women, is if the organisation is women only.

Moreover, as some respondents points out, women-only organisations make a strong statement to service users that women can and do run organisations by themselves, which can be very empowering to someone who has experienced violence against women.

While several respondents reiterate the importance of choice and easy access to services that affect women's lives in significant ways, and while they generally support the idea that women-only services should be made available by mixed organisations, if only to make sure that as many women as possible can benefit from

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such services and to avoid further marginalisation of women's issues/rights, there is a real risk that a 'where possible' approach to women-only organisations could affect funding decisions in detrimental ways. Organisations that provide women with often life-changing and/or life-saving support may be replaced by more generic organisations that do not have the same expertise as more established grassroots women's organisations.

In general, the consensus is that independent women's organisations play a very important role in the service provision for women and girls, and that they are in many instances the preferable option when it comes to supporting women from all walks of life. Some respondents, however, warn that women's organisations need to recognise and reflect the diversity of their service users:

I think it's important for a women-only service to be provided by a women-only organisation as long as the ethos of that organisation reflects a diversity of women. This enables women to see themselves in others, in their ethnicity, sexuality, ability and background.

Absolutely! ... However gender is only one defining factor –women-only organisations should strive to mirror the communities they serve. Offering services in other languages besides English is equally important. It is about being inclusive.

If a service is women-only, it should probably be run by women. However, I want to make sure we are including trans women and possibly anyone who doesn't identify with or fit the gender binary. I wouldn't want to exclude people who are so excluded from much of society as it is.

Of the 20.7% respondents who say that women-only services should not necessarily have to be provided by all female women's organisations, most argue that it is the service user experience that matters rather than who works behind the scenes. As some respondents say, many men would be sympathetic to the gender-specific needs of female service users and would be willing to take on roles on boards or as legal advisers, for instance:

As long as there is an ethos throughout the organisation that understands the complex needs of women and that this is adhered to throughout the work of the organisation I feel that men could work there in other roles.

There are men who are sympathetic to this cause and who are prepared to work in the background.

The main criteria for the effective running of such services, in their eyes, is the availability of trained female front staff and the guarantee of a high level of autonomy of women-only services from the larger organisation within which they operate.

There needs to be a good understanding of women's specialist needs within the organisation and the key support roles need to be fulfilled by women. I don't think women-only services necessarily HAVE to be provided by women-only organisations, but the service itself needs to be run / controlled by women. So a mixed organisation that provides a women-only service needs to hand over control of that service to the women and grant it a high level of autonomy.

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In other words, if the organisations within which these services operate adhere to an ethos that understands and prioritises women's needs, there is no reason they should not be offered to service users by mixed organisations. One respondent points out, for example, that women's services in mixed organisations could change the ethos of the organisation as a whole.

4. What advantages do you think there are to having women-only services (e.g. counselling, training, refuges, professional networks) for women who use them?

While the main focus of the questions and responses has been on violence against women support services, the aim of this question was to get a better sense of how female service users feel about single-sex service provision more broadly. For the same reasons already discussed (i.e. safety, empathy, trust, comfort, support, less intimidating, focus on women's needs, shared identity, expertise, confidence, access, rapport, long-term care), the general consensus is that such services are particularly important for more vulnerable women and women from cultural and religious backgrounds that discourage mixed spaces, as they may otherwise not be able to access them.

A significant number of respondents, however, also highlight the advantage of female professional networks, especially in male-dominated industries. They feel that while men have had access to professional networks for years, women are usually given less support.

Men have had male professional networks for many years. It would be helpful for women to have similar opportunities.

Women have different experiences in the world - generally, not just in cases where women are attacked or made to be vulnerable. Networks are ways for us to feel less isolated.

Women's professional networks may improve business opportunities and enable women to share experiences or even on a practical level, if travelling alone, they can share travel with other women to feel safer.

