

CASE STUDY 3: PUBLIC SERVICES

Public services (education, training, health, care, housing, violence against women services, the justice system, and so on) are vital for the achievement of gender equality.

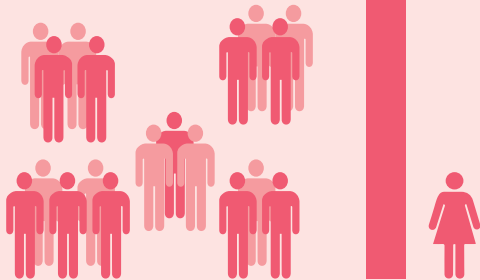
Women tend to make more use of public services



because of their **greater responsibilities for unpaid care** and their **lower incomes**

How has public expenditure been distributed between men and women?

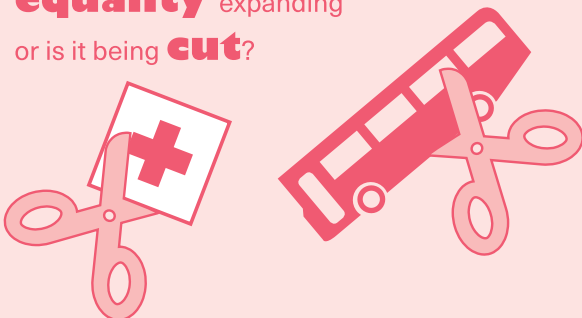
Are there gender **gaps** that might **indicate barriers to access**?



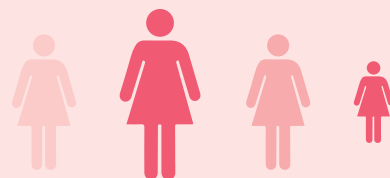
Has **adequate funding** been provided to cover **urgent needs of women** for health, care, housing and VAWG services?



Is spending on **public services** that are **vital for gender equality** expanding or is it being **cut**?



Bearing in mind the **diversity of women**, who is benefiting most from expansion or **losing most from cuts**?



CASE STUDY 3: PUBLIC SERVICES

SUMMARY

Public services are vital for the achievement of gender equality. This includes education, training, health, care, housing, services related to violence against women and girls (VAWG), support for small businesses, the justice system and many other sectors.

Women tend to make more use of public services because of their greater responsibilities for unpaid care and lower incomes. However, in some cases (such as support for small businesses and technical training), women may use the service less than men, because of access barriers. In other cases, the need among women for a particular service may be lower.

Gender responsive budgeting calls for analysis of the implications of spending on public services for women and men, girls and boys.

1. How has public expenditure on services been distributed between women and men, girls and boys?
2. Bearing in mind the diversity of women, who is benefiting most from expansion or losing most from cuts?
3. Are there gender gaps that might indicate barriers to accessing public services?
4. Has adequate funding been provided to cover urgent needs of women for health, care, housing and VAWG services, for themselves and for those they care for?
5. Is spending on public services that promote gender equality expanding, or is it being cut?
6. Are working conditions in the public sector (pay, career prospects and work patterns) conducive to greater gender equality or hindering it?

This kind of analysis requires data on how much the government has spent on public services in the past and plans to spend in the future. Budget documents and other official documents from the Ministry of Finance and other ministries should provide this data.

USE OF PUBLIC SERVICES

Information on who uses public services may be available from administrative records for some services: for instance, school enrolment data may be available from the school system. But this data may be flawed – if spending is allocated to schools on the basis of enrolment rates, they have an incentive to exaggerate enrolment and disregard students who drop out.

Data from household surveys are not subject to that kind of bias, although there may be problems with response rates and misunderstanding of what the data shows. In addition, household surveys may only provide aggregate use by the household, not by each individual in the household. This is the case with many relevant surveys in the UK, so it is not possible to use this data to compare the average usage of women and men, girls and boys directly. However, it is possible to classify households by their characteristics in ways that are useful for gender analysis, for example by comparing use of services by single women and single men, or by lone parents, or by geographic location, wealth and income.

Qualitative research (through semi structured interviews or focus groups, for example), can also provide important information about use of services, and the impact of changes to those services in the lives of women. As part of WBG research into the impact of austerity on women, we worked with two civil society partners to carry out focus groups and semi-structured interviews. RECLAIM, a youth charity based in

Manchester, a city in the north of England, and Coventry Women's Voices, a women's rights organisation based in the midlands. **We found that women's access to one service could depend on the availability of other services.** For example, public transport can be important for women's access to health services:

"One time I went [to the healthcare centre] at half past six in the evening and I didn't leave until quarter to one. I was struggling. I couldn't get a lift back. There were no buses. I had to get a taxi back home and for me on benefits that is quite a big deal."

– Focus group participant, Coventry

These interviews and focus groups provided important information, which supported the findings of our distributional cumulative impact analysis of actual and planned cuts to real spending on public services (and social security) in the period 2010 to 2020. *For more information see Case study 4: Cumulative Impact Analysis.*

Quotes from the focus groups also provided a 'human face' to the statistics, which helped in our communications (see *Case study 4 and Communicating the Analysis* section).

IS FUNDING ADEQUATE FOR POLICY IMPLEMENTATION?

