



Scoping Study: Violence Against Women and Girls Services Summary

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Aims and Key Research Areas

The overall aim of the scoping study was to examine ways in which funding approaches and service provision for Violence Against Women and Girls (VAWG) in England and Wales could be improved.

Objectives

- To explore existing VAWG services, initiatives and funded projects in England and Wales
- To enhance understanding of the barriers and challenges to VAWG advancement, including key gaps in provision and funding.
- To identify ways to improve funding and commissioning approaches and delivery models for VAWG services at risk.
- To explore opportunities for Funders to work together to fund a comprehensive VAWG delivery model
- To document areas of best VAWG practice as identified by participants.

Methodology

Over 70 professionals with experience of commissioning for VAWG services were contacted via email for possible recruitment to the study. A total of 34 interviews with 35 individuals were undertaken including: service providers; second tier organisations; commissioners; trust funders and statutory agencies. Interviews were analysed using thematic analysis



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Key Findings

- The declining level of funding received was cited as the most prominent problem facing the VAWG sector. This was followed closely by the limited time for which services received funding.
- Service providers stated that they often had to make difficult compromises as funding sources often determined which approach to VAWG was adopted, which did not necessarily reflect their values or gendered understandings.
- Four major issues emerged relating to need and capacity: prominence of crisis led provision; increasing demand; undervaluation of Black and Minority Ethnic services; lack of services for wider marginalised groups for example LGBTQ+.
- The impact of reductions in services such as youth services, mental health services and other wraparound provision placed increased pressure on already constrained VAWG services to both identify need and support survivors and their children.
- The problem of public perceptions around VAWG reduced agencies' ability to raise revenue, especially in relation to sexual violence services.
- There was a consensus among participants that there has been, and continues to be, a move towards more universal VAWG services. However, this shift has occurred at two levels: firstly, there is a move towards more generic VAWG services and; secondly, alongside this, a move towards VAWG services being encompassed *within* generic non-specialist services.
- The majority of participants, including government representatives and commissioners, acknowledged that the shift to universal VAWG provision was often detrimental to specialist knowledge and the ability to really meet the specific needs of survivors and service users.
- Most commissioners interviewed for this research recognised the need to have specialist provision from VAWG agencies. Some saw this as a central requirement whilst others felt this needed to be included although not as an overall priority of the tendering process.
- Unsurprisingly, suggested improvements to the VAWG sector centred on the length and amount of funding made available. An additional solution suggested was the need to create and maintain strategic leadership in the VAWG sector.
- Funders clearly recognised the need for investment, the necessity of strategic leadership roles in the sector and also demonstrated a good understanding of the issues but also recognised the enormity of the work required.
- Large funders expressed enthusiasm for working collaboratively across charitable trusts and with the statutory sector. Smaller funders however lacked the capacity to do so. Service provider views on the benefits of a shared funding body were more mixed although generally positive.

- Participants raised a range of concerns regarding current commissioning processes. These included: obstructive procedures; lack of survivor consultation; disregard for women only services; lack of wider VAWG understanding; problematic commissioning framework; large size of tenders; competitive tendering; and difficulties with collaborations and consortiums.
- In the context of a challenging financial climate, commissioning approaches across the country emerged as inconsistent, with some good examples being provided as well as some less favourable practices.
- Overall, most interviewees recognised the potential benefits of a united VAWG funding partnership, if the diversity of funding requirements were sustained. The main benefits identified were:
 - Shared resources and a reduction in administrative burdens.
 - The opportunity to build collective learning, especially around best practice, robust evaluations, cost-analysis and evidencing added value.
 - Supporting the voice of VAWG survivors and service users in the commissioning process was an area where a funding partnership could have influence, along with supporting VAWG consortium development.
 - Providing a strategic independent leadership body for specialist VAWG services, especially in relation to smaller charities and those addressing less 'sympathetic' issues, such as sexual violence and survivors from BME groups, asylum seekers and those with complex needs.

Recommendations

Based on the findings we have provided recommendations for four groups: Government; Commissioners; Independent funders and Service Providers.

Recommendations for Government

- To undertake a national review of implementation of commissioning guidance and hold local areas to account.
- To work with the proposed Domestic Abuse Commissioner to monitor and audit VAWG at a local level.
- The National Statement of Expectations (Home Office, 2016) needs to be embedded across all localities and systematically implemented.
- To influence Health and Wellbeing Boards to prioritise VAWG services, including sexual health and women only provision, as a central part of their strategic plans.

- Increased investment in evidencing service user and survivor needs and the ‘added value’ of VAWG place-based service provision.
- Support the shift in public perceptions around VAWG especially in relation to sexual violence.

Recommendations for Commissioners

- Comprehensive consultations should be routinely undertaken with a diverse range of survivors and service users throughout the commissioning and tendering process.
- Wider consultations with independent external VAWG national organisations or independent experts should also inform the commissioning and tendering process; this should include organisations which represent BME survivors and those with complex needs.
- Realistic commissioning timeframes should be implemented to enable the development of strong and diverse VAWG partnerships.
- Within larger tender remits, there should be ring-fenced provision for specific groups including BME and LGBT+ survivors and service users with additional needs, including the need for women only services
- Grants should be considered as an appropriate avenue for ensuring smaller charities can continue to offer specialist local support; this is especially important for those agencies supporting BME survivors and women with additional needs.
- The scope of tenders needs to ensure that early intervention services are included as well as high risk crisis intervention work.
- While tendering clearly needs to address cost issues, these should not be allowed to override quality issues. In particular, tendering processes should take account of the long-term value and added social value that investment over time in locally-based expertise can deliver.
- Providing voice and provision for male survivors is important but this should not occur at the cost of services for women.

Recommendations for Independent Funders and Charitable Trusts

- Support a national forum for commissions and trust funders alongside local ‘think-tanks’ to learn from one another in relation to VAWG best practice.
- Aid survivor scrutiny through supporting service users’ commissioning reference groups across localities and thereby develop good practice models to support ‘genuine co-production in VAWG commissioning’.

- Facilitate better communication between survivors, service providers, commissioners and funders to inform national, regional and local funding priorities and decisions across different sectors.
- Provide core funding to better support smaller organisations to build the capacity to collaborate and become members of larger consortiums.

Recommendations for VAWG Service Providers

- Providers need to adapt to the changing funding landscape and recognise the need to be part of larger consortiums and apply for larger tenders.
- Nationally, lead consortiums needed to invest in partnership working with smaller local specialist VAWG organisations to ensure that services are genuinely needs led.
- The added value that local VAWG services provide need to be properly evidenced and cost benefit shown (see recommendation for trust funders to support this).



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