



Short report

Exploring the unique features of specialist voluntary sector sexual violence (SVSSV) services and the funding and commissioning landscape in which they operate: Findings from a qualitative study



UNIVERSITY OF
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RISK, ABUSE AND
VIOLENCE (RAV)
RESEARCH PROGRAMME

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Study background

A complex landscape of provision, funding and commissioning practices

- The funding and commissioning of services for adult and child victim-survivors of sexual violence and abuse is complex, historically under-funded and highly fragmented [1, 2]. There is also considerable variation across England in terms of service provision and availability and there are additional barriers for some groups of victim-survivors when seeking support. Across their lifetime, victim-survivors commonly access multiple services from voluntary and statutory sector organisations.
- Specialist voluntary sector sexual violence (SVSSV) services are essential in providing crisis and longer-term therapeutic, advocacy and peer support that help victim-survivors to recover their confidence and thrive in the longer-term [3]. SVSSV services have been characterised as ‘flexible, enabling, holding and mending’ [4] and it is well-documented that victim-survivors often prefer to use voluntary sector services in comparison with statutory and private sector services.
- However, in England, there is limited research on the range, scope and funding of SVSSV services, their models and approaches, linkages between services that support victim-survivors, and the funding commissioning arrangements that underpin some service provision. These gaps in understanding are particularly important at a time when the funding and commissioning of services for victim-survivors is complex and evolving.
- It is in recognition of this context and these gaps in knowledge that the PROSPER study was developed.

The PROSPER study

- The PROSPER study (sexual violence: suPporting Role Of SPecialist sERvices) is a three year mixed methods, co-researched study on the role, funding and commissioning of specialist sexual violence services provided by the voluntary sector in England.
- It is funded by the National Institute for Health Research (NIHR) and is led by the University of Birmingham, with study partners who work in commissioning, health, the voluntary sector and who identify as victim-survivors. Victim-survivors have played a key role in the design and development of the study and the study team includes six victim-survivor co-researchers.



Study design and methods

1. Study aims

This report details the findings of the first stage of the PROSPER study. This was an exploratory qualitative study carried out with victim-survivors, SVSSV service practitioners and commissioners of services for victim-survivors. The aims of this study were:

1. To develop understanding of the principal issues shaping the delivery, funding and commissioning of SVSS services and the unique features of these organisations.
2. To use the findings to inform the development of three national surveys that will map the provision, funding and commissioning of specialist sexual violence services.

2. Methods

- We carried out interviews with a) Senior practitioners of SVSSV services (n= 13) b) Commissioners of sexual violence services, provided by the statutory and voluntary sector (n= 10).
- We also carried out two focus groups with a) Female victim-survivors (n=9) b) Male victim-survivors (n=5) and one telephone interview with a female victim-survivor. Interviews and focus groups were recorded and transcribed verbatim.
- The transcripts were analysed thematically, drawing on Billis and Glennerster's theory of the comparative advantages of the voluntary sector [5].

3. Topics explored

- The strengths and limitations of SVSSV services.
- The relationships, pathways and comparative differences between voluntary and statutory sector services.
- Details of current funding and commissioning arrangements, identifying areas where there has been change and continuity.
- Victim-survivors' experiences of accessing voluntary and statutory sector services, their reflections on differences between services and their suggestions for improvements.

4. Theoretical orientation

The PROSPER study is informed by Billis and Glennerster's theory [5] of the comparative advantages and unique features of the voluntary sector when providing human services, particularly to 'vulnerable' or marginalised groups. Over the duration of the PROSPER study, we will explore this theory in relation to the collected data. To date, the theory has not been applied in the context of sexual violence service provision.



Findings

1. The unique features of SVSSV services and their workers

a) The services

- Victim-survivors value SVSSV services. Key benefits include: being supported by staff with detailed knowledge of sexual violence and accessing a dedicated environment for victim-survivors where the shame and stigma of sexual violence is understood and challenged.
- Unique features include: 1) Non-hierarchical organisational structures; 2) Closeness to communities; 3) Being mission-led and driven by core values and purpose. This typically distinguishes SVSSV services from most statutory and private sector services.
- SVSSV services are responsive and adaptive to emerging needs. For example, pioneering creative methods of support and reconfiguring services to meet changing funding/commissioning requirements.

‘We have survivors that work here at all different levels - from the management to trustees to staff - and I think there is something about having that shared knowledge.’ Practitioner 8

b) The workers

- Practitioners had considerable experience of and loyalty to the sector; personal and political dimensions of work are often intertwined.
- Practitioners take pride in supporting victim-survivors to overcome adversity and trauma, experience personal growth through their work and value the camaraderie and support amongst workers/volunteers.
- All practitioners reported heavy workloads, increasing referrals and work with victim-survivors who experience multiple forms of disadvantage. Work stress was compounded by insecurities associated with competitive funding and commissioning.
- Frustrations were also shared that SVSSV services are not always valued or their work understood by those outside the sector.

‘It really comes down to the passion and the mentality and the trauma informed work (of the voluntary sector)’. Commissioner 6

c) Comparative advantages

- All participants reported that SVSSV services worked in a different way than (most) statutory services. Victim-survivors reported benefiting from (and preferring) the independent and needs-led approach of SVSSV services.
- Over the past ten years, voluntary sector services have faced significantly increased



demand for their services. Demand for public sector services has also risen.

