

Cutting the Ribbon?

The Current Health of UK based HIV/AIDS Organisations and the Effects of Austerity (2016)

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COMMENTARY

With austerity seemingly becoming more intense, changes to the voluntary/third sector increasingly pressured, and an uncertain and changing future for HIV organisations, it is time to stop, take a snapshot of the sector and to use it to reflect upon the future. This research is designed to inform HIV/AIDS organisations, community groups and charities to look at the sector around them and to encourage further partnership working to ensure that, whilst advances in HIV continue to happen, the support for those living with the virus is still there. Austerity has crippled the HIV third/voluntary sector and this looks likely to get worse as local authorities continue to withdraw or dramatically reduce funding.

This research document can be used to support your funding bids, advocacy points, press releases, policy decisions and organisational plans. I hope that it makes a positive contribution to your work and helps your organisation, whether it is a national charity or small community group, to reflect and consider the changing nature of the sector and the campaigns in which you are involved.

A clear issue raised by organisations who have taken part in this research is that working in silos will not safeguard the future of the sector and we should be aiming to support one another in a time of austerity, funding cuts and changes.

I would like to take the time to thank the assistance of VONNE (Voluntary Organisations Network North East) who kindly gave me permission to use their model of survey questions from their 'Surviving or Thriving' report and to structure my own survey around this.

I would also like to thank all of the respondents from HIV/AIDS organisations across the United Kingdom who completed this survey and who contributed case studies and recommendations for this research project. Your time and effort was appreciated and vital for this project to take place.

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An HIV/AIDS activist himself, he is currently studying for a PhD in Sociology at Leeds University, exploring how HIV stigma affects intimacy and dating in an ageing population of people living with HIV in the UK. Drew previously completed the region's first '*Survey of Public Knowledge and Attitudes toward HIV in the North East of England*' (2013) and '*Silent Scream? The Life Histories of People Living with HIV in the North East of England.*' (2015). A free copy of the survey or life histories research project can be downloaded via the expert's website below.

Drew is also the Chair of *THrIVE NE*, a North East based community group for people living with HIV, and those affected by it, as well as acting as the North East Regional Coordinator and National Steering Group Member of '*Live HIV Neutral*,' the UK wide anti-HIV stigma campaign. He welcomes opportunities to work with other HIV professionals and external organization's to engage in future research around HIV/AIDS, on behalf of the Centre for Applied Social Sciences (CASS) at the University of Sunderland. The link for CASS can be found here:

CASS: <http://www.sunderland.ac.uk/research/areasofresearch/centreforappliedsocialsciences/>

Press Enquiries and Experts Website for Drew Dalton: <http://experts.sunderland.ac.uk/>

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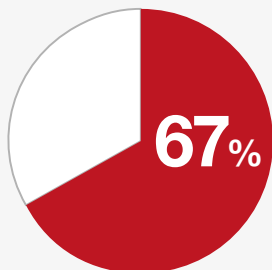
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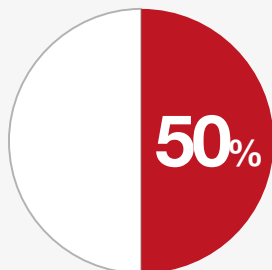
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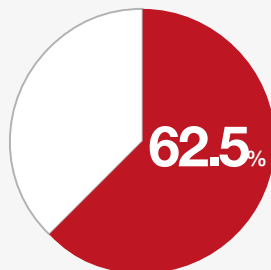
KEY FINDINGS AT A GLANCE



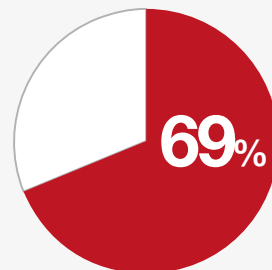
67% of HIV organisations work with a varied mix of client groups and the rest offer specialist support to a target group



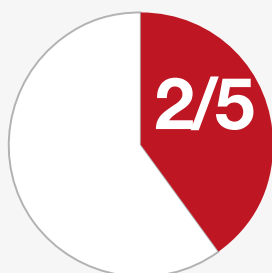
50% of organisations have had to use their reserves to survive in the last financial year



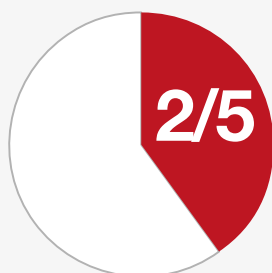
62.5% only have enough current reserves to last up to three months



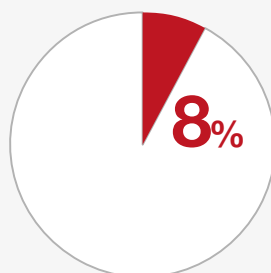
69% of organisations will have to use their reserves to survive in the upcoming financial year.



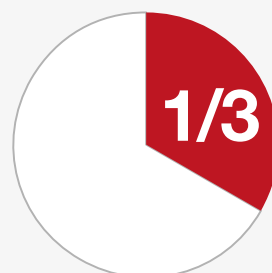
TWO FIFTHS of organisations have had an overall loss in income in the last financial year



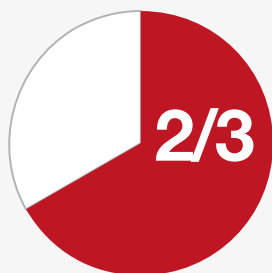
TWO FIFTHS of organisations have had to let go of paid staff in the last financial year



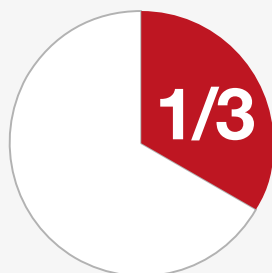
Only **8%** of organisations could increase their staff levels in the last financial year



A THIRD of projects in organisations will be closing in the coming financial year



TWO THIRDS of organisations have experienced an increase in demand for their services in the past twelve months



A THIRD of organisations expect an increase in demand for their services in the year ahead

BACKGROUND LITERATURE

How many people are living with HIV in the United Kingdom?

An estimated 107,800 people were living with HIV in the United Kingdom in 2013. Figures from 2013 show 6,000 new diagnoses of HIV and 320 of AIDS. The numbers of people living with HIV stand at, 43,500 (men who have sex with men) and 59,500 (through heterosexual contact) alongside a much lower figure of 2,400 (injecting drug users). One in four adults living with diagnosed HIV were aged 50 years and over, as there is an upwards spike in the number of older people with late diagnosis and a generation who are growing older (and will retire) who are living with HIV (Crusaid, 2007), which has implications for health and social care facilities as well as the voluntary/third sector.

The number of infections acquired through injecting drug use and through other routes has remained low. Only 130 new HIV cases were diagnosed in 2013 where infections were acquired through injecting drug use and 110 through other means such as mother-to-child transmission and through exposure to contaminated blood products abroad. Since 1985, all blood donors have been screened for HIV infection to prevent onward transmission. There has been no known case of HIV acquisition through blood transfusion in the United Kingdom since 2002 and all pregnant women are now routinely tested for HIV, with a 98% take up (Public Health England, 2014). The transmission rate of HIV among children born to women with diagnosed HIV infection was under 1% (90 in 2013). Nationally, the overall prevalence of HIV was 2.8 per 1000 population (1.9 in women and 3.7 in men). An estimated 24,000 people living with HIV were unaware of their status in 2013 and without condom use, will continue to spread the virus.

What is meant by austerity?

The UK Coalition Government response to the global financial crisis of 2008 and recession has been fiscal *self-discipline* or 'austerity' after their election in 2010. This austerity was then developed further as a key party manifesto by the Conservative Party after ruling through single party leadership after the General Election in 2015, whereby the coalition with the Liberal Democrats ended. Underpinning austerity are three key ideological and policy commitments, firstly, cutting back the role of the state and secondly, the promotion of localism: through which lastly, develops the neoliberal aim of reducing the state as it is given the rationale of empowering local authorities and people. Without going into too much depth around economic and political theory, as a backbone to this lies the concept of neo-liberalism, which is an economic and political doctrine extolling the virtues of unfettered market forces and a shrinking of the state (Atkinson, Roberts and Savage, 2012, Schrecker and Bambra, 2015). Finally, the push toward the 'Big Society' underpins this localism agenda and promotes what some have been claimed are simply traditional conservative values of self-help and voluntarism (Donovan, Clayton and Merchant, 2012, Mendoza, 2015).

However, the government has made some attempts to ease the effects of spending cuts, which has included raising the amount that can be earned before income tax to £10,000, tax relief for investments in social enterprises and some investment in the building of affordable homes (Mitchell, et al, 2013) which are designed to protect the most vulnerable groups in society. Yet, according to the International Monetary Fund, the UK government's spending plans have ensured that by 2017, they will have the lowest share of public health spending among the world's major economies, being on par with the USA, a country which has traditionally had a small government (www.poverty.ac.uk, accessed 23/02/16). This claim is backed up by the Institute of Fiscal Studies, which suggests that around one million public sector jobs could be lost by 2018 (Crawford, et al, 2013). Importantly for this research, the manifestation of austerity has involved substantial cuts in social protection under the notions of welfare reform and local authority budgets (Schrecker and Bambra, 2015). The effects of this austerity, ideas of self-discipline and spending cuts have been widely felt by HIV organisations, which will be discussed later in the findings of this research.

