



THE COVID-19 CRISIS AND THE UK WOMEN'S SECTOR: ONE YEAR ON...

**SURVEY
RESPONSES &
FINDINGS
APRIL 2021**

About Women's Resource Centre

WRC is the leading national umbrella organisation for the women's sector. WRC's membership and networks include predominantly small, local, specialist women's organisations and, therefore, we need to always be relevant to their needs by rooting our work in an intersectional approach.

WRC strives to give voice to the most marginalised and disadvantaged organisations and is working towards transformational and substantive equality for women. We understand women's inequality to be both structural and systemic and we push for empowerment in its true sense by supporting women and women's organisations to achieve their full potential.

Prepared by Kiran Dhami (Policy Officer)

Published by Women's Resource Centre (March 2021) United House, North Road, London, N7 9DP

Tel: 020 7697 3450

Email: admin@wrc.org.uk

Web: www.wrc.org.uk

Twitter: @whywomen

Facebook: www.facebook.com/whywomen

CONTENTS

Introduction.....	p.4
Summary of Findings.....	p.4
Recommendations.....	p.7
About this survey.....	p.8

Findings

Respondents

- Location.....	p.8
- Income and size.....	p.8
- Led by and for.....	p.10
- Services.....	p.10

The impact of the ongoing pandemic on women's organisations and their staff

- Current pressing challenges.....	p.12
- Current organisational and staff status.....	p.14
- Funding.....	p.15
- Demand.....	p.17
- Moving online and resuming face-to-face services.....	p.20
- Workload.....	p.22
- Caring responsibilities.....	p.23

The impact of the ongoing pandemic on service users

- Increasing need.....	p.24
- Severity and reasons for increased counselling and mental distress.....	p.26
- Complex needs.....	p.27
- Statutory services.....	p.28
- Burden of care.....	p.29

What organisations need from Women's Resource Centre.....	p.29
---	------

What organisations need from funders.....	p.32
---	------

Graphs and Tables

Graph 1:	Geographical spread of orgs.....	p.8
Graph 2:	Income level of orgs.....	p.8
Graph 3:	Number of paid staff of orgs.....	p.9
Table 2a:	Comparison data of orgs' income levels.....	p.9
Graph 4:	'Led by and for' orgs.....	p.10
Graph 5:	Types of services that orgs provide.....	p.11
Graph 6:	Three most pressing challenges for orgs.....	p.13
Table 6a:	Comparison data of increased demand.....	p.13
Table 6b:	Comparison data for complex needs, funding issues and staff burnout.....	p.14
Graph 7:	Staff status of orgs.....	p.14
Graph 8:	Operational status of orgs and their feelings about the future.....	p.15
Table 8a:	Comparison data for orgs very worried about surviving this crisis.....	p.15
Graph 9:	Effects of emergency funding running out and not replaced.....	p.16
Table 9a:	Comparison data for emergency funding – received, average, median and total.....	p.16
Graph 10:	Level of increase in demand.....	p.17
Table 10a:	Comparison data of how much demand has increased by.....	p.17
Graph 11:	Ability of orgs to meet increased demand during pandemic.....	p.17
Table 11a:	Comparison data of whether demand was met.....	p.18
Graph 12:	Areas in which demand has grown.....	p.19
Graph 13:	Face to face services now being offered.....	p.22
Graph 14:	Effects on staff of increased workload during the pandemic.....	p.22
Table 14a:	Comparison data of reaction by staff to increased workloads.....	p.23
Graph 15:	If extra caring responsibilities has impacted on staff's ability to do their job.....	p.23
Graph 16:	Impacts of extra caring responsibilities during the pandemic on staff/org.....	p.24
Graph 17:	Areas and severity of service users' needs over the last 8 months.....	p.25
Graph 18:	The severity of mental health problems now, compared to before the pandemic.....	p.26
Table 18a:	Comparison data of severity of mental health issues compared to before the pandemic.....	p.26
Graph 19:	Increase in the % of women presenting with 'complex needs' in the last 8 months.....	p.27
Table 19a:	Comparison data of level of increase of complex needs.....	p.28
Graph 20:	Extent to which accessibility to statutory services has changed during the pandemic.....	p.28
Graph 21:	What orgs have received from funders up until now.....	p.32
Graph 22:	How well funders have listened and responded to orgs' needs.....	p.33

Introduction

This is a follow-up survey to one we published in June 2020. The first survey sought to find out the impact of COVID-19 on women's organisations – their sustainability, the impact on the services they deliver, their staff, and service-users. Women's organisations were finding their way through the first national lockdown and the picture we got was of a sector that was worried on all fronts: funding and organisational survival; the ability to continue to support their service-users; adapting to new ways of working and new systems; and ensuring staff wellbeing. The situation was shown to be more pressing amongst all these categories for Black and minoritised women's organisations.

Ten months on from our last survey and having now endured three national lockdowns, we wanted to see how women's organisations across the UK were faring. Did the fears of women's organisations come true in respect of more urgent needs amongst their service users and their own uncertain future? What are the emerging needs we need to look out for and resource? And what are the implications for the future needs of the sector?

Summary of findings

Organisations and staff

- **Increased demand**, an increasing number of **complex cases** and **funding** are the top three most pressing challenges for women's organisations across the UK at this stage of the pandemic. **Staff wellbeing** and burnout came next.¹ Organisations in Greater London, as well as Black and minoritised women's organisations report higher levels of demand,² but organisations outside of London are reporting more complex cases, as well as higher levels of staff burnout than organisations in London.³ The government's 'levelling up' agenda needs to take these issues into account.
- Funding issues are more acute for Black and minoritised women's organisations⁴ and those operating under £100k.
- 76% of women's organisations reported a **marked or substantial increase in demand** for their services.⁵ Demand increased most for **women's mental health services** and support.⁶ 31% of organisations said this was being triggered by **abusive partners**.⁷ Black and minoritised women's organisations reported markedly more demand than other organisations in the following areas: emergency basic services; refuge beds; enquiries/signposting and mental health support. London based organisations reported more acute need in employment rights and supporting women with no recourse to public funds compared to organisations in the rest of the UK. Smaller organisations saw the third biggest increase in demand from women with no recourse to public funds.⁸

¹ See Graph 6 on p. 13

² See Table 6a, p.13

³ See Table 6b, p.14

⁴ See Table 6b, p.14

⁵ See Graph 10 on p.17

⁶ See Graph 12 on p.19

⁷ See p.27

⁸ See comparison data on p.19-20

- Alongside mental health issues, poverty, debt, and unemployment were also spurring demand for services.⁹ Other drivers named were the lack of alternative support services; increasing difficulties accessing statutory services in a timely fashion; the increase in referrals; peoples' usual support networks being lost; increased isolation; and home-schooling pressures. This has been leading women to crisis points.
- Despite increased demand, 36% of organisations surveyed managed to meet those needs 'fully'.¹⁰ This is testament to the **resilience** of the women's sector who have strived to continue to provide life-saving services as the 'fourth emergency service.'
- 58% of all organisations who completed the survey are **a bit or very worried about surviving this crisis**.¹¹ Organisations outside of London are worried more than those based in London. Black and minoritised women's organisations are most worried.¹²
- 79% of organisations managed to get **emergency Covid-relief funding**. The average amount reported by respondents was £102,343. Black and minoritised women's organisations received an average of £82,121, which may reflect the increased barriers for them to obtain funding. London-based organisations were more likely to have received funding during the pandemic.¹³
- Emergency Covid funding ran out on March 31st and should organisations not be able to plug the gap, 51% of organisations said they would have to reduce the services they offer.¹⁴ The longer-term impacts on women, especially around mental health needs, coupled with the fact that **59% of organisations could only 'partly' meet this demand** during the pandemic,¹⁵ even with emergency funding, means that any more shortfalls will be disastrous for women and girls.
- 63% of organisations surveyed stated that their staff had suffered from **greater stress and anxiety** because of **increased workloads**. 27% said staff had taken time off with stress and illness. 15% said that some staff had quit in response.¹⁶ 70% of organisations stated that extra childcare/home-schooling/other **caring responsibilities** had impacted on staff's ability to work.¹⁷

⁹ See p.20

¹⁰ See Graph 11 on p.17

¹¹ See Graph 8 on p.15

¹² See Table 8a on p.15

¹³ See p.15-16

¹⁴ See Graph 9 on p.16

¹⁵ See Graph 11 on p.17

¹⁶ See Graph 14 on p.22

¹⁷ See Graph 15 on p.23

Service users

- For service users, the biggest increases in severity of need have featured in mental health support, information about COVID-19, the increase in the need to access food banks, and housing/homelessness.¹⁸ As restrictions are slowly being lifted and death rates continue to fall, we can assume that information about the virus will subside. This leaves a situation of longer-term poverty and mental health issues, the fallout from which women's organisations are now having to deal with, and which will need resourcing beyond 'emergency' funding.
- 64% of organisations surveyed reported that women are presenting with higher levels of mental distress than before the pandemic. 26% said women were presenting with 'profoundly' higher levels of mental distress.¹⁹ Meaning, it is not only that demand for mental health services has increased, but that the **severity of cases** has also increased. Black and minoritised women's organisations report a higher percentage of women presenting with 'higher' levels of mental distress.²⁰ 18% of organisations reported more women presenting with suicidal ideations.²¹ Specialist women's services that understand the gendered factors of poor mental health are well placed to meet women's needs, but again, this has to be resourced.
- Despite worsening mental health and increasing violence against women and girls, 45% of organisations reported that **access to statutory services** during the pandemic had gotten a lot worse. Organisations in London reported a substantially worse experience than organisations in the rest of the UK.²² This may explain why 8% of organisations mentioned the rise in crisis interventions, which suggests that women are not getting the support they need early enough.²³
- 33% of organisations mentioned the fact that **service user engagement** had become more difficult when they moved online. They cited reasons for this as: lack of confidentiality and safe spaces to go online; childcare pressures that impinged on their time and privacy, and a loss of connection in online counselling and support groups compared to face-to-face. 81% of organisations said that **increased childcare/home-schooling/caring responsibilities** had negatively affected women's ability to access their services.²⁴

Funders

- 56% of organisations said that funders had responded 'very well' to their needs during the pandemic.²⁵ When asked what funders could do to best help their organisations at the moment, the most common response was: **longer-term funding approaches**, both in terms of what is prioritised (structural inequality, mental health) and funded.²⁶

¹⁸ See Graph 17 on p.25

¹⁹ See Graph 18 on p.26

²⁰ See Table 18a on p.26

²¹ See p. 27

²² See Graph 20 on p.28

²³ See p.26

²⁴ See p.29

²⁵ See Graph 22 on p.33

²⁶ See p.33

Why women's *specialist* organisations?