Some respondents also feel that women do not get the opportunity to discuss their particular needs and concerns as professional women adequately in mixed environments and struggle to get their voices heard:

When it comes to professional networks, a women-only network can allow women to express their experiences with sexism, gender pay gap, etc, without worrying about getting defensive reactions from male colleagues.

In professional networks, if men are included, I find that many women are less confident to speak up, and men generally take control or disrupt things to get status. ... Women often act differently as they may sit back and let men take the lead, or alternatively go over the top not to let that happen.

Moreover, single-sex spaces provide women with an atmosphere that is more supportive and give them a feeling of solidarity:

If our members have a problem or a bereavement, the other members appear to surround them with love, kindness and much needed support in their time of need.

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There can be an amazing energy created when women come together in any kind of group. I think in a mixed group –particularly in professional situations or local government bodies etc. –women can often become invisible.

While women can of course be very competitive, they also tend to be more comfortable working collaboratively.

Again, while it is essential to remember that women-only services are vital for some women, this survey demonstrates that there is a significant demand for women-only spaces, networks and services more generally.

5. If you wanted to join a gym, and there were two gyms next to each other, offering the same services at the same price, which would you choose?

82.4% respondents state that they would choose women-only gyms over mixed gyms if they were located next to each other and offered the same services for the same price. The main reasons they give for this preference is comfort and the need for a secure space in which to exercise and avoid 'unwanted male attention'. Women-only gyms make many women feel more 'relaxed', 'at ease', 'uninhibited' and less 'self-conscious', 'threatened' or 'intimidated'.

Women-only gyms offer much more comfortable environments - women are much less self-conscious in same sex gyms.

I prefer the company of women in this kind of setting and would feel much more relaxed, confident and able to enjoy myself without the presence of men, most especially the attending trainers.

I am very overweight and feel that a gym which is women only would be less threatening.

Many of their concerns with mixed gyms derive from their understanding of women as culturally objectified. The women say that they feel exposed to the 'male gaze', 'perved on' and 'ogled' in mixed gyms and consequently feel forced to put a lot of effort into 'policing' themselves and their appearance:

Some men do tend to stare at women and that is not pleasant - one feels like a female body - a piece of meat - and that is horrid.

However much they may deny it men do ogle, make sexual comments and try to conduct conversations full of sexual innuendo. It is possible to feel very uncomfortable in a mixed gym.

Going to a gym that is women-only is like a breath of fresh air, no more macho posturing, or feeling objectified by men I don't even know.... I feel like I can work out without being perved on.

Several respondents claim they are less 'body-conscious' in women-only gyms because they are not exposed to the 'meat-market' effect of mixed gyms. They also point out that single-sex gyms allow them to focus on themselves and their workout, and to feel much more confident when using weights, as this is a traditionally male domain. The layout of gyms often reinforces this gendered use of space whereby men take ownership of particular areas and equipment, leaving many women too intimidated to access these spaces.

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I have experienced unwanted male attention in a mixed gym in the past. This has meant that I felt threatened and unwilling to visit certain parts of the gym, particularly where the weights are located because this is where most of the males seem to position themselves.

Single-sex gyms overall are more accessible to women from diverse backgrounds and therefore improve all women's chances to adopt healthier lifestyles:

For many women, including lesbian and bisexual women, women-only gyms help them to feel more secure and confident and contribute to a healthier lifestyle by encouraging them to feel that they can access gyms more easily and comfortably.

Women of all age groups I believe feel more comfortable in women-only gyms, also women from various ethnic backgrounds will not feel excluded by their cultural codes of practice of not participating in a mixed facility.

Respondents also complain that the atmosphere of mixed gyms is 'testosterone-fuelled', 'blokey', 'too competitive' and 'macho'. As the entertainment and equipment of gyms is user-led, women often feel alienated in shared gyms and are less likely to use the spa facilities available because of the increased risk of being exposed to inappropriate male behaviour:

My experience is that mixed gyms have screens that show films from music channels that mainly have ultra slim women, scantily dressed which you can't escape. Not representative of the way anyone in the gym looks, and men are watching this as they exercise. I find this humiliating. This is largely because users (mainly men) were asked what they want on the screens (user led!).