What are the effects of austerity?

In sociological terms, Bourdieu and Wacquant (1992) discuss the nature of 'symbolic violence' which they argue is, "the violence which is exercised upon a social agent with his or her complicity" (1992: 167). People are subjected to forms of violence, which are not violent, but can be through the denial of resources or to be treated as inferior, which in turn, limits aspirations and opportunities for social mobility. However, they do not view it that way and instead see it as the 'natural order' of things and so become accustomed to it (McKenzie, 2015). Part of this has been the widening gulf between the rich and poor within the UK as rising inequality has, on a societal level, been linked to people's levels of unhappiness and mental health. It has been suggested that as economic inequality has increased, so too have anxiety disorders and depression (Wilkinson and Pickett, 2010, Dorling, 2015, Mendoza, 2015). These anxieties and levels of mental health have increased most amongst the poorest, however this has also increased amongst professional salaried workers and their children, who are also suffering. Therefore, inequality affects everyone negatively who live outside the richest 10% in income range. There is also growing evidence of social unrest which has been documented in opinion polls, such as an Ipsos Mori Poll (Mitchell, et al, 2013) whereby 48% of the public agreed with the statement that *budget cuts have gone too far and threaten social unrest*.

According to the government's own Centre for Social Justice (2006) it is estimated that there were one million people who are living in 'severe poverty' in the UK ("Severe poverty" in this context is defined as those who earn 40% of the average national wage) than in 1997 and this was expected to rise significantly since the austerity measures started to have an impact after the 2010 election (Centre for Social Justice, 2006). Furthermore, cuts between 2010 and 2014/15 resulted in losses to people within the bottom half of income distribution with those who have lost the most being poorer groups, whilst most people within the top percentile (with the exception of a few at the very top) saw increases in their incomes. According to the largest ever study of poverty and deprivation in the UK, poverty rates have risen substantially during austerity, with rates at the highest level in 30 years (Poverty and Social Exclusion, 2014). Changes planned and enacted from 2015 will continue to intensify the losses and following the trend of historical research, austerity will

exacerbate health inequalities further, which will impact upon HIV/AIDS organisations (Schrecker and Bamba, 2015).

Public attitudes under austerity have also altered. In September, 2013, the then Education Secretary Michael Gove, “accused those who turn to foodbanks as only having themselves to blame as they are ‘not best able to manage their finances’” (Gove, 2013 cited in Lansley and Mack, 2015: 210), however there are identified links to changes in benefit delays and the use of foodbanks and ‘food poverty’ as 50% of referrals for food have been due to benefit changes and sanctions to individuals from 2014-2015 (www.trusselltrust.org, accessed 23/02/16). Those who are unable to work or who have failed to find employment have often been labelled as a product of ‘Broken Britain’ by the Prime Minister David Cameron (www.gov.uk, accessed 23/02/16) with a pledge to mend a system whereby ‘work must pay.’ The media has reflected this tone. In 2007 Britain’s tabloid and broadsheet newspapers used the word ‘scrounger’ 46 times, whilst in 2010 it was mentioned 219 times and a further 240 times in 2011, fuelling stereotypes and constructs of a working class who do not want to work within the UK, as opposed to those who find that there are too few jobs to apply for (especially in the North) and who may also face barriers to work and multiple forms of discrimination (Todd, 2014, Schrecker and Bamba, 2015). This is reflected in a survey by BritainThinks (2011) where respondents largely believed that working-class people were ‘lazy’, ‘greedy’ and ‘drug users’ relying on the benefit system, yet regarded middle-class people as ‘hard-working’ and possessing ‘talent’ and ‘effort.’ This is in sharp contrast to a lived reality, where the government claims that less than 1% of the welfare benefit is fraudulently claimed (Todd, 2014) and strong evidence showing those in receipt of benefits would return to work given appropriate support (Bamba, 2011). Many of these welfare changes have affected people living with HIV, where both the stigma around the claiming of benefits as well as HIV-related stigma, have increased.

How has the Big Society impacted upon the voluntary sector?

The 2010 election pledge by David Cameron to create a ‘big society’ as a vision for Britain would allow for, “communities taking more control, of more volunteerism, more charitable giving, of social enterprises taking on a bigger role, of people establishing public services themselves” (www.gov.uk, accessed 23/02/16). However, whether the increase in volunteering is due to the big society in action has been questioned. As the state has been reduced and the public sector restructured and sold off to private businesses and organisations (Atkinson, Roberts and Savage, 2012). It has been left to charities and the third sector to ‘fill the gap’ left behind, which has concerned many authors critical toward the set-up of the big society, with longer term effects meaning a ‘green light’ is given to government to outsource poverty risk and welfare support from the state to the charitable sector (Atkinson, Roberts and Savage, 2012, Lansley and Mack, 2015). Behind the idea of the big society, lies the ideological notion that local communities and families are best placed to understand their needs and reclaim their own sense of social responsibility and so should be encouraged to take over local libraries and community centres, with the state viewed as encouraging dependency, responsibility and engagement. The solution offered to this, by the government, is to radically shift power from central government, and through ideas of austerity and emphasis on paying off the deficit reduction, has led to the justification of attacking public spending such as local authority funding as state services are withdrawn in favour of locally run volunteer community projects (Atkinson, Roberts and Savage, 2012).

How has the voluntary sector been affected by austerity?

Before the results of the research are analysed, it is important to examine the impact of austerity on the voluntary or 'third sector' generally, as well as HIV/AIDS organisations. While GDP (Gross Domestic Product) fell by 6.3%, the overall voluntary sector's income fell in 2008/09, meaning by 3.6% in real terms, amounting to a fall of £1.4 billion in 2011 prices (NCVO, 2013). The voluntary sector has been hit significantly by the recession and ongoing austerity and whilst there has been some acclimatising to the economic current conditions (NCVO, 2013), this has had human costs as well as affecting services, projects and their service users. A report by UNISON (2013) has highlighted these impacts with key findings not limited to the following:

- 80% say it is getting harder for clients to get representation and advocacy, as well as basic advice;
- 77% say clients are having to phone up or go online more rather than get help face-to-face;
- 77% identified specific groups that are losing out, the main ones being disabled, elderly and black and minority ethnic people;
- 38% of staff said their employers were prioritising services on contracts to public bodies over campaigning and advocacy.

Workers in the many other services in the community and voluntary sector also expressed their concern about being able to do a good job and austerity is taking its toll on workers in the voluntary sector, as:

- 43% of respondents said they had less time with each service user. Only 40% said they were able to provide service users with all the help they need;
- 55% work more than their contracted hours and 45% of these did unpaid overtime;
- 40% said their current state of morale was poor or very poor. 59% said this was worse than before austerity (13% said it was better);
- 74% were stressed because of their work. 56% said this was worse than before austerity (11% said it was better). 78% had gone into work while unwell (since austerity began);
- 46% have experienced an incident of violence or aggression at work since 2010, with 64% of incidents involving service users (who are also often at the receiving end of austerity measures).

Named, "the survival agenda" (Crowley, 2012: 2), across the voluntary sector many community organisations are faced with the task of downsizing and letting staff go. At the same time there are increasing demands on their services as poverty deepens and public services are diminished. Community organisations are faced with rationing or reducing much needed services to people in increasing need and they have to make choices as to who can access the services, who benefits and what becomes the priority. Thus community organizations become one transmission line for delivering austerity at local community level. The voice of many community organisations has

grown cautious as funding relationships have to be sustained and the state is the core funder for a sizeable proportion of the sector. As a result of this, protest has often remained unvoiced in the public arena as dissent is diminished and advocacy is limited within careful boundaries. This has also intensified competition within the sector for diminished funding. Competition for funding is also a competition for status, for media space, for access to decision makers and even for market share in disadvantaged communities. The community sector, already fragmented by its diversity, is further divided by this intensified competition and this has placed into notion a 'survival agenda.' In a survey carried out by the Family Planning Association in 2010, improving sexual and reproductive health was identified by the public as one of the three public health priorities for England (www.fsrh.org, accessed 23/02/16). With sexual and reproductive services accounting for 10% of local government spending, describing the austerity cuts to Public Health England as 'non-NHS' is misleading as Public Health England's preventative mandate has a future ripple effect on the NHS and costs to it (Population Matters, 2015). This was explored further by the report *Unprotected Nation* (2013), which has argued through economics, that if austerity cuts continue and there is worsened access to contraceptive and sexual health services, the additional cost to the NHS, plus wider public sector costs, could total between £8.3 billion and £10 billion (the total NHS budget for 2012-13 was £108.8 billion to place this into context). However, with improved access, cost savings to the NHS and public sector would be between £3.7 billion and £5.1 billion when compared to the current access position. Whilst the report excludes HIV in its analysis, which coincidentally continues to rise within the UK (Public Health England, 2015), however the trends are interesting and relevant to the discussion. If current rates of STI infections continue between 2013 and 2020, total public health spending will cost £6.04 billion. Yet, should work happen to improve access to services and not to limit or cost-cut them, then around £1.13 billion could be saved by 2020.