Governments may publish policies to address key issues, such as violence against women and girls, but fail to back them up with sufficient funds. The Women's Budget Group found this to be the case in the UK.

In 2016 the UK government published an updated VAWG strategy and committed to providing £20m a year to fund support services. But since 2010, it has made huge cuts to local government funding which, among other things, is a big provider of VAWG services, such as refuges and counselling.

Since 2010, **17% of the specialist refuges** in England have **closed**. On average **155 women and 103 children a day are turned away from refuges for lack of space**. In addition, there have been cuts to police services, the Crown Prosecution Service and legal aid, making it more difficult for women who have experienced violence to access justice. The £20m a year promised was nowhere near the investment required to deliver the VAWG strategy. It is tiny compared to the £40bn that VAWG is estimated to cost society annually.²⁶

Governments may claim that spending on a particular service has been maintained, or even increased. It is important to assess whether this takes into account inflation (rising prices) and/or the changing needs of the population.

INFLATION

It is important to consider whether government data on spending has been adjusted for rising prices. **If the same amount of money is allocated but the prices that the public service has to pay for inputs have gone up, then in real terms there has been a cut.**

For example, in England, spending on schools was maintained in real terms 2010/11 to 2014/15; but from 2015/16 spending was frozen in cash terms, although prices for things schools need are rising, so that in real terms there will be a cut of around 6.5 % in the period 2015/16 to 2019/20.²⁷

26. WBG, (2017), Violence Against Women and Girls: background briefing, available online at <https://wbg.org.uk/wp-content/uploads/2017/11/VAWG-pre-budget-nov-2017-final-1.pdf>

27. Institute for Fiscal Studies, (2017), Long-run comparisons of spending per pupil across different stages of education, available online at <https://www.ifs.org.uk/uploads/publications/comms/R126.pdf>

POPULATION GROWTH AND CHANGING NEEDS

Another consideration is whether the population to be covered by the service has risen. **If the same amount of money is provided but the number of people to be covered has risen, then in per capita terms there has been a cut.**

For example, when cuts were made to other public services, the UK government claimed that spending on health services would be protected. In England, spending on health services did grow on average 1.3% a year in real terms between 2009/10 and 2015/16, but this was significantly lower than the increase in demand for health services, from a growing and an ageing population. Even though the government plans to spend more money on health services in the period up to 2019/20, real per capita spending, adjusted for the expanding needs of an ageing population, will have fallen by 1.3% between 2009/10 and 2019/20.²⁸

PUBLIC SECTOR EMPLOYMENT

It is also important to examine employment in public services. **In many cases public services are a more important source of decent jobs for women than for men, and the gender pay gap may be less in the public sector than in the private sector.** However, supply of some public services may be out-sourced to external suppliers who pay lower wages and provide worse conditions of work. This is often argued to be 'more efficient' and provide greater 'value for money'. But it may worsen the quality of the service because contractors frequently require more work to be completed in the same time without requiring investment to improve productivity.

Using data from the Office of National Statistics, WBG found that in 2017 women made up just over two-thirds of public sector employees in the UK, and 34% of employed women work in the public sector, compared to 18.5% of men. The hourly gender wage gap in 2016 in the public sector was 18.3% compared to 24.8% in the private sector. Public sector employment has been falling as a result of expenditure cuts and privatisation. While prices have continued to rise, there has been a freeze on pay in the public sector and thus a fall in real public sector wages.²⁹

HEALTH AND CARE SERVICES

In the UK health services, where women make up 77% of the workforce, average real wages have declined by around 14% in the period from 2010 to 2017. Around 20% of nurses have had to take an additional job to survive. And the job has become more stressful, so that by July 2017 more nurses were leaving than were joining the profession, leading to a shortfall of nursing staff of about 8.9% in England, with negative effects on patient care.³⁰

WBG, working as part of a Commission on Care, reported that the supply of non-medical care for frail elderly people has been almost entirely outsourced to private companies, who run residential care homes and services for people living in their own homes. Four fifths of care workers are women and nearly a fifth of the workers are migrants. Care workers in the private sector earn less on average and have more limited entitlements to leave, sick pay and pensions than those few workers who remain in the public sector. Tens of thousands are effectively paid below the statutory minimum wage, as they are not paid for time spent travelling for home visits and are on precarious contracts which do not guarantee a minimum number of working hours (known as 'zero hour' contracts). They are only allowed to spend 15 minutes on a home care visit, with negative impacts on the quality of care given.³¹ It is largely through having such poor pay and working conditions that private sector companies have managed to provide care at lower cost than the public sector.

28. IFS Briefing Note, (2017), UK Health Spending, available online at <https://ifs.org.uk/publications/9186>

29. WBG analysis of ONS data in WBG, (2017), *Intersecting Inequalities*, WBG, Runnymede, available online at <https://intersecting-inequalities.com>

30. WBG, (2017), *Briefing on Health and Gender*, available online at <https://wbg.org.uk/wp-content/uploads/2017/11/health-pre-budget-nov-2017-final.pdf>

31. Commission on Care, (2016), *Towards a New Deal for Care and Carers*, available online at <http://commissiononcare.org/report/>