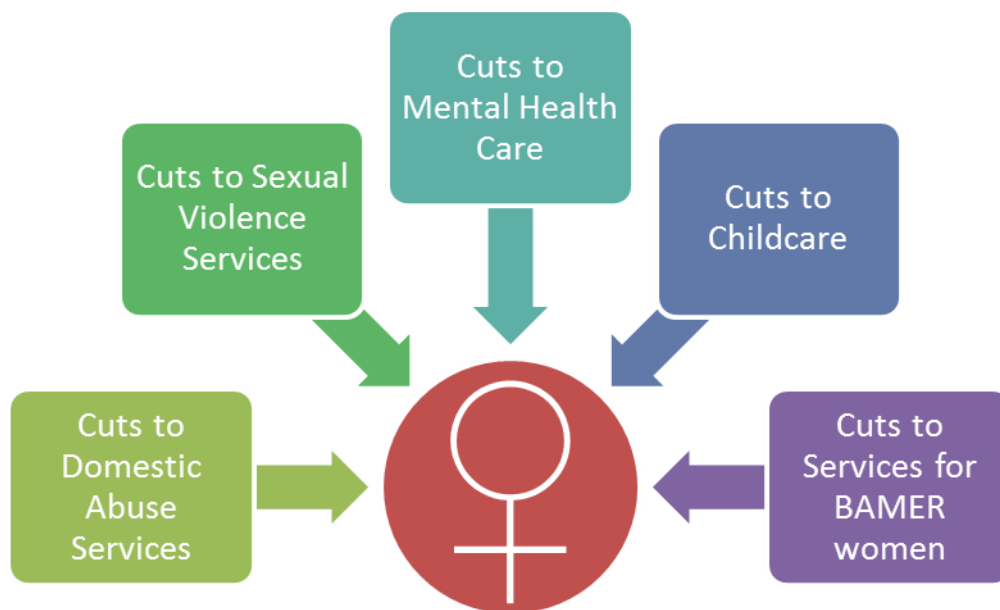


Women at the Cutting Edge: Why Public Sector Spending Cuts in Liverpool are a Gender Equality Issue



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Disclaimer

At the time this report was being completed, Liverpool City Council set its 2013 to 2014 budget and forecast 2014/15 to 2016/17. This has meant some changes have occurred to earlier financial strategies and equality impact assessments. While we have striven to ensure that the figures and findings in this research are accurate and up to date, some local authority information may have been subject to recent modifications or amendments, reflecting changes in local and national policy decisions.

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Executive Summary

1. Introduction

This is an introduction to and summary of the key findings of a research project conducted by Dr. Liz James of the School of Social Science, Liverpool John Moores University and Jackie Patiniotis, freelance researcher. The project focused on the impact of spending cuts and other austerity measures on vulnerable groups of women in the Liverpool area.

1.1 Gender inequality

Women entered the current era of austerity in a position of longstanding economic disadvantage compared to men.¹ This inequality is compounded by the disproportionate effect of current public spending cuts on women. The Trades Union Council (TUC), the Women's Resource Centre (WRC) and other groups have called for local studies to build up a comprehensive picture of the impact of the cuts on women's lives. This report is our contribution to this process and is additionally intended to bring women's voices to the debates locally.

1.2 The local context

For decades, Liverpool has scored highly on many indices of deprivation and currently ranks highest on the Index of Multiple Deprivation in terms of poverty and child poverty.² Despite this position, Liverpool has been hit disproportionately severely by the Coalition Government's austerity measures, ranking second only to Hackney in terms of spending cuts imposed. Research by The Guardian reveals that deprived areas were hit the most by central government funding cuts and that in Liverpool combined cuts for 2010-2011 to 2012-2013 came to £252.45 per person.³

Liverpool City Council (LCC) receives 80 per cent of its funding from national government. When it set its 2012/13 budget in March 2012, it noted that because of unprecedented cuts in government grants, it faced "serious challenges" in implementing £50 million of 'savings' on top of the £91 million 'savings' that had

¹ For instance: women experience a full-time pay gap of 14.9 per cent; 64 per cent of low paid workers are women; 40 per cent of minority ethnic women live in poverty; women's average personal pensions are only 62 per cent of the average for men; 92 per cent of lone parents – a group more likely to live below the poverty line - are women; the costs of childcare in the UK are amongst the highest in the world, heavily limiting women's choices to take up paid work (Fawcett Society, 2012 *The Impact of Austerity on Women* Fawcett Society Policy Briefing).

² Liverpool City Council (LCC) (2011) *The Index of Multiple Deprivation 2010: A Liverpool analysis*.

³ <http://www.dalestreetnews.com/2013/03/06/council-sets-budget-for-201314/> [accessed 7/3/13]; <http://www.guardian.co.uk/news/datablog/2012/nov/14/council-cuts-england-detailed>

been made the previous financial year.⁴ These cuts represented only a single stage in a far reaching process: Liverpool's public sector budget for 2013/14 will see a further £32 million of 'savings' being made, with a projected £149 million of 'savings' from a total spend of £480 million over the next four years.⁵

This has left LCC with difficult decisions to make. The council is committed to the principle of proportionate universalism (defined as 'universal, but with a scale and intensity that is proportionate to the level of disadvantage' by the Marmot Review)⁶ and has followed best practice in producing an Equality Impact Assessment, including gender. However, its 'analysis' of the impacts of 'savings' on women is at best sketchy and does not address intersectional discrimination or cumulative impacts.

2. What/who we covered and why

While women are generally more likely than men to be affected by austerity measures, some specific groups are most vulnerable to the cumulative impacts of austerity measures from different areas. We have, therefore, chosen to focus our research on three main groups, identified by the TUC Toolkit as 'vulnerable', i.e. women victims/survivors of gender-based violence, women mental health services users and women asylum seekers and refugees. At the same time, we acknowledge that many women belong to two or more of these groups. In order to demonstrate the cumulative nature of the impacts, we also looked at health and childcare organisations, and two education and training projects.

In total, we talked to 51 women, comprising 21 workers (including 5 service managers), 23 service users, 3 trustees, 3 volunteers and one director of a community enterprise project.

3. Violence against women and girls (VAWG)

The VAWG services who took part in this research offer support for domestic abuse, rape, sexual violence, childhood sexual abuse, so-called 'honour' based violence, and forced marriage. Most are specialized women's services that have their roots in the Women's Movement and VCO sector. Their long history of working from a feminist perspective means they view violence against women not only as individual 'incidents', but place such violence within a wider context of gendered and structural inequality. Their aim is to 'break the silence' surrounding gender based violence, and

⁴ Liverpool City Council (nd) *Medium Term Financial Strategy, 2012-13 to 2014-15, Appendix 2: Liverpool City Council Corporate Equality Impact Assessment, budget proposals 2012-13.*

⁵ <http://www.liverpool.gov.uk/mayor/budget/> [accessed 11/3/13].

⁶ Marmot, M. G., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. & Geddes, I. *Fair Society, Healthy Lives: The Marmot Review* (2010) p.15.

their approach is one of empowering women to seek justice and assert their rights to live safe lives.⁷

The government's 'Call to End Violence Against Women and Girls Action Plan' recognizes the value and expertise of specialist women's organizations that work to support victims/ survivors of gender based violence, and stresses that investing in services now will "yield much higher returns in the future".⁸ However, it is precisely this type of work that is being made exceptionally difficult by the impact of the cuts.

3.1 Domestic abuse

In the case of domestic abuse, despite an increase in the number and severity of attacks on women, cuts have been made through several funding streams. Overall, services are stretched to or beyond capacity and we found a significant discrepancy between incidence figures cited within official documentation and those reported to us by the organisations we spoke to.⁹ This discrepancy may be impeding an evidence based case for financial support, and an accurate gender impact assessment of the budget cuts.

Several public sector funding streams that support core domestic abuse services have been reduced, leaving services struggling to provide the level of service required to meet rising need. Notably, concerns have been raised about cuts being made to the Independent Domestic Violence Advisor (IDVA) service (which works with women at high risk) at the same time as the service is experiencing a significant increase in the level of referrals and Merseyside Police are reporting a rise in domestic related violent crime and homicide. Unlike many cities, Liverpool has two Multi-Agency Risk Assessment Conferences (MARACs) and the unprecedentedly high volume of referrals has resulted in the North Liverpool MARAC now hearing cases over two days a month instead of one.

Cuts have increased the length of waiting lists for Freedom Programmes (FPs),¹⁰ attendance at which is often required by Social Services as part of a Child Protection Plan. Providers feel that if women are unable to access FPs in accordance with Social Services requirements, they could potentially be at risk of losing their children or of not disclosing further violence to Social Services. Organizations raised concerns that FPs being provided by mainstream voluntary sector organisations do not have the same ethos as VAWG services, i.e. a woman empowerment model,

⁷ Coy, M., Kelly, L., Foord, J. & Bowstead, J. (2011) 'Roads to Nowhere? Mapping Violence Against Women Services' *Violence Against Women* 17 (3) pp.404-425.

⁸ HM Government (2011) Call to End Violence Against Women and Girls: Action Plan p.1.

⁹ Citysafe (nd) *Liverpool's Community Partnership Annual Plan 2012/13* p.3.
<http://liverpool.gov.uk/council/strategies-plans-and-policies/citysafe-community-safety/citysafe-annual-plan/>

¹⁰ Structured courses to enable women to understand the dynamics of abuse and feel empowered to make changes.

and may be more coercive and focused on immediate compliance with Social Services rather than working with a long-term aim of freeing women from domestically violent relationships.

It is important to note that funding cuts to services that work to prevent abuse from escalating, or to enable women to leave violent relationships, may result in these cases developing into higher risk cases.¹¹ However, domestic abuse services which are committed to providing support for as long as it is needed (as women who have been living in abusive relationships for many years, or who have complex and / or multiple needs usually require long term support), are being stretched to provide far more for less money.

One local domestic abuse service told us that its awareness raising work with young people has ground to a halt because of cuts to funding. This had involved working with local schools and young people's projects to raise awareness that domestic abuse is wrong and to dispel the myths that blame victims and excuse perpetrators. Black, Asian, Minority Ethnic and Refugee (BAMER) women who have experienced domestic abuse are particularly isolated within a majority white community. Before the cuts many were able to go to culturally specific community organizations, some of which we have been told have lost their funding.

3.2 Refuge Provision

The organisation we spoke to has existed for over 20 years as a specialized BAMER community-based women and children's refuge in Liverpool. In 2011, however, it was on the brink of closure when the council's direct commissioning funding ended and the contract for the service was put out to competitive tender. When LCC decided to award the contract to a national organisation with no previous affiliation to the community, a strong campaign to save the refuge was mounted, involving local people and grassroots organizations; women service users in particular were very vocal in their activism.¹² At the final moment, the national organisation decided not to take on the contract and the council gave it to the local refuge. The manager of the refuge feels that the council's decision can be greatly attributed to the strength of the response from service users and local women. The council has signalled its commitment to providing support for general refuge provision: a proposal to withdraw

¹¹ Baird, V. (QC) (2012) *Everywoman Safe Everywhere* Labour's Commission on Women's Safety.

¹² The difficulties and barriers facing grass-roots women's organisations in competing for local authority service contracts in an uneven and unequal playing field are detailed in the Women's Resource Centre (WRC) (2008) *The Impact of Commissioning and Procurement on the Women's Voluntary and Community Sector*, with good practice recommendations put forward in WRC (2011a) Op cit.

funding for a 'domestic violence accommodation unit' was rejected when the council set its budget on 6th March 2013.¹³

3.3 Sexual violence

While public funding for all types of VAWG services has always been limited, the historic policy focus on domestic violence has led to even more restricted funding options for the sexual violence sector.¹⁴

The service we spoke to is independent of the statutory sector, but is connected to the national Rape Crisis sector. In order to preserve its autonomy from statutory services, it has resisted pressure from the local authority to amalgamate with other local sexual violence support services.

The number of on-the-ground cases reported to us are much higher than those that are given in the Citysafe annual report, which may be based only on police figures. This disparity may reflect key differences in models of service delivery. The Rape Crisis movement's ethos is to offer long-term support to women who have experienced both recent and historic sexual violence; the majority of women who contact them do not wish to become involved in the criminal justice system, which reflects the fact that nationally, only 15 per cent of serious sexual assaults are reported to the police.¹⁵

Another problem faced by independent sexual violence organisations is that non-statutory funders are typically looking for innovative projects with funder-defined outcomes rather than being committed to supporting core work. This means that the long-standing work that has been developed to most effectively meet women's needs may be less likely to be funded and, that to obtain funding, organisations are having to spend valuable time and resources on less well tested approaches, whose outcomes may not be those that women say they want.

3.4 Implications of cuts in VAWG services

The cuts to public sector funding are putting an intolerable strain on domestic abuse and sexual violence services and staff. Local government money is not covering essential core costs and some organizations are now spending far more time on applying to alternative funding sources such as charitable trusts to make up both the shortfall and the cost of inflation.

We are particularly concerned that the next round of spending cuts will cut to the bone the already insufficient resources needed to address the actual scale of

¹³ <http://www.dalestreetnews.com/2013/03/06/council-sets-budget-for-201314/> [accessed 7/3/13].

¹⁴ WRC & Rape Crisis (England and Wales) (2008) *The Crisis in Rape Crisis: A survey of Rape Crisis (England and Wales) centres*.

¹⁵ <http://www.rapecrisis.org.uk/mythsampfacts2.php>.

violence against women and girls in Liverpool; accurate incidence figures must be collated so as to inform the level of support needed.

The cumulative impact of cuts to VAWG services and other related support services is the erosion of a whole infrastructure of support that women need and rely on in order to attain the basic human right of physical, psychological and emotionally safety, as well as access to justice. It is imperative therefore that a detailed gendered analysis is fully incorporated into Liverpool City Council's Equality Impact Assessment of the budget.

4. Mental health services

Local and national programmes to 'modernise' mental health day services are based on the key concepts of 'recovery' and 'social inclusion' and involve a shift from building based services to community based provision. Currently, mental health service users receive up to 6 weeks of recovery / re-ablement focused services, after which those who have critical or substantial needs will be eligible for individual day support or personalized support.¹⁶ Service users who fall into the moderate or low bands will be signposted to other services in the community. For many service users, the idea of losing the safety and familiarity of a day service, and being signposted to an activity in the community is very threatening, particularly in relation to the problem of stigma that many report experiencing in wider society.

In 2010 Liverpool City Council introduced a charging policy for mental health social care that is delivered through statutory day centres or purchased by the council from voluntary or private sector organisations. For all the service users we spoke to, the main concern was the charges being levied for services. Most had reduced their attendances, some down to a single session a week. Some attributed their worsening mental health to concern over charging. Workers believe that charging is acting as a deterrent to take-up and have seen women whose mental health was described as 'very fragile' drop out of attendance.

This means that in contrast to VAWG services, staff at mental health services report that the number of referrals to their services is falling. This is not because there is a decreasing need for their service, however, (there is strong evidence that mental health worsens in economic downturns)¹⁷ but because locally, many mental health service users now have to pay for services and, for some, the cost is a deterrent to take up.

All the services we spoke to recognize that women have distinct and specific mental health needs that require women only groups and women only safe spaces.

¹⁶ Liverpool City Council (nd) *Redesign of Mental Health Day Services: Pathway Document*.

¹⁷ Royal College of Psychiatrists, 2009 *Mental Health and the Economic Downturn: National priorities and NHS solutions*; Winters, L., McAteer, S. & Scott-Samuel, A. (2012) *Assessing the Impact of the Economic Downturn on Health and Wellbeing*.

Liverpool City Council appears to have shifted from a commitment to providing a specific women's service to an individualised model of care within mixed sex hubs or community settings. This would represent a move away from a distinct and dedicated approach, addressing the gendered impact of structural inequality and oppression, and potentially create a barrier to mutual support and collective empowerment.

National and local mental health policy also promotes a peer support model as an alternative to day centre provision. This model encapsulates the Big Society agenda of reduced state involvement and increased active citizenship. However, initial findings from our research indicate that Peer Support projects may be problematic for women in that many women using mental health services are already over-burdened with caring responsibilities (indeed these may be a cause of their mental health problems), that their caring responsibilities have increased as community services have decreased, and the expectations inherent in Peer Support (which often require a great deal of time and commitment from service users who may be unwell or experiencing complex or fluctuating mental health conditions) may be one more responsibility they cannot take on.

Overall, the lack of clarity about the process and timescale of modernization has created a climate of uncertainty for services and service users alike.

5. Health and well-being

The current austerity measures are having an impact on a greater number of women than those who are defined, or self-define, as having 'mental health' issues. The women's health project that we spoke to has seen an increase in the number of contacts made, many of which are for stress related problems, as women cope with financial problems and concerns about their families. Closures in other services have meant their service users are left needing support, often for complex needs and multiple issues. This project also noted a growing waiting list for women seeking volunteering opportunities as these were also becoming increasingly constricted.

In common with many areas in the UK, Liverpool has seen a growth in the number of foodbanks which provide emergency food to people who can't afford to buy food. The women's organizations that distribute vouchers for foodbanks cited benefit delays, benefits not being enough to live on when set against rising food prices, increased public transport costs and other basic items such as school uniforms becoming more expensive as the main reasons why many more women are turning to foodbanks. One local women's organization reported that women who have achieved refugee status can wait for weeks for their benefits to be processed.

6. Childcare

Cuts to childcare provision is a fundamental issue for most of the research participants, in terms of women being prevented from accessing work, training, ESOL courses, mental health services and domestic abuse support because of cuts to state funded childcare provision and Working Tax Credits (WTC).

A key concern for many women is cut backs to Children's Centres. Liverpool City Council is currently refiguring Children's Centres as part of its overall budget 'savings' process. Despite the principle of proportionate universalism, cutbacks are having a significant negative effect on women's lives, restricting their opportunities to take up places on projects.

The cuts to tax credits, increases in childcare costs, and other cuts to child related support are disproportionately effecting mothers and other female carers, and are having a cumulative impact that has not been picked up by equality impact assessments. For example, cuts to disabled children's services mean respite care for parents has been lost.

7. Education and training

It appears that economic cut backs coupled with output driven targets are having an adverse impact on community education and training initiatives that have been set up to give women skills and self-confidence to find paid work and become financially self-supporting. The Community Interest Company that we spoke to is struggling to find voluntary sector groups to work with, as many have had their funding cut and those that it does contract with tend to be output driven. The lack of commitment towards women-only training and education is further undermining the ethos of projects that work to empower women.

In the current economic environment, it is exceptionally difficult to secure funding for the safe spaces and women-only courses that enable women who are attempting to rebuild their lives (for many because of violence and abuse) require.

8. Impact on staff

While this report focuses on service users, the impact on female members of staff on these services cannot be over-estimated.

Some VAWG support workers feel that the demands on them are reaching intolerable proportions, and that the cuts to their funding indicate a lack of statutory regard for the need and value of their work.

In the mental health sector, staff are predominantly female. Cuts have occurred locally through an organizational restructure, in which three managers were reduced to one. Staff morale is extremely low and most have fears for the future of their jobs and the services in which they work.

9. Conclusion

Spending cuts and other austerity measures are having a devastating impact on women's equality, safety and well-being and that it is essential that organisations that work to protect and empower women are adequately funded. In order for this to happen, realistic baseline statistics need to be collected, cumulative impacts of potential cuts considered and the social return on investment in women's services factored in to calculations.

10. Recommendations

National

- The government must undertake gendered analyses of impact of public spending cuts at both national and local levels.
- Information about the impact of cuts in different geographical areas needs to be disaggregated by gender, so that cumulative impacts can be fully assessed.
- The government must ensure that funding is targeted to meet greatest need.
- The government must commit to funding gender-specific services in order to fully meet its gender equality and human rights obligations, which are a binding agreement under CEDAW.

Local

- There is an urgent need for an in-depth gender assessment of the impact of cuts and other austerity measures. To facilitate this, there needs to be:
 - an understanding of substantive rather than simply formal equality; i.e. in some areas of public policy formation ideas of '*formal equality*' result in policy makers thinking equality means treating everyone the same, whereas a *substantive* equality framework acknowledges that different groups in society face different forms of oppression and disadvantage, and that policies and services must be developed accordingly;¹⁸
 - accurate sources of gender-disaggregated data: comprehensive research across all forms of violence against women is urgently needed so as to provide an evidence base to inform funding allocations and commissioning of specialised services for victims / survivors;
 - an informed gender analysis of impacts which is capable of considering cumulative impacts on different groups of women;
 - the utilisation of 'on the ground' figures recorded by organisations working with women in order to grasp the full extent of need;

¹⁸ WRC (2011b) *Hidden Value: Demonstrating the extraordinary impact of women's voluntary and community organisations.*

- the use by Liverpool City Council of all the above to develop strategies that will demonstrate due regard for the gender equality aspects of its work, with the objective of offsetting the disproportionate impact of spending cuts on women.
- There needs to be a recognition that women-only services are vital for many women and do not contravene but rather support equality. There are legal, business and moral cases for funding women's services.¹⁹ This recognition should be matched by a commitment to commissioning and funding:
 - women-only services / specialist services (not generic providers);
 - safe spaces for women and girls within generic services, especially where women are particularly vulnerable because of histories of violence and abuse; for example, mental health services, community education and projects that work with women ex-offenders and women with substance misuse issues, asylum seeker and refugee support services;
 - long-term prevention of VAWG work;
 - services for women who require culturally specific services, or who have complex needs.
- The impact of cuts and other austerity measures on workers in the services affected needs to be assessed, as it is clear that their health and wellbeing is being negatively affected, and that there are gender equality implications in terms of the gender ratio of workers in these sectors.
- The role of the Police & Crime Commissioner includes making decisions about the funding of victims' services. It is therefore essential that the Police and Crime Commissioner for Merseyside works with local women's groups in order to prioritise women's safety and fund services and projects that support victims and survivors of gender-based violence.
- The Social Return on Investment created by existing organisations providing gender-sensitive and gender-specific support to women and girls must be taken into account. It needs to be acknowledged that cuts made in some service areas will lead to increased costs elsewhere and therefore do not represent real savings.