The men 'ran' the gym; a group of them monopolised the 'high status' equipment; they became impatient, demanding and derogatory if they felt they had been kept waiting for too long when I was using a machine; the gym's video screens showed a constant stream of pornographic images, including scantily clad women dressed in nurses outfits or in rubber.

I was particularly vigilant when using the sauna, whirlpool and showers. I looked to see if there was a woman present before I stepped in and if there wasn't a woman already using it, I didn't use the facility. Seems a bit unfair as I paid the same price as everyone else but I felt that I couldn't take the risk.

Some respondents also claim that staff in mixed gyms do not take their concerns or complaints seriously:

I was chatted up by a man who became aggressive when I turned him down, and on a separate incident flashed at by another man. I reported this to staff who just thought it was funny.

On one occasion, I used the whirlpool alone and a man who I didn't know came and sat in it, striking up conversation. It seemed pretty harmless so I stayed until he said that he would take me to Ronnie Scotts jazz club provided I slept with him. I did report him to the front desk but he continued to use the gym. I, on the other hand, did not.

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Mixed gyms, like mixed spaces more generally, often become male spaces, and gendered hierarchies are reflected in the employment structure of these gyms, which does not send out a positive message to women service users:

In mixed gyms, men are usually in management roles, whilst women are in lesser roles, such as cleaner, receptionist. This is not a good experience for women!

Overall, respondents agree that women-only gyms solve safety and privacy issues, cater to women's rather than men's needs, and provide female gym users with a friendlier, more enjoyable, and social experience.

Of the 17.6% of respondents who voted in favour of mixed gyms, many believe choice is important, as some women may not be comfortable or able to access gyms unless they are women-only:

It's a personal choice - but I am a confident person and go to a mixed gym anyway. However, if my circumstances were different with regard to religion, confidence, personal experience, I would choose a women-only gym.

Personally I do not mind if the gym I attend is mixed. However, I believe there are benefits to having women only sessions/gyms for women who would prefer this.

Some of the respondents say that they choose to exercise in mixed gyms so that they can attend with their male partners/friends:

If I were on my own and had the choice I would go to women only gym but as I go to a gym with my husband the situation is different.

The strongest votes against single-sex gyms come from respondents who believe that they encourage the idea that women should deal with their bodies in private and must always look good in front of men:

I feel that women's gyms particularly cater to women's socially constructed fears of men seeing them look unattractive. By joining a women's gym, I feel I'd be condoning the idea that women don't want to exercise in front of men because they'll be hot/sweaty/flabby etc, and that really they should be toning up in private to go outside and look great for men.

I don't believe that separating women from men is constructive in terms of promoting gender equality; to me, this serves to further reinforce negative gender stereotypes and marginalize women.

While mixed gyms are therefore not problematic for all women, the overwhelming vote in favour of single-sex gyms suggests that it would be appropriate for all gyms to offer occasional women-only classes and to employ gender-sensitive staff. Indeed, the *Gender Equality Duty* declares that 'it is permissible ... to limit the provision of facilities or services to one sex' (EOC, 2007: 53) in some circumstances if it can be 'shown that users are likely to suffer serious embarrassment if users of the opposite sex are present' (EOC, 2007: 53) and gives single-sex swimming or exercise sessions as an example of services that could fall under the remit of this particular section. Moreover, the recent growth of for-profit women-only services in the private sector confirms that there is a market for such services as more and more 'women

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are choosing to spend their money on women-only rather than general goods and services' (WRC, 2007: 9).

6. How does being women-only make a difference to the women you reach or your service users?

The women-only service providers who answered this question say that the vast majority of women who access their services tell them that they feel much safer in single-sex environments. The need for a safe space in which to re-build their lives is particularly important to women who have experienced male violence. As we have seen before, some women have also experienced inappropriate behaviour from male service providers and/or service users and would therefore be much less likely to seek the help they so desperately need if the service was not women-only:

We deal with asylum seekers who feel that we offer them a safe haven when leaving abusive, patriarchal societies where even the police and government officials rape or torture.