Specialist women's organisations understand the gendered factors behind many of the issues that have been exacerbated by the pandemic. Their analysis sees how issues - such as poverty, violence, immigration status - are interrelated and compound each other, and most importantly, that change is not only required at an individual level, but a structural one too. Women's organisations, therefore, are not just 'service providers', - they understand that women bear the brunt of crises like these because the playing field is not equal to start off with and that needs to change. 'Led by and for' women's organisations understand the complexities of women's lives and offer a holistic approach that empowers women to help themselves. We don't have to reinvent the wheel. We just need to fund specialist women's organisations to continue their life-saving work.

Recommendations

For the UK Government:

- Act swiftly and decisively on all the data that has come out about the disproportionate impact of the pandemic on women. Women and the most disadvantaged should be put at the heart of any economic recovery programme.
- Longer-term funding to meet increased demand in mental health, violence against women and girls (VAWG) and other women's services.
- Ring-fenced funding for Black and minoritised women's organisations, disabled women-led organisations and those working with asylum seekers.
- Increase local authority funding so that they can more easily meet their statutory duties e.g. women escaping violence with no recourse to public funds.
- An incorporation of CEDAW into domestic law as recommended by the CEDAW Committee.
- Tackle structural issues through policy decisions (e.g. women's labour market disadvantage by extending free and heavily subsidised childcare; scrapping the no recourse to public funds rule for women escaping violent partners; allowing asylum seekers to work to enable financial independence for women; extending legal aid to enable marginalised women to challenge discriminatory practices).

For funders:

- 92% of organisations reported that they had been listened and responded to 'partly' or 'very well' by funders.²⁷ Most organisations got some level of flexibility on most areas of their project funding.²⁸ However, there are some issues that funders can take forward:
- Organisations need a longer-term settlement, both in term of what is prioritised (e.g. structural inequality, mental health) and funded.
- A longer-term funding approach would entail more funds for core costs and lengthier timeframes so that organisations can plan better for the future – for their organisation, staff, and the women and girls they support.
- Organisations also mentioned the requirement for more flexibility from funders around spending, diverting funds within projects, deadlines and monitoring and evaluation.

²⁷ See Graph 22 on p.33

²⁸ See Graph 21 on p.32

About this survey

In light of the ongoing effects of the Covid-19 pandemic, Women's Resource Centre (WRC) designed this survey in January-March 2021. The survey was distributed to the membership and networks of WRC.

The purpose of the survey was for women's organisations to describe and explain their and their service-users' needs and challenges amidst the ongoing effects of the pandemic. WRC will use the findings to guide and inform their work.

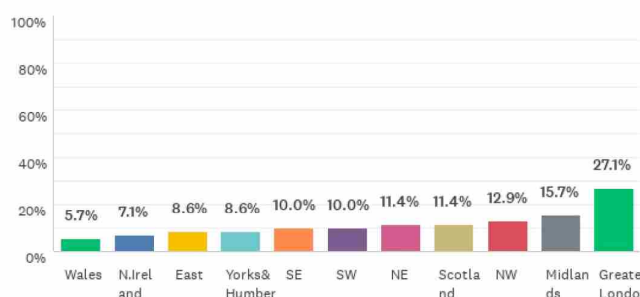
N=71 organisations responded to the survey. N=53 of these organisations also responded to our previous survey in 2020, which accounts for 43% of the previous respondents and 75% of the current respondents. As this survey includes 75% of the previous survey's participants, a credible comparison can be made between then and now.

This survey also notes any significant differences between the results of Black and minoritised women's organisations with other women's organisations. They make up 37% of the total respondents (N=26). We also note any significant differences between organisations based in the Greater London area with those in the rest of the UK. They represent 27% of respondents (N=19).

Findings (Respondents)

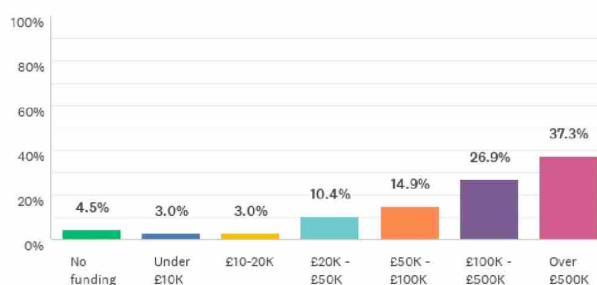
Location

Organisations across all the UK regions were represented in this survey, with a bias towards organisations working in the Greater London area.²⁹



[GRAPH 1: Geographical spread of women's orgs responding to survey]

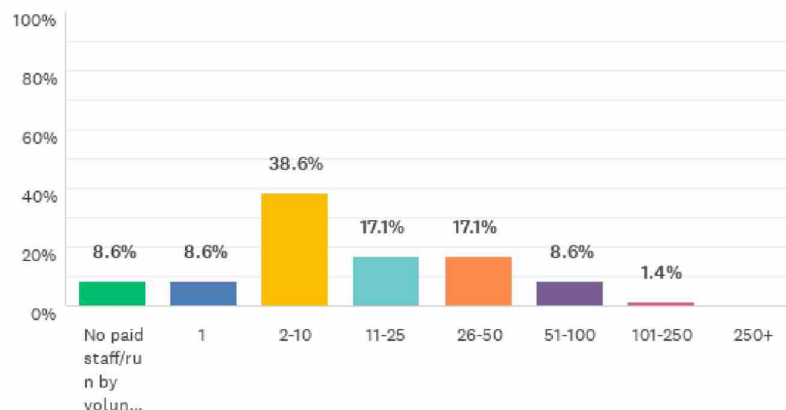
Income and size



[GRAPH 2: Annual income levels of women's orgs that responded to survey]

²⁹ Q4, answered: N=70, skipped: N=1

Most of the respondents (37%, N=25) reported an annual income of more than £500k. This is not representative of the women's sector, of which it is estimated that two-thirds have funding of less than £300,000 a year.³⁰ 27% (N=18) reported an income of £100-£500k.³¹ 4% of organisations (N=3) had no funding. The fact that most organisations that took part in the survey have a larger than average income will skew the results somewhat because we can presume that they are in a better financial situation to weather the COVID storm than the smaller, more marginalised organisations. We have published comparative data where any significant differences arise according to income level.



[GRAPH 3: Numbers of paid staff of orgs that responded to survey]

Despite a higher proportion of higher-incomed organisations, 39% of organisations (N=27) reported staff numbers of 2-10, which implies that they are punching above their weight.³² 17% (N=12) reported 11-25 and 26-50 paid staff. 1% (N=1) had more than 100 paid staff members and the 9% (N=6) had no paid members of staff. The sample here does not reflect the smallest organisations, which make up the majority of the women's sector.

COMPARISONS:

ANNUAL INCOME OF ORG	REST OF UK	Greater London	BME women's orgs
UNDER 100k	42%	12%	48%
OVER 500k	28%	71%	35%

[TABLE 2a]

Survey respondents from London reflect the perspective of larger women's organisations to a much greater extent than the rest of the UK. Organisations that responded to the survey from outside London tended to be smaller/lower-incomed.

Black and minoritised women's organisations are represented more within the lower-incomed category. This reflects the general tendency of Black and minoritised women's organisations having fewer resources than non-BME women's organisations.³³ This is reflected in staff numbers, with BME women's organisations having a much higher percentage of 2-10 staff (47%) than the UK average (39%).

³⁰ [Women's Budget Group and Women's Resource Centre \(2018\) Life- -Changing and Life-Saving. Funding for the Women's Sector. p.11](#)

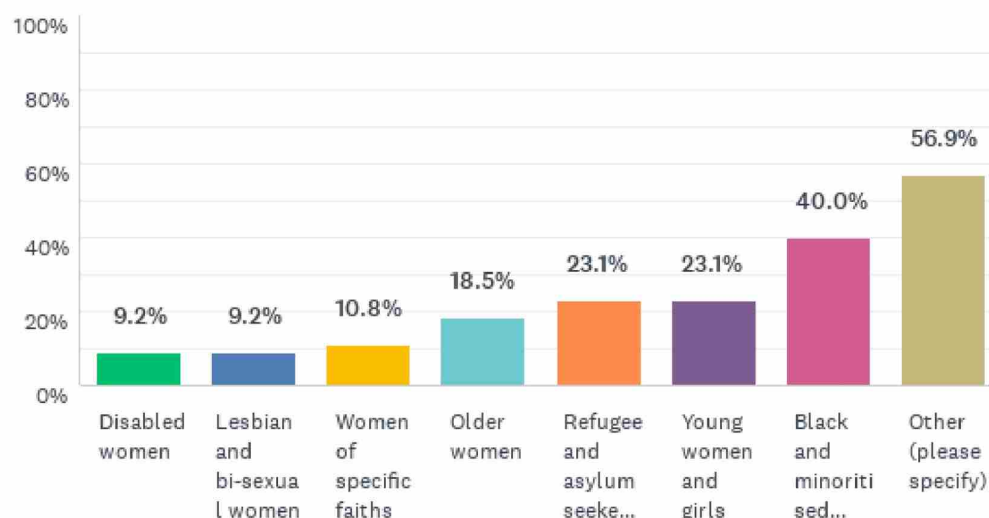
³¹ Q5, answered: N=67, skipped: N=4

³² Q6, answered: N=70, skipped: N=1

³³ [Voice4Change \(2015\) Funding for Black, Asian and other Minority Ethnic Communities](#)

Led by and for

All the respondents, bar one, were from organisations that are 'led by and for' women and girls. Organisations led by Black and minoritised women made up the single largest group out of the survey respondents. Of the 'other' respondents, many answered that they were led by and for women in general, although undocumented/migrant women, women suffering from post-partum psychosis, women in prison/ex-offenders, and Gypsy, Roma and Traveller (GRT) women were all represented too.³⁴



[GRAPH 4: Organisations responding that were led by a specific group of women]