What about HIV/AIDS organisations?

The nature of HIV funding has altered significantly over the last decade. The Health and Social Care Act (2012) shifted the responsibility for providing HIV prevention services from NHS Primary Care Services to local authorities. This has accompanied a dramatic shortfall in the amount of funding, as in 2001/02 £55 million was allocated to local authorities for HIV prevention services, yet in 2014, it was just over £10 million, which is available at a time where there are more people with HIV than ever before (Godfrey, 2015). Research from the sector has shown a consistent reduction in services available to people living with HIV and the sector's HIV response (Counterpoint, 2011).

Some authors have argued that voluntary and community sectors are now left to 'pick up the pieces' at the same time as their financial support is being removed or 'squeezed' (Mitchell, et al, 2013). Whilst voluntary/third sector groups have historically grown alongside the HIV epidemic of the 1980s onwards when governmental support was lacking, now many organisations have professionalised and are reliant on formal funding streams as HIV support services have altered. One of the at 'risk' groups of HIV transmission within the United Kingdom are MSM (men who have sex with men) and with the recent announcement of proposed cuts of £200 million in 2015/16 from the Public Health budget, this group remains at higher levels of risk of HIV transmission as well as women, young people, older people and BME groups (NAT, 2015). It has been calculated that each new HIV diagnosis costs the public purse between £280,000 and £360,000 in lifetime

treatment costs, and this raises significantly with late diagnosis and so the move toward cuts of sexual health and HIV services remains worrying, not only in terms of HIV transmission, but the future fallout and impact on NHS services (NAT, 2015). This becomes a false economy whereby Public Health budgets are used in order to protect mainstream NHS provision.

Furthermore, LGBT (Lesbian, Gay, Bisexual, Transgender) support services, who often have important links to MSM and who offer HIV testing, have voiced concerns that they now have to have reduced services and removal of services such as informal 'drop in' sessions, reduced hours of operation and turning away of clients. This impacts on their clients at the same time as evidence points toward an increased demand for services around HIV services and sexual health (Mitchell, et al, 2013). Further concerns raised are around fewer testing opportunities for HIV and so the longer term implications are thought to be an increase in people going undiagnosed and the transmission of HIV to others. It is estimated that a quarter of people living with HIV are unaware of their infection (Public Health England, 2014) and this figure could increase further with fewer specialist services, as seen in Greece, where HIV infection has risen by 200% since 2011, as prevention budgets have been cut and intravenous drug use has increased amid a 50% youth unemployment rate (Stuckler and Basu, 2013).

Welfare reform continues to be problematic for people living with HIV, as one in six people who are diagnosed with HIV in the United Kingdom experience severe poverty (NAT, THT, 2010) and this impacts not only on those on benefits living with HIV, but also to service providers as they respond to increased need for service provision due to cuts. In researching the impact of welfare reform on people living with HIV in England, Counterpoint (2014) found that:

- two thirds (66%) of people living with HIV were affected by benefit changes, and from these, nine out of ten reported a negative impact on their health or access to HIV care. Those reporting no changes to their circumstances were mostly not receiving benefits;
- respondents reported significant service reductions in HIV and non-HIV specific services offered by charities. 45% noted a negative impact on their access to HIV care, treatment and support over the last twelve months with a third seeing a negative change in the HIV services delivered by charities;
- women from BAME (Black and Minority Ethnic) communities, Latin Americans and white MSM over 50 were hit particularly hard by the changes in welfare reform;
- one in five respondents were directly affected by the shift from Disability Living Allowance to PIP (Personal Independence Payment) and a further quarter said they would be affected in the future;
- one in five had either applied for a hardship grant, redeemed a foodbank voucher or had done both;
- 62% experienced a negative impact on their mental health and well-being and 53% reported a negative impact on their physical health as a result of benefit changes.

The National AIDS Trust (2016) in their research into the importance of HIV support services found that for all service categories, nearly all of their service respondents believe that HIV

specialist provision is vital due to the nature of specialist knowledge, trust and being part of the 'community.' This is compounded with a general wariness of generic providers of services, whereby HIV-related stigma (discrimination, isolation and exclusion) can be an issue, which in turn stops people living with HIV from using these generic services. Furthermore, the report found inconsistencies within funding arrangements, with localised decisions over whether services are funded or not, "which provides the worrying impression of a 'postcode lottery' developing in HIV support services" (NAT, 2016: 5). As a result of funding cuts, many local authorities such as Oxfordshire, Bromley, Norfolk, Portsmouth, Slough, Bracknell Forest and Bexley have removed their HIV provision completely.

Austerity appears to be at odds with the Department of Health's Framework for Sexual Health Improvement in England (2013) in which the following three factors highlighted are key; people remain healthy as they age; they have rapid access to high quality services and to reduce onward transmission of HIV. Specific HIV services have begun to feel the results of spending cuts in local authorities. Some of the services which have or are currently (at writing) feeling the impact are:

- The London Lighthouse: Closed;
- Teesside Positive Action: Planning to close around the writing of this publication;
- AST (Eastern AIDS Support Triangle): Major funding reduction
- Gay Advice Darlington: Major funding reduction;
- Metro HIV Support: Major funding reduction;
- GMFA: Redundancies and cuts to services;
- Bristol Student Health Service: Major funding reduction
- Positive Action: Decommissioning services and major funding reduction.

Now that the nature and impact of austerity has been discussed, the results from this research will be analysed in order to evaluate the health of the HIV/AIDS voluntary/third sector and where the rest of the sector now fits into some of these wider trends.

METHODOLOGY AND SAMPLE

Aim of this study and key questions

The aim of this study is to give a working 'snapshot' of the current financial health of HIV/AIDS organisations across the United Kingdom. In particular, it shows how organisations of different sizes have been coping during a period of austerity which has affected the volunteer/third sector as a whole. The following key questions frame this research.:

- What impact has austerity had on HIV/AIDS organisations?
- How are HIV/AIDS organisations surviving in the current financial climate of austerity?
- What measures have HIV/AIDS organisations put in place to ensure their survival?
- What are the key issues facing HIV/AIDS organisations and the 'HIV sector' now?
- What are the key issues facing HIV/AIDS organisations and the 'HIV sector' in the foreseeable future?

Method

Data was collected via an online survey using the software programme 'Survey Monkey' and specific case studies were following further questions via email (see appendices). Data was collected throughout the time period November, 2015 to December, 2015 for survey responses and the case studies were collected in February, 2016. Within the survey, respondents were invited to answer a range of questions on their financial and funding position, staffing and volunteers as well as any organisational and sector concerns which they had. There was room to leave comments on the future of their organisation and the HIV third sector as a whole, which have been collected together to highlight particular points.

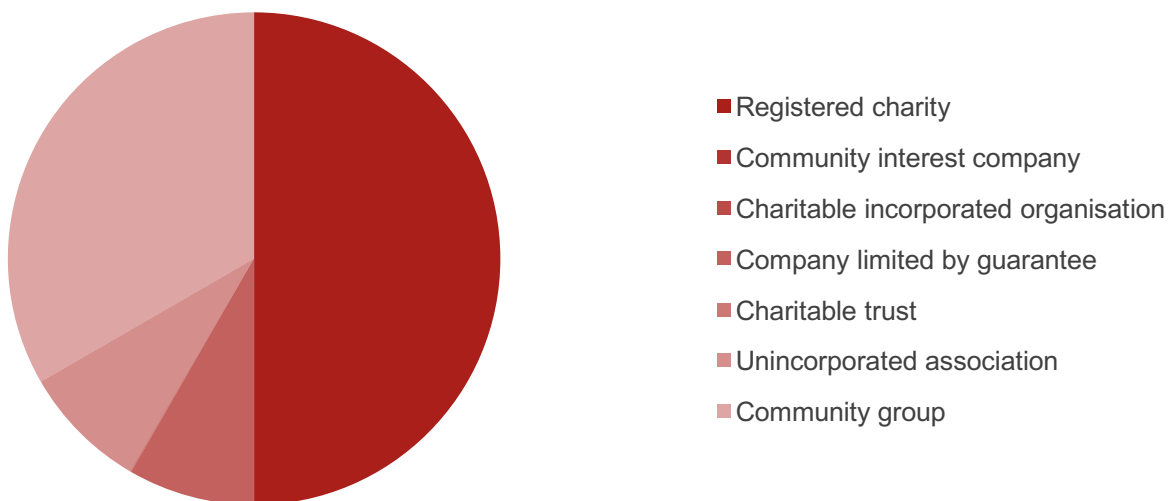
Sample

Access to organisations was via a survey link emailed to organisations or through the use of social media (Twitter and Facebook) as some organisations had a social media presence but not a website or physical address. The sample of different types of organisations, from larger charities to smaller community groups, was intentional through purposeful sampling (Bryman, 2012) and so final results would show an overall perspective of the health of the voluntary/third sector organisations who work solely, or dominantly, with people living with HIV.