¹⁹ Ibid.

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1. Introduction

Women entered the current era of austerity in a position of longstanding economic disadvantage compared to men.²⁰ This inequality is compounded by the disproportionate effect of current public spending cuts on women. Research by the Fawcett Society has shown that:

- more women than men work in the public sector, and are more affected by cuts to public sector jobs, wages and pensions;
- women are being hit hardest as the services they use more are cut;
- women will be left 'filling the gaps' as state services are withdrawn.²¹

In 2010, two separate pieces of research by The Women's Budget Group (WBG) and the House of Commons Library found that 72 per cent of the 'savings' identified in the Comprehensive Spending Review would come from women's incomes.²² This was due to many of the benefits that were to be cut or frozen being those that more women than men rely on. The WBG and the Fawcett Society also raised concerns that the public sector pay freeze, spending cuts and job losses would impact on women more than on men as 65 per cent of public sector workers are women, and because women are more likely than men to use services most affected by the cuts.²³

What assessment has [the Chancellor] made of the effects on women of the changes to child tax credit and working tax credit proposed in his autumn statement? [...] Figures from the House of Commons Library show that since the election changes to tax, pensions, pay and benefits are hitting women more than twice as hard as they are hitting men. Of the extra £18.9 billion that is being raised, £13.2 billion comes from women, with just £5 billion or so coming from men. This is the biggest attack on women in a generation. Will the Minister tell us what his Government have against women? Luciana Berger MP, Liverpool Wavertree (HC Deb, 6 December 2011, c155)

²⁰ For instance: women experience a full-time pay gap of 14.9 per cent; 64 per cent of low paid workers are women; 40 per cent of minority ethnic women live in poverty; women's average personal pensions are only 62 per cent of the average for men; 92 per cent of lone parents – a group more likely to live below the poverty line - are women; the costs of childcare in the UK are amongst the highest in the world, heavily limiting women's choices to take up paid work (Fawcett Society (2012) *The Impact of Austerity on Women*).

²¹ Ibid.

²² Women's Budget Group (WBG) (2010) *A Gender Impact Assessment of the Coalition Government Budget, June 2010*.

²³ Ibid; Fawcett Society (2010) *StopGap Magazine* Winter.

Research conducted by the University of Warwick and Coventry Women's Voices has demonstrated the impacts of cuts in service budgets on the health and wellbeing of women who are particularly vulnerable, for instance women victims of sexual and domestic abuse, single mothers and mental health service users.²⁴ Such cuts affect the Supporting People budget, which provides funding for voluntary agencies; Police, Crown Prosecution Service, and Legal Aid budgets; Sure Start and childcare services, and general cuts in welfare benefits. Equality groups warn that the cumulative impact of spending cuts will affect the most vulnerable women most:

*It is the combination of cuts that will be most damaging. Many women will not just be affected by one cut: they may lose their jobs, suffer a cut in benefits and see several different services that they rely on disappear at the same time. For some groups of women, particularly lone parents, pensioners, women victims and survivors of violence and abuse, many black and minority ethnic women, and poor women, this combination of cuts will be particularly devastating and may damage their human rights.*²⁵

In 2011, the Trades Union Council (TUC) published a '[Women and the Cuts Toolkit](#)'²⁶ for trade unions, voluntary organisations, community groups and others to use to assess the human rights and equality impacts of the cuts on women in their local area. This resource was based on research into the impact of the cuts on women in Coventry carried out by the University of Warwick and Coventry Women's Voices (CWV).²⁷ The TUC toolkit called for more local studies to be conducted to form the basis of local campaigns while contributing to the process of mapping the impact of the cuts. Our research responds to this by looking at the impact of the cuts on women in Liverpool.

The national evidence shows that austerity measures and other national economic policy decisions are having a disproportionate and detrimental impact on women in the UK, making them poorer, less financially independent, and risking their safety and wellbeing. Many women's rights campaigners are warning that this is regressing hard won gains in a range of areas relating to women's equality.²⁸

The UK government has an international obligation to comply with the United Nations Convention on the Elimination of all forms of Discrimination Against Women, [CEDAW](#). This 'UN Bill of Rights for Women' requires both national and local governments to meet the terms of the Convention to challenge and take specific measures to overcome discrimination against women in all areas of economic, social

²⁴ Stephenson, M-A. (2011) [Women and the Cuts Toolkit](#).

²⁵ Ibid p.3.

²⁶ Ibid.

²⁷ Stephenson, M-A & Harrison, J. (2011a) [Unravelling Equality: A human rights and equality impact assessment of the public spending cuts on women in Coventry](#).

²⁸ Fawcett Society (2012) *The Impact of Austerity on Women* London: Fawcett Society.

and public life, and to take action to address and prevent violence against women and girls.²⁹

While women are being disproportionately affected in terms of losing jobs, benefits and services, cuts in budgets and services that cuts may also be jeopardising women's safety. Two reports looking at the impact of cuts in local services to prevent and protect against gender-based violence against women and girls warned that cuts "are expected to lead to increases in this violence"³⁰ and that support services for women survivors / victims of gender based violence are facing funding cuts on an "almost unprecedented scale".³¹ While some local authorities have had their budgets cut by up to 27 per cent, in some local areas services that address violence against women are experiencing budget cuts of up to 31 per cent.

In the short term, cuts to services may seem to create savings. In the longer term, however, they prove counterproductive, as the loss of the social value that these services would have created leads to further expenditure. Social Return on Investment (SROI) was first developed by the New Economics Foundation and the Office for Civil Society as an alternative to cost-benefit analyses, as it factors in the wider impact and social value of services, projects and interventions. SROI provides a more complete analysis than measuring against outcome targets as it can show the direct impact of a service on saving money in other areas, giving rise to what are sometimes called 'cross-department savings' that feed back into public resources. These wider benefits carry financial implications for commissioners and public bodies.³²

The Women's Resource Centre (WRC) has carried out research using SROI methodology to investigate the social value of women's organizations, and has found that for every £1 of investment, women's organizations create between £5 and £11 of social value. The 'hidden' and extra value the WRC found included:

- increased independence, self-confidence and self-esteem, especially for BAMER women;
- increased economic independence for female survivors of sexual violence;
- improvements in social interactions, personal and emotional safety;
- improved health outcomes;
- improved economic activity;
- improved relationships of service users' children with their parents;

²⁹ Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

³⁰ Walby, S. & Towers, J. (2012) Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls p.5.

³¹ Baird, V. (QC) (2012) Op cit p.5.

³² Nicholls, J., Lawlor, E., Neitzert, E. & Goodspeed, T. (2009) *A Guide to Social Return on Investment*.

- a reduction in suicide rates for women attending specialist VAWG services.³³

In this context of austerity, it is essential that women's voices and those of women's organisations are heard. The Women's Resource Centre has demonstrated that women are under-represented in both national and local decision-making processes and argued that the inclusion of women's views on policy making would serve the dual purposes of furthering women's equality and improving the quality of public services.³⁴ Our report makes a contribution to the process of bringing women's voices to the fore.

³³ WRC (2011b) Op cit.

³⁴ WRC (2010) *Power and Prejudice: Combatting gender inequality through women's organisations* London: Women's Resource Centre.

2. Equality Issues and Impacts: The Local Picture

We need people to look at everything, at local and national level. I like what you said about looking at the impact on women, having an assessment of that. (Woman Service User)

The Local Context

For many years, areas of the North West, and Merseyside more specifically, have ranked amongst the highest in Britain in terms of relative deprivation.³⁵ Despite this, as Coalition policies were unveiled, the North West as a region was identified by the TUC as being particularly vulnerable to cuts in government funding through three routes: firstly, cuts in direct funding streams, such as those provided to the Department of Education; secondly proposed schemes not coming to fruition, for example free school meals to children from families with the lowest incomes; and finally cuts in funding provided to Local Authorities, most notably through the Area Based Grants schemes, such as the Supporting People programme. Furthermore, this report backed the claims made by the city council that Liverpool had been, and would continue to be, disproportionately affected.³⁶

Evidence shows that these fears have been borne out. The Liverpool Economic Briefing for December 2012 pointed to key structural problems in the local economy, leaving Liverpool [and wider city region] particularly vulnerable both in terms of the loss of public sector employment (for example in 2010, there was a loss of 2,000 such jobs) and a high proportion of households reliant on welfare benefits.³⁷ Comparing the relative performance of city economies in the period 2008/09 and 2009/2012, the Centre for Cities found Liverpool to be in the “large relative fall” category, indicating a post-2009 downturn. Liverpool is also ranked amongst the bottom ten cities in terms of the relationship between private and public sector employment, with only 1.9 private sector jobs for each public sector one.³⁸

Liverpool’s unique economic position was addressed in a report produced jointly by Michael Heseltine and Terry Leahy, in consultation with the Local Enterprise Partnership (LEP) and other stakeholders. Focusing on the theme of the ‘rebalancing’ of the British economy, they made a number of recommendations for local regeneration policy and devolved governance. Central to their suggested plans were the creation of the post of an elected Mayor (on similar lines to the one occupied by Boris Johnson in London) and government backing for large infrastructure projects including a second Mersey bridge, the Peel Waters³⁹ plans for

³⁵ Liverpool City Council (2011) *The Index of Multiple Deprivation 2010: A Liverpool analysis*.

³⁶ TUC (2010) *The Impacts of the Cuts in Liverpool and the North West*.

³⁷ Liverpool City Council (2012) *Liverpool Economic Briefing*.

³⁸ Centre for Cities (2013) *Cities Outlook 2013* p.49.

³⁹ <http://www.peel.co.uk/projects/peelwaters>.

extensions to the Port of Liverpool and the development of a bio-technology park, linked to a new Royal Liverpool Hospital.⁴⁰ Despite criticisms of the LEP's performance at a local level,⁴¹ this message was repeated in Heseltine's 2012 report *No Stone Unturned* which further recommended increased funding and enhanced powers for LEPs. Many of Heseltine and Leahy's recommendations were written into the Liverpool Plan devised by Liverpool Vision, along with the aim to 'rebrand' the city partly via 'transformational' cultural and business events, such as the forthcoming International Business Festival.⁴²

There is some debate concerning the exact relationship between the creation of the post of elected mayor and the release of government funds a 'mayoral investment fund' of £75 million⁴³ but the election went ahead without a prior referendum, as used in other 'core cities'. It was claimed that by-passing the use of a referendum saved the city council £200, 000 which was then diverted to off-set the impact of budget cuts by contributing to a fund that saved the school uniform grant for poorer families,⁴⁴ if only for a year.⁴⁵ The consequent election saw Joe Anderson, Leader of the Liverpool City Council Labour Group, elected to the post with a 57 per cent share of the poll, although only 31.2 per cent of the eligible electorate voted.⁴⁶

In 2009 Liverpool also agreed to be a 'vanguard' area for Cameron's Big Society initiative. Phil Redmond originally championed the scheme but later admitted that he felt that it had become "subsumed by the cuts".⁴⁷ Anderson withdrew from the scheme through a public letter to Eric Pickles in which he pointed out that cuts to central government funding had "seriously undermined" the council's ability to enable existing local voluntary organisations to work effectively with communities.⁴⁸

The combined effect of all these policies and trends is to leave Liverpool (and the wider city region), in the paradoxical position of having new forms of governance and a potential influx of millions of pounds of funding for capital projects on the one hand while continuing to experience amongst the worse deprivation in England and being required to deliver huge 'savings' to budgets on the other.⁴⁹ In this context, council

⁴⁰ Heseltine, M. & Leahy, T. (2012) *Rebalancing Britain: Assessing opportunities for growth in the Liverpool city region*.

⁴¹ Ex Urbe (2011) *Must Try Harder: Liverpool City Region Local Enterprise Partnership End of Year Report*.

⁴² Liverpool Visions & Liverpool City Council (2012) *Liverpool Plan 2012-2015*.

⁴³ Centre for Cities (2013) *City Outlook: Liverpool 2013*.

⁴⁴ Waddington, M. (2012) 'Liverpool council finds £750,000 to keep school uniform grants going' *Liverpool Echo* 29 February.

⁴⁵ Liverpool City Council (2013) *Website information for residents*.

⁴⁶ Bartlett, D. and Waddington, M. (2012) 'Joe Anderson is first elected Liverpool Mayor after runaway vote success' *Liverpool Echo* 4 May.

⁴⁷ Butler, P. (2011) 'Phil Redmond disenchanted by 'big society' progress in Liverpool' *The Guardian* 4 February.

⁴⁸ Butler, P. (2011) 'Big society' suffers setback in showcase Liverpool' *The Guardian* 3 February.

⁴⁹ Centre for Cities (2013) *City Deals: Insights from the Core Cities*.

‘consultations’ with the local population on where these cuts should be made have a hollow sound.

The health of the people of Liverpool has long been a cause for concern and current health levels remain worse than the national average.⁵⁰ For example, gender disaggregated health data reveals that at 79.2 years, female life expectancy in Liverpool is amongst the worst in England and over 10 years lower than the highest score. Significantly, measurements of health inequalities further indicate a considerably higher than average level of inequality in women’s Disability-free Life Expectancy.⁵¹

A study conducted by the Liverpool Public Health Observatory argues that the combined effects of economic recession and cuts in public expenditure, including those to welfare payments, will have the effect of worsening health as people may no longer have time and/or money to spend on exercise, nutrition and the amount of social support they offer to or receive from others. Furthermore, the stresses caused by fears of or actual unemployment will impact negatively on health and wellbeing, while cuts in public spending which have led to the closure of libraries and other leisure spaces removed avenues for health promotion. In addition to the reduced protection from violence, and attacks on their independence and equality, women are likely to bear the burden of plugging the gaps left by cuts to public services and managing family budgets.⁵²

Impact on budget setting

Eighty per cent of Liverpool City Council’s funding comes from national government.⁵³ When the council set its 2012/13 budget in March 2012, it noted that because of unprecedented cuts in government grants, it faced “serious challenges” in implementing £50 million of ‘savings’ on top of the £91 million ‘savings’ that had been made the previous financial year.⁵⁴ Liverpool’s Mayor stated at the time that budget cuts would be painful for the whole city, with everyone being affected by the reductions that had to be made.⁵⁵ These cuts represented only a single stage in a far reaching process: Liverpool’s public sector budget for 2013/14 will see a further £32 million of ‘savings’ being made, with a projected £149 million of ‘savings’ from a

⁵⁰ Public Health England (2012) *Health Profile 2012 Liverpool*.

⁵¹ London Health Observatory (2012) *Marmot Indicators 2012 Liverpool*.

⁵² Winters, L., McAteer, S. & Scott-Samuel, A. (2012) Op cit. p.10.

⁵³ Liverpool City Council (2013) *Budget News: Your guide to Liverpool City Council’s Budget and the Government’s Welfare Reforms* p.2.

⁵⁴ Liverpool City Council, *Medium Term Financial Strategy, 2012-13 to 2014-15, Appendix 2: Liverpool City Council Corporate Equality Impact Assessment, budget proposals 2012-13*.

⁵⁵ Liverpool City Council (2012) *Transcript of Mayor’s Budget Message to Residents and Staff* Friday 5 October.

total spend of £480 million over the next four years.⁵⁶ As the council set this budget, the Deputy Mayor was clear that:

*This has been an exceptionally difficult budget to set as once again, despite Liverpool being recognised as having the most need of any area in the country, we have had to face the highest level of cuts. We are doing our very best to mitigate the impact and do it as fairly and equitably as possible, but it is simply wrong that people in the poorest city in the country should have to shoulder cuts amounting to £252 per household when the national average is £60.*⁵⁷

Liverpool City Council's Corporate Overarching Equality Impact Assessment shows how changes to the Local Government Funding Formula have had a disproportionately negative impact on Liverpool where "demands on public services are heavy, driven by high deprivation with 39 per cent of residents 'income deprived' and 48 per cent living in areas ranked within the 10 per cent most deprived in the country, leaving the authority with less scope than others to shield people with protected characteristics, particularly the socio –economically deprived".⁵⁸

The council has endeavoured to find low impact 'savings' over the past two years of cuts, and says where possible it will continue to avoid or minimise disproportionate impacts, but that "this is becoming increasingly difficult". The authority has given consideration to the potential effect of budget decisions on the most disadvantaged and vulnerable people in Liverpool. It stresses that it remains committed to its guiding principle of developing "a fair, balanced and sustainable budget that protects essential services for the people who need them most, as far as is possible".⁵⁹

Equality impacts of the budget setting process

Under the Equality Act 2010 (specifically section 149: the public sector equality duty) public authorities are required to pay "due regard" to the need to eliminate discrimination and to advance equality of opportunity between people who share a

⁵⁶ <http://www.liverpool.gov.uk/mayor/budget/> [accessed 11/3/13].

⁵⁷ <http://www.dalestreetnews.com/2013/03/06/council-sets-budget-for-201314/> [accessed 7/3/13]. Elsewhere, it has been shown that Liverpool is second only to Hackney in being the local authority hit by the highest level of central government funding cuts in England. Research by The Guardian reveals that deprived areas were hit the most by central government funding cuts and that in Liverpool combined cuts for 2010-2011 to 2012-2013 came to £252.45 per person <http://www.guardian.co.uk/news/datablog/2012/nov/14/council-cuts-england-detailed>. These cuts are set against the background of Liverpool ranking highest on the Index of Multiple Deprivation in terms of poverty and child poverty.

⁵⁸ Liverpool City Council (2013) *Budget Meeting Papers, Annex 3: Corporate Overarching Equality Impact Assessment*.

⁵⁹ Ibid.

protected equality characteristic, and those who do not share it.⁶⁰ While there is no longer a legal obligation for public bodies to use formal equality impact assessments, they are recommended as best practice for showing that they have due regard for the equality implications of all their work, including decision making, policy development, budget setting, procurement, service delivery and employment functions, and for demonstrating how they are doing this.⁶¹

Liverpool City Council has a commitment to achieving equality by “reducing discrimination in employment and service delivery on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation and socio - economic status (included since December 2012)”.⁶²

The council has complied with best practice by undertaking Equality Impact Assessments (EIAs) of all of its budget options in order to identify any disproportionate impact on equality groups, and to take mitigating action where possible. The headline findings of the overarching Equality Impact Assessment of the 2013/14 budget are that:

*Irrespective of mitigating actions the ongoing budget reductions will have a significantly negative impact on our communities particularly for older people, children, women, disabled people, black and minority ethnic groups and the socio - economically disadvantaged. There will also be an impact on our workforce and our voluntary and community sectors. These negative effects will be compounded when combined with the other cuts being made by our partner agencies such as the current raft of welfare reforms coming from the Department of Work and Pensions.*⁶³

The council's draft equality impact assessments of all the budget options represent a genuine desire to identify any positive, negative or neutral impacts on vulnerable groups, including, to some degree, on men and women, but do not appear to contain a breakdown of mitigating actions that might be taken to offset negative impacts for each equality group.⁶⁴ The overarching EIA of the budget includes a consideration of mitigating action that might be taken to counter any negative consequence per impacted group, but where ‘sex (gender)’ has been identified as a disproportionately impacted characteristic, this does not show whether ‘gender’ applies to men or women, or in which ways men and women are disproportionately (or equally)

⁶⁰ The general equality duty covers the following protected characteristics: age (including children and young people), disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

⁶¹ Equality and Human Rights Commission (2012) *Meeting the Equality Duty in Policy and Decision-making England (and non-devolved public authorities in Scotland and Wales)*.

⁶² Liverpool City Council (2013) *Budget Meeting Papers, Annex 3: Corporate Overarching Equality Impact Assessment* p.4.

⁶³ Ibid. p.4.

⁶⁴ Liverpool City Council (2013) *Budget Savings Options Tranche Three*.

affected. For instance, the option to cease provision of the School Uniform Grant by 100 per cent indicates a negative impact by 'gender'. There is no analysis to show that in this instance, 'gender' actually means women, as 92 per cent of single parents are women,⁶⁵ and single parents are more likely to be living in poverty than two parent families, and therefore more reliant on School Uniform Grant.⁶⁶

As 'sex' (gender) is a protected characteristic, to comply fully with the public sector duty, all public authorities should disaggregate the impact of their current and proposed policies and practices on women and men. For an assessment to be meaningful it should be properly informed, including having an explicit understanding of the relative context and different 'starting positions' of women and men in UK society. If the assessment reveals that a policy or decision might widen inequality between women and men, or fall disproportionately on one sex, decision-makers are then able to consider taking mitigating action to remove or alleviate potential harm within a gendered analysis.⁶⁷

In this sense, the impact of budget cuts on women does not appear to have been fully considered in the current EIA of Liverpool's budget, suggesting a lack of gender awareness in the council's equality framework. This raises the concern that an explicit understanding of gender inequality and a gender analysis may not have fully informed decisions about where cuts have already fallen or will fall, potentially leading to cuts being made without reference to women's needs.

Liverpool is not alone in paying inadequate attention to the gender impact of public sector cuts; for instance, a report into the impact of cuts on women in Coventry argues that EIAs often lack substance as they are "poorly resourced and clearly lack sufficient analysis" and that public bodies in general need to carry out "thorough and robust assessments" of the impact on women when making decisions and setting policies. This includes monitoring likely impact and taking action to mitigate any negative consequences on the equality status and human rights of women. In particular, public bodies must consider the combined impact of different cuts and develop strategies to lessen the cumulative effects that cuts to a number of services or agencies may have.⁶⁸

The omission of actual and meaningful gender *analyses* by Liverpool City Council disregards widely publicized research findings which show that throughout the UK women are being disproportionately affected by the cuts across both the public and

⁶⁵ Office for National Statistics (ONS) (2012) *Lone Parents with Dependent Children, January 2012*.

⁶⁶ Gingerbread (2009) *Single Parents, Equal Families: Family policy for the next decade*.

⁶⁷ Stephenson, M-A. & Harrison, J. (2011a) Op cit.; TUC (2011) *The Gender Impact of the Cuts: A TUC cuts briefing*.