The women I assist know that women-only services are the one safe place a woman/girl can go to and know she will not be judged from the male perspective.

The women I support have been trafficked to the UK for the purpose of sexual exploitation and forced prostitution. They have experienced ongoing, brutal physical and sexual violence at the hands of the men who trafficked them and at the hands of the men who paid to have sex with them in brothels. They have been psychologically controlled, which has had a huge impact on their self-confidence and ability to trust people, especially men. They have been forced to provide degrading and dangerous sexual services and have had no control over this or whether contraception is used. As a result of this treatment the women I support are extremely vulnerable and understandably find it difficult to trust men. It takes time for them to trust female support workers and I know that they feel safe and secure being able to access female only counselling, English classes, health care.

We offer them a safe space, particularly for BME women who are often at great risk of disclosing or seeking help.

It makes a huge difference - women feel safe, confident that they will not encounter perpetrators (in a small town or even a large city it is remarkably easy to meet someone who knows someone who knows someone who abused you).

This increased guarantee of safety and anonymity means that many women, who would otherwise not feel able to seek support and advice, feel courageous enough to take that first step to contact the services they often so desperately need to access:

It's the difference between women actually coming in to use the service or choosing not to, because of the fear that they will encounter men at some stage in that process.

We basically would have very few service users... it is not an option not to be women-only. We might as well not exist.

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A significant number of service users would struggle accessing mixed services for religious reasons or because of their sexuality, for instance. A number of respondents stress the particular barriers faced by many BAMER women when trying to access support:

Before many of the women can use the service we provide, it is necessary to gain the confidence of the husband or mother-in-law. Many of the women that attend our various courses and activities are allowed to do so because we are women-only, and the community has the confidence in the organisation.

Some women are not 'allowed' for cultural reasons, enforced by men, to attend mixed sessions. So attending our women's group enables them to mix with other mothers, cultures, and to meet workers who can link them into other services e.g. family support, health etc.

Several respondents also suggest that the women accessing their services are looking for a non-judgemental environment when seeking support, and feel that women-only spaces are more likely to 'show some solidarity' and to provide an unbiased service:

Many of our young women have been victims of domestic violence. A great many are teenage mothers, who are vulnerable and often need a space to get away from men and explore their pregnancy in a non-judgmental way.

Our users know that they will be understood, not blamed, and this is especially important for women who come from cultures or communities where male attitudes predominate, abuse is accepted, and a woman's point of view is not taken seriously.

Overall, respondents claim that the women attending their services feel comfortable in their surroundings, are more relaxed and have confidence in the service and the staff:

Most of our clients choose our services, because we are a women-only organisation and they feel comfortable, relaxed and not threatened.

They say that they feel more relaxed about learning.

The women tell us that they feel that they can trust us and that we understand how they feel.

There is an instant rapport created between service and client by being women-only. This rapport will continue once the client sees an advisor and elements of trust are built upon.

This trust in women-only services encourages women who access them to be much more open and forthcoming about their experiences, their reasons for seeking support and to ask questions and learn:

They are more open to say how they actually feel rather than what they think they should say.

When I worked in an organisation which had male workers as well, key work could not be done as women felt unable to disclose personal experiences of abuse, especially sexual abuse.

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I work for a maternity organisation ... Women feel more comfortable revealing personal information and asking questions they feel shy about when it's a women-only group.

Comments from users have been that they were able to leave their negative educational experiences behind. Within a female-only class they were not afraid to be judged and speak out, they felt their time with us allowed them to be themselves (not mother, sister, wife) and clarify their personal goals and recognise their potential.