In total, twenty-four organisations answered the survey (six did not respond) Organisations were approached from a geographical area across the United Kingdom Common emerging themes were identified across the sector, despite being in differing locations. From organisations which left their details in the survey for further contact, six organisations were approached for a case study follow-up and to answer more in-depth questions around austerity themes. Four responded to this request. All survey respondents from organisations, as well as case studies, were written by senior

staff members or a Chair of a community group, to ensure accountability. Organisations were given a choice in their written case studies as to whether they should remain anonymous or not.

What is your organisational structure?

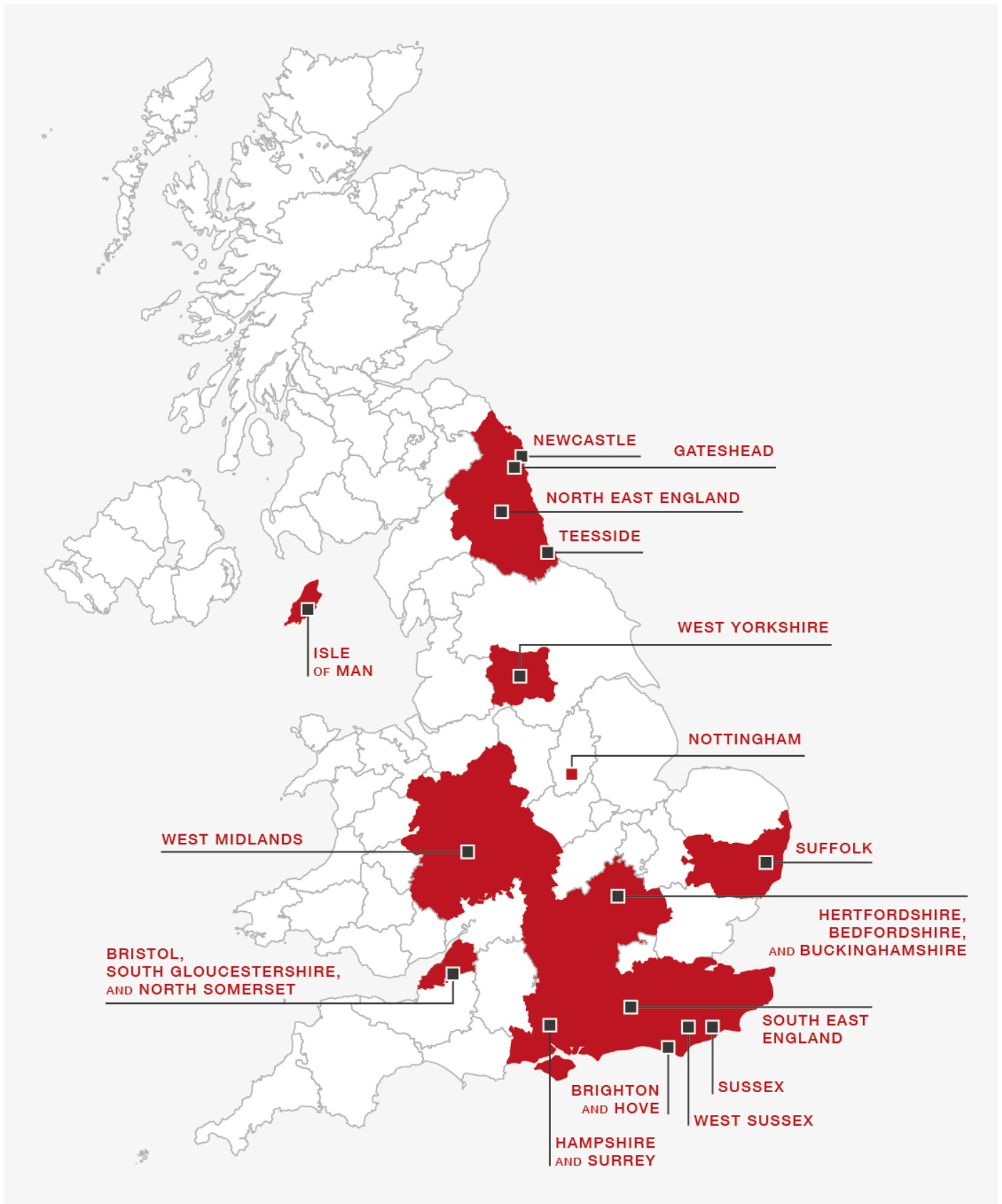


The sample of respondents helped to reflect the wide geographical spread of organisations and community groups working with people living with HIV as well as their different organisational makeup and the services they offered. There is no ‘one type’ of HIV organisation and so future research should look into different type of organisations when building upon this research as this is only a snapshot of the ‘HIV sector’ as a whole. However, of the twenty-four organisations surveyed, 50% (12) were registered charities, 8.33% (2) were companies limited by guarantee, a further 8.33% (2) were unincorporated associations and 33.33% (8) were community groups. This reflects the diversity of different HIV/AIDS organisations within the sector.

Out of all of the twenty-four respondents surveyed, the following (not shown on the map icon below) had a geographical range of:

United Kingdom and Northern Ireland	Two organisations
England only	One organisation
Scotland only	Two organisations
London only	Three organisations

Other organisations had based specific geographical areas within the United Kingdom, these locations were:



Whilst this survey does not claim to be representative of all HIV/AIDS organisations in the United Kingdom, it does attempt to cover different types of organisations in order to obtain a 'snapshot' of the current financial and physical health of organisations under a changing financial landscape of austerity. For the purposes of this report the voluntary/third sector includes voluntary and community organisations, groups, charities, social enterprises, mutuals, or co-operatives.

Limitations

Every survey has limitations and this was reflected in certain aspects of this survey. Geographical parity was not achieved and there is no presence of answers from specific organisations in Wales, Northern Ireland or key urban areas such as Manchester. However, this was partly addressed by two organisations which were United Kingdom in their geographical reach with one of these organisations being an activist network and another was a national charity. However, there is a limitation in that any regional specific issues could not be brought to light. Although every effort was made to contact as many HIV/AIDS organisations as possible, the lack of a national central record of HIV/AIDS organisations and staffing of organisations (who may not have time to complete a survey) ensured that the net will need to be wider next time this survey is completed and more follow up contact with more time pressured organisations takes place to gain as close to a 100% response rate as possible. This was also a restriction of the researcher being a lone researcher on this project whereby the time limitations on the research subject meant that results had to be written up quickly in order to ensure currency at publication.

Ethics

All survey data collection followed the British Sociological Association's (BSA) Code of Ethics to ensure that the survey data and case studies were ethically conducted and the data was stored correctly. Data Protection provisions and safe storage of data was ensured at all times. Ethical compliance was sought and gained by the University of Sunderland's Research Ethics Committee. The confidentiality of respondents and data including informed consent, and the ability to opt out, was strictly adhered to. All respondents were given an information sheet at the front of the online survey to explain exactly what it was about, were able to skip questions if needed and were offered the option of being made anonymised for case studies. Only one organisation chose to remain anonymous, with the others preferring to remain public.

DATA ANALYSIS

Who are the clients of the HIV sector?

As expected, the HIV voluntary/third sector is incredibly diverse and this is reflected in the makeup of service users who access different organisations. The survey gave an interesting indication of clients and service users which should be explored in later surveys to see whether this changes significantly or not.

All respondents answered the question '**do you work with all client groups?**' with 67% of organisations working with all client groups, the remaining 33% working with a specific target group of people living with HIV.

The most popular client groups were LGBT (80% = 8), BAME communities (50% = 5), Carers (50% = 5) and Men (50% = 5). This was not surprising giving the nature of HIV rates of infection with LGBT and BAME groups being a high risk group, and for one of the dominant sub-groups being men (which may also be reflected in LGBT communities whereby MSM transmission is on the increase).