Services³⁵

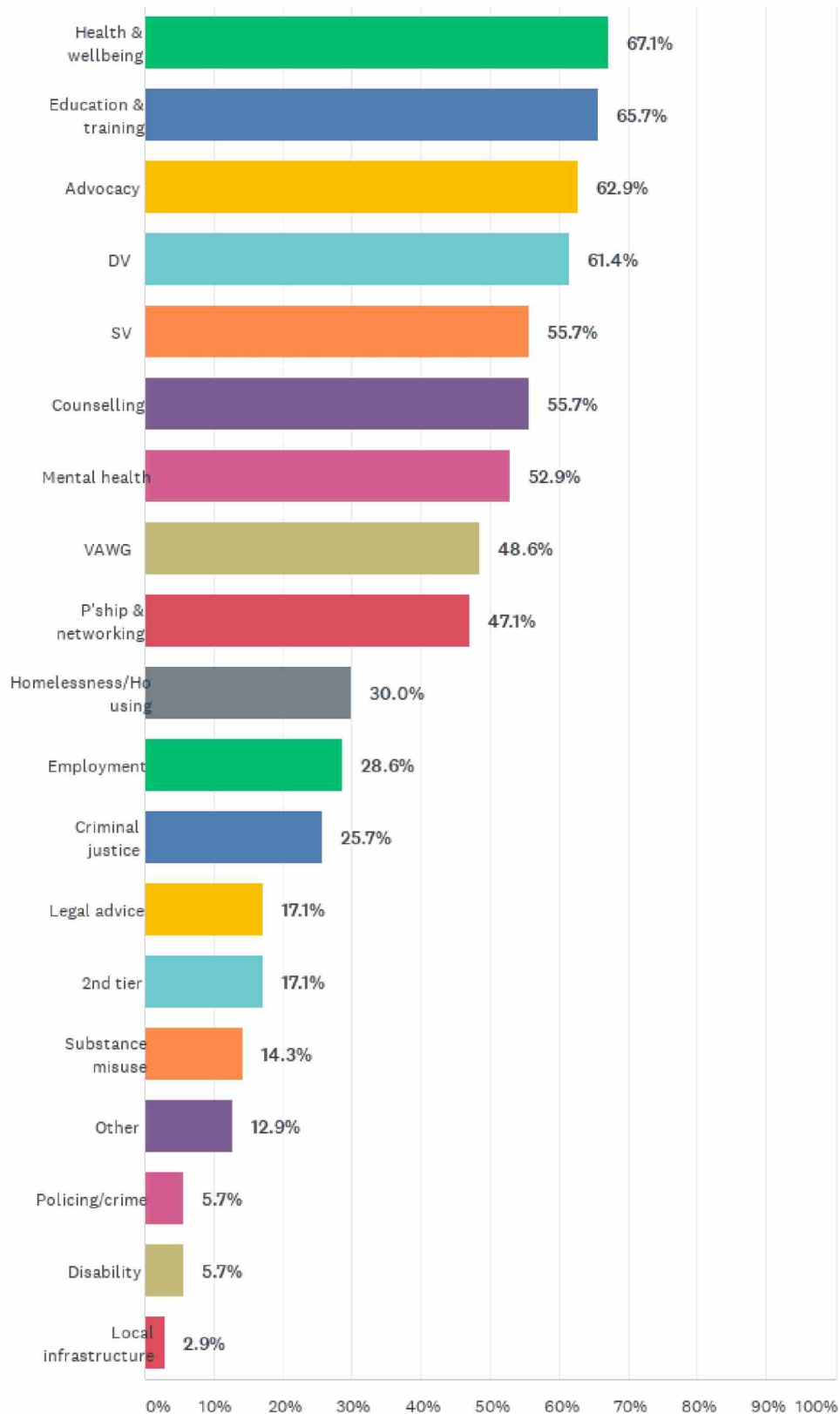
The graph below shows the full spectrum of services the organisations that filled out the survey offer. It shows that organisations offer multiple services, which are wide-ranging and reflect the holistic or 'wrap-around' nature of support they provide. Frontline services are overwhelmingly represented compared to second-tier organisations or those that do not provide direct services to women.

COMPARISONS:

A higher percentage of Black and minoritised women's organisations delivered health and wellbeing services than non-BME women's organisations (85% compared to the UK average of 67%). They also tended to deliver more services in the following areas: domestic violence, counselling, education, training and employment, housing and second tier support.

³⁴ Q3, answered: N=65, skipped N=6

³⁵ Q7, answered: N=70, skipped: N=1



[GRAPH 5: Type of service provided by orgs that responded to survey]

The impact of the ongoing pandemic on women's organisations and their staff

Pressing challenges

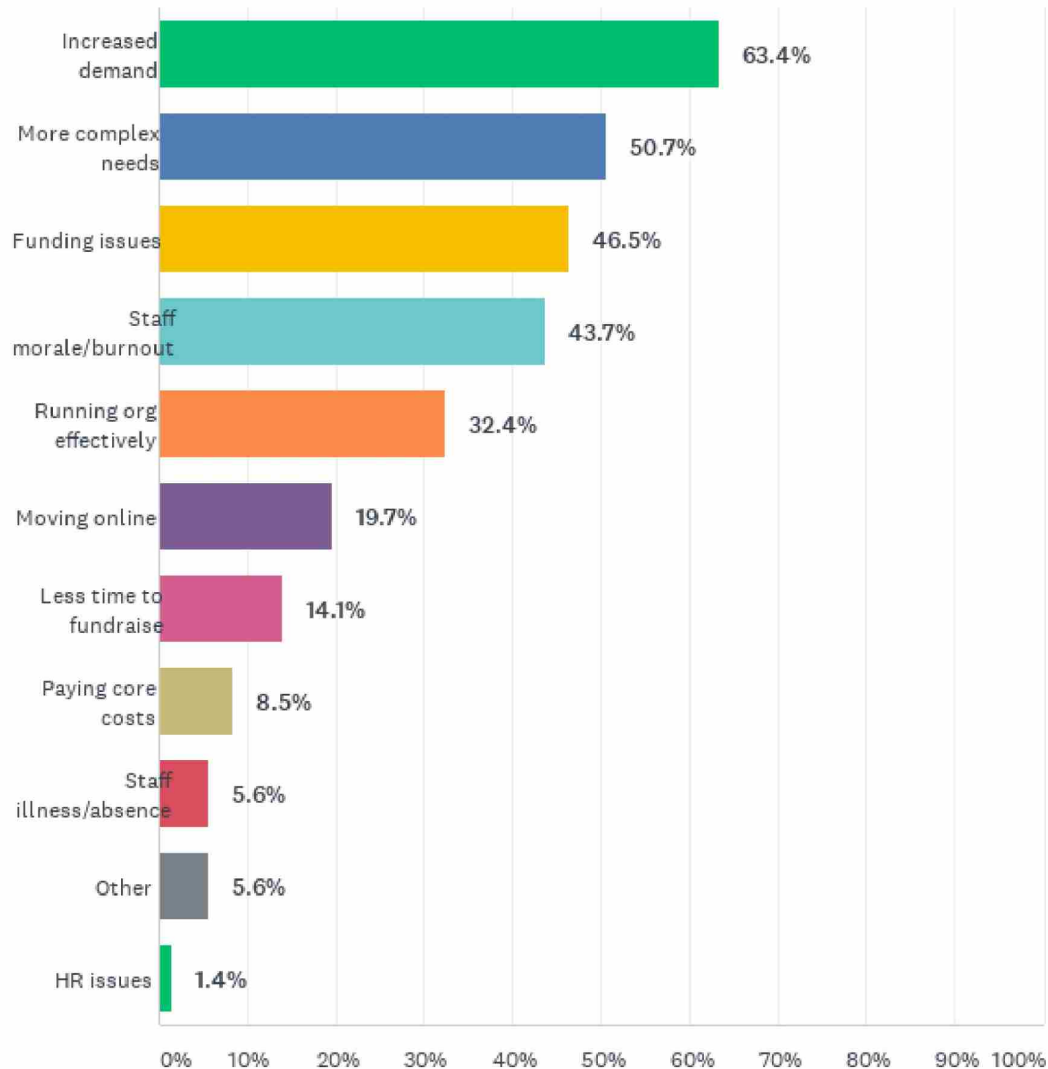
We asked what the respondents considered to be their top three pressing challenges at this point in the pandemic.³⁶ The top two priorities were related to supporting service users (trying to meet increased demand for services and dealing with their more complex needs) and thirdly, organisational survival, namely funding issues post March 31st.

This echoes the results from our previous survey at the start of the pandemic, although we have now been able to drill down a bit further into what exactly these service-user issues are. As well as increasing *demand* for services, the increasingly *complex needs* of service-users have become a reality of the fallout of the pandemic, which we defined as presenting with two or more needs affecting physical, mental, social, or financial wellbeing. Such needs typically interact with and exacerbate one another leading to individuals experiencing several problems simultaneously.

Another high-ranking priority in the previous survey highlighted staff wellbeing as a pressing challenge.³⁷ Unsurprisingly – due to the increase in demand and complex cases – staff burnout/morale came fourth in our survey, with 44% of organisations (N=31) mentioning it as a pressing organisational challenge.

³⁶ Q9, answered: N=71, skipped: N=0

³⁷ [WCR \(2020\) The COVID-19 Crisis and the UK Women's Charities. WRC: London. p.15](#)



[GRAPH 6: Three main current pressing challenges for orgs]

COMPARISONS:

INCREASED DEMAND – REST OF UK	INCREASED DEMAND – GREATER LONDON	INCREASED DEMAND - BME ORGS 2021	INCREASED DEMAND - BME ORGS 2020
60%	74%	77%	61%

[TABLE 6a]

Black and minoritised women's organisations have reported a much higher increase in demand for their services since the last survey we conducted in 2020, from 61% to 77%. This is also more than the UK average. Organisations in London report also report a much bigger increase in demand compared to organisations based in the rest of the UK.

	REST OF UK	GREATER LONDON	BME WOMEN'S ORGS
MORE COMPLEX NEEDS	55%	42%	42%
FUNDING ISSUES	47%	53%	65%
STAFF BURNOUT	47%	37%	27%

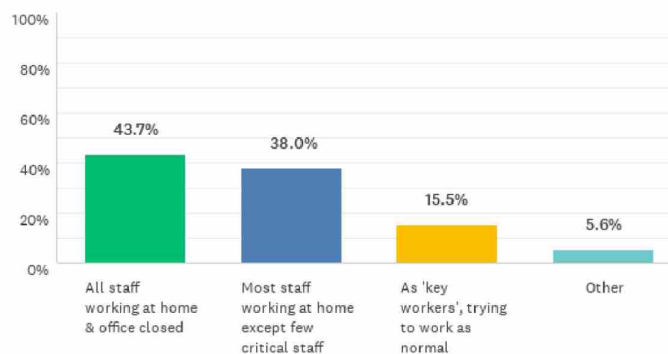
[TABLE 6b]

Organisations outside of London report that they are seeing more women who are presenting with 'complex cases.' This explains their higher levels of burnout amongst staff. Funding issues are a much more pressing challenge for Black and minoritised women's organisations. Funding issues also to be more acute in London than the rest of the UK. Organisations with incomes under £100k said funding issues were the most pressing issue (54%, N=13), followed by increasing demand (50%, N=12) and running the organisation effectively (42%, N=10).

Current organisational and staff status

82% of organisations (N=58) stated that all or most of their staff were still working from home.³⁸ 15% (N=11) of organisations stated that as key workers, they were continuing to try and work normally.

Which of the following applies to your organisation at present?