⁶⁸ Stephenson, M-A. & Harrison, J. (2011b) 'Unravelling Equality: The impact of the United Kingdom's spending cuts on women', *The Political Quarterly*, 82 (4) October–December pp.645-650.

voluntary sectors. While it appears to demonstrate an inadequate understanding of the importance of a focus on gender when undertaking equality analyses, it also runs counter to national and widely publicized research findings which show that throughout the UK women are being disproportionately affected by the cuts across both the public and voluntary sectors. There are a range of potential and actual equality and human rights impacts across all these areas.⁶⁹

The Equality and Human Rights Commission (EHRC) has recently (5th December 2012) published a report on its assessment of all public authorities' performance in publishing equalities information. Publishing this information is a legal requirement for public bodies, and it can enable greater public understanding of why difficult decisions have to be made. Other benefits of collecting, using and publishing equalities information include having baseline data available for measuring progress in delivering equality objectives and enabling informed assessments of the impact of policies and decisions on people with protected characteristics.⁷⁰ Liverpool City Council has published equalities data on its Equality, Diversity and Cohesion Information and Analysis webpage.⁷¹ However, most of the published key statistics have not been disaggregated by gender, and the one detailed source of information on women is research commissioned by the Liverpool Women's Network, a voluntary sector group.⁷²

⁶⁹ Ibid.

⁷⁰ EHRC (2012) Publishing Equality Information: Commitment, engagement and transparency.

⁷¹ [Accessed 28/12/12].

⁷² Deepwell, S. (2011) Mining the Gap: A research report to establish baseline statistics for women in Liverpool Liverpool Women's Network.

3. Methodology

What we've covered and why

While women are more likely than men to be experiencing public sector job losses, have main or sole responsibility for children, be carers, rely on certain benefits and services, they are not all affected in the same way or to the same degree by public sector spending cuts. We therefore began this research with a focus on women from some 'vulnerable' groups as defined in the TUC Women and the Cuts Toolkit, i.e.:

- women who use mental health service users;
- women who have experienced gender-based violence;
- women asylum seekers and refugees.

In order to more fully capture the experiences of these groups of women, we have talked to local VAWG services; local community based services and charities that provide health, mental health and wellbeing support; ESOL/ community education projects and a childcare provider. This has also enabled us to consider the cumulative impacts of a range of austerity measures on these groups.

Data collection

This research was conducted using qualitative methods in the form of semi structured interviews and focus groups with service users, staff and trustees at local women's projects and organisations that provide women only support within generic services. In total, we talked to 51 women, comprising 21 workers (including 5 service managers), 23 service users, 3 trustees, 3 volunteers and one director of a community enterprise project. These figures are reproduced in table 1 below. To gain a better understanding of the wider context in which decisions have been taken on funding cuts, and to supplement the data on how cuts are being experienced first-hand, we submitted questions about funding reductions to key Liverpool City Council officers and councillors. We also undertook desktop research of national statistics and trends relating to the impact of public sector funding cuts on women, as well as analysing local economic data and policy decisions.

Table 1: Interviews with service users, paid workers, volunteers and trustees

Sector	Staff	Service Users	Volunteers	Trustees	Project director
Violence against women and girls support services	9	3	1	2	
Mental health services	10	20	1		
General health and wellbeing	1				
Childcare	1			1	
Education and training			1		1
Total number of women interviewed	21	23	3	3	1

4. Violence against Women and Girls (VAWG) Services

It will take more women to die before they do something about these cuts. Its two a week, isn't it. There was one last night, he [the perpetrator] was a soldier. It was said she just lived for her kids. It will take a lot more women to die before they start making any more money available for women experiencing domestic abuse. (Member of Staff at a Liverpool Domestic Abuse Support Service)

The women's sector is one of the most impoverished of all charitable sectors: in 2009 The Donkey Sanctuary received £20 million in voluntary donations; in comparison, Refuge received £1.7 million. (Refuge Newsletter 8/8/12 www.refuge.org.uk)

We know that the human and financial cost of sexual violence on survivors, their families, and the whole community is heavy and long-term, and we believe our services should be central to the Government's aim of strengthening support to victims. While we acknowledge the competing pressures on the resources of both the Government and local authorities in the current financial climate, what we know from our experience over the last 30 years is that a reliance on local funding brings with it the real risk of survivors needs being unmet, hidden and unheard. (Rape Crisis (England and Wales) <http://www.rapecrisis.org.uk>)

The UN Declaration on the Elimination of Violence against Women definition of VAWG is one that has been adopted by the UK Government, and is:

*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 private life.*⁷³

The vast majority of these crimes are perpetrated by men on women and girls and include domestic abuse, sexual violence including rape, sexual harassment, stalking, so called 'honour'–based violence, forced marriage, and female genital mutilation (FGM).⁷⁴ In the UK, three million women experience gender-based violence each year.⁷⁵

⁷³ The UN Declaration on the Elimination of Violence Against Women (1993).

⁷⁴ HM Government (2011) Op cit.

⁷⁵ Coy, M., Kelly, L. & Foord, J. (2007) Map of Gaps: The postcode lottery of violence against women support services p.5.

The Women's Movement has long sought to expose the extent and ubiquity of VAWG. From the 1960s feminists set up services to support women escaping domestic violence and rape crisis centres for survivors of sexual violence, and engaged in campaigns to have this violence taken seriously by the state.⁷⁶ Despite this, the VAWG sector has been historically underfunded, with much national and local government support being inconsistent and unreliable.⁷⁷ These services were therefore occupying a financially precarious position before the implementation of current austerity measures.

The VAWG services who took part in this research offer support for domestic abuse, rape, sexual violence, childhood sexual abuse, so-called 'honour' based violence, and forced marriage. Most are specialized women's services that have their roots in the Women's Movement and VCO sector. Their long history of working from a feminist perspective means they view violence against women not only as individual 'incidents', but place such violence within a wider context of gendered and structural inequality.

Their aim therefore is to 'break the silence' surrounding gender based violence, and their approach is one of empowering women to seek justice and assert their rights to live safe lives.⁷⁸ Services are delivered by paid staff and by trained volunteers, many of whom have experienced gender -based violence and been beneficiaries of the organisation for whom they now volunteer. Collectively, the VAWG services we spoke to offer safe spaces in which women can explore their options, learn about their rights, rebuild their lives and start to overcome the damage caused by violence. Many also undertake work with communities to raise awareness of gender-based violence. The wide range of support and interventions that are delivered include:⁷⁹

Prevention (education, training and awareness raising projects that aim to challenge the myths, stereotypes and attitudes that are typically at the root of much VAWG):

- Community awareness raising activities with young people to educate about domestic and sexual violence.

⁷⁶ Kelly, L. (2013) 'Changing it Up: Sexual violence three decades on' in Appignanesi, L. & Holmes, R. (eds.) *Fifty Shades of Feminism* London: Virago; Walby, S. (1990) *Theorising Patriarchy* Oxford: Blackwell.

⁷⁷ Coy, M., Kelly, L. & Foord, J. (2007) Op cit; WRC (2010) Op cit.

⁷⁸ Coy, M. Kelly, L. Foord, J. & Bowstead, J. (2011) Op cit.

⁷⁹ These areas form three of the six 'P's: the '6 p's' – perspective, policy, prevention, provision, protection and prosecution, a framework that was adapted and developed by the End Violence Against Women Coalition as encapsulating the essential building blocks for any integrated strategy to address VAWG. Coy, M., Lovett, J. & Kelly, L. (2008) *Realising Rights, Fulfilling Obligations: A template for an integrated strategy on violence against women for the UK*.

- Outreach work with women in Children's Centres, Health Centres, the Women's Hospital, at ESOL classes, schools, young people's projects and in communities in which women do not speak English.
- A pioneering local project for women at high risk of violence and abuse, which uses awareness and consciousness raising and education to enable women to make healthier life choices for themselves and their children.
- Training for public and voluntary sector agencies in domestic and sexual violence.

Provision:

- Independent Domestic Abuse Advisor (IDVA) support.
- Independent Sexual Violence Advisor (ISVA) support.
- Counselling for sexual violence and domestic abuse.
- Telephone support.
- Referral to refuges.
- Specialist support for women refugees who have experienced gender based abuse.
- Support accessing and proceeding through the Criminal Justice System.
- Ongoing provision of the Freedom Programme, which gives women knowledge, self-esteem and confidence to leave violent relationships.
- Women only services, which are vital in order for women survivors of gender based violence to find accessible safe space and gender-specific support.⁸⁰
- Specialist work with women from Black, Asian, Minority Ethnic and Refugee (BAMER) communities, using staff and volunteers who speak different community languages.
- Support for women fleeing so-called 'honour' based violence and forced marriage.
- Supporting women to access health services for treatment for injuries relating to sexual and physical violence and abuse.
- Supporting women to access mental health services.
- Assisting women with complex needs to access services such as drug and alcohol support projects.
- Providing access to specialist legal advice including on immigration issues.
- Providing advice on welfare rights.
- Therapeutic activities such as an annual holiday for women and children seeking refuge from domestic abuse and health eating projects.

⁸⁰ See for example WRC (2011c) *Women-only Services: making the case*; WRC (2011d) *Defending Women-Only Services*; CEDAW obliges national governments to ensure women have access to women-only services.

Protection:

- Risk assessment.
- Safety planning.
- Referral to and representation at the Multi Agency Risk Assessment Conference (MARAC) that supports high risk victims of abuse. Nationally, 96.4 per cent of victims supported by MARACs are female.⁸¹
- Specialist refuge accommodation for Black, Asian, Minority Ethnic and Refugee (BAMER) women.

Public funding cuts to VAWG services in Liverpool

Domestic abuse support services

There are two main sources of Liverpool City Council funding for domestic abuse support services. The Community Resources Unit (CRU) funds two domestic abuse services which work with all victims regardless of level of risk. Supporting People⁸² (SP) commissions five services that provide domestic abuse support, including the IDVA service which provides specialist support to high risk victims, and specialist services which support victims/survivors who may face additional difficulties in accessing support, such as physical or learning disabilities, mental health issues, drug/alcohol dependency or not having English as a first language. The reduction of the period for which funding is granted (many are now on an annual cycle) means it is harder to plan for service delivery, and uncertainty about the future is more acute.

Domestic abuse services commissioned by the CRU had their funding cut by 23 per cent in 2011/12 followed by a further cut of 17.5 per cent in the 2012/13 budget.⁸³ There is a strong possibility of further cuts to CRU funding as part of the 2013/14 budget.⁸⁴

⁸¹ Co-ordinated Action Against Domestic Abuse (CAADA) (2012) *MARACs – National Picture*, powerpoint presentation.

⁸² Set up as a ring fenced government grant to local authorities intended to fund services to help vulnerable people live independently.

⁸³ Information supplied by Liverpool Citysafe.

⁸⁴ One budget option is a reduction in Community Resources Unit funding (referred to as Grant 1) to be reduced over three years in respect of 10 per cent in year 1, 20 per cent in year 2 and 30 per cent in year 3. The council says that “57 organisations are currently funded via the Community Resource Unit. All are at risk of reducing services, with possibly 12 at risk of closing projects altogether. [...] The expiry of the current allocation of grants in March 2013 provides the opportunity to revisit criteria, outputs, performance etc. for the allocation of grants” Liverpool City Council (October 2012) *Tranche One: Budget savings options* [accessed 28/12/12]; this budget option is also referred to in the Corporate Overarching Equality Impact Assessment of the 2013/14 budget, Community Services, Grant 1 pp. 21 & 31.

In addition to these reductions, one domestic abuse support service had its funding reduced by 16.5 per cent as a direct result of wider cuts to the Citysafe (Liverpool's Community Safety Partnership) budget, The Councillors' Initiative Fund and Children's Services.⁸⁵

The total Liverpool City Council Supporting People budget allocation from central government was cut from 36m to 25m in 2011/12. A spokesperson from the council told Channel 4 News that this would result in "significant change" and "difficult choices", particularly in respect of early intervention projects.⁸⁶ The council reports a 13 per cent reduction in funding for SP domestic abuse services in 2011/12; however, the figures we have from the IDVA service show a 12.5 per cent cut to the IDVA service and a 56 per cent cut to the ABC service,⁸⁷ which suggests that the early intervention / preventative service took the biggest hit. We have been informed by service providers that the SP grant was cut by a further 8 per cent in the 2012/13 budget decisions. The council tells us that the IDVA service will be subject to a further reduction in the next 12 months; more information about this will be available once the SP commissioning process begins.

The cuts to the Liverpool SP grant for the IDVA service are compounded by central government cut backs to the funding available for IDVA services nationally. While the government has stated its commitment to continuing central IDVA funding until the end of the spending review period (March 2015),⁸⁸ applications are now restricted to a maximum of £20,000 per IDVA and £15,000 per MARAC (Multi Agency Risk Assessment Conference), with only one bid for each kind of post for any one local authority. This has left many IDVA services facing significant cuts.⁸⁹

⁸⁵ Information supplied by the service provider.

⁸⁶ <http://www.channel4.com/news/half-of-domestic-violence-services-could-lose-funding>.

⁸⁷ *Local Solutions IDVA Service Concerns* briefing, 6/3/12.

⁸⁸ HM Government (2012) *Call to End Violence Against Women and Girls: Taking action - the next chapter*.

⁸⁹ Baird, V. QC. Op cit p.6.

In Liverpool, a bid for central government funding for a MARAC administrator was successful, but an application for IDVA funding was turned down. This decision was made despite Liverpool having two MARACs and one of the biggest MARAC case loads in the North West,⁹⁰ as Liverpool was classed as only one area and the funding restriction was applied accordingly. Liverpool City Council has informed us that the number of high risk cases progressing through MARACs has increased with 267 being supported in March-May 2012 compared to 232 cases being progressed in the same period in 2011, which equates to a much higher volume of cases than the national average.⁹¹ Indeed, CAADA figures for the eleven month period from January to November 2011 show that there were 354 cases supported by South Liverpool and 604 cases heard by North Liverpool MARACs.⁹² Government funding for the one MARAC post covers only part of the cost of one administrator, with the remaining cost of this post and the full cost of the second post being funded entirely by the Community Safety and Cohesion Service.⁹³

Impact of cuts on domestic abuse support

The Citysafe Annual Plan, 2012/13 states that “1,083 victims of domestic violence have been supported by services provided by the partnership during 2011/12; including multi-agency case risk assessment conferences (MARACs) to reduce levels of repeat victimisation.”⁹⁴

We found the number of victims of domestic abuse in Liverpool to be far higher than that quoted in Citysafe’s Annual Plan however, and two domestic abuse services we have spoken to suggest this figure must relate to MARAC cases only. This is supported by CAADA figures which show that a total of 958 cases of domestic abuse were heard by Liverpool MARACs in the eleven months from January to November 2011.⁹⁵ The full extent of domestic abuse incidents in Liverpool is better understood

⁹⁰ Information provided by Liverpool City Council’s Domestic and Sexual Violence Reduction Officer, based on data provided by CAADA.

⁹¹ Liverpool’s MARAC case load is far higher than that recorded in performance monitoring data from over 200 MARACs which show a mean average of 49 cases per quarter per MARAC (modal average 37). (Steel, N, et.al. July 2011, *Supporting High-risk Victims of domestic violence: A review of Multi-Agency Risk Assessment Conferences (MARACs)* Home Office, Research Report 55 p.15.

⁹² CAADA (2012) Op cit.

⁹³ We are grateful to Liverpool Citysafe for this information.

⁹⁴ Citysafe *Liverpool’s Community Partnership Annual Plan 2012/13* p.3. We have been informed by a council officer that these figures are based on police statistics; however this is not made clear in the Citysafe Annual Plan.

⁹⁵ CAADA (2012) Op cit.

using evidence from grassroots VAWG organisations. For instance, during 2011/12, one organisation alone assisted 444 women suffering domestic abuse (as new referrals) and provided women with 633 face to face appointments, a further 66 women attended Freedom Programmes and an additional 337 women accessed the organisation for information and advice at outreach venues throughout the City. The same organisation responded to 1282 telephone calls during same period.

Nationally, only about 10 per cent of domestic abuse victims are supported by MARACs; it can be extrapolated therefore that the annual number of domestic abuse incidents in Liverpool that is supported by services is far higher than the number referred to by Citysafe.⁹⁶

Public sector spending cuts to domestic abuse services in Liverpool are occurring at the same time as there is an increasing demand for their services. Staff working in all these services indicated that more women are reporting domestic abuse (which is increasing in prevalence and severity), that they are receiving more referrals from other agencies, and that cuts to other specialist and non specialist agencies mean there are fewer places to refer women on to:

Merseyside police have said, between 2010 and 2011 when the police have had to respond to incidents of domestic abuse, from 2011 to where we are up to now, the level of violence that is occurring within the family home is increasing. So it's not just the volume, it's the level of violence that is being perpetrated. So as where it's been verbal, not to demean it, but where it's been verbal or open palm strikes or what's been going on, it's now becoming hospitalised, a lot more intense. The use of weapons is increasing. (Domestic Abuse Support Worker)

The increase in referrals comes from Merseyside Police, Victim Support,⁹⁷ Social Services, housing providers and, in some services, women self referring.

⁹⁶ The Labour Commission on Women's Safety reports that MARACs work with the top ten per cent of high risk domestic violence survivors; the remaining ninety per cent being supported by a range of specialist VAWG services.

⁹⁷ Until March 2011, Victim Support had been providing an enhanced specialised service for victims of domestic abuse that was funded by Citysafe. After this time, changes were made to the Citysafe tendering process, which meant that organisations could only apply to the council for a contract to provide a service under one funding stream. As there were other specialised domestic abuse support services in the city, Victim Support made the decision to apply for funding to enable the continuation of its Hate Crime service, which meant the enhanced specialised service came to an end. The change to the tendering process in effect limited the amount of funding that could be applied for overall, and reflects the cuts that had been made to the Citysafe budget.

Victim Support does however continue to provide support for victims of domestic abuse, through the Criminal Justice Centre and through its general support work, and sits on the Liverpool MARACs. Victim Support says it will shortly be repositioning its service provision in order to increase capacity for work with victims domestic abuse, this national

The whole ethos of VAWG services is to protect women and children and reduce risk of future violence through empowerment and the promotion of safe choices. However, this ethos is being undermined by the cuts: staff at more than one organisation spoke of women being at higher risk of returning to a violent partner because cuts to funding mean that services are now unable to provide the levels of moral support, practical help, and confidence building that are needed to enable women to leave violent relationships. This fear is acutely felt by women survivors:

If they cut this service, where will women like ourselves go to get help and support? This help and support helps you know you are not totally on your own. I think if this service is cut it could be quite dangerous. (Service User, Liverpool domestic abuse support service)

CAADA has warned that tens of thousands of women and children throughout the UK are at risk of serious harm, including being killed, as a result of funding cuts to local services:

Domestic abuse victims are facing a perfect storm. Not only are they losing the specialist domestic abuse services they so desperately need, but cuts to many universal services and the proposed changes to legal aid will leave many victims and children without a safety net. This situation will endanger lives, and the cost to the public purse is also certain to increase.⁹⁸

Locally, concerns have been raised about cuts being made to the IDVA service at the same time as the service is experiencing a significant increase in the level of referrals and Merseyside Police are reporting a rise in domestic related violent crime and homicide.

At the time of writing, the number of IDVA posts has been cut from 4 full time to 4 x 30 hour posts, the equivalent of 3.5 FT posts. This service is the only one in Liverpool commissioned to carry out the specific IDVA role, and receives its referrals from statutory agencies such as the Police and Social Services. Every high risk case, even if receiving support from other domestic abuse services, must also be referred for specialist IDVA service support. While two other domestic abuse organizations have staff who are trained up to IDVA level by CAADA (who are

service standard has been developed in conjunction with CAADA. Victim Support has noticed a significant increase in the number of cases that are now being heard by the Liverpool MARACs, which, in some instances, can amount to 90 cases a day in north Liverpool (The Citysafe Liverpool MARAC Operating Protocol provides for one meeting per month for each MARAC but we understand that due to the high number of cases being referred to the North Liverpool MARAC this now meets over two days instead of one.) Victim Support has told us that the increase in the number of domestic violence incidents are occurring at the same time as funding cuts to health and wellbeing services and the police, resulting in demand moving from one service to another.

⁹⁸ <http://www.caada.org.uk/news/press-release-5-3-2011.html>.

funded by a mix of CRU and charitable funding, organizational reserves, and who, in one case, works as a volunteer offering general support) none actually carry out the role of an IDVA within the organizations they work for.⁹⁹

We calculate that the optimum number of IDVA posts for Liverpool should be much higher than the current one, given that every referral to an IDVA requires a significant level of support. The recommended number of IDVAs is 0.5 per 10,000 adult female population, which is based each IDVA supporting 100 victims per year.¹⁰⁰ The number of adult females (aged 15 and over) in Liverpool is 191,500¹⁰¹ indicating a need for 9.5 IDVA posts.

When we look at the actual number of high risk victims that are supported in Liverpool, however, the required number of IDVAs is higher than 9.5. Liverpool City Council quotes 130 high risk cases per quarter dealt with by the IDVA service (defined as four or more contacts with the service). This compares with on the ground figures that show an ongoing case load of 98 victims/ survivors with a further 150 referrals on average each month.¹⁰² The disparity between these figures is explained by looking at the amount of work involved in supporting women who have one to three contacts with the IDVA service. The service provider reports that: “due to the high risk posed to the client the service must contact every referral and work to safeguard and support the individual and their family”,¹⁰³ meaning that most referrals require a high level of action and support. This often includes safety planning, safeguarding, attending case conferences, refuge referral or working with housing providers to get women and children re-housed. This could involve weeks of work and will often achieve positive outcomes for women, and is recorded by the IDVA service as significant contact. Notably, in the IDVA service reports it has made 7,713 support calls and responded to an additional 5,624 calls totaling 13,337 in a 12 period.

In this context, an average of 548 high risk victims are being supported by the IDVA service per quarter (150 x 3 plus 98); the equivalent of 1,898 per year (150 x 12 plus 98). This figure suggests that 19 IDVAs are needed to cover high risk cases in the Liverpool area.

⁹⁹ Information supplied by a domestic abuse support service manager.