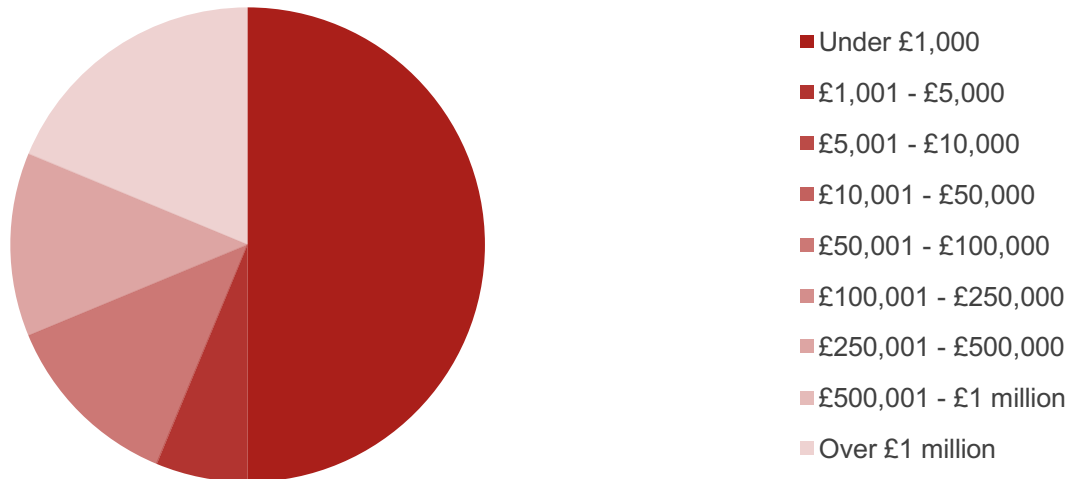
Interestingly, links to client demand was clear in similar or slightly lower figures, which may reflect links between the beginnings of the impacts of cuts and welfare reforms on service users and their living and well-being. Figures show organisations working with asylum/refugees seekers (30% = 3), gypsy or traveller communities (30% = 3), homeless people (40% = 4), families (40% = 4), lone parents (30% = 3), low income [people with] (40% = 4), older people (40% = 4), women (40% = 4), mental health [people with] (30% = 3), learning disabilities (30% = 3), offenders and ex-offenders (30% = 3), drug and alcohol users (40% = 4) and the unemployed (50% = 5). Whilst links between HIV and vulnerable groups are well-documented, including links to poverty and declining mental health, this gave an interesting snapshot of a varied set of client groups amongst the sector which are not always reflected in Public Health England figures. It would be interesting to revisit this survey again and to see whether these client groups, as an overall category, decline or grow in demand, whilst local government cuts, austerity and welfare reform change further¹.

¹ Figures are given an overall percentage and actual number from all twenty-four organisations who responded to this question, for example, if three organisations ticked a box for 'volunteers' this will appear above as either: volunteers (30% = 3) or as 30% (3) for the rest of the report.

ANNUAL TURNOVER

There was a significant variance in organisations finances, which was expected at the onset of the research as all groups from local services to large charities were invited to take part in this survey.

What was your turnover in the last financial year?



Of all respondents that answered this question, 50% (8) had an annual turnover in the last financial year of less than £1000, which reflects the often volunteer-led smaller community groups in the sector, with only one organisation earning the higher bracket of £1001 - £5000 (6% = 1). Other organisations were significantly higher, with two organisations earning between £50,001 - £100,000 (12.50% = 2) and a further two earning between £250,001 - £500,000 (12.50% = 2). Three organisations were placed in the ‘over £1 million’ bracket (19% = 3).

When asked about sources of income, organisations heavily rely on public sector and local authority funding, which under current changes, will likely alter or remain consistent, depending on whether organisations have the capacity to apply for tender. Worryingly, some organisations are currently using their reserves to exist and one organisation received no funding at all. Some minor income streams such as selling goods/services and using investments had helped create a stability. In a competitive market to gain public donations (6 organisations relied on this method) and with a changing and tougher benefit system, it may become increasingly difficult to rely on this income stream in the future, as one organisation

Funding Stream	Number
No funding needed	1
Gained no funding at all	1
Using reserves now	3
Public donations	6
Public sector grants/funds	7
Charitable trusts	5
Endowments and investments	2
Selling goods and services	2
Other	3

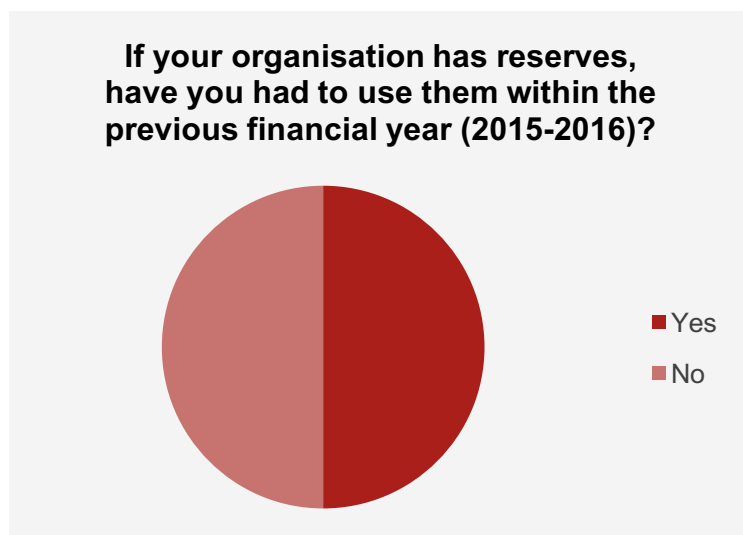
stated, “the community sector is already using up reserves and relying on the communities they serve for donations” (Survey Comments).

SURVIVING ON RESERVES

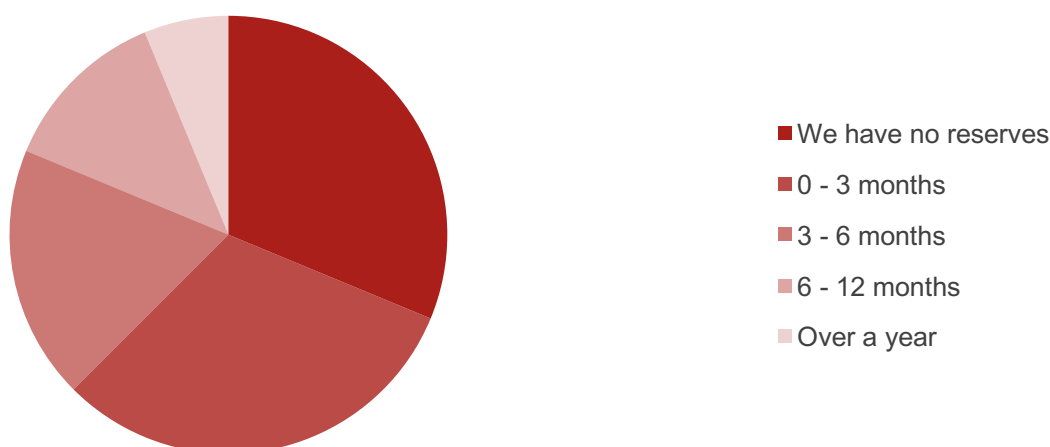
Worryingly, 50% of HIV/AIDS organisations have had to rely on and use their reserves to survive in the previous financial year.

When asked how long an organisation could survive on their reserves, if no income or funding materialised, the outlook was bleak. A total of 31% of the organisations have no reserves at all, most of these were smaller community groups and so it was to be expected that reserves would not be common, yet it also hints that many of these groups are living a ‘hand to mouth’ existence (and they often run valuable face to face support).

A total of 62.5% organisations either had no reserves or only enough to last between one and three months (many of these were larger organisations). Only 37.5% of organisations had the capacity to survive on their reserves for up to six months and only one organisation answered that they could last ‘over a year.’

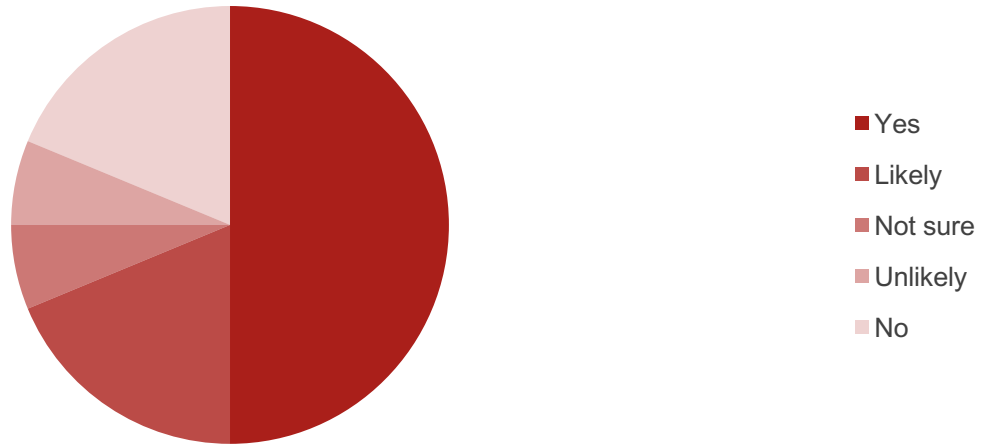


If you had no funding or income from tomorrow, how long could your organisation keep running on its reserves?