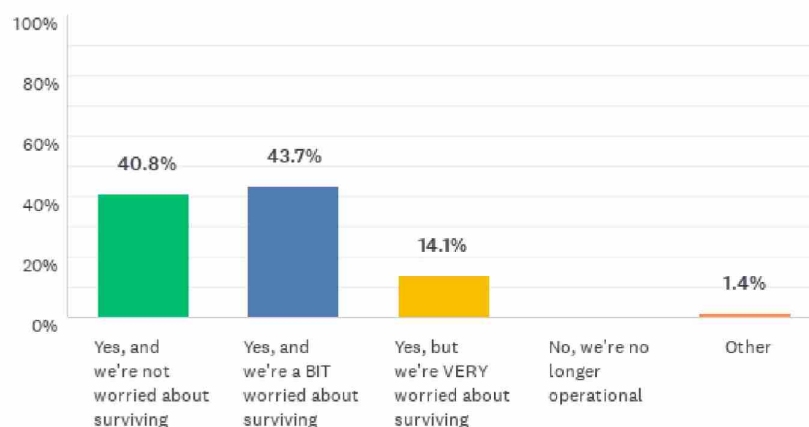


[GRAPH 7: Staff status of orgs that responded to the survey]

All the organisations that responded to the survey were still operational.³⁹ Although it was more likely that such organisations would respond to the survey, none of them reported that they knew of any organisations that had closed down permanently during the pandemic. However, 58% of organisations (N=41) stated that they were a bit or very worried about surviving this crisis. 41% (N=29) said they were not at all worried, which probably reflects the cohort of organisations that participated in this survey - the majority of their annual incomes being over £500k and therefore presumably in a relatively less precarious position than smaller organisations.

³⁸ Q10, answered: N=71, skipped: N=0

³⁹ Q8, answered: N=71, skipped: N=0



[GRAPH 8: Operational status of orgs that responded to survey and their feelings about the future]

COMPARISONS:

	REST OF UK	GREATER LONDON	BME WOMEN'S ORGS	BME WOMEN'S ORGS LAST YEAR
VERY WORRIED ABOUT SURVIVING THIS CRISIS	16%	5%	23%	55%

[TABLE 8a]

Compared to last year, Black and minoritised women's organisations feel much less worried about surviving this crisis. However, rates of worry are still much higher for these organisations when compared to organisations in London (which makes sense because the cohort of organisations surveyed have much larger incomes) and the UK more widely. Organisations outside London are much more worried about surviving this crisis than organisations in London, perhaps reflecting their smaller size/incomes.

Funding

21% of organisations (N=14) said they had not received any emergency funding during the last year. Most of the organisations though (79%, N=54), did manage to get emergency funding to sustain their staff and services during the pandemic.⁴⁰

The top five sources of funding mentioned by survey respondents were:

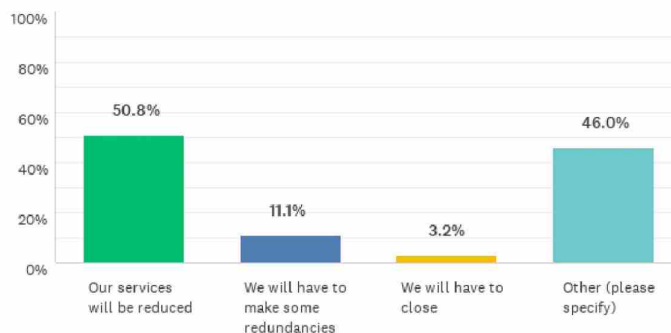
1. Central government such as Ministry of Justice and MOPAC (18%, N=23)
2. National or regional big funders like London Funders (17%, N=22)
3. Large national charities like the National Lottery and Comic Relief (16%, N=21)
4. Other voluntary sector organisations including grant-makers like Rosa and Voice4Change (8%, N=10)
5. Trusts like Smallwood (8%, N=10).

The amount reported by 35 organisations totalled just over £3.5 million. The average amount from the 35 organisations that gave figures was just over £102,343. This money was used for a range of things, the most popular were IT equipment and support to help support the transition to online service provision (N=18), extra services to keep up with increased demand (N=18), core costs (N=13), emergency/basic support for service users such as food parcels and mobile phones (N=15) and paying for (extra) staff (N=11).

⁴⁰ Q11, answered: N=68, skipped: N=3

This extra funding allowed many of the organisations to hang on during the pandemic, but it is worrying that when asked what would happen when this emergency funding runs out on March 31st and they weren't able to plug the gap, 51% of organisations (N=32) stated that they would have to reduce the services they offer, 11% (N=7) said they would have to make some staff redundant and 3% (N=2) said they would have to close.⁴¹ For those organisations that responded with 'Other', 5% (N=3) said they would have to dip into their reserves and 13% (N=8) mentioned they would have to invest time into seeking and applying for other sources of funding.

What will happen when your emergency funding runs out, and you're not able to get more?



[GRAPH 9: Effects of emergency funding running out and not being replaced]

COMPARISONS:

	UK AVERAGE	GREATER LONDON	REST OF THE UK	BME WOMEN'S ORGS
RECEIVED EMERGENCY FUNDING	79%	88%	78%	79%
AVERAGE AMOUNT RECEIVED	£102,343	£201,448	£85,280	£82,121
MEDIAN AMOUNT RECEIVED	£90,000	£79,000	£72,000	£63,000
TOTAL RECEIVED BY SURVEY RESPONDENTS	Just over £3.5 million	Just over £1.3 million	Over £2.1 million	Just over £1 million

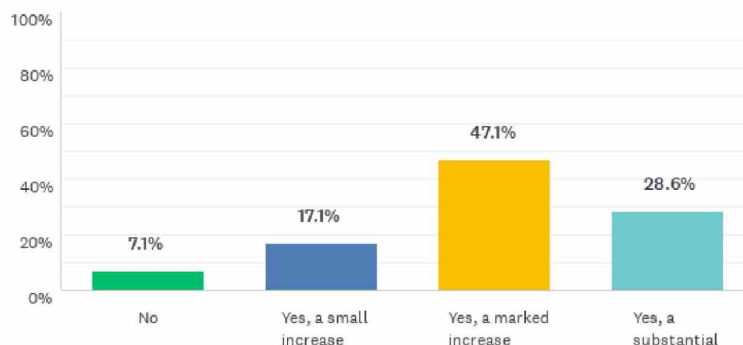
[TABLE 9a]

London-based organisations were more likely to have received emergency funding during the pandemic than organisations elsewhere. The average amount received was also much higher, although the much lower median amount points to the sizeable differences between the situation of bigger and smaller organisations within this region. Average and median amounts were smaller for Black and minoritised women's organisations, which may reflect the increased barriers faced by these organisations to obtain funding.

⁴¹ Q12, answered: N=63, skipped: N=8

Demand

Worries about future funding and organisational sustainability is set within the context of increased demand for women's specialist support services. 76% of organisations (N=53) stated that they had experienced a marked or substantial increase in demand for their services since the start of the pandemic.⁴²



[GRAPH 10: Level of increase in demand reported by orgs that took part in survey]

COMPARISONS:

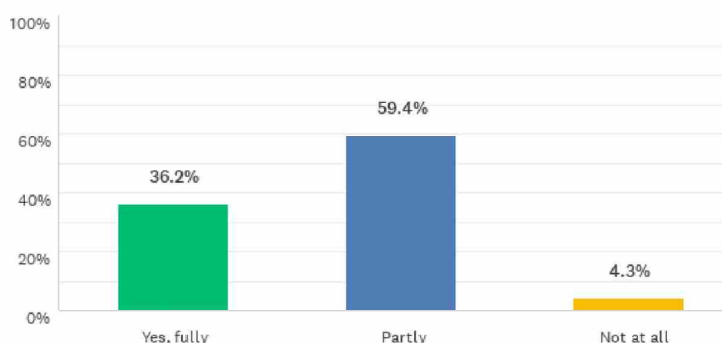
DEMAND	UK AVERAGE	REST OF UK	GREATER LONDON	BME WOMEN'S ORGS
Small increase	17%	20%	17%	8%
Marked increase	47%	43%	56%	54%
Substantial increase	29%	32%	22%	39%

[TABLE 10a]

Organisations in London and Black and minoritised women's organisations saw a bigger 'marked' or 'substantial' increase when compared to organisations across the UK as a whole. This highlights that Black and minoritised women seem to be incurring more acute needs during the pandemic.

Were organisations able to meet this demand?

59% of organisations (N=41) reported that were only 'partly' able to meet the increased demand for their services. 36% (N=25) met the increased demand 'fully'.⁴³ This is testament to the role of the women's sector, continuing to provide services when others had closed. Presumably, the emergency funding helped to meet this increased demand too.



[GRAPH 11: Ability of orgs that responded to survey to meet increased demand during pandemic]

⁴² Q15, answered: N=70, skipped: N=1

⁴³ Q17, answered: N=69, skipped: N=2

COMPARISONS:

DEMAND MET:	UK AVERAGE	REST OF UK	GREATER LONDON	BME WOMEN'S ORGS
Fully	36%	43%	28%	31%
Partly	59%	53%	67%	62%
Not at all	4%	4%	6%	8%

[TABLE 11a]

A much smaller percentage of women's organisations based in London were able to fully meet this demand compared to organisations based outside of London. Double the number of Black and minoritised women's organisations were not able to meet this demand at all, compared to the UK average.

Why were organisations not able to meet increased demand?

Of those who could only 'partly' or not meet this increased demand at all, the reasons given were mostly around limited capacity and resources. 27% of organisations specifically mentioned lack of staff capacity (N=14), 21% (N=11) reported lack of funding to scale up their services, and 19% (N=10) talked about lack of resources in general. 7% of organisations (N=4) mentioned IT issues, and 12% (N=6) mentioned issues around confidentiality and privacy that prevented them from supporting women. Increased demand was cited by 23% of organisations (N=12).⁴⁴

"Our capacity has never matched the need, despite lots of organisational growth in recent years. This has only worsened. Counselling is the service under the most pressure, it's been such a disruptive time for everyone, and counselling operates in a very structured way. When someone takes longer to complete their counselling, this makes the wait longer for new clients."

"We are contacting all the clients but struggling to engage those with more complex needs and don't have the time to do more to do this."