- In a context of austerity and public service reconfiguration, SVSSV services are now working with more clients with multiple needs who in the past would have had statutory support. This shift has occurred without a commensurate rise in their funding: a point raised by practitioners and commissioners.

‘They’re (specialist services) so important and they’re so key and they deserve any investment they can get because they can help change people’s lives. It sounds dramatic, but they can.’ Female survivor 6

2. Funding and commissioning of SVSSV services

a) An evolving landscape

- Over the past 10 years, the SVSSV sector has undergone significant changes in how it is organised and funded - moving from grant-based to competitive commissioning approaches and, increasingly, to joint commissioned arrangements.
- Joint commissioning can increase consistency between services, with the aim of reducing costs; however, practitioners and commissioners said that joint commissioned contracts often required SVSSV services to ‘scale up’.
- Whilst longer term investment is welcomed, SVSSV providers are concerned that this joint-commissioning model is likely to favour larger, often generic providers and threaten the survival of smaller, bespoke services.

‘There has to be, to my mind, a reduction in variation because you can’t keep commissioning small amounts of niche services that add up to a totality because actually they’ve also got requirements with public money to deliver services to everyone’. Commissioner 10

b) Commissioning and funding processes

- Practitioners and victim-survivors are not consistently consulted throughout the commissioning process. This can lead to services that do not meet the needs of victim-survivors and the under-valuing of the expertise of SVSSV service staff.
- Partnership or consortia arrangements can help SVSSV services to share resources and expertise. However, these arrangements are often driven by commissioning and/or funding agendas, sometimes experienced as ‘top down’, and complicated to establish.
- Relationships with commissioners were seen as key to effective working. Participants shared examples of how this could work well.

‘The relationship (with commissioners) is absolutely key and being listened to and being seen as an expert.’ Practitioner 3



c) Context of precariousness

- Short-term funding generates considerable instability for SVSSV services. The associated precariousness negatively affects staff morale and retention and can undermine sector leaders' ability to work in a strategic and creative way.
- Victim-survivors' trust is undermined by uncertainties about SVSSV services' future and sudden changes in how services are delivered (or ended). This can have a particularly detrimental impact on victim-survivors who have 'complex' needs.
- Charities, trusts and foundations increasingly play a key role supporting SVSSV services in addition, or as an alternative to, commissioned contracts.

***'When you're working with groups that haven't normally worked with us, it takes a long time to build up trust and to build up awareness... and then actually the project ends.'* Practitioner 2**



Next steps

Stage 1b: National surveys mapping provision, funding and commissioning

The interview and focus group findings have already informed the next stage of the PROSPER study. Stage 1b involves the dissemination and analysis of three national surveys about the provision and commissioning of sexual violence services for victim-survivors in England. The surveys will map the range, scope and funding of SVSSV and Sexual Assault Referral Centre (SARC) services, their service models and approaches, the principles underpinning services, referral patterns/pathways and commissioning arrangements.

We would like to invite senior SVSSV staff, senior SARC staff and commissioners of services for victim-survivors to take part:

- If you work in specialist voluntary sector sexual violence services, you can find out more and take part in the SVSSV survey here: [SVSSV services online survey](#)
- If you work in a Sexual Assault Referral Centre, you can find out more and take part in the SARC survey here: [SARC services online survey](#)
- If you are a commissioner of services for victim-survivors, you can find out more and take part in the commissioner survey here: [Commissioners online survey](#)

Thank you. We appreciate you taking the time to share your views and experiences.

Stage 2: In-depth case studies

Stage 2 of PROSPER involves an in-depth investigation of four areas in England using a case study approach. We will explore the role of SVSSV services, their links with other local services and the funding and commissioning arrangements that underpin them. As part of the case study phase, we will also explore victim-survivors' views and experiences of (not) accessing services across their life-course. Interviews will be carried out with providers of voluntary and statutory sector services, commissioners and victim-survivors. The six co-researchers, who identify as victim-survivors, will play a lead role during this study stage.

Plans for dissemination and recommendations

Drawing on data from each of the PROSPER study phases, we will develop bespoke guidance and make recommendations about service provision and funding and commissioning arrangements, with a focus on services provided by the voluntary sector. The guidance will be co-developed with victim-survivors, specialist providers and commissioners. It will be available in different formats (e.g. summaries, short reports, video clips). We will also hold dissemination events to share and discuss the study findings, publish an end-of-study report and publish our findings in academic journals. Throughout the study, we will publish summaries of our findings and these reports, alongside other outputs, will be accessible on our website.



Acknowledgements and further information

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Further information

- For more information about the PROSPER study, contact the study's principal investigator, Professor Caroline Bradbury-Jones (c.bradbury-jones@bham.ac.uk), see the PROSPER website ([PROSPER study web pages](#)) or follow us on Twitter (@Prosperstudy).

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Disclaimer

The views expressed in this summary report are those of the authors and not necessarily those of the study's funding body - the National Institute of Health Research (NIHR) - or the Department of Health and Social Care.