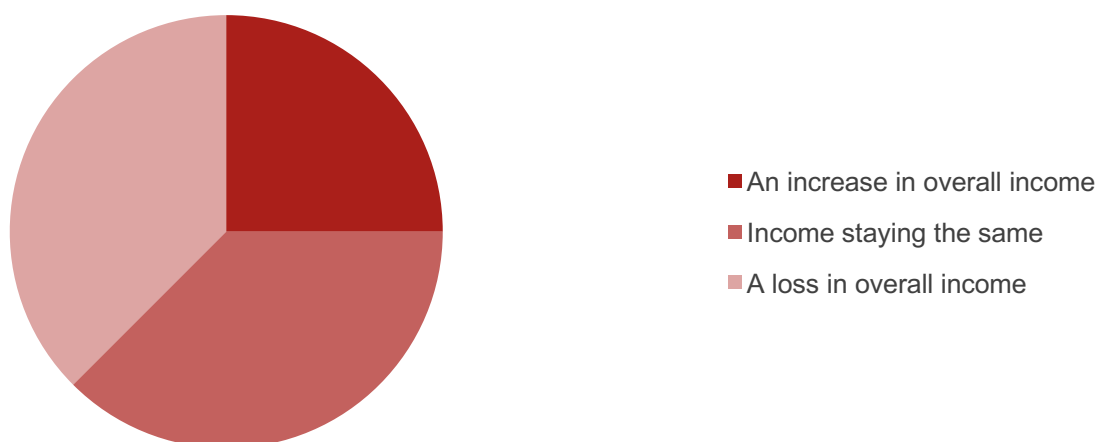
When asked about whether organisations are preparing to use their reserves in the upcoming financial year (2016-2017) the figures were alarming in that a total of 69% organisations answered either 'likely' (19%) or 'yes' (50%) to this question.

If your organisation has reserves, do you anticipate you will be using some of them in the upcoming financial year (2016-2017)?



This could exacerbate future financial difficulties for organisations which are currently struggling in the challenging financial climate and who may be currently using their reserves already. As public sector money given to HIV/AIDS organisations has been slowly reduced over the years, it appears that organisations have had to increasingly use their reserves as a 'safety cushion.' This is a cause for concern as most organisations reported an increase in demand for HIV services as the United Kingdom has rising HIV rates and numbers of people living with HIV. This is made all the more important by the finding that almost two fifths (37%) of organisations which have suffered a loss in overall income in the last financial year, which may compound financial difficulties much further.

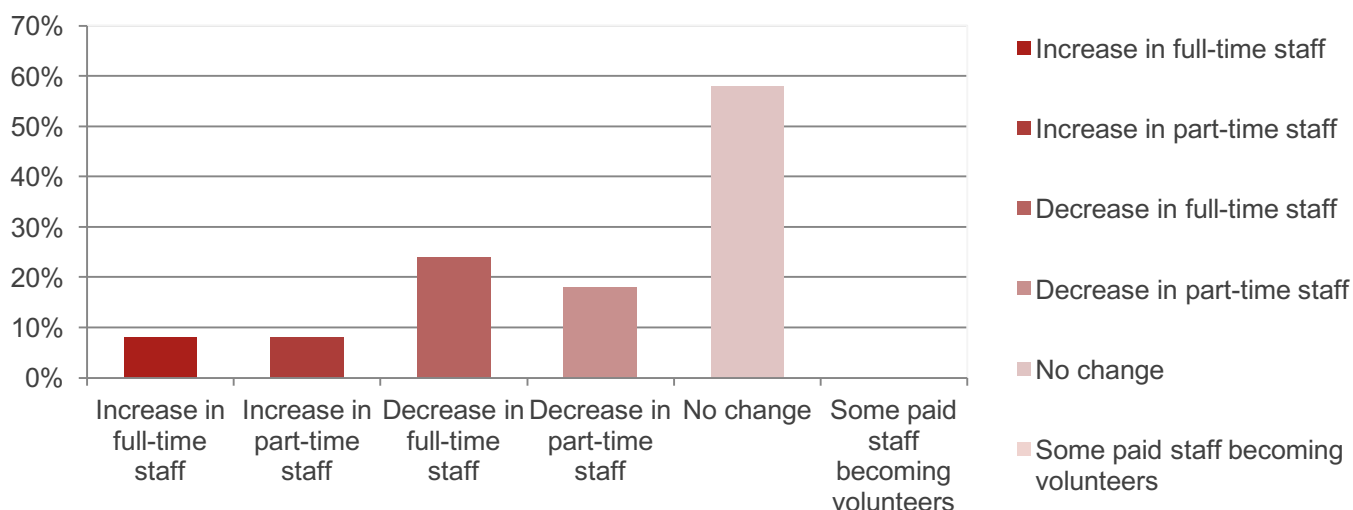
In relation to your overall income, in the last financial year have you experienced?



STAFFING AND VOLUNTEERS

As well as financial questions, HIV/AIDS organisations were asked about their levels of staffing and volunteers, and whether they thought these would change.

Have you experienced? (Please tick all that apply)

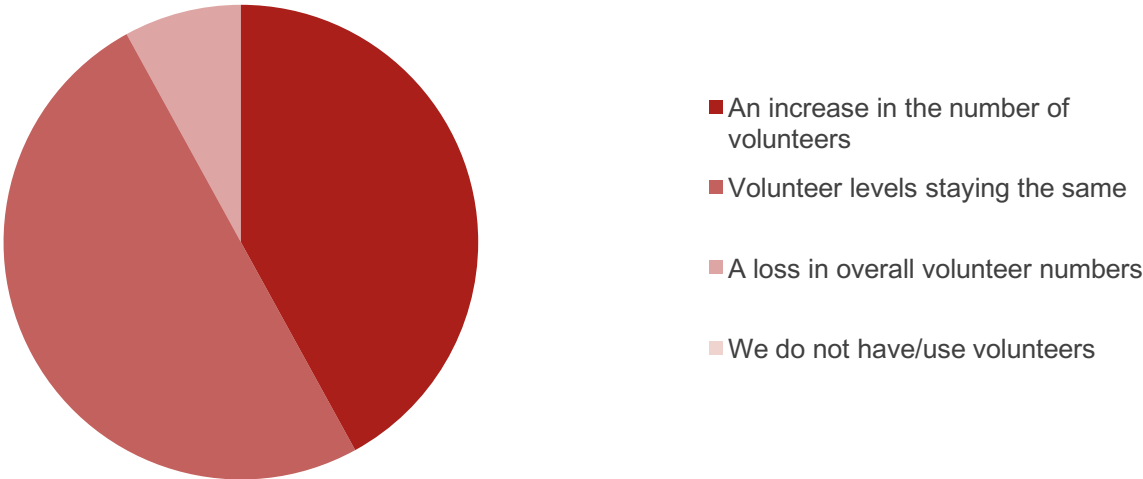


Only two organisations, who had paid staff, reported an increase in part time staff (8% = 1) and increase in full time staff (8% = 1), whilst a much larger 42% of organisations had made staff cuts and redundancies, reflecting financial difficulties. This aside, there were some signs of stability in the sector, as 58% had seen no change in staffing in the previous financial year however, this could alter significantly as further cuts to local authority provision begin this coming financial year. These were anticipated in organisational responses to the question, **'from April, 2016, do you anticipate?' (Tick all that apply)**

Category	Responses
Increasing staff	8%
Increasing volunteers	58%
Reducing staff	17%
Reducing volunteers	8%
Providing more services	25%
Closing services	33%
Merging	8%
Increasing number/type of service user	33%
Reducing number/type of service user	0%

From these responses, there is evidence of a growing strain on the HIV/AIDS voluntary sector as a whole, in that some continued staff cuts are expected (17%) and as a likely effect of this, services will have to be closed (33%) or organisations merged (8%) and so staff skills, experience and knowledge may be lost. Due to an increase in demand for HIV services and rising HIV rates a potential issue can be spotted as 33% organisations expect increases in their numbers/types of service user, and with 25% providing new services and 58% expecting to increase their volunteers, this shows a strain in what can be offered in terms of quality provision. There are some concerns here as staffing levels overall are decreasing (17% decreasing versus 8% increasing) and volunteering levels are expected to increase dramatically. Due to the service demand, many volunteers may be expected to run these services, as fitting with the 'Big Society' agenda, however, with fewer industry staff, will they receive adequate training to do this and to offer a quality service? There is no doubt that well-trained, experienced volunteers bring excellent rewards to organisations and add an estimated economic value of £50 billion a year to the economy (Elliot, 2014), however with staff shortages and time-pressures of paid staff, high quality training of volunteers may not always be feasible which may affect volunteer turnover.

Over the past twelve months, have you experienced?

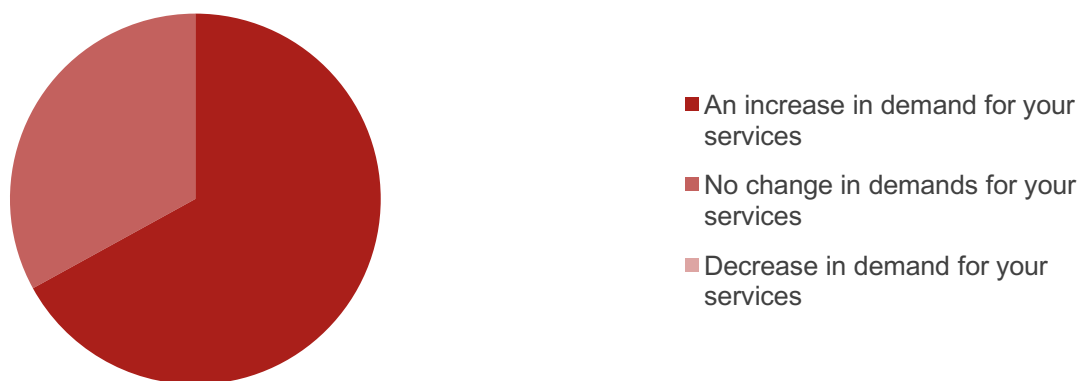


Volunteer levels within HIV/AIDS organisations have stayed the same (50%) over the past financial year for some organisations, whilst others reported an increase in volunteer levels (42%) which may be to cover service provision due to cuts or to prepare volunteer teams for further austerity and oncoming changes to the sector. As stated, 58% of all organisations that were surveyed plan to increase their volunteer levels in the coming twelve months so this may be indications of this.