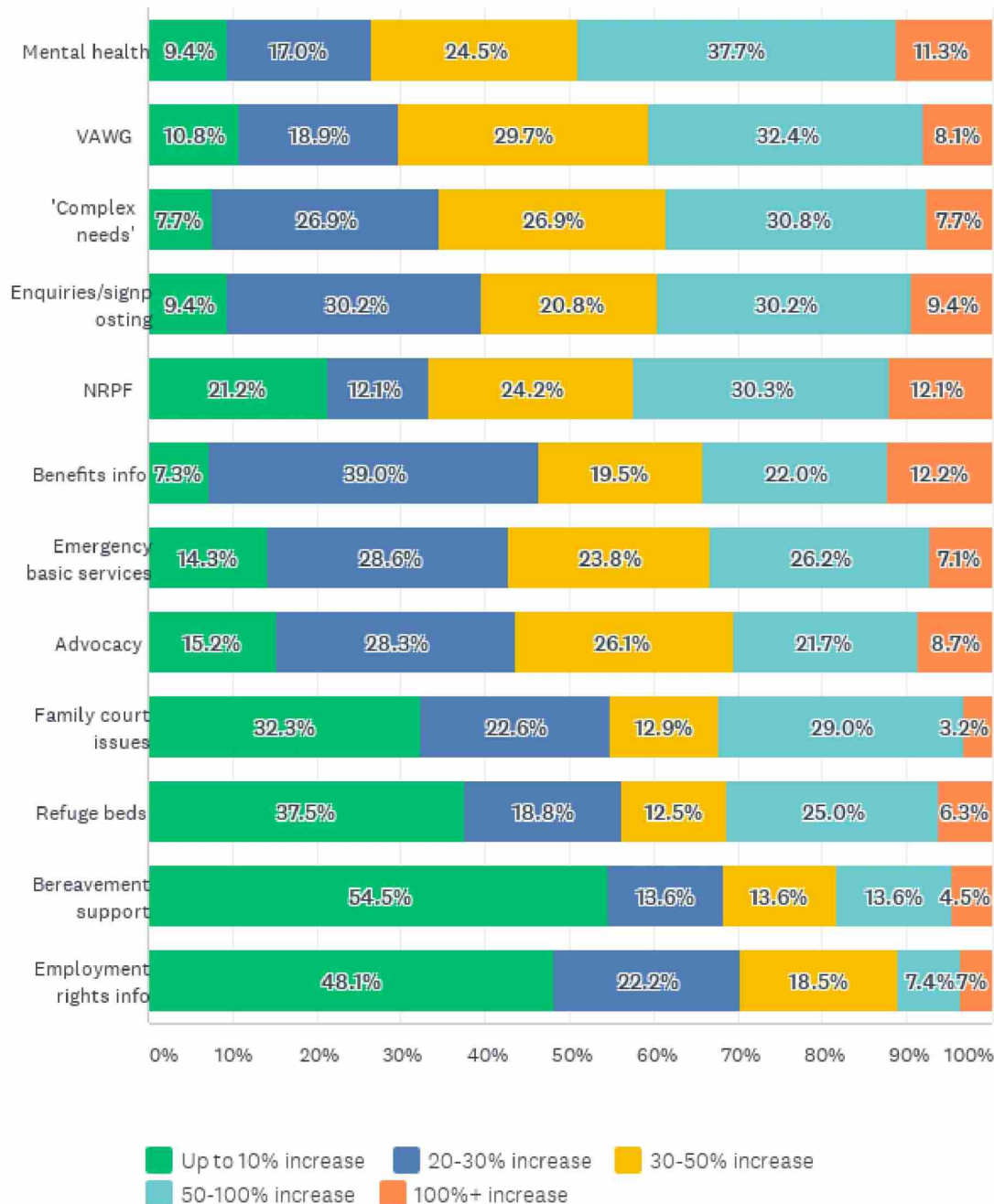
"It is inadequate to give the kind of support we do by phone and safeguarding is compromised."

In what areas did demand increase?

When asked which areas of their work specifically saw an increase in demand,⁴⁵ mental health topped the list. Violence against women and girls (VAWG), complex cases, and enquiries/signposting were the next biggest areas where demand grew, followed by women with no recourse to public funds (NRPF).

⁴⁴ Q18, answered: N=52, skipped: N=19

⁴⁵ Q19, answered: N=64, skipped: N=7



[GRAPH 12: Areas in which demand has grown for orgs that participated in survey]

COMPARISONS:

Black and minoritised women's organisations saw markedly⁴⁶ more demand than other organisations in the following areas: emergency basic services, refuge beds, enquiries/signposting and mental health. This matches up with predictions that BME women's organisations made in the survey last year, where they stated that the main longer-term issues for service-users would be increased risk of emotional trauma, increased poverty, and mental health.⁴⁷

⁴⁶ More than a 0.4 weighted increase than non-BME women's organisations

⁴⁷ [WCR \(2020\) The COVID-19 Crisis and the UK Women's Charities. WRC: London. p.20](#)

London-based organisations had more acute needs compared to the rest of the UK in two areas: information on employment rights and supporting women with no recourse to public funds.⁴⁸

Organisations with annual incomes of less than £100k had mental health, enquiries/signposting and no recourse to public funds enquiries as the top three areas where demand increased the most.⁴⁹

Why has demand increased?

When asked why they think demand for their services has increased,⁵⁰ 33% of organisations (N=23) attributed it to the massive increase of violence against women and girls (VAWG) during the lockdowns.

“Domestic violence has rocketed during lockdowns. We have seen a 30% increase in referrals over the past 3 months (Nov, Dec and Jan) compared to last year.” (Her Centre Ltd.)

21% of organisations (n=15) reported the increase in mental health issues that was spurring demand for their services. Poverty, debt and unemployment was also driving demand, with 20% (N=14) of organisations mentioning this a factor. The lack of alternative support services and increasing difficulties accessing statutory services in a timely fashion, together with the increase in referrals were also mentioned, along with peoples’ usual support networks being lost, increased isolation, and homeschooling pressures, all leading women to crisis points.

Moving online and resuming face-to-face services

With 82% of the organisations surveyed mostly still working from home,⁵¹ we asked about the impacts of homeworking on staff.⁵²

15% of organisations (N=10) stated that they found the transition to online services was managed quite successfully and relatively easily, but 30% (N=20) talked about the difficulties of the transitional period. This included issues such as: the increase in management time needed to support staff; the fact that some staff were not able to work from home; the blurring of work and home life; increased workload, staff and volunteers leaving; and the difficulties of maintaining staff wellbeing at home in a job where you are dealing daily with other women’s traumatic experiences.

While 13% of organisations (N=9) saw a reduction in referrals and services/service-users, especially for certain groups (e.g. those without access to smart phones, BME, and older women), 24% (N=16) mentioned the increase in demand, services offered and length of waiting lists.

While the general picture is one of increasing pressures on services, some organisations did mention the opportunities they had taken advantage of to increase their organisational capacity and sustainability during this difficult time:

With our Centre closing due to Covid we found innovative ways of continuing to support the women and their families. It has been incredibly important to the women, for their resilience and well-being, that in some way they are able to feel valued and not alone through this huge challenge. Small funding pots have allowed us to carry on supporting the women and their families through our online platform of personal development/wellbeing programme delivery and creative activities, along with a

⁴⁸ 0.47 more weighted need to employment rights information and 0.46 on NRPF

⁴⁹ Q19, answered N=21, skipped N=3

⁵⁰ Q16, answered: N=70, skipped: N=1

⁵¹ Q10, answered: N=71, skipped: N=0

⁵² Q13, answered: N=67. Skipped: N=4

closed Facebook Group "Inspired Magic"; facilitated by the women. We have provided 1-1 calls/zoom sessions where needed and recently co-produced a new Inspiring Pathway, which helps women engage and connect. We are rolling out our capacity building programme to enable more women to train as on-line facilitators. Our approach is one that enables the women to then share their skills/knowledge with others. This is needed now to more than ever with the ongoing lockdowns and crisis, we are staying online for the foreseeable future. (Inspire Women Oldham)

"We were well-placed to move our services online as we operated as a mainly home-based working organisation pre-pandemic. Moving face to face individual and cafe group meet-ups with service users meant we needed to update our policies and safeguarding protocols. We also trained more staff and volunteers in offering peer support via video call. For some service users, the move to video call has been beneficial, meaning women living in remoter areas find joining calls easier than travelling long distances to physical meet ups. There are others, though, for whom the restrictions on face to face meet up are proving difficult as they would prefer to meet staff and volunteers in person. We have learnt more about the value of online activities in connecting our community – running book groups, craft-alongs, Facebook lives, having regular volunteer catch ups, and sessions with experts, have had a positive influence on the health of our beneficiaries and volunteers. We experienced a large increase in people using social media as a peer support channel." (Action on Post-Partum Psychosis)

In terms of the relationship with service-users during the delivery of online services, 25% of organisations (N=17) mentioned the digital divide negatively affecting service users' ability to access services, either because of the lack of relevant technology and/or knowledge. 6% of organisations (N=1) specifically mentioned the reduction in self-referrals from local BME women, where news spreads more by word of mouth.

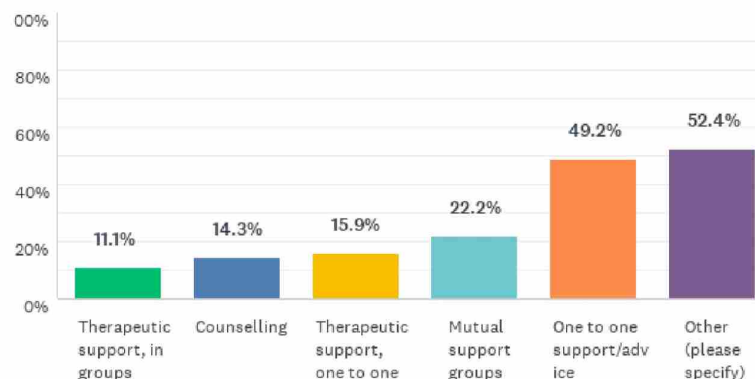
33% of organisations (N=22) mentioned the fact that engagement with service-users had become more difficult with the move to online services, citing: lack of confidentiality and safe spaces for women to be able to access online services; childcare pressures that impinged on their time and privacy; and a loss of connection between women in online group counselling and support groups, as opposed to face-to-face sessions. Other organisations did, however, see some benefits, for example, the fact that attendance in some sessions actually increased and more rural women were able to access services they would otherwise have found difficult to attend because of a lack of transport.

"We had some disruptions while we were moving to remote working. About 40% of women were either not able to engage in remote working (perpetrator at home, children, now safe space) or felt they wanted to wait. A number of counsellors did were also not able to provide remote work lacking the necessary space. Those who have used the telephone and online services (groups) have found it very helpful. Interestingly we found that some of our attendance rates have increased, especially for initial assessments. Generally though, we are finding that more women present with complex need and that our team is dealing with increased number of women in crisis." (Women's Trust)

"As a community-based service, most of our service users are self-referred. At the beginning of the pandemic, we saw a decrease in self-referrals. Currently, we are still aware that the most marginalised women in our community are struggling to access our services as they might not have access to the internet or phone. Working from home has also meant that boundaries between work and personal life are blurred." (Latin American Women's Rights Service)

Since the beginning of the third lockdown, government advice changed to allow for some essential

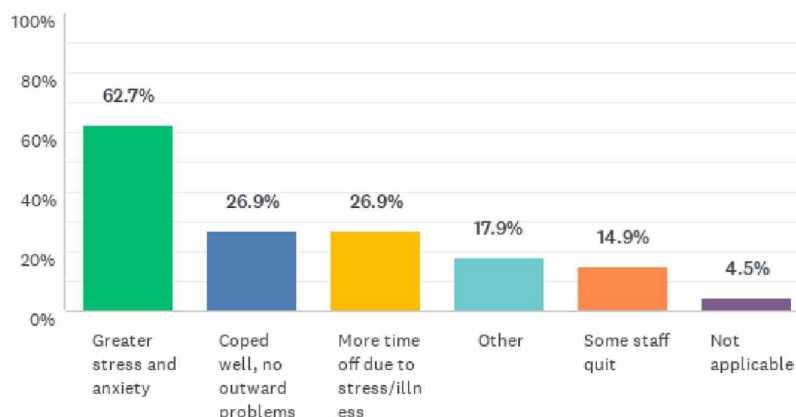
face-to-face support services to resume.⁵³ In light of this, we asked women's organisations whether they were now delivering any face-to-face services.⁵⁴ 19% (N=12) said no, they were still delivering all their services online. All domestic violence refuges remained open throughout all of the lockdowns, and 6% of organisations (N=4) mentioned that they were continuing to deliver emergency provisions (such as food) in person too.⁵⁵



[GRAPH 13: Face to face services now being offered by orgs surveyed]

Workload

In our last survey, the impact of the pandemic was hitting women's sector staff hard in terms of increased workload.⁵⁶ In this follow-up survey, we asked women's organisations how their staff had been coping with this one year into the pandemic.⁵⁷ 63% of organisations (N=42) stated that their staff had suffered from greater stress and anxiety. 27% of organisations (N=18) said that they had taken more time off from work with stress or illness. 15% (N=10) reported that some of their staff had quit.



