

Written evidence for the Women and Equalities Committee inquiry into the enforcement of the Equality Act

October 2018

Executive Summary

1. Agenda, the alliance for women and girls at risk, welcomes the opportunity to respond to this inquiry into the enforcement of the Equality Act. Eight years on from the Equality Act coming into force, Agenda is concerned that women and girls in England and Wales continue to be disadvantaged in policy, commissioning, and service delivery, with systems and services failing to deliver support that responds to their gender-specific needs.
2. In addition to looking at the specific challenges facing individuals in being able to enforce their rights under the Equality Act, we recommend that the Committee also consider the issues facing public bodies in understanding their duties under the act and for organisations in being able to deliver appropriate services to protected groups.
3. Agenda campaigns for women who face violence, abuse, poverty and multiple disadvantage. Women who have these experiences are often deeply traumatised and face multiple problems like poor mental health, addiction and homelessness. These are women who have very complex, overlapping needs and are at the sharpest end of inequality.
4. At the moment there is insufficient support available to this group of women. Services – such as for homelessness or addiction - are often dominated by men and do not have the expertise to respond to the specific issues women face. Policy makers, commissioners, and providers of services do not sufficiently prioritise this group.
5. We are concerned that commissioning of services at a local level is currently disadvantaging this group of women, with movements towards “gender-neutral” approaches to commissioning, and commissioning of larger contracts which see smaller, specialist women’s organisations lose out, and put some are at risk of closing altogether.
6. We would like to see the Equality and Human Rights Commission (EHRC) take a more active role in ensuring commissioners understand their responsibilities under the Equality Act, specifically the Public Sector Equality Duty (to have due regard to the need to achieve elimination of discrimination), and in supporting gender-specific and specialist women’s services which we know are effective at supporting women who experience multiple disadvantage.

Women and multiple disadvantage

7. Agenda campaigns for women and girls who have suffered extensive violence and abuse, are deeply traumatised and face multiple problems like severe poverty, low self-esteem, poor mental and physical health and who may turn to drugs and alcohol as coping mechanisms. For these women, sexual and physical abuse often starts in childhood and goes on to weave in and out of their adult lives. Many face lifelong problems and end up trapped in a vicious cycle of poverty and abuse. Some end up homeless or in prison. These women are at the sharpest end of gender inequality.

8. Our research shows one in 20 women in England have experienced extensive physical and sexual violence as both a child and as an adult.¹ Women who have these experiences often face very difficult lives: more than half have a diagnosable mental health condition, 21% have been homeless, 31% have an alcohol problem and 8% are dependent on drugs.² The combination of trauma, lack of access to resources and poor mental and physical health can prevent them from building better lives for themselves.
9. The fact that gender is not consistently thought about in policy development and service design and delivery across different government departments disadvantages these women further. Policies designed to address issues such as mental health, substance misuse or homelessness rarely consider the particular impact these issues have on women or the specific services needed to support them.

Gender-responsive services for women experiencing multiple disadvantage

10. These same challenges go on to disadvantage women at a local level. Women experiencing multiple disadvantage, and the professionals who support them, report that women-only services and services which respond specifically to women's particular needs are most effective at helping them to engage and recover.³ But many public services often do not take into account women's specific needs, delivering "gender neutral" support, resulting in service provision which can disadvantage women.
11. Services accessed by women experiencing multiple disadvantage such as mental health, substance misuse and domestic abuse services are under pressure and specialist services for women are few and far between. *Mapping the Maze*, a report published by Agenda and AVA found patchy provision of services for women facing addiction, homelessness, contact with the criminal justice system, and mental ill health, with a woman's ability to access services being dependent on where she lives.⁴ In only 19 areas of England and Wales (out of 173) are there services for women that address substance misuse, mental health, homelessness, offending and complex needs. More than a quarter of all support for women facing multiple disadvantage was for pregnant women or those with a young baby.
12. Many 'mainstream' services lack an understanding of the specific needs and experiences of women. For example, around 75% of those in homelessness services,⁵ and 69% of those in drug and alcohol services,⁶ are men which means they can be intimidating and sometimes unsafe place for women, who may then be deterred from accessing them. As a result, too many women are falling through the gaps in services, unable to access support, and ending up with the worst possible outcomes.