DEMAND FOR SERVICES AND CHANGING SERVICES

Over the last financial year, approximately two-thirds (67%) of organisations have seen an increase in demand for their services, with a third (33%) stating no change in demand. However, interestingly, no organisations reported a decrease in demand for their services. With further changes to welfare provision and more austerity squeezes, a closure of some services (and perhaps some organisations closing down or merging), a mix of service users with diverse needs, rising poverty and financial uncertainty, it is likely that this trend for service user demand will continue within the sector.

Over the past twelve months, have you experienced?



Recently, the voluntary sector within the UK, has had to adapt to help to meet with basic material needs and as a result, “the charitable [and voluntary] sector is now playing a much more direct role in poverty relief” (Lansley and Mack, 2015: 221) and some organisations have already prepared for the current and oncoming changes to welfare reform and benefit changes. It is encouraging that the HIV/AIDS sector has shown adaption and growth to changing circumstances in difficult financial times.

Have you developed any new services, due to welfare reform/benefit changes?



SURVEY COMMENTS SUMMARY

The final three sections of the survey were left for further comments and to expand on the categories answered with some key questions and general comments. These questions asked about the following:

- challenges faced by your organisation in the next five years;
- what organisations would like to see in the next five years;
- challenges faced by the HIV/AIDS sector in the next five years.

Themes emerged within comments which followed the following trends.

- **Concerns over financial security:** many organisations reported concerns with a reduction in funding and local authority and public sector financial support, including concerns for smaller groups not being able to tender due to their size or resources and of some organisations with staff members who were working unpaid. There was a wider concern that larger HIV organisations would 'swallow up' smaller bespoke groups and their access to pots of funding as a result of having a more professionalised infrastructure and fundraising departments. This could impact on smaller organisations, with specialist knowledge of geographical areas and service users, to reduce services further or close.
- **Restructuring and evolving:** many organisations reported having to restructure and change services under increasing demand from service users and key concerns were relayed about how to cope with this as financial support is removed or austerity measures are put into place. There was recognition that a need to 'evolve' with the times had to happen to become an organisation which is able to cope and survive and to deal with new service user types.
- **Partnership working:** there were concerns with the lack of partnership working within the sector and fears of working in a 'silo' to preserve organisations rather than share resources and skills. Some reported that 'blanket' services were not always the support that was needed for service users (for example online services) and that smaller organisations closing would see traditional face to face services decline. There was however, a recognition that partnership and multi-agency working was needed in a climate of instability and that research, evidence based practice and leadership/support from larger organisations was needed.
- **Survival agenda:** there were clear trends in respondent's comments that they needed their organisation to 'survive,' however, there was no mention of longer term survival which is concerning as short-termism was more commonly mentioned. Yet, there were positive moves from organisations who wanted to expand some of their services. This becomes less certain though with less funding and with access to tendering being difficult for some groups.

ACTUAL SURVEY COMMENTS

What do you think will be the top challenges that your organisation will face in the next five years?

“Not to get overlooked for public funding.”

“To keep innovating to tap into donations to support group work.”

“To still be in a position whereby we can serve the community we represent.”

“Funding; protecting existing services; restructuring/reviewing operational delivery.

Funding to continue as a support group.”

“Future Contract and tendering.”

“Trying to secure additional funding for service development and increased demand.”

“Responding to service users with more complex health and social care needs - hardship and destitution.”

“Staffing resource and the ability to fund this.

Reduction in the amount of charitable trust donations

- inaction from NHS/LA;
- inaction from national HIV orgs;
- lack of leadership from those mentioned above.”

“Keeping going in the face of indifference.

Protectionism - promoting partnership working.

Funding for anti-stigma campaigns to go national.

Reaching audiences beyond HIV communities.”

“Financial. Increase caseload. Picking up slack from other organisations.

Reduced income from public sector contracts.

Increased demand for services - more complex needs and the need to support older people.”

What would you like to see happen in the next five years for your organisation?

“Just to continue providing a community resource.

Continued growth and development.”

“Education drive.”

“Growth and being recognised as a group rather than just a social group.”

“Diversity of funding/income.”

“Continued partnership working to ensure we provide joined up services around service user need.”

“Reform of HIV Prevention England so they understand better what is needed outside of London and in the North.”

“Defragmentation of HIV voluntary sector, greater partnership, greater involvement of people with HIV and their allies, focus on campaigning in mainstream communities, shift from targeting services and campaigns at perceived high risk groups as this actually perpetuated stigma.”

“Enough income to ensure our only full time staff member does not have to work unpaid at times to keep services going, and the ability to employ more staff to help with workload, and maintain and improve services.”

“We're a grass roots community organisation running on a shoe-string doing PrEP education and advocacy. I'd like to see us no longer needed/necessary.”

“Regular funding stream, diversify into other support areas, voluntary work to become paid.”

“To be able to meet the evolving needs.”

How do you see the HIV/AIDS voluntary/community sector in five years' time and how might your organisation contribute to this? What concerns might you have?

Funding:

“Public funding will remain competitive - the community sector is already using up reserves and relying on the communities they serve for donations.”

“Protecting HIV prevention and support services and being part of making a strong case for continued investment in them.”

“I see there being a struggle for survival with voluntary and community organisations financially. I think there will be an increase in demand. For as long as we can we will help provide peer support for people in our locality.”

“Fewer organisations being more efficient. We could merge with other organisations in London. The concern is that merger is due to cuts and not based on the needs of people with HIV.”

“Small volunteer run and user led groups are so vital but are just can't compete with competitive tendering processes.”

“Continued tendering of contracts with other types of organisations or the larger HIV organisations winning them which may in time see a drain of knowledge and community based responsiveness.”

Collaboration needed:

“Loss of funding means that there is less and less support. I think there is more work needed to collaborate.”

“Greater evidence base from research that changes service provision and campaigning. Closer relationship with mainstream NHS services, less specialist HIV services, routine monitoring and treatment.”

“We have received no support from other HIV organisations or charities, in fact quite the reverse. It seems that a fortress mentality exists within the sector and that we are perceived as a threat purely because we have survived and are continuing to provide services. Unfortunately, we do not think many other charities will be able to survive in the way we have and that there will be a great many lost in the next 5 years, possibly sooner.”

Future threats of larger organisations:

“Decimated. Only the big corporate one will survive.”

“As local authorities continue to cut back on HIV funding now that it is no longer ring fenced more agencies will close. This will result in an increase in transmissions, a growth in stigma and increased levels of mental health and other issues for those already living with HIV. In essence we are heading in reverse and there seems little anyone is prepared to do about it.”

“Unless the organisations that receive millions of pounds of funding demonstrate better leadership and partnership there will be NO 'sector'. NHS /LA commissioners need to invest in proper capacity building, including in their own commissioning structures. Concerns are the disinvestment

and the continued investment in non-evidence based services and/or 'this year's thing' = testing, chemsex, instead of on-going structured service provision.”

“Expanded but only big organisations most smaller having merged or closed.”

Changes in service provision

“Possible decommissioning of HIV support services and indeed prevention services in light of PrEP being introduced.”

“More education in schools and wider as HIV is still seen as something that does not exist in our area even when numbers are increasing.”

“Our viewpoint is that most seem to have lost direct contact with those they provide services for, and this is the one thing that PLWHIV need. Online services are great, however they shouldn't be the only method of support, particularly with an ageing population, face to face contact is much more important to prevent a loss of social inclusion. The loss of support services as a physical location to go to, meet real people and share ideas is being lost.”

“The big concern generally is that the lives of the people we help get worse.”

CASE STUDIES

Organisations who had taken part in the survey, and who were happy to leave their details for further contact, were then asked to provide their own case study of their experiences so far, which can be seen in the following section of the research.

CASE STUDY 1

‘WAVERLEY CARE’



Waverley Care
making a positive difference

“Waverley Care, similar to other charities across Scotland and the UK, has experienced cuts to its public sector funding. This has included significant reductions in local authority funding or standstill funding that amounts to a cut year on year which means that public sector contracts/funding do not normally provide full cost recovery. As a charity we are having to make changes to staffing numbers and service delivery models in order to manage our finances and to ensure that we continue to provide the most effective services possible. We are aware that there is increased competition amongst charities for non-statutory funds from trusts and foundations and on occasions we have been unsuccessful in accessing funding due to the increased demand for resources. Indirectly, many of our service users have been adversely impacted by changes in welfare benefits and/or more punitive immigration policies which have increased need and demand for our services.