Moreover, just how much women's networks can help women in professional environments to be more open about their experiences and to share anecdotes becomes clear from the following response:

My only experience in providing a women-only space is through our workplace's Women's Network. We've found that women at all levels of the organisation, including executive members, tend to be more open and forthcoming about their experiences of working here, all of which helps to develop a better understanding of the kinds of decisions that are made, and the impact of those decisions on others.

Several respondents highlight the importance of peer support and its role in (re-) building women's self-confidence and self-respect and in challenging discriminatory behaviour:

Many women working in non-traditional sectors face challenges of working in a male-dominated environment or even discrimination. Women-only services allow women to support each other. Women feel empowered when they can come together and share experiences.

They can join groups with other women who have had similar experiences and re-build their self-respect.

Just how vital the guarantee of all-female staff can be for women looking to access services, especially after experiencing domestic violence or sexual abuse at the hands of men, comes out most clearly in the following response:

Advertising as a women-only service provider means women know when they telephone a helpline that will be answered by a woman; that they will be supported by a woman; if they are or have been frightened by men they know in advance they won't have to talk to or face a man; it means they don't have to make a compromise between needing support, often urgently, and having to be seen or dealt with by a man because there is no other option available; women tell us they want women-only services – it's that simple.

Female service providers often become role models for women who access their services and inspire them to achieve their own goals and aspirations, especially, as we have seen earlier, if these women are ex-service users themselves:

To see women achieving and making change and know that only women have done that is very powerful in a culture that tries to separate us and demean us, which presents women as 'bitchy' and tries to force us to compete with one another over men etc.

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Women-only services provide the most marginalised and abused women with the opportunity to see the potential in other women working together in a professional capacity and may be inspired to try and realise their own potential.

Several respondents point out how important their feminist outlook is for the way their organisation operates:

We feel that having a feminist base to the work we do means we offer women who use the service a view of the continuum of violence against women in society. This greatly helps to reduce victim blaming and means we do not pathologise women because of their experiences, or their reactions to them.

It means that the women who access our service can safely assume that we're working from feminist principles and that we'll have insight into the ways in which all women are oppressed generally in this culture, and into how that forms the context for the violence they've experienced from men.

The expertise independent women's organisations have developed over the years is invaluable to service users who often need specialist, gender-sensitive support and someone to advocate on their behalf when accessing statutory services:

Having specialist services to meet needs of individual women, services which are led by and for specific communities of women, such as BME, lesbian, bisexual, older and younger women, lone mothers, mental health survivors etc. is crucial to saving lives.

Some get in touch because they realise that we might have better understanding of their problems since we belong to the same Asian group and can communicate in their language.

We are sensitive to the needs of all women (e.g. childcare, implicitly acknowledging that women we work with may have had experiences of violence and abuse) and support the need for women-only spaces including those from specific backgrounds (e.g. acknowledge the need for particular groups to self-organise).

Services we develop are always focused on improving the quality of life of women and their children – very few other organisations have this as their priority.

I've seen how a women-only service is more likely to campaign and lobby for changes to policy and funding than a mixed service on both a local and national level.

Moreover, single-sex spaces give women a greater feeling of control and ownership over the services they access, thus allowing them to safely address their struggle to be assertive in their lives:

We have a women-only group and it's given women a sense of ownership and pride over the work we are doing in the group.

They are very protective about it being "their" space in which they have a say. Recently we had a break in and the level of anger about "how dare HE violate OUR space!"

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These spaces also allow women to 'put their gendered experiences into perspective', to explore new ideas and, as a consequence, to become more articulate on issues that concern them in their daily lives without interruptions from men who 'have a way of dominating conversations' and without worrying how they 'may be perceived' by these men:

Women-only services very often clarify a woman's thoughts on a subject that she may then want to discuss with a mixed audience.

They feel they can talk more freely and raise issues related to women-only where a good discussion and debate can take place before it is taken into the wider arena.

I teach some women-only groups. The difference is that issues can be explored in a different way, with an emphasis on allowing voices to be heard that are usually suppressed. Issues can be raised that are normally glossed over, particularly to do with intimate bodily matters that have a huge impact on our mental and physical health.