¹ Scott, S & McManus, S (2016) *Hidden Hurt: Violence, abuse and disadvantage in the lives of women*. DMSS Research for Agenda

² *ibid*

³ Agenda & AVA (2017) [Mapping the Maze](#): Services for women experiencing multiple disadvantage in England and Wales

⁴ *ibid*

⁵ Homeless Link (2013) [Survey of needs and provision](#)

⁶ ONS (2017) [Substance Misuse Treatment For Adults: Statistics 2016 To 2017](#)

Procurement and contracting

13. Agenda is concerned about local commissioners taking a “gender-blind” approach when they are assessing need and commissioning services for their local population. This may be leading to a lack of appropriate gender-specific services for women, with “gender-blind” services often designed around a male client by default, without taking into account women’s particular needs. We regularly hear concerns among our alliance members, many of whom are small, frontline organisations supporting women experiencing multiple disadvantage, about a move away from commissioning specific services for women to generic ones attracting non-specialist larger providers.
14. Women’s specialist services tend to be smaller organisations and may be unable to provide services on the scale required by contracts, or to larger groups of the population. Larger providers tend to be in a stronger position to win and hold contracts, which may not necessarily reflect their ability to work well with this group of women. We know that women’s organisations are specialists in delivering holistic, women-centred, trauma-informed support and are able to build up the trust and relationships needed to be effective, so this approach risks prioritising scale over quality.
15. Members who have seen their funding reduced due to these moves towards “gender-neutral” commissioning are also concerned they may not be able to make up these funding gaps from elsewhere due to cuts to local authority and other budgets. Many services are under considerable financial pressure with a risk that some may reduce the services they can provide or be unable to operate altogether. Sustainability and continuity of these specialist services is vital if we are not to lose the expertise, relationships and goodwill that have been built up over many years and that are necessary for joined-up interventions.
16. We are concerned that commissioners may be making decisions without properly taking account of need. We are aware of commissioners placing an onus on smaller women’s organisations to provide data on the prevalence of need in their area. At the same time, evidence provided by women’s services is not always accepted by commissioners as rigorous enough for consideration. We also hear that many areas do not hold or gather data that can be analysed by gender, nor by gender as well as other equality characteristics, which can mean specific needs at these intersections are overlooked.
17. Despite these challenges, we know of very few examples of women’s organisations who have been able to challenge decisions made by commissioners, or who have used the EHRC to do so. We are concerned that Commissioners are misunderstanding their responsibilities under the Equality Act, which suggests a need for stronger guidance from the EHRC. The Lloyds Bank Foundation report, [*Tackling violence against women domestic abuse and sexual violence: A collaborative commissioning toolkit for services in Wales*](#), offers a good example of a commissioning toolkit which makes considerations of equality.
18. We know that gender-specific commissioning is possible, and there are some examples of good practice across the country. In Cardiff, local experts and service providers supporting women have been meaningfully involved and listened to by local decision makers. This has resulted in the sustainable commissioning of specialist women-only services for women, alongside which separate services have been commissioned for boys and men who both experience and perpetrate domestic and sexual violence.

Mental health services

19. Our research has found this gender-neutral approach to service provision is particularly pronounced in the mental health services. *Mapping the Maze*, for example, found that many Clinical Commissioning Groups (CCG) did not take a specific approach to commissioning services for women, as their provision was for ‘all patients’:

“[T]he Clinical Commissioning Group works equitably on behalf of its whole population and does not commission services specifically for women.”