¹⁰⁰ We are grateful to CAADA for providing us with the formula for calculating IDVA provision per local population figures. This formula is based on CAADA’s work with IDVAs over the past 7 years, which shows that each IDVA supports 100 high risk victims per year (of a total number of 100,000 high risk victims in the UK).

¹⁰¹ ONS (2011) *Neighbourhood Statistics, Resident Population of Liverpool, Females, data set to June 2010*.

¹⁰² ‘Local Solutions IDVA Service Concerns’ briefing, 6/3/12.

¹⁰³ Ibid.

A domestic abuse service manager has told us that the unprecedentedly high volume of cases now being referred to the Liverpool MARAC has resulted in the North Liverpool MARAC now hearing cases over two days instead of one, which is increasing the strain on staff resources.¹⁰⁴ Furthermore, the IDVA service has raised concerns that further cuts to the service will result in substantial increased risk for victims of domestic abuse in Liverpool:

*During the last 12mths there have been four DV murders on Merseyside. The Liverpool IDVA service is working at a far greater client/worker ratio than any other area of Merseyside. LCC has previously supported victim/survivors of DV using public campaigns to raise awareness and they also commissioned both IDVA and ABC to ensure victim/survivors risk was reduced through a coordinated approach. If LCC now reduce or even decommission these services this could have catastrophic consequences. It could lead to an increase in vulnerability to families, which in turn could lead to another potential death, it could also send out a message to the residents of Liverpool that domestic abuse, child abuse and/or domestic homicide is no longer a concern or priority to local government.*¹⁰⁵

This stark warning about risk to women's lives is echoed by the Labour Commission on Women's Safety which reports that cuts to VAWG services are also jeopardising women's safety.¹⁰⁶ With significant cuts to public spending on local domestic abuse services, and Liverpool not receiving central government money for an IDVA post, the problems reported by Labour's Commission on Women's Safety look set to be replicated in Liverpool. The lack of central government commitment to statutory funding commensurate with need for local IDVA posts has resulted in some workers perceiving their service to be categorised as 'non essential' when in fact this service is uniquely placed to save women and children's lives.¹⁰⁷

The volume of high risk cases dealt with by IDVAs, although substantial, represents only a small percentage of domestic abuse cases and, as other services work with women at all levels of risk, the same claim can be made for these services being essential life saving services. As with the commissioned IDVA service, these services also provide representation at MARACs as well as offering a range of other types of support to victims / survivors. Service users at a CRU funded domestic abuse service talked about considering suicide as a result of the abuse they had experienced, and that their DV service had been a literal lifeline in giving them support to work through their trauma and envisage a viable future. This service used to offer women one to one counselling, but is no longer able to because of funding

¹⁰⁴ The Citysafe *Liverpool MARAC Operating Protocol 2010-13* provides for one MARAC in the South and one in the North of the city, each convening once a month.

¹⁰⁵ 'Local Solutions IDVA Service Concerns' briefing, 6/3/12.

¹⁰⁶ Baird, V. (QC) (2012) Op cit.

¹⁰⁷ CAADA (2010) *Saving Lives, Saving Money: MARACS and high risk domestic abuse.*

cuts. So much of the trauma support now takes place in groups, but not all women want to be part of a group, preferring the privacy and opportunities for disclosure afforded by one to one counselling. The staff at this service are concerned that lack of funding for one to one counselling is leaving abused women vulnerable and at risk.

Much of the group work these services provide is delivered through the Freedom Programme (FP), a 12 week rolling course that gives women an understanding of the dynamics of male on female abuse. While the FP is not appropriate for every woman who is experiencing abuse, evaluations show that it is highly effective in enabling women to identify and understand abusive behaviour and to make positive changes to their lives including leaving violent relationships.¹⁰⁸ Funding cuts have reduced the number of services in Liverpool able to deliver the FP, and consequently some domestic abuse services are having to use more of their resources to provide this programme to make up for cuts elsewhere. One organisation is eating into its reserves to provide a FP, but with more women being referred, and without funding to expand the programme, it has had to stop taking more referrals.

A major source of referrals is Social Services who often make attendance on a FP a compulsory aspect of a Child Protection Plan. Domestic abuse services do not get extra funding for providing these places, and report being pressured by Social Services to take an increasing number of women, which is leading to lengthening waiting lists. Two services are offering one to one Freedom Programmes for women who, because of long waiting lists, could not gain access to the group Programme, just so the women can comply with their social services plans. This is not a sustainable course of action, and providers feel that the current situation of compulsory attendance on programmes that are increasingly difficult to access could potentially put women at risk of losing their children or of not disclosing further violence to Social Services.

More than one domestic abuse service voiced frustration that social workers appear not to understand the power dynamics of domestic abuse, and that placing responsibility on the woman to keep the children safe while doing nothing to tackle the oppressive behavior of the abuser further disempowers already demoralized and damaged women. In a similar vein, women's organizations raised concerns that FPs being provided by mainstream voluntary sector organisations do not have the same ethos as VAWG services, i.e. a woman empowerment model, and that these programmes may be more coercive, focusing on compliance with Social Services without giving women the confidence and the tools with which to make empowered choices for themselves and their children:

¹⁰⁸ For example: Williamson, E. & Abrahams, H. (2010) *Evaluation of the Bristol Freedom Programme*.

I have women phoning me up and saying “he’s battered me, I am the victim, yet Social Services have come in heavy handed and said you have to do this, this and this”. [...] Let’s not make a woman sign an agreement then if he turns up at her house, and she phones for help, she has failed the agreement, failed the child protection arrangement.

(Domestic Abuse Support Worker)

It is important to note that funding cuts to services that work to prevent abuse from escalating, or to enable women to leave violent relationships, may result in these cases developing into higher risk cases.¹⁰⁹ All the VAWG services we spoke to said that if they had more funding they would plough more resources into the kind of long term preventative and empowerment work that changes women’s lives:

We need to empower these women to make positive choices with a next relationship, because otherwise they are just going to have him back or it will happen again. So it’s about the bigger picture isn’t it? And it’s about looking, and this is where, when you talk about impact, this is where we could do so much more, it’s in that empowerment side. Because [once] their safety has improved, the risk reduced, there needs to be a follow on. These women need to get power back, to take control. Because in DV relationships, you don’t have power, you don’t have control.

(Domestic Abuse Support Worker)

This research has found that while domestic abuse support services are supporting women for longer than before, this is more in terms of providing support for complex needs than it is about being able to engage women in long term empowerment work. This is because other services, which had previously offered follow on support such as drug and alcohol support and alternative therapies, have been cut. Consequently domestic abuse services, which are committed to providing support for as long as it is needed (as women who have been living in abusive relationships for many years, or who have complex and / or multiple needs usually require long term support), are being stretched to provide far more for less money.

Refuge provision

In 2011/12 Supporting People re-commissioned refuge services in different parts of the city, which have now been increased from two to three. While there have been some reductions in the funding allocation to support services commissioned by Supporting People funding, Liverpool City Council has increased funding for refuges by 27 per cent in recognition of the need for this vital resource.¹¹⁰ A proposal to

¹⁰⁹ Baird, V. (QC) (2012) Op cit.

¹¹⁰ Information supplied by Liverpool Citysafe, as above.

withdraw funding for a 'domestic violence accommodation unit' was rejected when the council set its budget on 6th March 2013.¹¹¹

The refuge that took part in this research is a community based organisation working primarily with BAMER women. It is affiliated to both Women's Aid and Imkaan, the national BAMER charity dedicated to addressing violence against women and girls. Liverpool City Council funds the organisation to provide housing related support; as confirmed by the council this is through increased Supporting People funding.

Specialized VAWG services for BAMER women, such as the sexual violence and domestic abuse services featured in this research, are crucial to ensuring that additional and culturally specific needs are met,¹¹² particularly as BAMER women are less likely to access statutory services.¹¹³ A recent report by Imkaan found that 87 per cent of BAMER women accessing refuge and other support services said they preferred to be in a BAMER refuge.¹¹⁴

The organisation we spoke to has existed for over 20 years as a specialized BAMER community based women and children's refuge in Liverpool. In 2011, however, it was on the brink of closure when the Council's direct commissioning funding ended and the contract for the service was put out to competitive tender. The outcome was that the council decided to award the contract to a national organisation with no previous affiliation to the community. A strong campaign to save the refuge was mounted, involving local people and grassroots organizations; women service users in particular were very vocal in their activism to maintain the service as a crucial resource run by local BAMER women who had the knowledge, expertise and community networks needed to most effectively deliver the service.¹¹⁵

At the final moment, the national organisation decided not to take on the contract and the council gave it to the local refuge. The manager of the refuge feels that the

¹¹¹ <http://www.dalestreetnews.com/2013/03/06/council-sets-budget-for-201314/> [accessed 7/3/13].

¹¹² See for example Saddiqui, H. & Patel, M. (2010) *Safe and Sane: A model of intervention on domestic violence and mental health, suicide and self-harm amongst Black and Minority Ethnic women*; Parmar, A., Sampson, A. & Diamond, A. (2005) *Tackling Domestic Violence: Providing advocacy and support to survivors from Black and other Minority Ethnic communities*.

¹¹³ Ibid.

¹¹⁴ Thiara, R. & Roy, S. (2010) *Vital Statistics: the experiences of Black, Asian, Minority Ethnic, & Refugee women and children facing violence and abuse*.

¹¹⁵ The difficulties and barriers facing grass-roots women's organisations in competing for local authority service contracts in an uneven and unequal playing field are detailed in the WRC (2008) *The Impact of Commissioning and Procurement on the Women's Voluntary and Community Sector*, with good practice recommendations put forward in: WRC (2011a) *Engaging the Women's Voluntary and Community Sector: a guide for public bodies*.

council's decision can be greatly attributed to the strength of the response from service users and local women:

They did not expect such a strong response. The council does not know our history, but we are losing a lot of provision for Black people, and our service users are brave women.

The manager thinks that although there is not widespread awareness within the local authority of the particular needs of BAMER women victims and survivors of gender based violence, the consciousness of some officers and councillors has been raised regarding these issues because of the powerful campaign message. The present contract runs until December 2014, when it is expected to be again put out to tender. The service manager hopes that the council will continue its commitment to specialist BAMER women's refuge provision but is worried that if the next tender gives highest weighting to cost the contract may be awarded to a generic service provider.

Public sector funding does not cover the full cost of providing the service and, in common with most of the other VAWG organisations that took part in this research, the refuge is operating at full capacity while also having to commit scarce staff resources to non-statutory fundraising work. This additional funding affords added value to the public sector contract as it enables the provision of a wide range of support activities which supplement the refuge accommodation. These include an Ofsted registered crèche; staff and volunteer training in a range of domestic abuse, legal, and equalities issues; therapeutic activities; moving-on support; specialist support for women who are seeking refuge from forced marriages and/or so-called 'honour' based violence and for women who are refugees from war and conflict related gender violence. Non-statutory funding also supports projects set up to alleviate the poverty and destitution experienced by women fleeing violent relationships; this problem is increasing because of cuts to services and benefits and rising prices of everyday items such as food and school uniforms.

Being acutely aware of the pressure all local authorities are under to save money, and of the devastating impact of cuts on local services relied on by women, the refuge is keen to negotiate with the council on how it can continue to deliver its specialist service in the most cost effective way while ensuring women continue to receive the service they need. While not under immediate threat, given the strain on Liverpool City Council funding and the tendency of local authorities to prioritise cost in procurement processes, the refuge is feeling very insecure about its future.

The refuge also provides significant added value, or social return on investment¹¹⁶ for local public bodies by providing employment and volunteering opportunities for local women, most notably, women who have themselves used the service. The additional value and social return on investment (SROI) that is generated by this organisation in terms of ensuring the needs of women from often marginalized BAMER communities are met, saving women and children's lives, providing safety from violence, and facilitating women's independence and empowerment cannot be underestimated and needs to be factored into the decision-making process.

Sexual violence support services

While public funding for all types of VAWG services has always been limited, the historic policy focus on domestic violence has led to even more restricted funding options for the sexual violence sector.¹¹⁷ Rape Crisis Centres (RCCs) and other voluntary sector sexual violence support services have traditionally been funded through charitable donations and, in some cases, money from local authorities, Primary Care Trusts and Social Services. However, local funding arrangements vary widely. Since 2005, central government funding has been available for some RCCs under the Ministry of Justice (MoJ) Victims Fund, and since 2006 under the Home Office Independent Sexual Violence Advisor (ISVA) scheme.¹¹⁸ The government has recently announced that central MoJ and Home Office funding is to be continued to March 2014 and March 2015 respectively.¹¹⁹ While the commitment by central government to extending both these funding sources has been welcomed by the VAWG sector, there are also concerns that some of this funding may be devolved locally, leading it to be allocated to non-specialist agencies;¹²⁰ furthermore, central funding is restricted, and what is available is nowhere near enough to make up the shortfall caused by stringent cuts to local budgets and local services.

In Liverpool, the ISVA service is funded by Citysafe. Citysafe ISVA funding is allocated between three sexual violence support organisations operating in Merseyside, one of which is the statutory-led Sexual Assault Referral Centre (SARC).¹²¹ There is some organizational cross over work by the statutory ISVA service. Overall, the ISVA service delivers support in three areas:

¹¹⁶ SROI shows how women's organisations consistently save money for local authorities and local communities, and is discussed more fully on page 17 of this report.

¹¹⁷ WRC & Rape Crisis (England and Wales) (2008) Op cit.

¹¹⁸ Rape Crisis (England and Wales), Child and Woman Abuse Studies Unit (CWASU), Fawcett Society and ERAW Coalition (2008) *Not Either/Or but Both/And: Why we need Rape Crisis Centres and Sexual Assault Referral Centres*. Briefing Paper.

¹¹⁹ HM Government (2012) *Call to End Violence Against Women and Girls: Taking action - the next chapter*.

¹²⁰ Conversation with local VAWG service manager.

¹²¹ Sexual Assault Referral Centres (SARCs) are an integrated service where victims of recent sexual assault can access health and support services. They are jointly run, as well as generally funded, by the police and health services. SARCs provide forensic medical examinations, emergency contraception, screening and treatment for sexually transmitted

- Sexual violence within domestic violence.
- Sexual violence – acquaintance/stranger.
- Sexual violence – street sex workers.

Liverpool City Council told us that “Citysafe funded the ISVA Services in 2011/12 and continue to fund these services in 2012/13, there has been no reduction in the budget allocated to the [ISVA] service as sexual violence was identified as a key priority by the Partnership”.¹²²

Impact of cuts on sexual violence support

We spoke to one voluntary sector sexual violence support service for this research, and have found that although, as the council says, between 2011/12 and 2012/13 there was no reduction in the annual ISVA budget for this service, it has nevertheless been subject to significant funding cuts. In 2009/10 the service was awarded a three year contract by three Merseyside PCTs with a commission value of £80,000 to provide a mix of ISVA and counselling support within three local authority areas. In January 2010, the organisation was advised that because of the reorganization of PCTs, the contract was to be cancelled at the end of March and each PCT was to commission services separately. At the 11th hour (31st March 2010) the organisation was asked by Liverpool Citysafe to carry out all Liverpool ISVA work for £15,000 per quarter, including work within the SARC. This contract was renewed every quarter, to run up to 31st March 2011, but with no funding for counselling. At this point Liverpool City Council aimed to amalgamate all Liverpool ISVA services, including the SARC, as one organisation. The service we spoke to refused to compromise its core mission and has remained independent under the Rape Crisis umbrella, but with reduced local authority funding for its ISVA service at £40,000 per year, representing a 33 per cent cut on the previous year’s money, and with no guarantee of funding after March 2013. Furthermore, Home Office ISVA funding, meant to match the £40,000 local authority funding did not go to the voluntary sector sexual violence support service but went instead to the statutory-led SARC.¹²³

Like all voluntary sector services, funding for VAWG services needs to cover core costs such as renting premises, salaries, IT, administration etc. which is not covered by national or local government funding. In Liverpool, the only local authority funding currently available for the women-led, voluntary sector sexual violence support service is for provision of the ISVA service. This service has told us there is not enough money from Citysafe to run the 2 ISVA posts they are commissioned to provide, let alone pay for premises and other core costs. Consequently, the lack of

infections and, in some, short term advocacy and counselling (Rape Crisis (England and Wales), CWASU, Fawcett Society & EVAW Coalition (2008) Op cit.

¹²² Information from Liverpool City Council.

¹²³ Home Office (2011) *List of organisations receiving funding contributions towards Independent Sexual Violence Advisers 2011/12 to 2014/15*.

match funding costs them at least £20,000 a year to support the Liverpool ISVA service.

The previous Labour Government's Sexual Violence and Abuse Action Plan (SVAAP) acknowledged that "sexual violence and childhood sexual abuse are two of the most serious and damaging crimes in our society". The SVAAP makes clear that sexual violence is "both a consequence and a cause of gender inequality" and that perpetrators are overwhelmingly male and most victims are female.¹²⁴

Citysafe reports that "207 Liverpool victims of sexual violence have been supported during 2011/12 by the Independent Sexual Violence Adviser (ISVA) services in Liverpool."¹²⁵ While this figure refers to ISVA advocacy support, it does not account for either the scale of sexual violence that occurs in Liverpool or the number of women supported by the local sexual violence sector. The voluntary sector sexual violence support organization we spoke to, which is part of the Rape Crisis England and Wales network, reported that they worked with 689 victims in 2011/12, and that in the first six months of the 2012/13 financial year 487 Liverpool residents received ISVA and/or counselling and other therapeutic support, of whom 426 were female.¹²⁶ The difference between the Citysafe and voluntary sector organisation's figures may partly be explained by the independence of Rape Crisis Centres from the statutory sector and the criminal justice system.¹²⁷ This independence is vital because many women, for a variety of reasons, choose not to report sexual violence to the police or other statutory agencies.¹²⁸ Most of the women supported by the sexual violence support service we spoke to are self or third party referrals, rather than being referred by the SARC:

If we accept that 207 annual figure then we are lying to ourselves. Because this figure, [...] will still be scratching the surface of the number of women who need support. So any councillor who accepts that 207 figure in a city the size of Liverpool as reflective of how many cases there actually are is kidding themselves. (Trustee)

¹²⁴ HM Government (2007) Cross Government Action Plan on Sexual Violence and Abuse, Summary Version pp.i-iii.

¹²⁵ Citysafe: Liverpool's Community Safety Partnership *Citysafe Annual Plan 2012/13*.

¹²⁶ Figures contained in the service provider's report to the MoJ October 2012.

¹²⁷ WRC & Rape Crisis (England and Wales) (2008) Op cit.

¹²⁸ Only 15 per cent of serious sexual offences against individuals aged 16 and over are reported to the police and of the rape offences that are reported, fewer than 6 per cent result in an offender being convicted of this offence (<http://www.rapecrisis.org.uk/mythsandfacts2.php>). The reasons for not disclosing vary, but often relate to the stigma of sexual violence including fear of not being believed, and feelings of blame and embarrassment, and, to a lesser extent, to procedural issues, such as not knowing where to report, mistrust of the criminal justice process and not wanting to go to court - See Rape And Sexual Abuse Support Centre (RASASC) (2011) Reporting Sex Offences RASASC Research and Policy Bulletin 7/08/11.

Rape Crisis Centres also offer long-term support to women who have experienced both recent and historic sexual violence, which is crucial as many victims only disclose their experience several years after the event. Statutory led organisations, such as Sexual Assault Referral Centres (SARCs), while providing medical examination and screening and, if requested, referral to the police, often do not provide counselling ‘in house’, instead referring women to follow on care and support. This, combined with the fact SARCs are linked to the police and criminal justice system, prevents them from offering an adequate alternative to Rape Crisis Centres.¹²⁹

A further value of the Rape Crisis sector is that it provides women only space, and offers long term support to women survivors who, as a result of sexual violence and/or childhood sexual abuse, may have complex needs which are often not met by statutory services. These include issues such as drug and alcohol dependency, mental health issues, suicide, self-harm and eating disorders. Rape Crisis Centres therefore adopt a comprehensive and integrated approach to care that meets women’s individual needs, and ensures that they are not passed around different agencies for each particular issue they may be facing.¹³⁰

The local sexual violence support service we talked to works in two locations in Merseyside. It was established within a feminist ethos, recognizing that sexual violence is connected to gendered power inequalities and has specific gendered impacts on women. Like all organizations working within the Rape Crisis network, this service offers a range of support that is not time limited:

Importantly, it’s recognized that it’s not ‘you’ve got four sessions, it’s not ready, steady, go. It’s decided by women when it’s most appropriate for them to receive support. We recognize the longevity of impact on women. (Trustee)

As well as a small team of hard working and dedicated staff, the service (and, it can be argued, central and local government) relies on women who volunteer their time, skills and expertise as counsellors and in other roles. This goes some way to making up the loss of statutory funding for the counselling service. In spite of this, the impact of the cuts is undermining the ability of the organization to provide long-term support; and the workforce is being increasingly stretched to ensure women get as much support as they need:

The reason why we exist and continue to go on is that there are so many wonderful women who give their time for free as volunteers and

¹²⁹ Rape Crisis (England and Wales), CWASU, Fawcett Society & ERAW Coalition (2008) Op cit.

¹³⁰ Ibid.

counsellors. We have minimal paid staff but we have a lot of staff. A lot of people who are working with women face to face, day in, day out. That's how it works. Because if we had been dependent on government funding or council funding it would have gone under years ago. (Trustee)

As with the Rape Crisis sector generally, this organisation has, in the words of its staff, been “historically been poorly recognized in terms of funding need” and the situation has long been one of staff working on short-term contracts. This has worsened, however, as a result of public sector spending cuts, and the organisation has increasingly had to seek funding from non-statutory sources, which means having to pay a member of staff to work full time on fundraising activities. Inevitably, given stretched staffing and resources, fundraising work takes valuable time and skills away from awareness-raising and other vital work.