Respondents told us that independent women's organisations dealing with violence against women also effectively encourage service users to re-establish links in the wider community and teach them about their rights and about healthy and empowering relationships with men so they do not become re-victimised at a later stage – something statutory services seldom prioritise:

We help them develop trust in men in the future through our work with them on the patterns of behaviour displayed by abusers and the behaviours displayed by non-abusers.

Many women we work with have been sexually exploited by men for long periods of time. They are therefore frightened of men and need time and space to recover from their trauma, as well as the space to learn how to have healthy and empowering relationships with men so that they do not fall into a situation of re-victimisation.

Without wanting to trivialise the very vital role women's organisations and women-only services play in many women's lives, it is also important to point out that the spaces they provide are to many simply 'more enjoyable' than mixed spaces. Reasons for this range from not having to conform to sexist stereotypes to feeling more comfortable around other women, especially if they have had similar experiences, and being given a safe space in which to form new friendships:

Women form bonds more easily with each other. The atmosphere is more personal and therefore more enjoyable.

It is a space where they can be themselves, without having to worry what members of the opposite sex think.

Our service provides a space for friendships to grow in a safe and comfortable environment and the chance to meet women who have experienced similar things.

Through sharing their experiences with other women to make sense of the world together, they develop a sense of solidarity.

Women-only spaces also play an important role in information-sharing and in thus

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giving women a sense of control over decisions affecting their lives:

They want to know about the experiences of other women with the same health condition because they believe that the medical information and choices they are being given are institutionally expedient and not patient-centred. We provide contact with other women who have the same condition, who have done research about their condition and who often have a breath-taking knowledge base about what hospitals and surgeons are offering regionally as well as the benefits and risks of a range of clinical choices.

Women are still institutionally and culturally discriminated against in our society, and women need places ... to organise, share knowledge and debate as a movement.

In conclusion, women-only organisations and services are, on many levels, vital to the women who access them. They are particularly important for women who have experienced violence and for women from minority groups. According to the service providers who answered the WNC questionnaire, their organisations provide women with gender-sensitive, specialist care that builds on strong feminist tenets and that is more holistic than the support offered by most mixed organisations.

7. Are funders and decision-makers supportive of women-only services?

As the WRC report *Why Women-Only?* highlights, 'the funding environment in which the women's sector operates has ... undergone significant changes' over the last decade. One of the main challenges women's organisations face today is the shift in funding practices from grant giving to commissioning. While grant aid gave organisations more flexibility and allowed them 'to apply for funding based on the needs of service users', commissioning generally means that 'the funder specifies the need to be met' (2007: 48). This section highlights some of the successes and challenges women's organisations are currently faced with when applying for funding.

Only 33% of respondents say they feel funders and decision makers are supportive of the women-only services their organisation provides. The most successful applications come from organisations and service providers that focus on violence against women as they have a 'genuine reason' or a strong case for specialising in women-only service provision.

As a rule, funders understand the rationale behind providing a women-only service for women experiencing domestic abuse.

We have not found it a problem with funders that we provide a women-only service for survivors of trauma and abuse.

According to some respondents, funders are also starting to notice the positive impact women-only services can have on the functioning of the wider community they intend to reach. Overall, a number of funders and decision makers understand the need for choice, discussed earlier, as well as the particular ethos of women's organisations that makes them more accessible to more vulnerable female service users:

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Some are very supportive and understand the need for a women-only service and support this way of working. They understand the ethos that we work from and where this ethos has come from.

A small number of women's organisations have had some success with securing funding when adopting a 'gender plus' approach, highlighting the intersectional work of their services:

We usually have to submit for women plus projects (i.e. women with disability, BME women, lesbians, older women, poor women)

However, not all funders and decision makers are equally supportive of women-only services. According to some respondents, trusts, foundations and individual donors are more autonomous and can therefore be more easily convinced to support strong funding proposals by women's organisations, while it is 'exceptionally rare for local commissioning bodies to tender for women-only services'. Grant funders are generally more understanding than statutory organisations and the competition from generic service providers is becoming ever more significant.