[GRAPH 14: Effects on staff of increased workload during the pandemic]

⁵³ Government guidance in November 2020 gave scope for face-to-face counselling to take place, under the exemptions for retail businesses 'providing services relating to mental health'.

⁵⁴ Q14, answered: N=63, skipped: N=8

⁵⁵ Q14, responses taken from those that marked 'Other'.

⁵⁶ 31% (N=8) stated that increased workloads were a main staff concern. [WCR \(2020\) The COVID-19 Crisis and the London Women's Sector. WRC: London.](#)

⁵⁷ Q20, answered: N=67, skipped: N=4

COMPARISONS:

REACTION TO WORKLOAD	UK AVERAGE	REST OF UK	GREATER LONDON	BME WOMEN'S ORGS
More stress and anxiety	63%	61%	71%	60%
More time off due to stress/anxiety	27%	22%	53%	32%
Staff quit	15%	17%	24%	20%

[TABLE 14a]

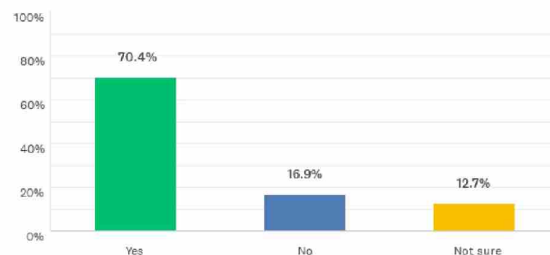
Staff in London-based organisations reported much higher levels of stress and anxiety during the pandemic due to the increased workloads than organisations in the rest of the UK. They also took more time off work because of stress and anxiety, and more staff quit their jobs.

Caring responsibilities

The extra burdens of caring responsibilities have also affected the ability of women's sector staff to do their essential job.⁵⁸ 70% of organisations (N=50) stated that extra childcare/home-schooling/other caring responsibilities had impacted on staff's ability to work. 42% (N=24) said this negatively impacted on the support they were able to deliver to service users.⁵⁹ This reflects a common theme for all mothers and women with caring responsibilities who found themselves having to juggling caring responsibilities with homeworking during the lockdowns.⁶⁰

"Overall, the team have coped fantastic. However, there have been big dips between the team depending on home schooling, intergenerational caring responsibilities, personal or family illnesses and the difficulties with keeping boundaries whilst working from home." (South Essex Rape and Incest Crisis Centre, SERICC)

Have extra childcare/home-schooling/other caring responsibilities impacted on your staff's ability to do their job?



[GRAPH 15: Whether caring responsibilities impacted on staff's ability to do their job during the pandemic]

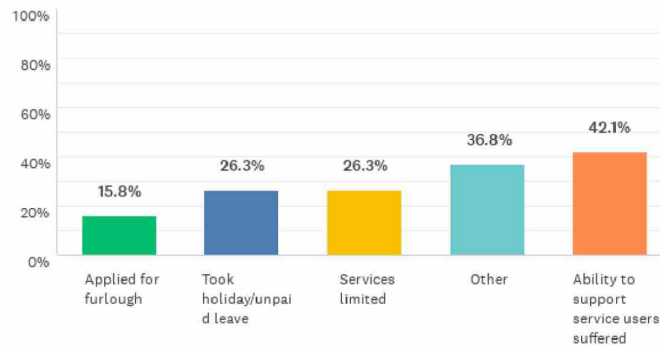
This extra caring work was managed in several ways. The most common response given by 26% of organisations (N=15) was that staff had to take holiday or unpaid leave to cope, alongside a reduction in the number of services that could be offered.⁶¹ 23% of organisations (N=13) cited the need for more flexible working arrangements such as staggering work hours to fit around childcare, changing some internal protocols to ensure staff had the time off they needed, and reducing working hours for staff.

⁵⁸ Q21, answered: N=71, skipped: N=0

⁵⁹ Q22, answered: N=57, skipped: N=14

⁶⁰ [TUC \(2021\) Working Mums: Paying the Price. TUC: London](#)

⁶¹ Q22, answered:57, skipped:14.



[GRAPH 16: Impacts of extra caring responsibilities during the pandemic on staff/organisation]

The impact of the ongoing pandemic on service users

Increasing need

In our first survey, published in June 2020, the main concerns women's organisations raised with respect to the needs of their service-users over the proceeding 3-6 months were: increased risk of emotional trauma; decline in mental health; increased poverty levels; and increased risks of domestic violence and other forms of VAWG.⁶² This has largely been born out over the last 10 months. When we asked women's organisations about the situation facing service users now,⁶³ the biggest increases in severity of need have featured in mental health support, information about COVID-19, housing/homelessness and the increase in the need to access food banks. As restrictions are slowly being lifted and death rates continue to fall, we can assume that information about the virus will subside. This leaves a situation of longer-term poverty and mental health issues, the fallout from which women's organisations are now having to deal with.

It is extremely worrying that 25% of organisations (N=13) have seen an urgent and critical rise in the number of women needing to access food banks and 27% (N=13) have seen an urgent and critical rise in the number of women needing mental health support. The rise in poverty, violence and mental health issues signifies a social catastrophe that requires urgent attention from central government. The structural reasons behind women's worsening conditions in the wake of the pandemic need to be addressed, with a fully funded package of support to mitigate the worst effects of this (gendered) social crisis. Specialist women's organisations are well placed to undertake this work.

COMPARISONS:

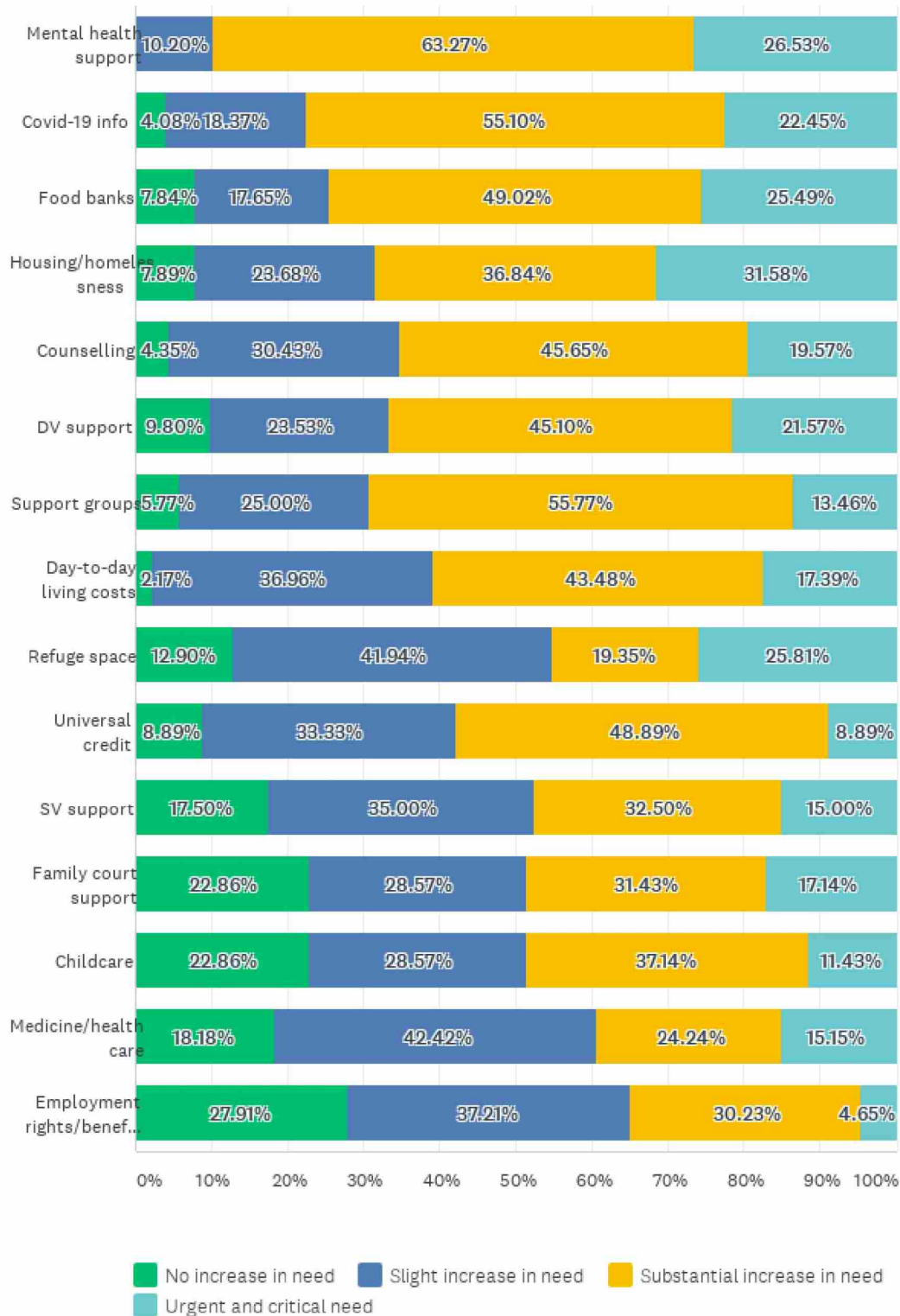
Refuge space and counselling services showed the biggest differences in terms of increased need for Black and minoritised service-users.⁶⁴ However, Black and minoritised women's organisations are reporting seeing a slightly higher level of need by service users in almost all other areas too. In London, organisations are reporting higher than average needs of service users in almost all areas as well, most markedly in refuge space, followed by family court issues, sexual violence support, housing/homelessness, counselling and domestic violence support.⁶⁵

⁶² WCR (2020) *The COVID-19 Crisis and the London Women's Sector*. WRC: London. p.13.