A major feature of non-statutory funding agreements is that funders typically are looking for innovative projects, which means that core work, which has been proved by this organisation to work most effectively for the women they work with, is less likely to be funded: *“They want something new, something repackaged”*.¹³¹ In addition to having to come up with new ideas to deliver support for victims/ survivors, the organisation also has to work to outcome frameworks that are determined by funders. The trustee we spoke to raised concerns that funders’ criteria for effectively demonstrating impact do not always match the organization’s own priorities regarding the best outcomes for women. In particular, there can be incompatibility between funders’ outcome measurements based on business ideas, or criminal justice priorities, and woman-centred outcomes based on the needs and experiences of women themselves:

The way funding is allocated in all sectors, there is the idea that you have to prove impacts. And that is a business model. And that business model does not transfer to the lived experiences of women survivors of sexual violence.

The sexual violence support organisation we spoke to is constantly faced with the dilemma of how to meet funders’ outcome requirements that do not always relate to its core values or recognize its expertise as a specialist women’s organisation:

We read reports but what does that tell us about how a woman is coping with her life? Organisations have been obliged by funders to show how much better women are after they have received counselling. And that kind of report and that kind of outcome doesn't make sense for a woman-centred organization. Funders, including government funders, do not recognize the value [of women's organisations] because they don't

¹³¹ Interview with Trustee at a Liverpool Sexual Violence Support Organisation.

understand the impact that sexual violence has on a woman's life. Because what you end up with is the tail wagging the dog: if that's what a funder wants then that's how the organization is having to run. And that's problematic because that organization knows how to respond to women who have been subjected to sexual violence, so whenever you are told externally how things should go, that's one of the issues, yet external funding in times of cuts is the only way we can go. (Trustee)

In this context, it can be seen that funders' priorities strongly determine service provision, and it is to its credit that this service has on more than one occasion held out against external pressure to conform to incompatible service specifications in order to remain faithful to its central mission.

The government's 'Call to End Violence Against Women and Girls Action Plan' recognizes the value and expertise of specialist women's organizations that work to support victims/ survivors of gender based violence, and stresses that investing in services now will "yield much higher returns in the future".¹³² Yet, without central government absolute commitment to adequate sustainable funding, and given the erosion of local funding sources, we doubt that this agenda can be realized. The Liverpool voluntary sector sexual violence support service we spoke to has seen its local and national funding greatly reduced at a time when referrals are exponentially increasing, which means this service is running at a loss:

It costs us money to carry out this contract but we do it so the victims are supported. (Service Manager)

Following the consultation 'Getting it Right for Victims and Witnesses', the government has decided to maintain responsibility for commissioning 'rape support services' through Ministry of Justice Funding.¹³³ Rape Crisis (England and Wales) has welcomed the decision to continue with central government funding.¹³⁴ Locally, however, this money does not cover the cost of running services and the voluntary sexual violence sector remains dependent on diminishing local government funding to (albeit partly) make up the shortfall. As we have noted, in the first six months of this financial year alone, the sexual violence support service we spoke to worked with 487 Liverpool residents, with local authority funding for only two ISVAs. Furthermore, Home Office match funding for the ISVA service this year went to the statutory sector SARC,¹³⁵ which has compounded the pressure on the local voluntary sexual violence sector. This situation accords with the Labour Commission on Women's Safety report which warns that:

¹³² HM Government (2011) Op cit p.1.

¹³³ Ministry of Justice (July 2012) Getting it Right for Victims and Witnesses: The Government response London: Ministry of Justice.

¹³⁴ http://www.rapecrisis.org.uk/news_show.php?id=74.

¹³⁵ Home Office (2011) Op cit.

*‘spot funding’ for a few services from national budgets will do little to compensate for huge centrally dictated local cuts to the rest of the violence against women infrastructure.*¹³⁶

Specific impacts on more marginalised groups of women

While the majority of women are being disadvantaged by the cuts,¹³⁷ some groups of women experience greater marginalisation and isolation, and have particular experiences as a result of intersectional discrimination. That is, as well as being female, they suffer additional social oppression on one or more fronts, for example: racism, homophobia, mental health stigma, and poverty. These groups of women often have additional barriers to accessing community services, and may require specific forms of support for gender-based violence that is provided by women from their own or similar backgrounds to themselves.¹³⁸ Such specialist services offer therapeutic support, counselling, peer groups and services in languages other than English, given within a culturally sensitive framework and a safe women only environment.¹³⁹

The Women’s Budget Group predicted in 2010 that while women overall will bear the brunt of spending cuts, “it is the poorest and most vulnerable women in British society who will feel the cuts most acutely”.¹⁴⁰ This prediction is proving to be true as reported by, amongst others, the Fawcett Society,¹⁴¹ The Labour Commission on Women’s Safety¹⁴² and The Guardian.¹⁴³ Local evidence accords with the national picture, with some vulnerable groups being at risk of losing support in terms of services that aim to prevent VAWG as well as those that provide support and protection for victims.

The government’s Action Plan to End Violence Against Women and Girls has as its first guiding principle the prevention of violence by challenging the attitudes and behaviours which foster it.¹⁴⁴ This follows dedicated work by the End Violence Against Women (EVAW) coalition which has demonstrated the value of prevention work with young people. EVAW sets out a comprehensive plan for prevention work that addresses the social norms that underpin gender inequality by challenging gender stereotypes, ideas of male entitlement and female objectification, and peer

¹³⁶ Baird, V. (QC) (2012) Op cit.

¹³⁷ WRC (2013) *Women’s Equality in the UK – A healthcheck. (CEDAW shadow report).*

¹³⁸ WRC (2011d) *Defending Women Only Services*

¹³⁹ Izzidien, S. (2008) *“I can’t tell people what is happening at home” Domestic Violence within South Asian Communities: The specific needs of women, children and young people.*

London: NSPCC; Saddiqui, H. & Patel, M. (2010) Op cit.

¹⁴⁰ WBG (2010) Op cit.

¹⁴¹ Fawcett Society (2012) Op cit.

¹⁴² Baird, V. (QC) (2012) Op cit.

¹⁴³ Martinson, J. (2012) ‘Coalition cuts hit older women hardest’ *The Guardian* 28 September.

¹⁴⁴ HM Government (2011) Op cit.

approval of violence against women and girls.¹⁴⁵ To support such prevention work, EVAW has called on all local authorities to:

*establish local partnerships with relevant voluntary sector agencies, primary and secondary schools to support the coordinated delivery of prevention work.*¹⁴⁶

One local domestic abuse service told us that its awareness raising work with young people has ground to a halt because of cuts to funding. This had involved working with local schools and young people's projects to raise awareness that domestic abuse is wrong and to dispel the myths that blame victims and excuse perpetrators. The service feels that this work is essential in helping to decrease levels of violence against girls and women, and its loss is a source of huge disappointment. Other local services confirmed that there is a significant increase in domestic abuse amongst 16-24 year olds, and there is a consensus that there is a pressing need for prevention work, particularly as many young women do not understand abuse as abuse, or are frightened to disclose, and that it is rarely reported:

They don't identify domestic abuse as a problem, its par for the course: "What do you mean? No he only slaps me, me mate gets bruises on the head, it's alright, we are only messing". So there is a massive need to respond to an identified problem. And even getting them to report is a massive problem because of the grass culture. Some of them have had 'grass' sprayed over their house, their mum's house, they are reluctant to speak to the police, they are reluctant to go to court. It's really difficult to get young people to engage. (Worker at a Liverpool Domestic Abuse Support Service)

There is a solid body of evidence relating to the value of projects that educate children and young people about gender based violence in terms of changing attitudes and behaviours,¹⁴⁷ which in turn leads to savings to public money spent on health, social services and criminal justice.¹⁴⁸

In addition to the detrimental effect of cuts to prevention and early intervention work, there is evidence that cuts are eroding opportunities for marginalized and isolated women to recover from trauma caused by gender-based violence. For example:

¹⁴⁵ Banos Smith, M. (2011) *A Different World is Possible: promising practices to prevent violence against women and girls.*

¹⁴⁶ EVAW (nd) *Schools Safe 4 Girls.*

¹⁴⁷ Womankind Worldwide (2011) Freedom to Achieve *Preventing Violence, Promoting Equality: A whole school approach.*

¹⁴⁸ Cerise, S. (2011) *A Different World is Possible: Ending Violence Against Women: A call for long term and targeted action to prevent violence against women and girls.*

- BAMER women who have experienced domestic abuse are particularly isolated within a majority white community. Before the cuts many were able to go to culturally specific community organizations, some of which we have been told have lost their funding. Consequently, there are far fewer places for ethnic minority women to be referred to where they can access both cultural and gender specific support, together with the social and therapeutic benefits of community engagement and building friendships with other women.
- One organisation's trustee we spoke to felt that given there is little public support for immigration (support which has further decreased since the onset of austerity measures),¹⁴⁹ a commitment to funding specialist provision is vital to ensure asylum seekers who are victims of sexual violence get the specific support they need:
Asylum seekers are in a particularly precarious position. [There are] different risks of sexual violence in transit, etc. Women who have to sexually service a man as there is no alternative – that is rape. Those groups are going to have even more problems, as with the cuts to asylum seeker organizations comes the political desire not to have asylum seekers in the country, so you have got the double whammy. Women who are living here have experienced a whole host of sexual violence and continue to in different ways.
- A pioneering project that is designed as a follow on course from the Freedom Programme is facing a precarious future. This programme has been created and delivered in Liverpool by a specialist in working to end domestic abuse from a feminist perspective. Its value lies in its work with women at high risk of violence and abuse, using awareness raising and education to enable women to make healthier life choices for themselves and their children. Many of the women who attend this programme have had their children taken into care because of domestic abuse and part of this work is about giving women the skills and capacity to parent effectively, with the aim of them regaining the care of their children. While this project is still receiving local statutory funding, its creator feels its future is at risk as most of the courses take place in Children's Centres, which are themselves subject to public sector cuts.¹⁵⁰ She says that if she were to lose public money, alternative grant and charitable funding is unlikely to be available as the project would be seen as a service delivered to and in the statutory sector, placing the funding obligation on that sector. Furthermore, it is a women only programme, and this service provider has found funding for women only projects "scarce and competitive".

¹⁴⁹ Park, A., Clery, E., Curtice, J., Phillips, M. & Utting, D. (eds.) (2012), *British Social Attitudes: The 29th Report*.

¹⁵⁰ <http://councillors.liverpool.gov.uk/documents/g12519/Decisions%2006th-Jul-2012%2009.00%20Cabinet.pdf?T=2> [accessed 11/3/13].

Impact on staff

The cuts to public sector funding are putting an intolerable strain on domestic abuse and sexual violence services and staff. Local government money is not covering essential core costs and some organizations are now spending far more time on applying to alternative funding sources such as charitable trusts to make up both the shortfall and the cost of inflation. As we have noted, one organization has resorted to spending its reserves, but says this is not a medium or long term solution to meeting service demand. In some cases, staff time that had previously been employed on service delivery and development is now being spent on applying for funding to maintain the existence of the organisation. While one domestic abuse support organization has been successful in obtaining funding from a charitable trust for two front line service posts, in general it is more difficult to access funding for staff salaries. With far more voluntary sector organizations now applying to large, medium and small funders to replace lost local authority funding, it is harder to obtain funds from ever diminishing pots of money. Consequently, *all* the VAWG services we spoke to are applying for smaller amounts from much wider range of funders, but this takes a great deal of time and energy which is being taken away from front line service delivery.

The short term nature of many funding contracts results in continual work on funding applications as well as creating unremitted insecurity over the future of services at a time of increased pressure from growing case loads:

At present we are OVERWHELMED by the volume of clients in Liverpool and we are terrified of advertising for more!!! We are looking to move as soon as possible to save money as the current funding will ALL end in March 2014 – and the ISVA funding is only guaranteed until March 2013.
(Member of Staff, Sexual Violence Support Service)

We found widespread insecurity amongst staff about the future of their jobs, which, coupled with the stress of vastly increased workloads, is having a negative impact on workers' mental health and morale.

It just makes you feel devalued, completely. (Domestic Abuse Support Worker)

I know we all feel like this, but you feel guilty taking annual leave, you feel guilty, because to be honest, who are you are letting down in the process. And its putting pressure on your colleagues because we have to be responsible 24 hours, so you know when your colleague is off and you have to take on their referrals and its like 'Oh its another 11 to do'. So you are constantly thinking, if I have that day off, this that and the other needs doing, so its 'oh do you know what, I won't have that day off'. In this line of work, more than anything, you should have time off. [...] And that thing

about waking up in the middle of the night, thinking 'did I do that? I must do that.' (Domestic Abuse Support Worker)

I think its the pressure of the threat of losing our jobs. Most of us have killed ourselves to get an education, to be professional, do something that isn't wonderfully paid, no one goes into this line of work to earn a great salary, unfortunately, it's deserved, but no one goes into it for that. And most of us have managed to get ourselves on the property ladder, and if we lose our jobs, we can't pay our mortgage, as we won't get benefits for that. So if we lose our jobs, we lose our home, we are homeless. We don't earn enough to save to pay for a rainy day! (Domestic Abuse Support Worker)

There is limited public funding to sustain core, backbone roles in the organization. So some roles that used to exist no longer exist. Funding criteria and short term contract is no good for people's mental health or security. It's not technically a cut but in reality it is. There are problems in morale, the cuts have an effect on how people go about their daily lives. Despite what politicians may say, people are working hard but are constantly being undervalued. (Trustee at Sexual Abuse Support Service)

Some VAWG support workers feel that the demands on them are reaching intolerable proportions, and that the cuts to their funding indicate a lack of statutory regard for the need and value of their work:

On a daily basis you have to be seen as coping with the extra demands on you. Because when you are making an initial contact and you speak to somebody who has facial fractures, whatever, and horrific abuse, sometimes I can't show my emotions, because I don't want to seem as if I am not coping. Although I feel someone should be responsible for the amount of extra pressure on us. But where do you go? Because the people who fund us aren't really bothered that you are down to your bare bones. (Domestic Abuse Support Worker)

The lack of funding for the SV and DV sector is an indication of the lack of consciousness that these issues have with people who determine funding in local and national government. And I think that's a key issue. (Trustee)

Counting the cost of sexual violence: a local case study

“Sexual violence, while having an enormous emotional impact on the victim and huge financial impact on the society the victim resides in, is still an unpopular area for funders to address. Using Office of National Statistics figures, if each of Liverpool’s clients in the past 6 months took 2 weeks off work to “get over” what had happened to them, at average wages, the basic cost to the local economy would be £485,052.00. It is unlikely that the victim would recover in such a short time and the very real cost to the economy would be considerably higher in many cases. Such costs are hidden and are rarely taken into account when funding is considered. With [our] huge experience in working with victims of all types of sexual violence, we are now able to effectively quantify the social return on investment with some degree of accuracy. In the case of Liverpool, the investment from the Victim’s Fund in the first six months of this year is £21,162.60. It can clearly be seen that even if the new clients in the period, 197 in number, took 2 weeks off work, the cost to the local economy would be £196,212.00. The risk is that such savings through early intervention, are not recognised. With a moderate amount of sustained and guaranteed funding, Rape Crisis Centres can achieve a great deal and produce huge savings in the long term – savings to NHS, Drug & Alcohol agencies, social services, police, prisons, probation and more.” (Sexual Abuse Support Service Manager)

Implications for services

The disparity between the figures for domestic and sexual violence incidents quoted by Citysafe and the far higher volume of cases being dealt with by agencies on the ground may be impeding an evidence based case for financial support, and an accurate gender impact assessment of the budget cuts, and is cause for concern and further enquiry. While the council's figures may refer only to police statistics, this is not made clear in the Citysafe Annual Report. If this is the case, it would be a mistake to take these figures as the 'correct picture' as there is a wide body of evidence to show that most women do not report across all forms of gender-based violence.¹⁵¹ We are particularly concerned that the next round of spending cuts will cut to the bone the already insufficient resources needed to address the actual scale of violence against women and girls in Liverpool; it is imperative therefore that accurate incidence figures are collated so as to inform the level of support needed:

There is a lack of consciousness of the extent of sexual violence, and women's organisations keep bringing this up, most women do not report. What this suggests is there is not enough ISVAs, not enough outreach, women still not wanting to report, which brings us back to why women don't want to report to the police and institutions that work with the police. As long as this figure [207 as reported in the Citysafe Annual Plan 2012/13] exists then that consciousness remains low in terms of political funders in terms of where that money should be going. I would say the more funding we have received through external funders, the more funding, the more survivors, It's as simple as that. If there are no sexual violence organisations, if they are not funded, if they are understaffed, if there are not enough people to work in the front line, it does not mean that there are less survivors, it means that survivors are not able to go anywhere for support. A figure of 207 in one year suggests to me that women do not know where they can go or that there is not enough support workers to be able to deal with the number of women in Merseyside and in society more generally who are subjected to sexual violence. [...] In the grand scheme of things, then that [207] is a convenient figure in terms of being able to side line funding for something that we know is a widespread social issue but isn't a political priority.
(Trustee)

In 2010, Liverpool City Council's Citysafe Partnership stated its commitment to continued investment in and improvement of support services for victims and survivors of domestic and sexual violence. It also pledged to conduct research among groups of service users:

¹⁵¹ Järvinen, J., Keil, A. & Miller, I. (2006) *Hard Knock Life*. London: New Philanthropy Capital.

*The Partnership will continue to invest in services to support survivors and victims of domestic violence [...] We are also commissioning a number of focus groups to ask victims, survivors and specific groups within the equality strands about their experience of domestic violence (abuse).....The Partnership will also improve services for victims of sexual violence including investment in the Sexual Assault Referral Centre and associated support services. (Investment in services determined by end of April 2011).*¹⁵²

In spite of this commitment, this research has found that, with one exception, investment in VAWG services has decreased to such an extent that these services are saying that any further cuts will be so devastating that they will be unable to adequately support the thousands of women who experience gender based abuse every year in Liverpool. The cumulative impact of cuts to VAWG services and other related support services is the erosion of a whole infrastructure of support that women need and rely on in order to attain the basic human right of physical, psychological and emotional safety, as well as access to justice. It is imperative therefore that a detailed gendered analysis is fully incorporated into Liverpool City Council's Equality Impact Assessment of its budgets.

¹⁵² Liverpool City Council (2010) 'Strategic Intelligence Assessment' cited in Deepwell (2011) p.30.

5. Mental Health and Wellbeing Services

With all these services that are being cut, everything that is being taken away from me, I am going to end up for the rest of my life bouncing in and out of psychi units, which is the last place I want to be. (Woman Service User)

*The Big Society label is being used as a cover for cuts in national and local government provision and comes at a time when state support for the voluntary sector is under threat. My fear is that with a shrinking state and an unsupported third sector it is the most vulnerable in society who will suffer most.*¹⁵³

*Those households living in poverty are therefore likely to have worse health outcomes than those who are not. [...] This is particularly the case for women because they are more likely than men to handle family budgets, have caring responsibilities and are often the 'shock absorbers' of reduced family incomes, meaning that they 'go without' to protect their children from the worst effects of poverty.*¹⁵⁴

Community based mental health social care

The five mental health services which took part in this research are all community based services located in Liverpool. One is a specialist women only support team working with women who have mental health difficulties many of which are related to gender based abuse and trauma. The team works with about 20 women for an average of 2 years, with the aim of supporting women towards recovery and social inclusion. This is a statutory sector service, funded by public money (local authority and health).

The other four are voluntary or statutory sector services, previously traditional day services, now classed as wellbeing centres, which provide women only projects within their mixed sex organizations. These services are funded mainly by Liverpool City Council, with some money provided by the Primary Care Trust¹⁵⁵ and, in one instance, there is funding from the Probation Service to run a group for women survivors of childhood sexual abuse.

¹⁵³ De Piero, G. (MP) (2010) 'The Big Society: a softer label for funding cuts?' *Openmind* Issue 163 p.20.

¹⁵⁴ University College London, Institute of Health Equity (2012) *The Impact of the Economic Downturn and Policy Changes on Health Inequalities in London: 27..*

¹⁵⁵ Since the time of collecting data, the PCT has been disbanded, with many of its functions taken over by the Liverpool Clinical Commissioning Group.

Modernisation of mental health day services

The national programme for modernization of mental health day centres has brought with it key concepts of 'recovery', 'social inclusion' and 'community participation', which are reflected in the change in staff roles from 'support worker' to 'social inclusion worker' or 'recovery support worker'.¹⁵⁶ Locally, there is ongoing modernization of mental health day services with the aim of developing a model of care with an emphasis on recovery and social inclusion.¹⁵⁷ This 'Reablement and Recovery Model of Care' includes moving from building based services towards a range of community based provision and, in the case of statutory provision, a reduction from three day centres to two 'reablement service hubs',¹⁵⁸ with the possibility of another satellite service being set up in the south of the city.

Staff at these services tell us that to meet modernization criteria, they now have to demonstrate that service users are taking part in recovery focused activities that lead towards developing individual capacity and restoring and maintaining independence. The services offer courses which include self management, depression support, anger management and assertiveness. All of the organizations offer social support rather than medical treatment and provide a range of activities such as art, drama, creative writing, relaxation and walking groups, all of which aim to address mental health holistically.

National social care assessment criteria consist of four bands: critical (the highest level of need), substantial, moderate and low. Since the onset of public sector cuts, Liverpool has reduced the criteria under which service users will be entitled to receive a service to the critical and substantial bands.¹⁵⁹ Within Liverpool's Care Pathway for mental health day services, service users will receive up to 6 weeks of recovery / re-ablement focused services, after which those who have critical or substantial needs will be eligible for individual day support or personalized support.¹⁶⁰ Service users who fall into the moderate or low bands will be signposted to other services in the community; these are not specialized community based mental health wellbeing centres, and offer a much lower level of support.

For many service users, the idea of losing the safety and familiarity of a day service, and being signposted to an activity in the community is very threatening, particularly in relation to the problem of stigma that many report experiencing in wider society.

¹⁵⁶ Department of Health Care Services Improvement Partnership (2008) *From Segregation to Inclusion: Where are we now? A review of progress towards the implementation of the mental health day services commissioning guidance.*

¹⁵⁷ Liverpool City Council (2011) *Developing Social Inclusion Services and Mental Health DayCentres.* Report ASC/20.