The biggest concern of the 67% of respondents who claim that funders and decision makers are not supportive of women-only services is that they put pressure on women's organisations to include men so that they are 'more representative of society', 'more relevant' and serve the 'wider community':

Our council is encouraging women-only organisations to include men in their client group. Our town no longer has a women only rape crisis service or a women-only women's aid service.

Many local authorities are putting pressure on women's aid organisations to support men and a real threat for the future will then be to employ men.

Supporting People - contracts for domestic abuse services now tend to include provision for men, even though they actually have no idea on what services men need - expecting women-only services to just 'open up' to men - which doesn't give women or men a good service in my experience.

Service providers worry that the Gender Equality Duty has had a negative effect on funding for women-only services in some situations where it has been misinterpreted and where the equal opportunities rhetoric has been reversed². They also worry that a large number of funding bodies simply refuse to apply a gendered approach to commissioning services:

I think funders essentially do not really understand the difference a women-only service makes to women and they do not understand why a general service cannot deliver services as effectively.

There are a number of cases where women's refuges have been told that they need to provide services to men or risk having their funding withdrawn. This seems to be exacerbated by the Gender Equality Duty as funders etc have interpreted this as meaning that generic services should be provided as both men and women experience violence (for example).

² 2.15: 'It would not be appropriate ... for a local council to seek to fund refuge services on a numerically equal basis for men and for women. The promotion of equal opportunities between men and women requires public authorities to recognise that the two groups are not starting from an equal footing and identical treatment would not be appropriate.'

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Our local council feels it is against its equal opps policy for us to provide a women-only service so we now have to see men after being a women-only charity for 32 yrs! Yet there are plenty of other mixed-sex advice, guidance employment and training services in our city.

Unless there are cultural/religious reasons for the provision of women-only services, funding bodies and decision makers tend to prioritise more generic service providers:

I have been told by local authority staff that single gender services are only justified on the basis of religious and cultural needs, which I felt was discriminatory and short-sighted.

Women-only organisations highlight the continual fight they face to justify the specialised services they offer to funders who are either ill-informed about the need and value of such services or who think that more generic services are 'better value for money':

I have seen women-only services deemed good or excellent by commissioners still being taken over by generic services because commissioners have decided that generic services are better value for money.

Effective recovery does not take place in a goal-driven, target-driven environment. But it is such environments that are created by certain services because the commissioning process encourages this type of target-driven service by rewarding the lowest bidder for the greatest service output.

Second tier organisations and lower profile organisations in particular struggle to gain recognition from funders and decision making bodies:

It depends on how much the public are aware of the organisations and the work they do. Many would rather push things under the carpet and let them disappear.

My service - a domestic violence support project - was closed down through lack of funds, and I do believe that the fact that we were small and local, as well as women-only, made a big difference.

As some respondents point out, the 'removal of ring-fenced funding threatens the ability of these organisations to function properly'. Despite some success for organisations dealing with violence against women, as reported above, Women's Aid services, abortion services and rape crisis centres are also under threat of closure and under-funding:

They suffer from the same gender biases as the rest of society. They do not want to support abortion services or update the abortion law. They do not put enough funding into rape crisis centres or women's refuges.

We have had almost ALL of our funding applications to trusts turned down when our modus operandi is abortion education.

I do not feel that charities that work with women who have been raped and sexually abused or victims of domestic violence are seen as a priority by funders. ...When services are funded, it is usually short-term and non-sustainable.

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The lack of provision for longer-term funding, in particular, complicates the running of vital services for vulnerable women. The Department of Health report into women's mental health service provision, for instance, highlights the effects of the lack of year-on-year funding and warns that this has '*led to valuable services folding or reducing provision*' (2004: 35). Moreover, the 'gender-plus approach', with which some organisations have had some success in securing funding, does not always work:

As a BME women's organisation ...we have been challenged by potential funders at meetings as to why they should fund a women's service when the same services are being provided by organisations that work with the whole community.

