



Ashiana Network

Journey towards safety

Ashiana
NETWORK
Stopping violence in our lives
and in our communities

Understanding and supporting
women and their organisations



Ashiana Network

Journey towards safety

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1. Introduction

With the current shift from grant giving to commissioning, women's organisations are operating in the most intense period of competition for funding on record. As public spending contracts funding to women's organisations has decreased and, in the case of smaller specialist services, is increasingly not given at all. This has resulted in an environment of increased pressure to compete for the funding that is available, making it imperative that women's organisations can demonstrate their value.

Ashiana Network has worked with Women's Resource Centre (WRC) and the new economics foundation (nef) as part of a two-year project to examine the costs and long term benefits associated with the work of five frontline women's organisations based in London. Findings from the research presented in this report demonstrate the far-reaching benefits of the services provided by Ashiana Network. The organisation specialises in aiding young women from South Asian, Turkish and Iranian communities, especially supporting those affected by forced marriage and domestic violence (DV), and tackling the cultural roots surrounding these issues.

The report outlines the important role of Ashiana Network and draws attention to the need to fund specialist culturally appropriate services for women and support the financial sustainability of women's organisations. As this provides a unique service that also impacts on the wider community by creating generational change around harmful practices.

www.ashiana.org.uk

2. Background:

The need for specialist domestic violence support for Black, Asian, minority ethnic and refugee women

Black, Asian, minority ethnic and refugee (BAMER) women experience culturally specific forms of violence against women and girls (VAWG), such as forced marriage, so called 'honour'-based violence or female genital mutilation (FGM), which are increasingly prevalent within the UK. This violence is a consequence of the intersectionality of multiple types of discrimination and power from the family, communities and wider society. Therefore these women benefit most from services provided by women who understand their needs and are able to provide appropriate support.

Two out of the three of Ashiana's safe accommodation schemes aid those fleeing forced marriage. Forced marriage overwhelmingly hinders women. In 2008, the Government's Forced Marriage Unit (FMU) estimated that 85% of their caseload is comprised of women and girls between 13-30.¹ Southall Black Sisters note that estimates of forced marriage vary from 1,000 to 3,000 cases per year in the UK.² However, it is likely that these figures are underestimated, due to the underreporting of VAWG crimes generally, the cultural silence surrounding this issue and a systematic failure to record statistics.

Forced marriage cases that are reported mainly involve women from the Indian sub-continent (India, Pakistan and Bangladesh), which reflects the large South Asian population in the UK.³ Forced marriage is also prevalent within Turkish and Kurdish communities.⁴ Reasons that have been identified by the FMU and partner agencies for forced marriage are: controlling unwanted sexuality (e.g. perceived promiscuity and/or being bisexual, lesbian or transsexual) and/or behaviour (e.g. alcohol and/or drug use or behaving in a 'westernised' way); preventing 'unsuitable' relationships; protecting perceived cultural and/or religious ideals; increasing kinship networks, business links and/or tribal alliances; or assisting UK residence and citizenship claims.⁵

"Ashiana do a lot of positive work around specialist refuge services and because of their work the media pay more attention."

Funder

Ashiana's third safe accommodation scheme aids South Asian, Turkish and Iranian women experiencing DV. Alongside forced marriage, women and girls may experience other forms of violence and develop mental health problems as a result. For example, some girls may have to endure FGM prior to marriage, repeated rape until they conceive and/or perpetual DV from their partner and/or his family.⁶

Many women feel unable to defy their families and seek support when experiencing culturally specific forms of violence due to entrenched notions of 'honour' and 'shame'. Consequently some women suffer psychological problems, such as self-harm, and suicide, as well as experiencing increased levels of isolation as they are unable to confide in family members and are prevented from socialising.⁷ For example, young South Asian women are at a high risk of committing suicide with almost double attempting suicide compared to the general population.⁸ The profile of South Asian women who are admitted to hospital from attempted suicide differs from other groups as they are more likely to be married and less likely to have a previous mental health diagnosis.⁹

There are additional issues acting as barriers for vulnerable women experiencing culturally specific violence in the UK. For example, if a woman is aware of services available (an issue within itself) and she does flee her family she may be at risk of relocation, separation from her children or deportation if she has insecure immigration status.¹⁰ Women with no recourse to public funds also face further barriers to accessing help. They are more likely to need language support such as interpreting and translation. They often face increased risk of harm, are less likely to access the criminal justice system and struggle to access refuge accommodation. The Government has made positive developments in supporting women with no recourse, however, women entering the UK on visas other than a spousal visa do not benefit from these changes. If a woman is attempting to escape violence and claims a place in a refuge these benefits are essential to enable this, therefore the no recourse rule leaves many women trapped in violent relationships and unable to seek help from authorities.¹¹ For example, when English is not a first language or services can only be accessed through a male relative.¹²

“If I didn’t find Ashiana Network then I think I would have lost my life, and there are many, many girls who suffer who are actually in my position but they can’t find [a similar service]. I’m a lucky one I found them but there are many Asian women who suffer [and] have to live in terrible positions because of their visas, passports and much more problems.”

Client

Fears of facing racism or stereotyping within wider society may mean there is a lack of confidence in seeking services by women who need help. For example, research indicates that professionals and practitioners can deal inappropriately with South Asian women affected by ongoing domestic abuse due to political correctness and fears of being labelled racist.¹³ This often has a significant detrimental impact on addressing these issues and helping vulnerable women.

Furthermore, if women from some communities do seek help, there are specific barriers that hinder them that are not adequately addressed by generalised agencies.

The cost of aiding those dealing with violence in BAMER communities is on par with domestic and sexual violence within the mainstream community. New Philanthropy Capital estimates the annual cost of violence against Black, Asian and minority ethnic women in England and Wales to be £1.5 billion. However this does not include the costs of forced marriage, FGM, specialised services or that some of these women are without recourse to public funds.¹⁴ It is likely that this cost is vastly underestimated.