¹⁵⁸ Liverpool City Council (7 September 2011) *Equality Impact Assessment, Redesign of In House Mental House Day Resources.*

¹⁵⁹ Liverpool City Council (nd) *Fair Access to Care Services.*

¹⁶⁰ Liverpool City Council (nd) *Redesign of Mental Health Day Services: Pathway Document.*

This raises the question of whether mainstream services can provide a safe space for people who, because they have mental health problems, are already socially marginalized and may experience hate crime in their local communities.¹⁶¹

There has been a lack of clarity about the process and the timescale of modernization has left services and service users in a limbo of uncertainty: unsure about how, when or even if they will be integrated into the new model of mental health day care:

We are looking at our options, and whether we should start winding down this building. Because that would look good to the city council, if we are winding things down. But what about the service users? They have the Fairer Charging, they have FACs [Fair Access to Care] coming in, and if we take away their safe place, you know, whose side are we on here? So we are sticking with the groups and the building, which is probably not putting us in as good a light as those services that are ready to do all the real trendy things like Time Banking that are coming out, the Big Society things. (Mental Health Support Worker)

[We are] incredibly anxious. And this is ongoing for years. Three to four years. It's like crunch time now, but we thought it was crunch time last year. We were told we were finishing in June then they turned round and said you have another year. And now we're wondering if we have another year or if this is it. (Mental Health Service User)

The process of modernization has involved the winding down and closure of day services and a restructure of staff roles. These will be discussed in more detail in the following sections in this chapter.

Charging for mental health services

In 2010 Liverpool City Council introduced a charging policy for mental health social care that is delivered through statutory day centres or purchased by the council from voluntary or private sector organisations. Under this policy, service users who are assessed as having critical or substantial needs are subject to an income assessment to determine whether they have to pay for the service they are referred to.¹⁶²

¹⁶¹ See Mind Mental Health Charity on [Hate Crime](#).

¹⁶² Liverpool City Council Adult Social Care v 5 *Fairer Charging Guidance for Home Care and other Non-Residential Care Services* 2010 – 11.

All of the workers we spoke to said that charging is having an impact on take up of services as women who do not wish to open their lives to scrutiny by the council's 'Benefits Maximisation Team'¹⁶³ may not proceed with their referral, or women who are already receiving support may withdraw from services if they are charged. This means that in contrast to VAWG services, staff at mental health services report that the number of referrals to their services is falling. This is not because there is a decreasing need for their service, however, (there is strong evidence that mental health worsens in economic downturns)¹⁶⁴ but because locally, many mental health service users now have to pay for services and, for some, the cost is a deterrent to take up:

It's really tough. I wanted to start using this service again. But now I have to do without, I can't have a support worker from this service any more.
(Woman who has had to stop using a women only mental health service because she can't afford to pay for it)

Some services said that as a direct result of charging, women who, in terms of their mental health are "very fragile" have dropped out of their case loads. In many cases, this will mean women losing the only service that can meet their gendered needs:

I think some clients who would perhaps be referred to our service with personality disorders, chaotic lifestyles. We would work with women like that and given them time to, get them to appointments, you put the work in, build up a relationship, give them the time they need, but I think those women, if they have to pay for a service, we are going to lose. When we have been able to put the support in and make a difference to their lives. I think we are perhaps better than other services to work with women like that, because they don't have the understanding or knowledge to work with those women. (Member of Staff at a Women-Only Mental Health Service)

In one service, the only free support now available to women who would be charged for using the full service are activities such as a coffee club, which women can access only if they are able to make their own way there and back, as they would be charged for a worker accompanying them on the bus to and from their home:

Well, women are more reluctant to use our service. And when you see them they are stressing about how much it will cost. They are clock

¹⁶³ The Benefits Maximisation Service undertakes financial assessments, both to check full benefits entitlement and take up, and to assess whether or not someone is over the threshold for social care service charges.

¹⁶⁴ Royal College of Psychiatrists (2009) Op cit.; Winters, L., McAteer, S. & Scott-Samuel, A. (2012) Op cit.

watching all the time. How can that be of benefit? (Worker at a Women-Only Mental Health Service)

All of the service users who participated in the research were worried about charging, and for many it was the main focus of discussion. Most had reduced their attendance and now attend only one session per week; this was explained in terms of not being able to afford to come more than once a week, and it is significant that many choose to come to a women's group if they can only afford to attend one session per week. Nevertheless, a number of women spoke about being prevented from doing other activities in the centre that they had previously done and enjoyed, because they can't afford to go anymore. Whereas, in pre charging days, women could go to the centre if they were feeling particularly unwell, now they are not able to just go along as they have designated days, and they cannot afford to increase their number of sessions.

Service users talked at length about the impact of the charges, and how not only are they a deterrent to using services, but that means testing is also causing divisions among service users:

A lot of people stopped coming and it caused resentment as some people were saying, well I have to pay, why are you coming here for nothing. And it just destroyed the atmosphere and cohesion. (Service User)

Some service users attributed their worsening mental health, and consequent return to psychiatric services, to the worry about charging:

I have had to go to my psychiatrist and ask for my appointment to be brought forward as I can't come here [mental health day service] when I need to. (Service User)

Those who did not have to pay said they definitely would stop coming for mental health support if they had to pay for it. The only care then available for those who refuse, or who struggle to pay for services, would be free NHS services – these services are more likely to use a medical model of 'mental illness' which tends to focus on symptoms and psychiatric diagnoses rather than on addressing the underlying social causes of mental distress:¹⁶⁵

If they leave our service, health services are not charging at the moment, so they may access a CPN or the crisis service. Some of them have a

¹⁶⁵ Beresford, P. (2004) 'Madness, Distress, Research and a Social Model' in Barnes, C. & Mercer, G. (eds.) *Implementing the Social Model of Disability: Theory and research* Leeds: The Disability Press.

social worker. So it's quite limiting in terms of what they can have.
(Member of Staff at a Women-Only Mental Health Service)

The Liverpool Public Health Observatory Report on the impact of the economic downturn on health and wellbeing shows an increase in the use of specialist mental health services and a rise in hospital admissions due to cuts and under-funding of adult social care.¹⁶⁶ However, specialist NHS mental health services are also being cut, albeit under the guise of 'Cost Improvement Plans' (CIPs),¹⁶⁷ and national figures show that in real terms, spending on NHS mental health services has decreased for the first time in a decade.¹⁶⁸ Mersey Care, the local area NHS Mental Health Trust is reported as planning to cut 15 per cent of its jobs in the 2011-2012 financial year.¹⁶⁹ The Trust's CIP target for 2012/13 was £7.852 million, and Strategic Savings Plans of £6.7 million are due to be or have been delivered.¹⁷⁰ Mersey Care's Integrated Business Plan reports that CIPs will have to generate annual 'savings' of £5-£8 million for the next five years.¹⁷¹ Concerns have been raised about the possibility of cuts and redundancies in the Occupational Therapy Service within Mersey Care, which is one of the few non medicalised responses available in secondary mental health care.¹⁷²

Gender specific and gender sensitive provision

All the services we spoke to recognize that women have distinct and specific mental health needs that require women only groups and women only safe spaces. Indeed, there is a strong overlap between women's mental health services and VAWG services. Women's Aid figures show that many women experiencing and living with the legacy of domestic abuse experience mental health issues including depression, self-harm, Post Traumatic Stress Disorder, and that many attempt suicide. Fifty to sixty percent of women using mental health services have experienced domestic violence, with up to seventy percent of women psychiatric inpatients having histories of physical and / or sexual abuse.¹⁷³ The links between gender based violence and women's mental health were made explicit in DoH Guidance, *Mainstreaming Gender*

¹⁶⁶ Winters, L., McAteer, S. & Scott-Samuel, A. (2012) Op cit. p.14.

¹⁶⁷ See for example, Williams (2012) who reports that some health economies are resorting to cost cutting rather than genuine efficiency measures.
<http://www.hsj.co.uk/news/finance/easton-we-must-tackle-cost-cutting-masked-as-efficiency/5047475.article>.

¹⁶⁸ Ramesh, R. (2012) 'Mental health spending falls for first time in ten years' *The Guardian* 7 August.

¹⁶⁹ <http://www.communitycare.co.uk/Articles/23/02/2011/116330/mental-health-trusts-to-make-15-job-cuts.htm>.

¹⁷⁰ Mersey Care NHS Trust *Team Brief April 2012*.

¹⁷¹ Mersey Care NHS Trust (2011) *Integrated Business Plan 2011/12 to 2016/17*, p.13.

¹⁷² O'Reilly, M. (2012) 'For the attention of Mersey Care NHS Trust Board, Chief Executive Officer and Senior Management Team'. Letter to Mersey Care, November.

¹⁷³ Barron, J. (2005) *Principles of Good Practice for Mental Health and Domestic Violence* (based on the report *Struggle to Survive*) London: Women's Aid.

and *Women's Mental Health*,¹⁷⁴ and were reiterated in commissioning guidance relating to women only day support.¹⁷⁵ Both these reports were clear about the importance of women only service provision and the need for a range of gender specific approaches to ensure the needs of women, particularly women who have experienced gender based abuse, have specific cultural needs, have caring responsibilities, have substance misuse issues, are in the criminal justice system, and/or need respite and crisis support, are properly met.

There is a great deal of evidence that women only services often deliver the best outcomes for women. This has been recognized by women's groups for as long as women have been collectively working and campaigning for women's rights.¹⁷⁶ Recent guidance by the Women's Resource Centre demonstrates that women only services are essential in order to provide a safe space outside the male dominated mainstream and to facilitate women's empowerment.¹⁷⁷ Previous WRC research found that a key benefit of women only services is physical and emotional safety and that as a result, women feel more supported and comfortable. This leads to the development of confidence, greater independence and higher self-esteem. Women only services help women become less socially isolated and marginalized, particularly as some women who would not attend mixed services at all would not receive any service if there were not women only services. Indeed, many women described women-only services as a sanctuary.¹⁷⁸

In addition to the current statutory led women only service, the generic organizations that took part in this research facilitate women only groups, with one providing a women only group for survivors of childhood sexual abuse, and one providing a Post Natal Depression (PND) service that works on an outreach basis to support women in their own homes and in community settings. The PND service liaises with other women's support organizations such as domestic abuse support organizations, links in with services such as benefit advice and runs groups in Children's Centres on self esteem, and confidence-raising: "we do groups that help women look at themselves as a woman rather than just a mother".¹⁷⁹

The women only service is provided by a long established team of women with the expertise and knowledge needed to support vulnerable women. This service provides

¹⁷⁴ Department of Health (DoH) (2003) *Mainstreaming Gender and Women's Mental Health*

¹⁷⁵ Newbigging, K. (2006) *Supporting Women Into the Mainstream: Commissioning women-only community day services* London: Department of Health.

¹⁷⁶ See for example, Pember Reeves, M. (1913) *Round About a Pound a Week* London: Virago; Liddington, J. & Norris, J. (1978) *One Hand Tied Behind Us* London: Virago; Rowbotham, S. (2011) *Dreamers of a New Day: Women who invented the twentieth century* London: Verso.

¹⁷⁷ WRC (2011c) Op cit.

¹⁷⁸ WRC (2007) *Why Women Only?*

¹⁷⁹ PND service manager.

essential support for vulnerable women, many of whom have histories of gender based abuse:

Many women have been through traumatic events, mainly from men. And as much as our male colleagues are good at their job, our SUs will not have a service from men. They are unable to trust men. It's hard enough as women to try and establish a relationship of trust, so if they [SUs] don't know if they are getting a man or a woman, or if you think there is a chance of a male coming to your home, then you are not going to get involved in the service. At least there was the security of knowing that there is an all female team, but we don't know how long for. (Member of Staff at a Women-Only Mental Health Service)

The indispensability of this specialized women only service is stressed by many of its users. For example:

There are times when I need to talk about what happened to me, and I need a woman to talk to about that. There needs to be a women's service, women's needs are different, they have different experiences, and different pressures, different feelings [from men]. This team is women only and I know I will get to see only a woman. It's very important to have that, and it needs to be preserved. (Service User)

This service is vital, especially to women who have experienced abuse from men or require culturally specific services. There is a paradox in that if the number of women using the women only service falls because of the impact of charging, a forthcoming review of the service could assess them as not having sufficient numbers to justify the level of women-only service, and staff fear they could be amalgamated into a generic, mixed sex service.

Liverpool City Council, while seeking to be reassuring, was unable to guarantee that the women only service will be maintained as a specific service, stating that:

The final extent of the modernisation process has not yet been decided but to reassure you that if a woman needs a service to be delivered by women only staff that will be available in any new service.¹⁸⁰

The need for a local community based women only mental health and well-being service has long been voiced by women service users and staff. Public sector Commissioning Guidance published in 2006 aimed towards every PCT having a women only mental health community day service that would provide a holistic approach to care, with an emphasis on social factors such as violence and abuse,

¹⁸⁰ Correspondance with a mental health commissioner.

women's roles as mothers and carers, and culturally sensitive provision.¹⁸¹ This kind of service would be in addition to, and would complement, existing women-only community support, as a consciously designed 'centre' or location that could provide women with a sense of sanctuary, safety and mutual support. Such a service was the focus of a local women service user campaign, which was supported by the Women's Resource Centre as part of action research into how women can engage and influence public bodies.¹⁸² In 2011, following a consultation with women service users, the Liverpool Mental Health Consortium stated that it was "unequivocal in its recommendation for a women only resource that can address women's mental health needs within the broader context of their health and wellbeing".¹⁸³ At the same time, the council noted the lack of equity in access and provision of day services for women and people from BAMER groups; specifically that: "There is no dedicated provision for women with mental health problems which has a focus on women specific issues such as surviving abuse, safety, sexual health, pregnancy and being a mother".¹⁸⁴

The council's Equality Impact Assessment (EIA) of the redesign of mental health services stated that: "There will be a specific Women's service that will provide a range of services that will meet the mental health needs of women throughout the life cycle".¹⁸⁵ This approach fully meets international and national gender equality requirements. However, the current position on women only services appears to have shifted towards an approach in which service users purchase support for individual needs, but which may not include the kinds of women only services that women say they want:

*The services provided will meet the needs of individuals and if women want a woman only service the providers should be able to respond to this. Consultation has taken place with women to ensure the new Hubs create an environment that women find welcoming.*¹⁸⁶

The council has said this is in line with an emphasis on personalized services and personalized budgets which will mean that service users purchase services individually, and that "there has been no direct impact on funding, **at this stage** [our emphasis], to any plans to redesign Mental Health services".¹⁸⁷ While new service

¹⁸¹ Newbigging, K. (2006) Op cit.

¹⁸² WRC (2010) Op cit.

¹⁸³ Kerr, A. & Butler, S. (2011) *Inspiration: Women's Views on and Recommendations for their Community Support Needs What Women Want* / Liverpool Mental Health Consortium.

¹⁸⁴ LCC report to Cabinet (2011) *Developing Social Inclusion Services and Mental Health Day Centres*. Report ASC/20.

¹⁸⁵ Liverpool City Council (2011) *Equality Impact Assessment: Redesign of In-House Mental Health Day Resources* <http://liverpool.gov.uk/council/strategies-plans-and-policies/equality-diversity-cohesion/equality-impacts/> [accessed 7/3/13].

¹⁸⁶ LCC mental health commissioner response to research questions.

¹⁸⁷ Email from LCC Commissioner, 9/8/12.

designs will “take on board gender specific issues”¹⁸⁸ it is not yet clear what form these will take, and modernization plans do not appear to include a local authority commissioned women’s service, as set out in their EIA.

It appears that rather than deliver the women only resource that women have been asking for, the council has shifted provision towards an individualised model of care within mixed sex hubs or community settings. This would represent a move from a distinct and dedicated gendered approach that addresses the impact of gender oppression on women’s mental health, towards an individualised response which leaves little scope for the safe spaces and gender specific mutual support that are the intrinsic value of women only services.

Peer Support

In a separate development to the growing evidence of the need for specific gender and culturally safe spaces to be made available in both services and user initiatives, there is now national and local mental health policy emphasis on peer support projects as an alternative to traditional mental health day services.¹⁸⁹ Peer support is generally described as promoting a wellness model which focuses on strengths and recovery, the ability to function effectively and supportively, and the value of mutual support within groups.¹⁹⁰ Significantly, it has also been suggested that Peer Support can help deliver better mental health outcomes while enabling net savings to be made.¹⁹¹

Locally, Peer Support projects are being developed by service users who, being defined as having mild to moderate care needs, find themselves no longer eligible for statutory services that are now only available to those assessed as falling into critical or substantial care bands. The aim is for service users to develop and run Peer Support groups themselves, with minimum input from healthcare professionals. This development encapsulates the Big Society agenda of reduced state involvement and increased active citizenship. In the context of social care the government sees this as an opportunity for drawing on the “creativity and enthusiasm” of local communities to unlock “the potential of local support networks to reduce isolation and vulnerability”.¹⁹²

¹⁸⁸ LCC mental health commissioner response to research questions.

¹⁸⁹ See for example, DoH (2011) *No Health Without Mental Health: Cross government strategy for better outcomes* London: DoH.

¹⁹⁰ Bassett, T., Faulkner, A., Repper, J. & Stamou, E. (2010) *Lived Experience Leading the Way: Peer Support in Mental Health*.

¹⁹¹ Naylor, C. & Bell, A. (2010) *Mental Health and the Productivity Challenge*.

¹⁹² DoH (2010) *A Vision for Adult Social Care: Capable communities and active citizens* p.10.

While the concept of ‘recovery’ has been criticised by some advocates of Peer Support as having a narrow focus on the individual rather than drawing on the strengths of mutual and group support,¹⁹³ it is unclear whether women’s needs and women only spaces will be an integral part of Peer Support groups: the lack of a gendered analysis in Peer Support literature indicates this has not been considered so far.

The lack of gender awareness may serve to obscure wider social gender inequalities that may be replicated within Peer Support initiatives. Initial findings from our research indicate that Peer Support projects may be problematic for women in that many women using mental health services are already over burdened with caring responsibilities (indeed these may be a cause of their mental health problems), that their caring responsibilities have increased as community services have decreased, and the expectations inherent in Peer Support (which often require a great deal of time and commitment from service users who may be unwell or experiencing complex or fluctuating mental health conditions) may be one more responsibility they cannot take on. Service users and staff in two mental health organisations identified a clear gender equality aspect to voluntary/community organized Peer Support projects, emphasising that many women who attend community mental health organizations have been subjected to gender based violence, and prefer women only space:

Women’s mental health [problems] is brought on by physical and mental abuse by men, we need to feel safe wherever we go for support. (Woman Service User)

As the writer, researcher and psychiatric survivor, Jayasree Kalathill points out, within mental health projects, oppressed groups need safe spaces in which to heal, articulate and make sense of experiences of social and cultural oppression and how these connect to mental distress:

What helps each person in finding ways of coping with distress involves a series of processes [including] [b]eing able to express personal views on the causes of distress and the contexts from which they arise, including racism, sexism, violence, abuse and other traumas.¹⁹⁴

Service users in Liverpool, as elsewhere, are fearful about the future of the mental health services that they rely on and those who no longer qualify for statutory services feel abandoned by the council in terms of not being guaranteed the help they need to set up Peer Support:

¹⁹³ Basset, T., Faulkner, A., Repper, J. & Stamou, E. (2010) Op cit.

¹⁹⁴ Kalathill, J., Collier, B., Bhakta, R., Daniel, O., Joseph, D. & Trivedi, P. (2011) Recovery and Resilience: African, African-Caribbean and South Asian women’s narratives of recovering from mental distress p.74.

We need to have a group where we can talk about women's things, things that you couldn't talk about in front of a man. [...] And we don't know what will happen, we are not getting answers to our questions [to the council] about what will happen, what support we will get to set up our peer support. So there is this huge worry, a weight just waiting to drop. And so what we are trying to do is to be pro-active, and the staff support us in that, but how do you plan for what you don't know what is going to happen? (Service User)

A gender analysis of Peer Support would help enable a greater understanding of why women are less likely to engage with such initiatives and how they are therefore being doubly disadvantaged, and at more risk of isolation and vulnerability, by the scarcity of gender specific peer support in an era of little or no local authority funding for such projects.

When placed against the background of local public sector spending cuts and reductions in services, and with little or no public money available to support their development, Peer Support groups may be seen less as a means of delivering better health outcomes through empowering service users to manage their own lives, develop skills for living and working, build stronger social relationships and address specific social aspects of distress, and more as a way of saving money.

Impacts of modernization on staff morale and job security

In this sector, staff are predominantly female. Cuts have occurred locally through an organizational restructure, in which three managers were reduced to one. One manager took on the role of centre practitioner rather than lose her job; this meant a drop in pay. Due to her reduction in income, and because her husband was not well paid, he has taken a better paid job in another part of the country and lives away during the week, so this woman now lives alone most of the time. Staff morale is extremely low and most have fears for the future of their jobs and the services in which they work:

Whether the reorganization would have happened anyway, I don't know. But it was done at a time when all the cuts were happening so we were scared of getting made redundant and not getting another job, because there is really no jobs out there. We felt they were capitalizing on that. I was made redundant from my last job, and I am on my own with my daughter, and I was thinking I am going to have to take anything just to pay next month's rent. Luckily [this job] came up but I don't know how long it will last.

Just that we don't know where we are going to be as a team. [...] If they decide there are too many people working here for the number of posts they say are needed we will have to re-apply for our jobs, and there is no guarantee you will keep your job.

We don't know. It's a real time of uncertainty. We don't know if we will stay as a women's service.

It's all out of our control. It's up to the powers that be. We just don't know. It's out of our control.

Implications for mental health services: cuts by any other name

As cuts are being implemented in all other public sector areas, it is hard to imagine that cuts are not also taking place in mental health social care. While modernisation may be seen by policy makers as means of creating stronger community participation, most of the staff and service users who took part in this research view modernization, the closure and winding down of services, restricted eligibility criteria, the move towards integration into the community, and charging, as a cluster of factors that are conflated with spending cuts.