⁶³ Q23, answered: N=64, skipped: N=7

⁶⁴ More than a 0.4 weighted increase than non-BME women's organisations. Counselling was 0.4 more, refuge space was 0.7 more

⁶⁵ Refuge space 1.17 more than orgs in the rest of the UK; family court issues 0.84 more; sexual violence services 0.72 more; housing/homelessness 0.69 more; counselling 0.59; and domestic violence 0.58 more.



[GRAPH 17: Areas and severity of service users' needs over the last 8 months]

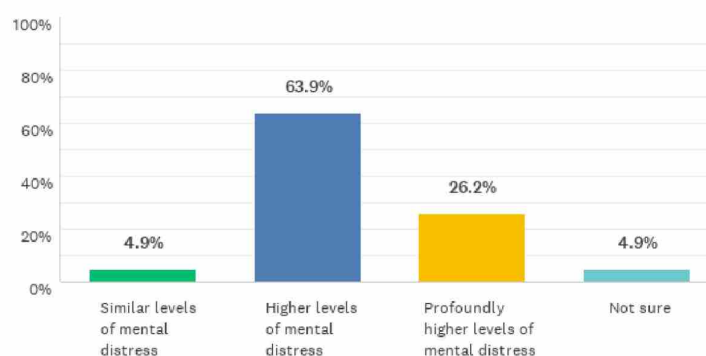
Severity and reasons for increased counselling and mental distress

We wanted to drill a bit deeper to find out what issues specifically were pertinent for the increased number of women seeking counselling and support groups.⁶⁶ The most popular reasons given were:

1. A worsening of mental health issues - due to increased isolation, not having the usual support networks, being triggered during lockdown (51%, N=26).
2. A worsening of anxiety and stress - related to fear of the virus, fear of losing loved ones to the virus, fear of losing income and family pressures and parenting problems. (25%, N=13).
3. Being a victim of violence was the third reason (22%, N=11).
4. Debt and financial worries were a cause for increased counselling for 10% (N=5) of the organisations.
5. The fact that 8% of organisations (N=4) mentioned the rise in crisis interventions (namely women feeling suicidal) suggests that women are not getting the support they need early enough.

"We have also found that women who become unwell with postpartum psychosis during the pandemic have been getting treatment later - either because their condition was later to be recognised and picked up on due to lack of face-to-face health professional contact, or because of fears about going into hospital during the pandemic. This means some of our service users have been more severely unwell and as a result need even more support." (Action for Post-Partum Psychosis)

This is confirmed by the fact that 64% of organisations (N=39) reported that women are presenting with higher levels of mental distress than before the pandemic. 26% (N=16) stated that women were presenting with *profoundly* higher levels of mental stress.⁶⁷



[GRAPH 18: The severity of mental health problems that women are presenting with now, compared to before the pandemic]

COMPARISONS:

MENTAL HEALTH SEVERITY	UK AVERAGE	REST OF UK	GREATER LONDON	BME WOMEN'S ORGS
Similar to pre-pandemic	5%	4%	7%	5%
Higher levels	64%	66%	57%	73%
Profoundly higher levels	26%	28%	21%	23%
Not sure	5%	2%	14%	0%

[TABLE 18a]

⁶⁶ Q24, answered: N=51, skipped: N=20

⁶⁷ Q25, answered: N=61, skipped: N=10

Black and minoritised women's organisations are reporting a much higher percentage of women who are presenting with 'higher' levels of mental distress. Organisations outside of London are reporting that women are presenting with more 'profoundly' higher levels of mental stress, which perhaps signals a lack of early intervention opportunities.

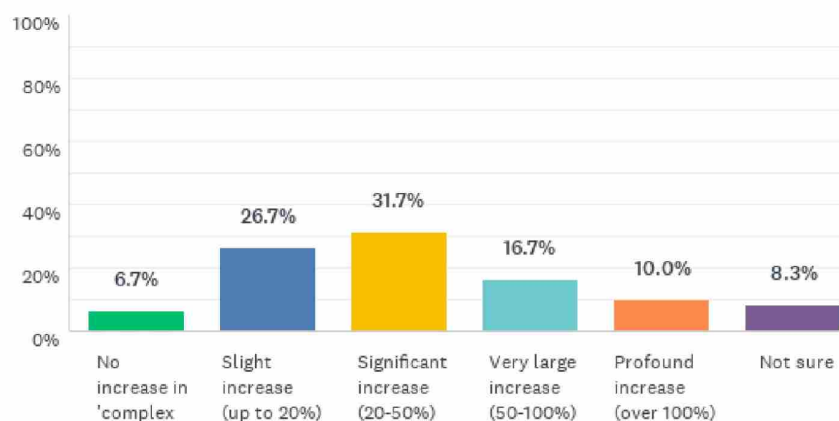
How is increased severity of mental health issues manifesting itself?

We asked how this increased severity manifested itself amongst women presenting to organisations.⁶⁸ 45% (N=25) reported women with greater levels of anxiety and depression. 23% (N=13) said women were evidently presenting in a desperate situation, in obvious distress, crying, at a crisis point, possibly with paranoia. 18% of organisations (N=10) mentioned that more women were presenting with suicidal thoughts or had attempted suicide. 16% (N=9) said that women were not able to complete basic tasks such as get out of bed or feed themselves. 14% (N=8) said that self-harm and alcohol and drug intake has worsened. 13% (N=7) said that women's mental distress was manifesting in physical problems such as sleep problems, exhaustion, and panic attacks. 13% (N=7) said that they were having to spend more time with individual service users because of their worse state.

Women's organisations told us that this is being triggered by:⁶⁹ isolation – from existing support networks during lockdown, exacerbated by not being able to access their usual services (62%, N=36). Having no time to oneself and dealing with the fact that children were at home rather than at school was the second biggest trigger (36%, N=21). The joint third most common triggers were financial hardship and being confined with abusive partners (31%, N=18).

Complex needs

A majority of organisations also reported the increase in the numbers of women presenting with more complex cases.⁷⁰ This is defined as having two or more issues which affect physical, mental, social or financial wellbeing. Such needs typically interact with and exacerbate one another, leading to individuals experiencing several problems simultaneously. They are not easy to solve. 58% of organisations (N=35) said there had been a significant/very large/profound increase in the number of women with complex cases coming forward for support in the last 8 months.



[GRAPH 19: Increase in the percentage of women presenting with 'complex needs' in the last 8 months]

⁶⁸ Q26, answered: N=56, skipped: N=15

⁶⁹ Q27, answered: N=58, skipped: N=13

⁷⁰ Q28, answered: N=60, skipped: N=11

COMPARISONS:

INCREASE IN COMPLEX NEEDS	UK AVERAGE	REST OF UK	GREATER LONDON	BME WOMEN'S ORGS
No increase	7%	6%	15%	4%
Slight increase	27%	29%	15%	22%
Significant increase	32%	29%	39%	35%
Very large increase	17%	18%	8%	22%
Profound increase	10%	10%	15%	13%
Not sure	8%	8%	8%	4%

[TABLE 19a]

Black and minoritised women's organisations reported women presenting with more 'significant', 'very large' and 'profound' complex needs when compared to the UK average. All in all, organisations outside London are seeing more women with a 20%-100%+ increase in complex needs than those within Greater London.

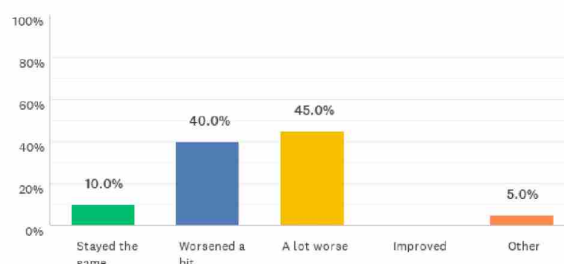
Reasons for increased severity of need

The main reasons given for this increase were⁷¹ the cumulative effects of the pandemic exacerbating existing issues and inequalities: health problems for BME communities, worsening drug and alcohol problems, childcare responsibilities on top of existing abusive relationships, financial hardship, loneliness and isolation because existing support networks were no longer available, and the inability to access statutory or other support services, either because of institutional barriers, or they were closed or too busy to provide timely assistance.

Statutory services

In fact, 45% of organisations (N=27) reported that access to statutory services during the pandemic had gotten a lot worse.⁷²

To what extent have statutory services been accessible during the pandemic? (e.g. mental health referrals, safeguarding etc.)



[GRAPH 20: Extent to which accessibility to statutory services has changed during the pandemic]

COMPARISONS:

Organisations in London reported a markedly worse experience with statutory service provision than the rest of the UK (79% compared to 39%). Black and minoritised women's organisations experienced more slightly worse access than other organisations.⁷³

⁷¹ Q29, answered: N=52, skipped: N=19

⁷² Q30, answered: N=60, skipped: N=11

⁷³ 52% of BME women's orgs stated that statutory service provision had gotten a bit worse, compared to 40% of other organisations.

The burden of care

We asked organisations whether increased childcare/home-schooling/other caring responsibilities had negatively affected women's ability to access the organisation's services. An overwhelming majority said yes: 81% (N=50).⁷⁴

When asked why this was,⁷⁵ 36% of organisations (N=18) stated lack of time and exhaustion, 22% of organisations (N=11) mentioned IT issues (mainly digital poverty), and 38% of organisations (N=19) said that not having a safe space that was private and allowed for confidentiality hindered them.

COMPARISONS:

In London, childcare and other caring responsibilities appeared to have had a worse impact on women's ability to access support services. 93% of organisations reported this, compared to 78% of organisations elsewhere in the UK. This may reflect the increased financial and housing pressures in the capital.

What organisations need from Women's Resource Centre

We asked women's organisations what they wanted in terms of support from WRC.⁷⁶ 9% of organisations (N=5) mentioned training around staff support and wellbeing. WRC is currently running this training, as came up in the last survey we did in June 2020. 11% of organisations (N=6) mentioned direct funding. WRC is about to embark on a small grants programme. 15% of organisations (N=8) specifically mentioned 1 to 1 coaching/consultancy. WRC is offering 15 organisations the chance to have 6 weeks of 1 to 1 coaching with a fundraising consultant between March-May 2021, as this also was an issue that came up from the last survey. 22% (N=12) wanted fundraising training. WRC is currently running a series of webinars on fundraising where we have had good take-up so far. 9% of organisations (N=5) wanted staff support around wellbeing, mental health and burnout. WRC is running staff wellbeing sessions and has produced a Best Practice Guide on staff wellbeing for organisations to put into practice. 5% (N=3) mentioned feminist leadership training, which WRC is also running. The same again wanted some training around lobbying and strategic advocacy as well as communications/IT/social media training, maybe for specific groups such as older women. 7% (N=4) said they wanted WRC to facilitate more opportunities for collaboration and partnership working. 15% (N=8) mentioned training around 'rebuilding after the pandemic', including things like: housing and DV issues; complex needs; safeguarding; and mental health and trauma informed services training.