“[A]ll our commissioned services are for men and women equally.”⁷

Other research, conducted by Agenda, similarly found mental health trusts were failing to take into account women’s specific needs.⁸ Only one trust who responded to an FOI request had a women’s mental health strategy, while fewer than half had a policy on asking about experiences of violence and abuse, despite this being recommended in NICE guidance.⁹ The vast majority of trusts had no policies on offering proactive support to women who disclose abuse, beyond meeting their basic safeguarding responsibilities.

20. Given evidence demonstrating the importance of gender-specific services for supporting women’s mental health, this approach is concerning. Women with mental health problems report that they want gender-specific support, which works holistically to help them resolve their needs. Many women state that such an approach helps them to feel safe in services, to truly address the causes of their problems, and to build trusting relationships with practitioners.¹⁰ For women who have experienced abuse, a women-only space, including women staff, can help them feel physically safe enough to engage in treatment. Where mental health problems are linked to or rooted in gendered trauma, an awareness and understanding of that trauma and women’s responses to it is essential for practitioners to deliver effective therapies.¹¹
21. We know that good examples of gender-specific commissioning in mental health provision do exist. For example, a contract has been granted by Kirklees council and two local Clinical Commissioning Groups (CCGs) to WomenCentre Calderdale and Kirklees to deliver a Women’s Mental Health and Wellbeing Service.

Violence Against Women and Girls (VAWG)

22. Women are the vast majority of survivors of sexual and domestic violence, and they experience the most extensive forms of abuse.¹² Research for Agenda has also shown that of all those who experience extensive physical and sexual violence as

⁷ Direct quotes from CCGs in response to an FOI request asking what specific provision was available for women in their area. Quoted in: Agenda & AVA (2016) *Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales*.

⁸ Agenda (2016) *Women’s needs in mental health services: a response to an FOI request*

⁹ NICE (2016) NIICE pathways: Domestic Violence and Abuse Overview

¹⁰ Department of Health (2004) *Mainstreaming Gender and Women’s Mental Health: Implementation Guidance*

¹¹ AVA and Agenda (2017) *Mapping the Maze, The core components of a gender sensitive service for women experiencing multiple disadvantage: A review of the literature*

¹² Rape Crisis, statistics: <https://rapecrisis.org.uk/statistics.php>

Women’s Aid: <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/>

both a child and as an adult, 84% are women. Meanwhile, the vast majority of perpetrators of violence against women are male.¹³ We are concerned, however that in attempts to address the needs of all people who experience violence and abuse, the specific gendered dimensions of VAWG may be misunderstood.

23. We often hear from organisations that provide services for women experiencing abuse and violence that they are increasingly being asked to provide services for all victims of violence, both men and women. This is sometimes disproportionate to the scale of abuse experienced by different groups, and requires services which are women only to significantly reshape the way in which they work. Some have been able to deliver services to women as well as men by working in partnership or sub-contracting to other specialist organisations, but a number have been shut out completely and lost contracts to other 'generic' providers.

Recommendations:

24. Women's specific experiences and needs must be considered by all relevant government departments in policy design and service development. Addressing the complex needs of marginalised women who have suffered extensive violence and abuse and extreme inequality requires national leadership and a cross-government approach.
25. EHRC should be reviewing and considering appropriate specialist service provision for protected groups as a priority. This should be highlighted as a priority issue in relation to their enforcement powers, and in their role to independently assess, monitor, and make recommendations around Government compliance with its obligations under international human rights treaties, including CEDAW and the Istanbul Convention.
26. Clear national guidance should be produced by EHRC to support services and commissioners to ensure they understand the provisions of the Equality Act, the use and application of the Public Sector Equality Duty and the importance of gender-specific commissioning for women facing multiple disadvantage. EHRC should engage with commissioners to ensure they are made aware that the provision of services designed specifically for women does not breach the Equality Act.

About Agenda

Agenda, the alliance for women and girls at risk, is working to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction and homelessness to get the support and protection they need. We work to get systems and services transformed, to raise awareness across sectors and to promote public and political understanding of the lives of women and girls facing multiple disadvantage.

www.weareagenda.org

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¹³ ibid