It was not possible to gain a clear picture of the impact of the cuts and how these are playing out against mental health policy changes. However, we do know that spending on mental health services has dropped for the first time in a decade at the national level; the National Survey of Investment in Adult Mental Health Services shows that spending on day services has been steadily decreasing since 2003, and has dropped from 3 per cent of total investment to 2 per cent of total investment between 2010/11 and 2011/12.¹⁹⁵ It appears that the income derived from charging is being used to make up for some of the reductions to spending on day services: Liverpool's Fairer Charging Guidance states that: "Generating income from charges is essential to maintain and modernise services".¹⁹⁶

The future of current services that focus on women's mental health needs looks uncertain. To compound this, opportunities for the development of gender specific initiatives and services based on an equalities framework and social and cultural understandings of women's mental distress appear to be evaporating in a climate of cuts / 'efficiency savings' and individualized support.

¹⁹⁵ DoH (2012) *National Survey of Investment in Adult Mental Health Services* Mental Health Strategies.

¹⁹⁶ Liverpool City Council Adult Social Care v 5 *Fairer Charging Guidance for Home Care and other Non-Residential Care Services 2010 – 11* p.4.

Whether defined as restructuring, modernization, ‘efficiency savings’, ‘strategic savings’ or Cost Improvement Plans, these procedures are being experienced by service users and by staff as cuts to mental health services and jobs, and we see them as cuts by any other name.

Wider issues of health and wellbeing

Mental health is intrinsically linked to wider issues of health and wellbeing, and this linkage is acknowledged in Liverpool’s Decade of Health and Wellbeing. Liverpool City Council and Liverpool Primary Care Trust, together with a range of other stakeholders, declared 2010 to be the Year of Health and Wellbeing. This was intended to promote health in its positive sense, rather than simply as an absence of illness. It was then decided to continue the work begun in this year throughout the following decade. Ongoing work was focused around the “Five Ways to Wellbeing”:

- Connect.
- Be active.
- Take notice.
- Keep learning.
- Give.¹⁹⁷

However, cuts and other austerity measures make each of these ideas more difficult for many to put into practice and, by focusing on individual behaviour and lifestyle choices, the Decade of Health and Wellbeing does not take account of the social, economic, political barriers that prevent its laudable objectives of:

- giving every child the best start in life, supporting our young families;
- enabling everyone to maximise their potential and have control over their lives;
- creating good jobs and a healthy standard of living;
- building healthy and green homes and communities;
- preventing illness – being well.¹⁹⁸

Achieving the five ways to wellbeing largely depends on having the resources to pursue these goals. In the current era of austerity and massive state spending cuts, many women are struggling to provide the most basic needs for survival, which must come first if further needs such as learning and giving are to be met.¹⁹⁹

¹⁹⁷ <http://liverpool.gov.uk/leisure-parks-and-events/Events/healthandwellbeing/>.

¹⁹⁸ Ibid. These objectives echo those contained in the Marmot Review of Health Inequalities (2010).

¹⁹⁹ See for example, Maslow’s hierarchy of needs, most often displayed as a pyramid. The lowest levels of the pyramid are made up of the most basic needs, while the more complex needs are located at the top of the pyramid. Needs at the bottom of the pyramid are basic physical requirements including the need for food, water, sleep, and warmth. Once these

For example:

One woman works part time as a cleaner and has to put her youngest child into a breakfast club. She is worse off working than she was on benefits but as she suffers from depression, getting out of the house and working is important for her self-confidence and self-esteem. She therefore works for less money than she would receive on benefits.

Some groups of women face additional barriers and therefore require specific and sensitive projects to address their needs. However, this type of service can struggle to find funding. For example, an application for funding by a small community BME women's group to run a health awareness course for women who do not speak English, and who find it difficult to access mainstream health services, was unsuccessful, as the CVS had no funds as a direct result of public spending cuts.

Women's Health Service

Services that promote women's health and wellbeing are essential. This picture is borne out by the experiences of a city-centre based women's health organisation which has been offering information, education and support on health issues for over 20 years. The project is run using a combination of paid staff (two full-time, four part-time), self-employed therapists and trained volunteers. It runs a city centre drop-in, open to men as well as women, which provides a range of health related information and offers a number of women-only services, including:

- Support groups for a variety of issues, including mental wellbeing, eating disorders, menopause and self-injury.
- Assertiveness groups.
- Writing therapy.
- Volunteer training programme.
- Complementary therapies (although there is a charge for these).
- Outreach services.

Training services are also offered to local and national voluntary and public sector services.

Historically, the main funding stream for this organisation was through the city council and Local Health Authority. Over recent years, a deliberate strategy to

lower-level needs have been met, people can move on to the next levels of need, which are for safety, self-esteem and self-actualisation.

diversify sources of funding has allowed it to survive and even develop aspects of its service. Crucially, it has been able to sustain an outreach presence in different parts of the city and beyond and this is seen as vital as many women, especially those coping with the effects of poverty, lack the bus fare into the city centre. At times, however, as is the case with other organisations we spoke to, it has been necessary to draw on reserves in order to maintain staffing levels. The organisation is now in the position of working to full capacity and will not be able to take on any further work.

Furthermore, the Manager of the organisation expressed concern at the construction of a funding environment in which services feel insecure and experience “the annual dread” of budget setting. There is also the potential for services to be drawn into potential competition with each other: “there’s more competition [...] it just makes for less collaborative working in a town where more collaborative working is required...” The current funding environment has also created the need for measurements of impact to be devised that address funders’ priorities and need for statistical rather than qualitative data.

Overall, there has been an increase in use of the organisation’s services and in the last year it was contacted by 3,500 individuals, creating a total of 7,000 accesses. This increase has happened in several ways: rather than seeking information and support for specific health conditions, more women are seeking support for the “general stress and anxiety of life as it is at the moment, which is the big thing” [service manager]. These are women who do not necessarily have a ‘mental health’ diagnosis but recognise that they need support in dealing with issues such as redundancy, financial problems or worries about their children’s future. As other services close, their service users are left needing support, often for complex needs and multiple issues. This has meant an increase in numbers of women accessing the service and has also led to reduced options in terms of where to refer women to for further on-going support.

The project relies on volunteers for the success of several of its services, and currently has 50 women volunteers working in a variety of roles. Training is provided for volunteers, including the opportunity to undertake a NVQ in customer service. Whilst the Big Society’s expressed aim is to build a culture of volunteering, in fact the opposite is occurring as appropriate avenues close. The project now has a long waiting list for volunteer places. Given the emphasis in the promotional material for the Decade of health and Wellbeing on “being involved” this is doubly unfortunate, as it means that women are being denied opportunities to addressing all the “ways to wellbeing”.

Foodbanks

In common with many areas in the UK, Liverpool has seen a growth in the number of foodbanks which provide emergency food to people who can't afford to buy food.

Nationally, three new foodbanks are opening every week, and the number of people using foodbanks has doubled to 130,000.²⁰⁰ There are three foodbanks operated by the Trussell Trust in Liverpool with two more located in nearby Knowsley and Wirral. LCC has managed to donate £50, 000 to the foodbanks located in its locality.²⁰¹

Another foodbank has recently opened through a partnership between Liverpool's two cathedrals and the the Anglican St Luke in the City Team.²⁰² Fareshare, the national food charity, also has a base in Liverpool which distributes food to community groups which work with vulnerable people at risk of food poverty.

We were unable to obtain a gender breakdown of the people who use local foodbanks. However, the Trussell Trust reports that many of those using food banks are in low paid work, have had work hours reduced, are facing delays in receiving benefits, and that some are fleeing domestic violence. The Trust quotes a recent report by Netmums which found that 1 in every 5 mums regularly skip meals to feed their children, and that foodbanks meet mothers in this situation every day.²⁰³ A number of the women's organisations that took part in this research are authorised to issue foodbank vouchers to service users who, because of delays in processing or cuts to benefits, cannot afford to buy sufficient food to meet their own and their children's needs.

The women's organizations that distribute vouchers for foodbanks cited benefit delays, benefits not being enough to live on when set against rising food prices, increased public transport costs and other basic items such as school uniforms becoming more expensive as the main reasons why many more women are turning to foodbanks. One local women's organization reported that women who have achieved refugee status can wait for weeks for their benefits to be processed. In the meantime they literally have no money, even though many have children to support. This organisation is now a signatory for food bank vouchers and has seen a sharp increase in the number of women needing and accepting vouchers. The volunteer worker said it is difficult for women to accept vouchers, because it is a blow to their pride and self-esteem, but "it is literally the difference between having food and not having food". Most of these women are single mothers; the women with male partners are less likely to ask for vouchers, that gives rise to questions about the distribution of resources within households.

²⁰⁰ The Trussell Trust (2012) *The Trussell Trust's Foodbank Network*.

²⁰¹ Liverpool City Council (2013) *Budget News: Your guide to Liverpool City Council's budget and the government's welfare reforms* p.10.

²⁰² Duffy, T. (2013) 'Liverpool Cathedral Hope+ food bank launches' *Liverpool Echo* 19 March.

²⁰³ Ibid. p.4.

While acknowledging the problem of food poverty, David Cameron has praised the role of foodbanks as “part of what I call the Big Society”.²⁰⁴ In the face of the desperation and fear felt by increasing number of mothers who literally do not know where their children’s next meal is coming from, the government’s emphasis on the role of volunteers help those in food poverty in an era of austerity measures appears callous in the extreme, and part of a bigger agenda to dismantle the welfare state.

Implications for services

As women continue to struggle with the effects of the austerity measures on their lives and those of their families and communities, their health and wellbeing will continue to be adversely affected, increasing demands on services at a time when they are already stretched to capacity.

²⁰⁴ Helene Mulholland (2012) ‘Cameron challenged by Miliband on poverty and rise in use of food banks’, *The Guardian* 19 December.

6. Childcare

The findings of this section are largely based on an interview with a manager and trustee of a local childcare provider which trades as a social enterprise. However, cuts to childcare provision is a fundamental issue for most of the research participants, in terms of women being prevented from accessing work, training, ESOL courses, mental health services and domestic abuse support because of cuts to state funded childcare provision and Working Tax Credits (WTC).

A key concern for many women is cut backs to Children's Centres. Liverpool City Council is currently refiguring Children's Centres as part of its overall budget 'savings' process. So far, the council has made cuts of over £5 million from the budget for Children's Centres²⁰⁵ and, in order to make further cuts required by central government, has agreed to a 'savings' target in 2012-13 of £2.138 million through reducing management and administration costs.²⁰⁶

The changes mean that the twenty six Children's Centres in Liverpool have been reorganized into a mix of stand alone, and lead and 'satellite' centres. This has resulted in cuts to some jobs (9.5 posts placing 7.5 staff at risk), as the lead and satellite centres will share a manager and an administrator.²⁰⁷

These decisions were made to avoid having to close some of the centres, and to ensure that while universal access is maintained, the centres are configured to meet the needs of the most socio-economic deprived children and families. In taking this decision, the council has adhered to the principle of 'proportionate universalism', i.e. services for all but delivered on a scale and intensity that is proportionate to the level of disadvantage.²⁰⁸

The Equality Impact Assessment of the reconfiguration of Children's Centres judges there to be a neutral impact with regard to gender as "all centres will continue to work with children, parents and carers irrespective of sex or gender."²⁰⁹ This analysis fails to take account of the fact that structurally and in lived experience, it is women who rely on Children's Centres far more than men, as in both couple and single

²⁰⁵ <http://liverpool.gov.uk/council/consultation/proposed-childrens-centres-reorganisation/> [accessed 11/3/13].

²⁰⁶ Liverpool City Council *Decisions 06072012 0900 Cabinet on CC* <http://councillors.liverpool.gov.uk/documents/q12519/Decisions%2006th-Jul-2012%2009.00%20Cabinet.pdf?T=2> [accessed 11/3/13].

²⁰⁷ Liverpool City Council (8 June 2012) *Equality Impact Assessment. Reconfiguration of Sure Start Children's Centre Provision*.

²⁰⁸ Liverpool City Council *Decisions 06072012 0900 Cabinet on CC, ibid.*

²⁰⁹ Liverpool City Council (8 June 2012) Op cit. [accessed 7/3/13].

parent households, women tend to have primary responsibility for children's care and welfare.²¹⁰

While Liverpool City Council has been careful to restructure in a way that has been designed to provide services proportionate to the level of need, the services are nevertheless cutting back on facilities and activities. This is having a significantly negative effect on women's lives, some of whom are the most vulnerable, with cumulative impacts that have not been recorded in the Equality Impact Assessment.

For instance:

- Cuts to services within Children's Centres mean that no free crèche places are available to enable women to access Freedom and Harmony Programmes that take place in the Centres.
- The loss of free childcare in the Centres means that some women have no choice but to bring their children with them to domestic abuse services when they come for one to one and counselling support.
- There is a double setback with regard to Post Natal Depression (PND) Services and Children's Centres. Currently, the main voluntary sector PND service in Liverpool receives £68,000 from both Liverpool City Council and Liverpool Primary Care Trust²¹¹ to cover the whole of Liverpool. This includes running groups in 25 Children's Centres as well as outreach work with women in their own homes. The service has been told it will not receive more funding after March 2013, which means it is likely that the PND service run in Children's Centres will no longer exist. To compound this loss, women who are currently using the service no longer able to access it as crèche provision in the Centres has been cut. The four staff who work for this project are all women: when funding was reduced last year all had their hours reduced, and two who were previously full time now work part time. This has had a severe impact on staff morale:

They are so passionate and so committed to the role but they are also terrified that they are not going to have a job, so they are like, do we jump ship now and find another job? Because two of them are single parents, so, you know. So the staff are constantly on edge, as well as the women that we work with. (PND Service Manager)

- Although the Equality Impact Assessment of the reconfiguration of the centres does not include staff, it is clear that women workers are disproportionately

²¹⁰ See for example, Lewis, J. (2006) 'Gender and Welfare in Modern Europe' *Past and Present* 1 (supplement 1); Woodroffe, J. (2009) *Not Having it All: How motherhood reduces women's pay and employment prospects* London: Fawcett Society / Oxfam; EHRC (2010) *Working Better. Childcare Matters: Improving chances and choices for parents and children.*

²¹¹ Information from a service manager given during an interview.

affected by job losses. A research participant who works to end violence against women in Liverpool, and who relies on Children's Centres to deliver her projects has stated:

The cuts to Children's Centres are well under way and most centres will share a Co-ordinator who will be managing two centres on the same salary - no enhancement for double the work. Admin and family support staff are also being cut and I have already noticed a difference in the morale and operation of some of the centres I am delivering [domestic violence awareness work] in. Next quarter I am sure there will be huge changes in the way the centres operate as there will be significantly lower numbers of staff and less funding for creches and courses. It is such a pernicious cut as the number of women and children who need the services grow all the time.

The merging of Children's Centres in Liverpool with the accompanying reduction of staff and services corresponds with a national picture:

*Across the country, local authorities anxious to avoid the negative headlines associated with closing children's centres are busy merging and clustering, bringing them together to share managers, staff and back-office functions. But that masks a picture of cuts to the breadth and frequency of services offered, as well as to staff numbers and opening times.*²¹²

Despite the council's efforts to ensure there have been no closures, women are reporting that cuts have ripped the heart out of local Children's Centres, and that their future is uncertain.

Public sector cuts have affected local childcare providers more widely. For example, one provider, which is a registered charity located in one of the most deprived areas in Liverpool,²¹³ told us that the dedicated team that delivered funding via the Nursery Education Grant (NEG) has been cut which has led to mistakes being made in the funding allocation. Because of this, this organisation now has a shortfall in its budget and through no fault of its own is finding it difficult to demonstrate sustainability to other funders.

This organisation had secured a loan through a government capacity building fund to build new premises to replace their existing building which was not fit for purpose. The organisation used the initial funding to identify and survey the site. However the national government changed its criteria and brought forward the deadline for the

²¹² Williams, R. (2012) 'Empty promise of 'open' Sure Start centres' *The Guardian* 7 August.

²¹³ Areas of highest deprivation as determined by Liverpool City Council (2011) *The Index of Multiple Deprivation 2010: A Liverpool analysis*.

funding to be spent. As a result the organisation was unable to go through to full investment, and it continues to operate out of portacabins. The manager feels that a commitment to invest in children, through an anti-poverty strategy²¹⁴ has come to nothing for some deprived children in the locality:

Well this is the legacy that these very deprived children can look forward to. Twenty nine portacabins. Thanks. And all the talk about the pre-school years being vital for a child's learning. Where is the investment?

National changes to Working Tax Credit (WTC) have led to fewer clients being able to place children with this organisation, which has forced it to make redundancies and combine 2 after school clubs into one. Parents who could before April 2012 claim the childcare element of WTC now have to work more hours in order to qualify and if their employer cannot afford to give them extra hours then they receive no childcare allowance at all.²¹⁵ The manager of this organisation believes this is pushing parents into a benefits trap: those who work and do not qualify for WTC cannot afford to pay £35 a day for childcare, while those on the minimum wage may not even be earning that much. This is also affecting this organisation's employees, two of whom work less than 24 hours and as it is not affordable for the organization to increase their hours they have lost the childcare element of tax credit, rendering them unable to afford childcare and potentially unable to work. The changes to the qualifying rules for WTC and unaffordability of childcare are likely to force some women out of the workforce altogether, and into positions of financial dependence on men, leaving those in violent relationships even more vulnerable. The manager of this organization highlighted clients who were working part time and were just on the threshold for getting WTC but who no longer qualify for this benefit are now being forced back into the home and financial dependence on their male partner:

It's almost like the hidden tragedy, the group who is not thought about. The WTC was possibly one of the most liberating things that could have happened [for women]. I think we will start to see the impact of this, where women are dependent on their man, and this is where instances of DV and family breakdown will become more prevailing. It's a 2 edged sword, women in particular are having their services cut. The long term consequences of the cuts are that more women will be in danger.

²¹⁴ Liverpool City Region (2011) Child Poverty and Life Chances Strategy, 2011-14. Liverpool City Region Commission on Child Poverty and Life Chances.

²¹⁵ People responsible for children must work the following hours to get Working Tax Credit:

- if you're single, you need to do paid work of at least 16 hours a week
- if you're in a couple, your joint paid working hours need to be at least 24 a week, with one of you working at least 16 hours a week (before April 2012, joint working hours were 16 per week).

A recent report by the Resolution Foundation has found that because of rising childcare costs and reductions to WTC, going out to work has become unaffordable for many women across the country.²¹⁶ Our research has found that lack of affordable childcare is a significant barrier to work and education for women on low incomes.

Cumulative impact of the cuts on mothers

Breaking down by gender statistics relating to service use is extremely important as they can then enable a gendered analysis of service use and how cuts are likely to affect women and men differently. The childcare provider that took part in this research reported that most parents who use it are women. Since 2006, only one man, a single father, has used the nursery, but unlike the majority of single mothers for whom gendered expectations ensure they bear the main responsibility for care, he had the support of his mother. The play group is for parents who have a supported placement, and all parents involved in this are women. Some men do pick children from after school club, but they are a minority.

The cuts to tax credits, increases in childcare costs, and other cuts to child related support are disproportionately effecting mothers and other female carers, and are having a cumulative impact that has not been picked up by equality impact assessments. For example, cuts to disabled children's services mean respite care for parents has been lost:

*They have had their budget ripped out. They said to the mum's, "well use your DLA [disability living allowance], that is what DLA is for". Never mind that the DLA is used for a million and one other things for the child, and that the respite was so important to give mothers a break. Go and have a bath, something as simple as that.*²¹⁷

The cumulative impact of the raised threshold to access social care for disabled children and cuts to respite care have led to those working with vulnerable families in the most deprived areas of Liverpool to conclude that despite the council's promise to protect the most vulnerable, in reality, it is the most vulnerable who are taking the brunt of the cuts:

This is hitting the most vulnerable people in our society at a time when it should never happen. The pressure that is on these women, and it is the women who are usually the main carers, she is being hit financially,

²¹⁶ Alakeson, V. & Hurrell, A. (2012) Counting the Costs of Childcare.

²¹⁷ N.B. From April 2013, Disability Living Allowance will be replaced by Personal Independence Payment (PIP), although as yet, this will only apply to people of working age.

emotionally, and perhaps her physical health too. It's obscene in my view.
(Manager of a Childcare Service)

Local Case Study

A local childcare provider has been involved in a study by the New Economics Foundation on SROI and it has been found that for every pound invested in them over a 10 year period, they generate 49 pounds in terms of savings to the state, savings in spending on crisis intervention, criminal justice and health services, and by giving parents opportunities to achieve potential through training and volunteering. Through the SROI analysis, it has been demonstrated that, in addition to providing childcare, this organisation does significantly valuable work helping to engage families whose children have been assessed by Social Services to be at risk. These families often have a distrust of Social Services, fearing that they will take their children away, and therefore find it hard to engage with statutory bodies. This provider can help them “step through that”. An example is how it worked with a woman who volunteered with them while her children were under the care of Social Services, but who through her voluntary work gained skills and an outlook that allowed Social Services to review her case, involve a mental health team, and work with her. The outcome was that her little boy is now thriving and in school. “I see her every day with a big smile on her face. It's what it should all be about really”. (Childcare Provider Manager)

7. Education and Training

It appears that economic cut backs coupled with output driven targets are having an adverse impact on community education and training initiatives that have been set up to give women skills and self-confidence to find paid work and become financially self-supporting. For example, a local Community Interest Company that has a core aim of empowering socially marginalized women through delivering training in self esteem and personal development is finding it increasingly difficult to obtain funding. This organization is struggling to find voluntary sector groups to work with, as many have had their funding cut and those that it does contract with tend to be output driven (i.e. getting a specified number of women on to and completing an employment focused course) rather than working to achieve outcomes that help women take their first steps towards obtaining paid employment, while also making a long term difference to women's lives:

A lot of schemes are aimed at getting unemployed women into work, but these are a tick box exercise rather than working with women on personal and professional development. (Community Interest Company Director)

This organization has found that most voluntary and community sector organizations are now mainly working to a government agenda of getting long-term unemployed people into work. However, many of the women supported by this education and training provider have never worked and require intensive, long-term capacity building support to give them the structural underpinnings necessary for paid employment. Many of the women have been in care, have experienced gender based violence and abuse, are single mothers and some are ex-offenders. Consequently, many have little confidence, few social or employment skills, and a significant number have mental health problems as a result of their life experiences.