45% of organisations (N=20) said they would benefit from a legal advice and support service,⁷⁷ specifically around the following areas: housing, challenging local authorities on their grant-making decisions and gender-neutrality, challenging PIP (Personal Independence Payments) decisions through the DWP, immigration and asylum support and family law.

"Since the beginning of the pandemic, we have been dealing with issues around the provision of interpreters at different statutory services. Recently we are seeing more cases of professionals at statutory services providing wrong immigration advice despite not being qualified to do so." (The Angelou Centre)

We will take these into account when planning future trainings.

⁷⁴ Q31, answered: N=62, skipped: N=9

⁷⁵ Q32, answered: N=50, skipped: N=21

⁷⁶ Q34, answered: N=55, skipped: N=16

⁷⁷ Q35, answered: N=44, skipped: N=27

A moment to reflect on what we have achieved

It has undoubtedly been a difficult time for women's organisations, their staff and service users. However, the sector has risen to the challenges. As the 'fourth emergency service', the decision to retain access to women in need of support was often a life and death one. We asked organisations for examples of how they have been able to deliver excellent support to women, against the odds.⁷⁸ Replies were received around the following themes:

- **Ability to carry on!**

Many organisations had to make the switch to online service delivery, maintaining contact with vulnerable women, becoming more flexible in their approach to meet the needs of their staff and service-users during the pandemic. Some services were even extended to deal with increased demand. This shows that, with extra funding, the women's sector can be even more impactful than they already are.

"We have kept 100% of our frontline staff employed fully, delivering services at capacity whilst working remotely." (Hopscotch Women's Centre)

"I think we generally have done very well transitioning our services to remote working. We have shown great resilience and determination to make this happen. Staff worked tirelessly to mitigate against the challenges throughout the year." (Woman's Trust)

"Our caseworkers continue to deliver excellent services despite the multiple challenges women face in their pathway to safety. Examples of good outcomes are when our VAWG advocates have managed to find emergency accommodation for very vulnerable undocumented women at risk of further abuse. In the last months, we have supported a number of cases of pregnant undocumented women who are refused emergency accommodation by local authorities." (Latin American Women's Rights Service)

"We set up a designated DV hotline number (mobile phone) to GRT [Gypsy, Roma and Traveller] women experiencing DV." (Traveller Movement)

"We have continued our group works to women throughout the second lockdown and our van has gone out every weeknight to women who street sex work, staffed by volunteers. Our office has remained open throughout with skeleton staff in the office, all covering each other's roles and social distancing." (One25)

"We have increased our frontline provision in terms of hours and additional languages - including to facilitate mental health groups and counselling - by employing our sessional language support staff." (Saheliya)

"We have increased our support to over 140 sessions of support and 25 hours of Helpline a week." (Somerset and Avon Rape and Sexual Abuse Support)

"Continued to keep all of our refuges open, full and continued the crucial trauma informed support for each resident, kept the refuges full using isolation rooms for new residents into refuge to ensure the safety of current residents and staff, and have to date still not had one positive Covid result, for either residents or the Refuge staff team. We have also been able to offer safe room turnarounds between lockdowns to ensure women do not have to suffer the escalation of violence through another lockdown." (Coventry Haven Women's Aid)

⁷⁸ Q36, answered: N=51, skipped: N=20

"We have not lost one day's service. When the MOJ gave us essential worker status this significantly helped us to continue to deliver essential support and criminal justice and face to face services. This has been a 'game changer' and allowed us to support victims and survivors throughout the pandemic." (South Essex Rape and Incest Crisis Centre, SERICC)

- **Ability to start new projects to meet emerging needs.**

Emergency funding has helped some organisations to respond to increased demand and the deepening social problems brought about by the pandemic. If the women's sector was more sustainably resourced going forward, the implications for social value and improved outcomes for women would be immense.

"Rapid provision of IT equipment to enable children to keep up with schoolwork. Emergency support to women via partnerships with CBOs." (FORWARD)

"[#openup women's centres campaign](#)...and Through The Gate - managing to support women attend appointments during a pandemic." (Women in Prison)

"[We've been able to] support our members funeral cost" (Jannaty Women Social Society)

"We developed a social media #MumWatch graphic with red flag information about the signs and symptoms of PP to help partners cope with the onset of the condition, during this time of reduced contact with health professionals. We received pro bono support from PR agency Mother London PP; the campaign has reached more than 278,500 people to date." (Action on Post-Partum Psychosis)

"We are running a letter writing project called Project Hope - with women's prisons across the country. This allows our volunteers (all survivors of abuse) to give their time to write letters without having to leave the house - and the letters are received by the women in prison who are spending long hours locked down in their cells due to social distancing measures." (SATEDA)

"We have used the free food as a way to engage women who are reluctant to engage and so have been able to build trust with those who trust no one." (HER Centre Ltd.)

"In December we started a four-month programme of wellbeing courses and FB live sessions (based on some short-term funding we have been given) which has been incredibly well-received. We have been able to reach women from all over the country, and indeed the world, with these sessions as they are obviously all on-line. We're in the process of applying for additional funding from the same provider, in conjunction with another, which will enable us to carry on our programme for another 12 months." (The Growing Club CIC)

"We have encouraged more housing support within the team, keeping in contact with those with vulnerable housing situations, helping women move house and explore long-term solutions to their multiple housing issues." (Safe and Sound Dorset)

- **Ability to forge new ways of working in tough times.**

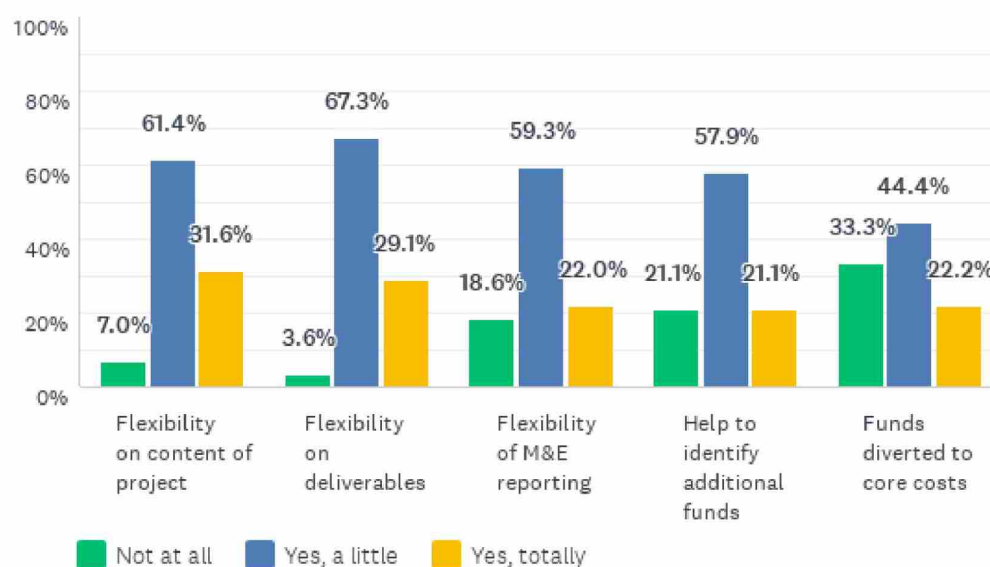
"Creating and embedding strong partnership and consortia work during the pandemic to improve the lives of women experiencing exploitation from men and from statutory services." (Cambridge Women's Resource Centre)

“Maintained and increased flexible evening outreach service for women exploited through the sex industry.” (Swansea Women’s Aid)

“Counselling/Therapy has been 100%. We have taken on more counsellors to demand, no waiting times, consistent approach to all clients, diversified skills from a professional team of therapists. We have built up on our lived experience members of the team to deal with ongoing issues of abuse/ mental health and have developed our own bespoke programmes which we are proud to share with partnership organisations.” (Just For Women Centre)

What organisations need from funders

In our previous survey, women’s organisations told us that they needed the following from funders: flexibility on deliverables, flexibility in content of project/programme proposals, funders to divert funds to core cost, and flexibility of monitoring and evaluation requirements.⁷⁹ In this survey we asked organisations how they had fared in getting these needs met by funders.⁸⁰



[GRAPH 21: What orgs that participated in the survey have received from funders up until now]

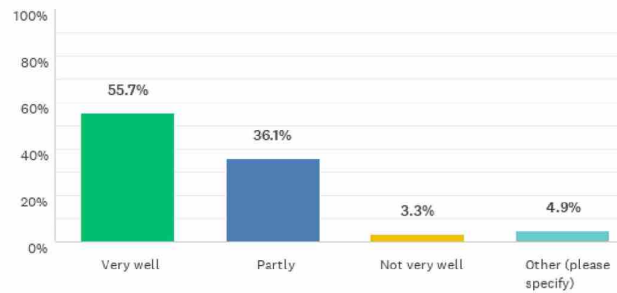
Results show that funders have showed at least *some* flexibility in all these areas for the majority of organisations. However, allowing funds to be diverted to core costs seems least likely, with 33% of organisations (N=18) not getting any flexibility with this at all. Flexibility on content and deliverables was most common, with monitoring and evaluation reporting coming next.

This generally positive picture is reflected in the response to the question: How well have funders listened and responded to your needs during the COVID-19 crisis? 93% of all organisations surveyed⁸¹ said that funders had responded ‘partly’ or ‘very well’ to their emerging needs.

⁷⁹ WCR (2020) *The COVID-19 Crisis and the London Women’s Sector*. WRC: London. p. 19

⁸⁰ Q38, answered: N=59, skipped: N=12

⁸¹ Q39, answered: N=61, skipped: N=10



[GRAPH 22: How well orgs have felt that funders have listened and responded to their needs]

COMPARISONS:

Funders appear to have engaged better with Black and minoritised women's organisations over the pandemic, as 64% reported that funders had listened and responded 'very well' to them. Organisations outside London also fared better with funders, with 59% stating that funders had responded 'very well' compared to 47% of London-based organisations. 65% of organisations with annual incomes of under £100k said that funders had listened to and responded 'very well' to them during the pandemic.

Going forward...

We asked what funders could do to best help their organisations at the moment.⁸² The most common answers were around having a longer-term approach, both in term of what is prioritised (e.g. structural inequality, mental health) and funded. A longer-term funding approach would entail more funds for core costs and lengthier timeframes in which money could be spent. 49% (N=27) of organisations also mentioned the requirement for more flexibility from funders around spending, diverting funds within projects, extending deadlines and monitoring and evaluation.

"In some instances, funders demanded increased reporting, which seriously impacted our ability to manage front line staff under trying circumstances."

11% (M=6) organisations bought up the fact that they wanted funders to listen more and trust them, with a more pro-active approach to co-designing services.

We end this report with the following quote from one survey participant, as a message to all funders:

"[It's] critical to acknowledge the agile way women's organisations responded and value their contribution. Support them beyond the pandemic to make a lasting societal change."

⁸² Q40, answered: N=55, skipped: N=16