Overall, I think the organisation will stay about the same size as we have been successful in winning some new contracts through public procurement processes. We will continue to review our service delivery models to ensure that we are most effectively deploying the staff we have. This will involve some streamlining/restructuring/rationalisation. We work hard to protect all the services we currently run as we know that they have a huge impact on people’s lives and we believe that without them a number of individuals would not access testing, treatment or other services and would experience poorer physical and mental health and well-being.

All of our statutory colleagues in NHS boards, local authorities and in the Scottish Government are facing significant financial challenges and are reducing staffing numbers and expenditure. They are also passing on cuts to third sector organisations. Scotland appears still to be in a better position than England as we do have a national Sexual Health and BBV (Blood Borne Virus) Framework which does acknowledge the important role played by the third sector in addressing HIV. HIV prevention and support is still being funded, albeit at a reduced level, by the NHS boards where the highest numbers of people living with or at risk of HIV reside.”

CASE STUDY 2

‘THE CRESCENT’

“There has been a direct link between government austerity cuts and our organisation’s finances. All funding withdrawn in early 2011 by the local authority quoted affordability due to austerity and prior to 2011, they had been suggesting a 12.5% cut. Then they suddenly cut all funding.



This has also affected us indirectly, as more charities seek to replace funding which has been lost as a result of local authority cuts. The availability of alternative funding streams has reduced and sums available have reduced also. Too many charities are chasing an ever decreasing funding ‘pot.’ We only have one staff member (previously, we had eight staff), we are heavily reliant on volunteers to provide most of the services as we are entirely self-funded. We have managed to keep most, if not all, of our services available, and we have introduced new ones (and innovative projects too, such as postal home sampling some 18 months before PHE).

Changes in our organisation’s finances will affect the lives of people living with HIV. Our service members would definitely benefit if we were properly funded again, however we have tried to limit any reduction in service provision for our members. Any reduction in funding means we just have to reduce the frequency of some services. However, so far we have managed to increase our total income year on year and are on track to raise over £70,000 this year, perhaps more so. We hope that this will continue, but it is very hard work! £70,000 however, doesn’t go far when running a five to six day a week service!



Many other organisations like us have suffered severe funding cuts from local authority sources. Some are in Luton nearest to us, some others are further afield such as Norwich and Leeds, which are facing imminent closure too. In other sectors, many local charities like Homestart St. Albans (a family support charity) recently lost around 60k of their local authority income. Funding cuts to HIV support services are incredibly short sighted and this all feels much like it did in the beginning of the struggle against HIV, with having to fight for every penny and facing funding cuts all round. This will inevitably impact upon already stretched NHS and social care budgets and cause huge distress to those living with this stigmatised condition. A sharp rise in the number of infections

would seem inevitable as much of the prevention and awareness work is carried out by charities like ours. Too many lives will be needlessly affected by penny pinching, which in itself is a scandal. We seriously risk losing all of the progress made in HIV prevention, and also a huge amount of experience, as staff are then lost to other sectors. It is nothing short of a Public Health disaster really, orchestrated by those who know little, and seemingly care even less about those living with HIV or those most at risk.

The biggest problem is that not everyone is able to do as I do and go without pay, or put their own money in to keep things going. If I hadn't been of a mind to save this charity it would've closed years ago. However, I have been involved with the Crescent for around 25 years, and many of our members are like family to me now, without us they would have no support and no-one to speak up for them. I had the luxury of being in a position to be able to help, and the (perhaps insane) drive to keep things going. I'm not living with HIV myself but have seen first-hand how badly treated people are at times and how they are unable to speak up. Therefore, I consider it my duty to do it for them, because after all, if I don't, it seems no-one else will. I have to say that the rest of the HIV 'industry' has shown little, if any, support for us, which in itself is quite damning. Too many agencies have developed a 'castle like mentality' with seemingly overpaid executives and pared back services, who are always complaining they don't have enough money when asked to do something. In some ways some have let themselves become too flabby, too inert and too reliant on money rolling in, without thinking that one day it may stop. We too may have been guilty of that many years ago in some ways, however not anymore.

We have to fight and get motivated as a single entity, as divided we will be conquered and then we will have failed those that need us most. We cannot allow HIV and stigma to get more of a foothold as too many have suffered already and it is high time we made the public, and politicians, see that this needs to be funded, and funded properly."

CASE STUDY 3

‘POSITIVE EAST’



“There have been links between government austerity cuts and our organisation’s finances. Around 70% of our income is in the form of contracts with local authorities to deliver services. As local government has been squeezed, they have had to pass on those savings to their various suppliers. We face a cut of up to 50% of this income (£700K estimated for 2016/17 down from £1.2m for 2015/16).

Austerity cuts have also indirectly affected us enormously. A lot of the people we help live in poverty (we are an HIV charity and the link between HIV and poverty is well documented). More of our service users are presenting with needs and many of those needs are more complex. There are fewer support agencies that we would otherwise signpost to and more pressure on those that remain. An example of this is toughened criteria for hardship grants that many of our service users accessed, but now many are not eligible.

In the next twelve months we have to restructure the services we deliver and the way we deliver them. Around a third of our paid staff are facing redundancy. This will affect people living with HIV as we will be able to do less, quite simply! The irony is that there are now more people living with HIV than ever before and demand on services has never been greater. Many won’t get the level of service they are used to. The time we have with each individual service user will be under greater scrutiny and people may feel less supported and more isolated.

Other HIV organisations such as ‘Food Chain’ have had to cut back. ‘GMFA’ (Gay Men Fighting AIDS) have less income. ‘PACE’ announced last month they were no longer a concern and have closed all together

Personally I think the sector is facing an existential crisis due to austerity, and due to the evolving nature of the epidemic, and the changing needs of people living with the condition. I think it will look quite different in five years’ time.”

CASE STUDY 4

‘ANONYMISED ORGANISATION’

“Government austerity cuts have affected us directly. The contract we hold went out to tender in 2014 and the finances attached to it were less than the previous tender in 2010. We had to reconfigure the service to meet this which meant a staffing restructure as that’s the main cost. We have had more urgent pressure to get other sources of funding which is a struggle in a busy service. We have done our best to reduce the impact on our service users but we are unable to do some of the things we once did to meet need.

Government austerity cuts have affected us indirectly. There has been a huge increase in service users needing our benefits service; we got this in place through an independent funding stream a few years ago as we were aware of what was going to happen. Most of our service users who are in receipt of benefits have had issues, and the lack of other services has fallen back on us. Other services have faced cuts and closure and/or have long waiting lists. All of this has added pressure on our services and the staff team. We have a hardship fund, emergency payment fund and we can supply toiletries to those in desperate need and/or destitution, these services are needed more than ever and we work closely with local food banks, we cannot have people with HIV going hungry. All of this is in the context of more people being diagnosed with HIV and the support people needs seems to be greater than ever. These service users would not be understood or have their needs identified as fully as they do in more generic services. Cutting services means losing much more than a service, it means losing skills, knowledge, intelligence and engagement with some of the most marginalised individuals and communities. We will have to make changes over the next twelve months. We will be closing an outreach office to save money in the next six months and there may be an impact on service users getting appointments they want/need.

Yes, lots of organisations I am aware of in the sector are being threatened with funding cuts! But in relation to HIV a neighbouring HIV support service was told their funding would end in March. Cuts to local authorities seems to be less and it is commissioned front line services who are being impacted much more. It also feels like local authorities can hide behind the concept of ‘cuts’ so they don’t have to do certain things, particularly ‘unpopular issues’ and this certainly includes HIV and LGBT issues.

In terms of the future for HIV organisations, it all feels very uncertain, as some commissioners are asking why there is a need for specialist HIV support services anyway and some using the cuts agenda to reduce these services. Tendering and the environment which sets organisations up as competitors doesn’t encourage good partnership working.”

RECOMMENDATIONS

Recommendations from this research:

- HIV funding must be a protected area from cuts under austerity.
- HIV organisations have closed, are closing or are facing extreme financial pressure. Austerity measures are crippling the HIV third/volunteering sector. This must be addressed by changes in central government policy and funding.
- Local authorities are not being accountable to their communities by scaling back HIV funding and the HIV third/voluntary sector is under extreme strain. The sector must not be left to 'pick up the pieces' of increased need for provision whilst it simultaneously faces dwindling funding streams and staff shortages.
- Medium and smaller sized services for people living with HIV are still needed and should have opportunities to also apply for transparent tendering processes, rather than be unable to access funding, due to their size and infrastructure.
- Smaller community groups and projects which possess local knowledge and skills must be encouraged to survive with mentoring and leadership from larger umbrella HIV organisations. This will provide a consistency of support and may calm future fears of 'silo' working.
- Volunteer training should be offered by local authorities, and funded by Central Government under their 'Big Society,' to take some of the strain off HIV organisations who need volunteers but who have less staff to train them.

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