In order to keep to her values of changing women's lives for the better, this company's director is now looking at very small pots of money that will enable her to work with these client groups so that she can evaluate a qualitative journey (that is, life-improving outcomes rather than tick box outputs). However, this kind of work still relies on being paid by results by small organizations which have the commitment to achieve more sustainable outcomes, but which are often without sufficient money to sustain a contract. To build the women's confidence effectively and develop their transferrable skills, there is a need to spend more time with them than is currently allowed by the funding available.

The challenge for this organization, therefore, is finding the right pots of money that will allow for ethical and sustainable work with women. Despite the restrictions this organization faces, it is adhering to its core mission to give women self-esteem and enable better life choices and so bring about long term impacts. Some of this is achieved by building on existing skills women may not know they have:

I say well do you have £50 a week to spend, you spend 5 on gas, 5 on electric, so much on food, there you are, you can budget. But not knowing, we start from a place of not knowing and build on that. And women are great multi-taskers, and we often don't recognize those skills, and it's also crucial to have that peer support. So the groups I deliver are small groups, women build relationships, and feel safe, saying 'well that's what's happened to me'. I think it's so important.

The need for women only community education projects

As we have emphasized throughout this report, women only groups are essential for giving women the safe spaces needed for gender-specific confidence and capacity building work. Unfortunately, as in other sectors, there is a lack of commitment towards women-only training and education that is further undermining the ethos of projects that work to empower women. The women educators we spoke to identified two reasons for this:

1. Women only organizations that start up on that principle find that most funders stipulate they must also deliver a service to men.
2. There is a backlash against women only services. For example, a course that aims to empower women to live lives free from domestic abuse receives referrals for men from organizations that may not accept women only services.

The difficulties in finding funding for education that also empowers and changes women's lives are compounded by a growing resistance to the overall concept of women only services. In spite of the robust body of evidence that shows the value of, and necessity for, women's services, and the requirements of CEDAW for member states to support women-only provision,²¹⁸ many women-only organisations (who have traditionally struggled to exist) are finding it more difficult than ever to obtain financial or political support:

There is a lack of understanding about women-only services, which coupled with the 'equality myth', is resulting in women-only services being increasingly pressured to justify why their services are women-only. As a result, some women's organisations reported that funders and decision

²¹⁸ Office of the United Nations High Commissioner for Human Rights Committee on the Elimination of Discrimination against Women 41st session (30 June - 18 July 2008).

*makers are pressuring their organisations to deliver services to men and viewing women-only services as irrelevant and unnecessary.*²¹⁹

Local case study

One of the organizations which participated in this research is a small women only charity that operates 2 days a week. It works with mainly refugee and asylum seeking women. It provides ESOL classes, domestic violence support, health and fitness workshops, support in accessing benefits, knitting and crochet classes. The 16 staff are all volunteers committing their time and expertise, including some qualified ESOL teachers. Because of the dearth of public sector funding, they are currently spending a large amount of time applying for funding from non-public sources. About 80 women are registered at this centre, of different nationalities, but mainly from Somali, Bangladeshi and Sudanese backgrounds. Many women do not speak English but cuts to statutory ESOL provision mean there is very little opportunity for these women to learn English and take steps towards community participation and paid employment.

Most of the women who are supported by this centre are living on the breadline. Many are financially dependent on husbands, those that are not are single mothers, and more are having to resort to foodbanks to prevent starvation. The organization provides a crèche that is run by volunteers which allows women to access the classes. However, the steep rise in bus fares and cuts to school passes means that many women have to walk quite long distances to schools, often with younger children in tow. A volunteer told us that childcare is the biggest barrier to these women accessing other community services and going to work.

While this organization is primarily set up to deliver education, it also has a wider benefit in supporting women who are experiencing domestic abuse. A number of women who use the centre have experienced / are experiencing domestic abuse, and the support that is offered is discrete because of the stigma women often experience in some communities if they are known to have left their husbands.

The fact that this organization is run entirely by volunteers may qualify it as an example of the government's 'Big Society', but the reality is that they are struggling to survive in a climate where many small community groups are all competing for the same diminishing pots of funding, and where women-only groups are being increasingly pushed to the margins. For the women who use it however, this group is literally a 'life-line' as the ESOL classes play a big role in empowering and helping them communicate and access support in the wider English speaking community, and there is vital support for gender-based violence from trusted women who run the centre.

The volunteers who run this service work long hours on top of their day jobs to help women who are doubly disadvantaged by their refugee or asylum status and by their gender:

You know the cuts are going to affect the vulnerable. I know it's going to affect the women. It's proving it, it's showing how it's affecting these women, but I guess that's your job! It's great that you are doing this. (Service User)

²¹⁹ WRC (2011c) Op cit.; see also Hurst, A. & Rinne, S. (2012) *The Impact of Changes in Commissioning and Funding on Women-only Services*.

8. Conclusion and Recommendations

Across Britain, cuts and other austerity measures are devastating women's services, and women's financial security, peace of mind, health, and lives. Liverpool has been disproportionately affected by many of these measures, leading to particularly difficult decisions being placed before Liverpool City Council. The council is committed to a policy of proportionate universalism, however, lack of accurate equality data makes this difficult to achieve.

One of the key strengths of organizations that work to feminist principles is the ability to connect women's experiences of violence and abuse to bigger social and political structures that underpin women's inequality. While it has rarely been particularly popular with government or mainstream society, a feminist analysis of gender inequality gives grassroots women's organizations a clearer picture of the cumulative way the cuts are impacting on different groups of women:

Well the woman-centred ethos has been under challenge, always has been. In terms of women, women make up the most P/T work force, take on most caring responsibilities. So women who are already on economic margins, and are experiencing cuts in childcare, welfare benefits – what happens to those women at the bottom? We had been able to get what we call petty cash to reimburse women for travel etc, women who have no money, women in the asylum system, who have no access to funds. Even if we did have the funds to give them, how can we give it to them if they literally can't afford to come to us to see their counsellor? [...] These decisions [cuts] are made by people who have wishy-washy ideas but who have no real idea of what it's like to live without money, what it's like to not be able to pay for someone to look after their children, to not be able to afford to get the bus. (VAWG Organization Trustee)

Our report has highlighted two specific areas: services addressing gender-based violence and supporting female victims and survivors, and those providing women-only services for women experiencing mental distress, bringing the words of workers and service-users to the fore. This picture has been supplemented with information from projects addressing women's health, education and training and childcare needs. From this emerges an overview of the real extent of the impact of cuts in services on these women's lives.

Organizations that work to a woman-centred (feminist) agenda frequently struggle to be heard and have the value of what they do recognized both nationally and locally. While they have never being adequately funded, women's organizations have long relied on the commitment of local and central government for their survival and in Liverpool, as throughout the country, public sector funding cuts are leaving VAWG organisations in an even more precarious position. While incidents of gender-based

violence are increasing in number and in severity, cuts to services are endangering women's lives. Policy and funding decisions must not be based on police figures alone; reporting of gender-based violence is known to be low, and these figures significantly under-represent the extent of the problem. It is essential that local and national funding is based on an informed knowledge base regarding prevalence and impact, to allow services the time and resources needed to properly respond to victims and survivors and to develop vital awareness-raising and other forms of preventative work.

The shift of obligation and therefore funding from the public sector to short-term charitable grants and philanthropic giving risks exposing VAWG services to increasing financial insecurity and decreasing state (and political) support. Yet, the relationship between local and national governments and the voluntary VAWG sector is not merely one of donor and recipient, but is a mutually beneficial and symbiotic one.

The value of organizations that help to ameliorate or challenge the impact of women's inequality is immense in terms of empowering women individually and collectively. These organisations also bring wider benefits to families and communities and demonstrably help safeguard local public money in terms of savings to health, education, criminal justice and social services budgets. They provide women with confidence, self-esteem, skills and 'know how' needed to find and enter paid employment, which, when not subject to budget cuts and short-term contracts, helps to lift women and families out of poverty, and contributes to the local economy. Women only services in particular are built on many years of knowledge and experience of the barriers to equality women face, what are their particular needs and how these needs can best be met. Cuts in funding to these vital organizations may bring short term 'savings' to Liverpool City Council's budget, but by not heeding the SROI that women's organizations bring, the long term effects of the cuts may be deleterious to the welfare and wellbeing of both women and the wider community and detrimental to the public purse.

If we look further into the concept of social return on investment, we can see how services dedicated to supporting and empowering women to overcome gender-based violence offer the public sector a great deal in terms of:

- saving public sector money by providing alternatives to statutory services;
- providing support to women when they are accessing statutory services;
- the creation of innovative, flexible approaches and outcomes based on the voiced needs of service users, including those with complex needs;

- specialised provision for women who are particularly marginalised because of other forms of discrimination, ensuring that additional and culturally specific needs are met;
- being repositories for accurate and current quantitative and qualitative data relating to the prevalence, diversity and impact of gender-based violence;
- facilitating raised awareness and knowledge of the prevalence, impact and root causes of VAWG and of the most appropriate and effective responses;
- absolute commitment to safety, security, autonomy and empowerment;
- the provision of long-term support and the availability of support at whatever point in her life the woman is ready to access it;
- providing expertise through delivering training in equality legislation and violence against women.²²⁰

The wider savings that result from investment in VAWG services is an extremely pertinent consideration at a time of swingeing public spending cuts and competing funding priorities.²²¹ There is also a compelling social justice case for investing in these services:

*Gender-based violence remains one of the most pervasive **human rights violations** of our time. It is rooted in gender inequalities and reinforces them. Gender-based violence harms women, families, communities and society.*²²²

Adequate funding of VAWG services will help local authorities discharge their statutory obligations in terms of both the Public Sector Equality Duty, and international legislation under CEDAW. Sustained public sector support therefore represents a commitment to eliminating inequality and to promoting women's human rights as well as being economically expedient.

With regard to mental health services, the picture is complicated by wider changes to NHS commissioning and delivery structures, adding to a general climate of uncertainty. A key issue facing women's services in this sector is the classification of many service-users as having only low or moderate needs and therefore as no longer qualifying for free statutory services. This has resulted in a reduction in the numbers of women accessing services which may place these services in danger of

²²⁰ Some of these points can be found in Coy, M., Kelly, L. & Foord, J. (2007) Op cit.; WRC (2010) Op cit.

²²¹ European Institute for Gender Equality (EIGE) (2012) *Interview with Sylvia Walby, Violence Against Women: Victim Support.*

²²² EIGE *Gender-Based Violence.*

closure. The fear voiced by many service users and staff is that the withdrawal of specialist community support will lead to some service users experiencing worsening mental health and having to access more medically and hospital based psychiatric services.

Furthermore, the modernisation of mental health services incorporates an emphasis on 'peer support', a national government agenda that has been imposed rather than chosen by many. While the ethos of peer support may be a positive one, the government's 'active citizenship' agenda focuses on volunteer 'peer workers' rather than paid mental health support roles, giving rise to workers' fears for the future of their jobs. Moreover, the lack of a gender analysis in most of the Peer Support literature is cause for concern, in that structural and cultural gender inequalities are likely to be replicated within peer support organising. Our research has found that women are less likely to become involved in these groups because of lack of capacity, being already overburdened with family and social responsibilities, and the uncertainty about the provision of women-only spaces. However, with scarce resources, social care cuts, cuts to voluntary sector capacity building training, and little local authority input, the future for these initiatives looks uncertain before they can even take hold:

Now, suddenly, we are told we can 'no longer afford' quality public health and welfare services; we must have localism and 'big society' instead. As a long-term model for provision of equitable services, this approach is totally untested: potentially, it is a vast, un-researched experiment in human suffering. [...] Overall, localism is likely to result in an invidious moral dilemma for voluntary action: to connive in the destruction of local public sector jobs by helping to engage volunteers in provision of erstwhile public services, or to stand by and see services vanish while needs remain. Another dilemma might be whether to support a localism initiative which is under-resourced, perhaps not equitable or sustainable, and possibly offering a lower quality of service. ²²³

While cuts to community mental health provision potentially affect all service users, they are even more invidious for many women, particularly those who need specialized support for the gendered social and inequality issues that typically are at the root of their mental distress. We know that many of these issues relate to gender-based violence and historic abuse, and that mental health commissioning decisions should be informed by this knowledge.²²⁴ It is also known that multi-sectoral, holistic and gender specific approaches to addressing the causes and

²²³ Barritt, A. (2012) 'Unpacking localism in voluntary action: the wider context' in Localism: Threat or opportunity? Perspectives on the Localism Act for union and community organisers and activists National Coalition for Independent Action /TUC.

²²⁴ Scott, S., Williams, J., Kelly, L., MacNaughton Nicholls, C., Lovett, J. & McManus, S. (2013) Violence, Abuse, and Mental Health in the English Population.

consequences of violence and abuse are more likely to have greater long-term impact, and that empowering women is both the means of achieving this and the ultimate desired outcome.²²⁵ One of the most effective ways of empowering women is through coming together in consciously created women-only spaces and, through mutual support, locating and understanding individual experiences within wider structural and political contexts.²²⁶ Our findings suggest that current services that focus on women's mental health needs are under threat. Furthermore, the commitment to the development of a women-only service, contained within the 'Equality Impact Assessment: Redesign of In-House Mental Health Day Resources', is at risk in a climate of cuts / 'efficiency savings' and individualized support within mixed sex provision. If this proves to be the case, it would not accord with the requirements of CEDAW, and would be a loss for the many women in Liverpool who have voiced their need for a dedicated women-only service.²²⁷

Projects that deliver on women's health, education and training and childcare needs improve women's general wellbeing and aid personal development as well as supporting participation in economic and public life. As these projects lose funding, so do opportunities erode for gender equality and empowerment.

National changes to Working Tax Credit qualifying hours have resulted in fewer parents qualifying for help with childcare costs, which together with rising childcare costs may mean some women cannot afford to go out to work, leaving them dependent on a male partner. Locally, the reconfiguration of Children's Centres has involved a reduction of free crèche facilities, and consequently women are no longer able to access free childcare in order to attend vital domestic abuse and mental health services. Women who work in the childcare sector are at risk of losing, or have lost, their jobs because fewer parents can afford to pay full childcare costs. Overall, this situation represents a reversal in terms of women's equality and autonomy, yet has not been subjected to a detailed gender analysis at either national or local levels.

Community education is another route to women's economic and social empowerment. It is particularly important for women who have young children, physical or mental health problems, do not speak English, are living in abusive relationships, or have complex needs as these women are less likely to be socially

²²⁵ Department for International Development (2012) *A Theory of Change for Tackling Violence against Women and Girls* CHASE Guidance Note 1.

²²⁶ Kelly, L., Burton, S. & Regan, L. (1994) 'Researching Women's Lives or Studying Women's Oppression? Reflections on What Constitutes Feminist Research' in Maynard, M. & Purvis, J. (eds) *Researching Women's Lives from a Feminist Perspective* Oxford: Taylor & Francis.

²²⁷ See for example recommendation at section 12.40 in WRC (2013) *Women's Equality in the UK – A healthcheck*.

mobile and have fewer choices about where to learn and study. Many of these women find gender specific education and learning opportunities more comfortable and conducive to effective learning; for some, women-only projects are essential safe spaces in which to gain confidence, develop knowledge and skills, and embark on life changing journeys. Despite their proven value, however, we have found that a commitment to fund community based women-only education projects is further waning in a climate of cuts, mistaken notions of gender equality, and projects coming under pressure to relinquish their women-only status. In the face of diminishing funding streams, some keep going only through the commitment and dedication of volunteers: in this sense, the Big Society model replicates the worst of gender power imbalances, in which women's contributions, time and effort is undervalued, underpaid and taken for granted.

We started this research as a response to a call for local studies to map the impact of public spending cuts on women. In the process of our inquiry, we have attempted to highlight the voices of Liverpool women who it is known are more likely to be affected by austerity measures. We have found that not only are these measures negatively impacting on women in the most vulnerable social groups, but that they are impacting on women workers in terms of worsening job security and mental wellbeing. There is a cumulative impact in terms of cuts to a range of services that women may rely on to meet their basic needs for safety, security and wellbeing. There is an urgent need for Liverpool City Council to monitor the impact of cuts on women, by collecting comprehensive disaggregated statistics on service use, collating equality information and undertaking an informed analysis of the gendered impact of its budget in order to take actions to ensure the cuts do not impact unfairly on women and entrench women's inequality.

There is now a groundswell of evidence detailing the disproportionate impact of austerity measures on women at national and local levels, and our research adds to this. The recently published CEDAW Shadow Report has drawn on evidence from across the UK and produced a definitive picture of increasing levels of gendered inequality and discrimination. The Report details high levels of violence against women and girls, cuts to services, inadequate health care, support and gender-specific provision, and calls upon the government to recognise and commit to addressing and reducing gender inequality in respect of its legal obligations under CEDAW and national equality legislation.²²⁸

In order to do this, the government needs to undertake gendered analysis of impact of public spending cuts at both national and local levels. Information about the impact of cuts in different geographical areas needs to be disaggregated by gender, so that cumulative impacts can be fully assessed. The government must then ensure that funding is targeted to meet greatest need, in order to meet its gender equality

²²⁸ Ibid.

and human rights obligations. In the words of Vivienne Hayes, chief executive of the Women's Resource Centre: "Austerity is not an excuse for discrimination."²²⁹

Recommendations

National

- The government must undertake gendered analyses of impact of public spending cuts at both national and local levels.
- Information about the impact of cuts in different geographical areas needs to be disaggregated by gender, so that cumulative impacts can be fully assessed.
- The government must ensure that funding is targeted to meet greatest need.
- The government must commit to funding gender-specific services in order to fully meet its gender equality and human rights obligations, which are a binding agreement under CEDAW.

Local

- There is an urgent need for an in-depth gender assessment of the impact of cuts and other austerity measures. To facilitate this, there needs to be:
 - an understanding of substantive rather than simply formal equality; i.e. in some areas of public policy formation ideas of '*formal equality*' result in policy makers thinking equality means treating everyone the same, whereas a *substantive* equality framework acknowledges that different groups in society face different forms of oppression and disadvantage, and that policies and services must be developed accordingly;²³⁰
 - accurate sources of gender-disaggregated data: comprehensive research across all forms of violence against women is urgently needed so as to provide an evidence base to inform funding allocations and commissioning of specialised services for victims / survivors;
 - an informed gender analysis of impacts which is capable of considering cumulative impacts on different groups of women;
 - the utilisation of 'on the ground' figures recorded by organisations working with women in order to grasp the full extent of need;
 - the use by Liverpool City Council of all the above to develop strategies that will demonstrate due regard for the gender equality aspects of its work, with the objective of offsetting the disproportionate impact of spending cuts on women.

²²⁹ Quoted in Martinson, J. (2013) 'Government cuts threaten gender equality gains, warns report' *The Guardian* 13 May.

²³⁰ WRC (2011d) Op cit.

- There needs to be a recognition that women-only services are vital for many women and do not contravene but rather support equality. There are legal, business and moral cases for funding women's services.²³¹ This recognition should be matched by a commitment to commissioning and funding:
 - women-only services / specialist services (not generic providers);
 - safe spaces for women and girls within generic services, especially where women are particularly vulnerable because of histories of violence and abuse; for example, mental health services, community education and projects that work with women ex-offenders and women with substance misuse issues, asylum seeker and refugee support services;
 - long-term prevention of VAWG work;
 - services for women who require culturally specific services, or who have complex needs.
- The impact of cuts and other austerity measures on workers in the services affected needs to be assessed, as it is clear that their health and wellbeing is being negatively affected, and that there are gender equality implications in terms of the gender ratio of workers in these sectors.
- The role of the Police & Crime Commissioner includes making decisions about the funding of victims' services. It is therefore essential that the Police and Crime Commissioner for Merseyside works with local women's groups in order to prioritise women's safety and fund services and projects that support victims and survivors of gender-based violence.
- The Social Return on Investment created by existing organisations providing gender-sensitive and gender-specific support to women and girls must be taken into account. It needs to be acknowledged that cuts made in some service areas will lead to increased costs elsewhere and therefore do not represent real savings.

²³¹ Ibid.

Glossary

CAADA

Co-ordinated Action Against Domestic Abuse (CAADA) is a national charity supporting a strong multi-agency response to domestic abuse. CAADA provides learning and development to over 1,400 Independent Domestic Violence Advisors (IDVAs) and a range of other frontline multi-agency professionals (for example, those working in police, health and children's services). The aim is to protect the highest risk victims and their children – those at risk of murder or serious harm.

Equality Impact Assessment

A method of assessing the impact of policies or changes on groups of people who are socially disadvantaged. While not a legal requirement, they are recommended as best practice for public bodies to demonstrate that they have due regard for the equality implications of all their work, including decision making, policy development, budget setting, procurement, service delivery and employment functions.

Freedom Programme (FP)

The Freedom Programme is a 12 week rolling course which gives women an understanding of the beliefs and attitudes held by abusive men and the methods these men use to control women and children. It aims to give women the self esteem and confidence to improve the quality of their and their children's lives.

IDVA

IDVAs are specially trained advisers who work for the Independent Domestic Violence Advisory Service. Their remit specifically includes providing crisis intervention, emotional support, practical assistance and help to victims while working in a multi-agency partnership. This service was developed from research conducted by Coordinated Action against Domestic Abuse (CAADA) and was established in 2004 to implement a standardised national response to all high risk domestic abuse cases.

ISVA

Independent Sexual Violence Advisor. These are specialist sexual violence workers whose remit specifically includes providing crisis intervention, emotional support, practical assistance and help to victims while working in a multi-agency partnership.

MARAC

Multi-Agency Risk Assessment Conferences (MARACs) are meetings where information about high risk domestic abuse victims is shared between local public agencies. By bringing all relevant agencies together at a MARAC, a coordinated safety plan can be drawn up to support the victim. Over 260 MARACs are operating across England, Wales and Northern Ireland. Of all victims supported by MARACs, 96.4 are female.

SROI

Social Return on Investment

VAWG

Violence against women and girls

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