A number of respondents believe that the fact that funders and decision-makers are generally male, contributes to the problems women's organisations face in convincing them of the value of women-only service provision:

Unfortunately, it is still a male dominated society and many men fail to understand or realise the value of offering women the specialist support and advice that only another woman can give them.

Most of the decision making of funders tends to be done primarily by men and thus they feel aggrieved for 'all' men when confronted by women-only services. We are constantly told 'men get sexually assaulted too'.

The majority of women's organisations believe that there are not enough funding opportunities for independent women's organisations or women-only services. They regret that women-only service provision is not prioritised. In her study of women in the criminal justice system, Baroness Corston (2007: 10) calls for immediate access to funding '*to extend the network of centres*' working on crime prevention and women's rehabilitation across the country. This report highlights the need to extend this call to include funding for women-only services working on a diversity of issues affecting women and girls across the country.

Conclusion

The main finding of this consultation into women-only service provision today is that little or no progress seems to have been made since the implementation of the Gender Equality Duty in 2007. The large majority of respondents to our online survey reported that the Duty has been misinterpreted, sometimes deliberately, to steer funding away from women's organisations and into more generic services that do not (yet) have the expertise to adequately address women's particular needs. The findings of *Still We Rise* and *A Bitter Pill to Swallow*, included in this report, confirm this concern (although only of the lack of expertise – not of funding diversions) and highlight the need for a more in-depth up-to-date research project into single-sex service provision in the UK to complement the detailed research report published by the WRC in 2007.

The women who took time to answer our survey strongly feel that women-only services should be available in all areas, both in the form of independent women's organisations and as single-sex spaces in mixed organisations. They believe that women should have the choice to access the service that best suits their needs and stress that single-sex service provision is vital for women who have experienced abuse at the hands of men. They also emphasise the importance of collaboration between statutory bodies that deliver services for women and independent women's organisations. While all organisations and public bodies should take responsibility for

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addressing women's needs to prevent women from becoming even more excluded from mainstream society and services, respondents agree that these services should not be replacing independent women's organisations, but complement them. Safe, separate provision at the point of delivery of support and advocacy should be paramount and needs to be prioritised by mixed organisations providing women-only services. Health care providers and housing associations, in particular, need to make sure women can access their services safely. Women also feel that these services need to be run by trained and experienced female staff, build on the women-centred ethos and draw from the expertise of the women's sector and work in conjunction with independent women's sector organisations that often provide more long-term and holistic support and solutions. In some areas, interpreters need to be available to make sure all women can access support without interference from partners or other family members, who are often at the source of their problems.

This report confirms the Women's National Commission's findings, outlined in their position paper on the Equality Bill, that *'the fact that there are few, if any, perceived penalties for non-compliance with the Gender Equality Duty means that organisations and bodies are not encouraged to take the proper process to the end conclusion'* (2010: 6).

Finally, some of the questions a further study may want to address revolve around

- The need for and use of secular and faith-based organisations.
- Evidence of women's actual experiences of using women-only and/or mixed services, especially in health contexts (i.e. do women who have experienced violence and abuse feel more strongly about single-sex service provision than women who have not?).
- The need for, and use of, women's services more generally (i.e. women's gyms, professional networks, training and workshops).
- The need for strong, qualitative data on funding issues in a time of grant cuts (i.e. discuss funding problems with service providers).
- The impact of commissioning of services on women's organisations/services
- Funders' and decision makers' views on the women's sector and women's services.
- The need for strong qualitative data/evidence on the implementation of the Gender Equality Duty on local levels and the consequences for women's organisations/services in those areas.
- To what extent the recommendations made by the WRC in 2007 have been acknowledged and implemented.
- Future challenges (i.e. the impact of the Equality Act on intersectional gender issues).

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