In summary the complex nature of the multifaceted issues that some BAMER women face highlights the urgency for specialised services to adequately cater for their needs. The following section explores the work of women-only organisations in relation to culturally specific violence in further detail.

3. Services provided by specialist women's organisations

An NSPCC report on domestic abuse in South Asian communities *“found a clear need for a more targeted and culturally appropriate approach to responding to the specific issues and barriers that exist in these communities”*.¹⁵ The range of services offered by specialist organisations dealing with culturally sensitive topics are vast, provided within a sensitive framework and a safe environment.¹⁶ They offer therapeutic support, counselling, peer groups and many services in languages other than English.

These services are critical when aiding those who suffer from intersectional forms of discrimination. Many individuals from minority ethnic communities are suspicious of statutory organisations due to wider forms of racism and stereotyping and, as a result, specialised non-governmental organisations are essential in aiding those who are dealing with culturally sensitive abuse.¹⁷

Specialised practitioners are preferred as they tend to be from the same background as many people accessing these services. They have the cultural knowledge and understanding of family and community dynamics, as well as experiences of racism and discrimination in wider society to aid vulnerable women from certain communities.¹⁸

They are also usually women-only, as a report from Manchester on the experiences of South Asian women notes:

“Given the gendered nature of control and exercise of power that characterises most domestic violence, gender specific services are crucial in enabling women to articulate their experiences of domestic violence and engage with mental health services confidently and effectively”.¹⁹

Considering the language barriers that many women from some communities face, when attempting to access mainstream mental health services,²⁰ specialised services are well placed to support women dealing with culturally specific DV and mental health issues. Therefore specialist women's services offer short and long term mental health support through counselling and support groups in a culturally sensitive environment. This means vulnerable women are supported throughout the process of seeking help, as well as with long term reintegration into wider society.

Furthermore, specialised services conduct a large amount of outreach work to challenge cultural ideologies that perpetuate violence. For example, many women's organisations feel that it is imperative to work extensively with schools to raise awareness, build self-confidence and prevent damaging cultural ideologies being passed down.²¹

“Ashiana are good with linking people with benefits, training and wider community activities.”

Client

“Ashiana are of tremendous value, they are knowledgeable and skilful to support and understand the community well. Mainstream social services could not replace the service. They are a good agency to work with.”

Local DV Coordinator

Currently, two thirds of local authorities in the UK offer specialist services to women suffering from DV. Yet of the 400 refuge support services in England, only 28 are specialist Asian refuges providing 265 beds in total.²² Furthermore, many specialist women's organisations that support those affected by culturally specific violence state that they are experiencing higher numbers of referrals and women and children needing to access their services, this is felt to be partly due to increased media portrayals and Government initiatives highlighting so called 'honour'-based violence and forced marriage.²³

Yet not only are the specialist services for these women some of the most marginalised organisations in the voluntary sector, they are also under increased pressure to diversify and merge with mainstream providers or are threatened with closure as they are not viewed as cost-effective.²⁴

4. About Ashiana Network

Established in 1989, Ashiana Network specialises in aiding young women (aged 16-30 years old) from South Asian, Turkish and Iranian communities. It is a multi-award winning project and the only service of its kind in the UK. Ashiana runs three refuges, two of which are targeted at supporting women aged between 16-25 who are fleeing forced marriage. Ashiana's main objective is to build the confidence and self esteem of women from these communities who are affected by DV. They work from a human rights perspective and tackle the cultural roots of specific forms of DV.

Prior to Ashiana, there were no culturally sensitive provisions in the London Borough of Waltham Forest where they are based, and very few in London as a whole, and it was emphasised from the Asian community that there were no specialist services for women experiencing violence. Currently, the organisation receives referrals from within and outside London, therefore Ashiana clearly meets an imperative need for vulnerable women from certain communities.

"Coming into Ashiana changed my life completely."

Client

4.1. Refuge provision

Ashiana offers safe accommodation across three schemes for South Asian, Turkish and Iranian women between the ages of 16-30. Kyra refuge is a seven bed shared house for women who are experiencing DV. The second scheme, Zafina refuge, is an eight bed safe house for women at risk of forced marriage. The third scheme, Saranaya refuge, offers five bed-spaces also to women at risk of forced marriage.

Each resident has their own bedroom and shares the kitchen and bathroom facilities. Residents can stay at Ashiana for up to a year. All refuges are places of safety therefore all residents accept conditions of confidentiality - to not allow visitors to the safe house or to disclose the location of the house to anyone.

4.2. Outreach service

Ashiana offers one-to-one outreach for women and young people who are affected by DV to provide support and reduce repeat victimisation.

Ashiana also runs a DV support group for women in the wider community and for young people aged 13-21 affected by DV and an end of therapy support group for women. Therefore, they provide a much needed space and long term support for women and children who are experiencing or trying to work through the aftermath of DV.

Ashiana's other services include multi-agency forums and training, as well as delivering projects for young people within the community including a DV education programme in schools in East London. For the purposes of this report the research will focus upon two of Ashiana Network's key services: the refuge provision and outreach support service.

"They have contributed to statutory guidance and the practice guidelines which became policy and has gone out widely across the UK. They are a sounding board and consultant and key stakeholders for the FMU [Forced Marriage Unit]."

Forced Marriage Unit

5. Methodology

The Social Return on Investment (SROI) approach was used to determine the contributions of, and the social value created by, the women's organisations who participated in the project. The SROI approach is a form of cost-benefit analysis that seeks to measure and value the key changes, or outcomes, created by a programme or activity. It not only looks at the economic or financial value created, but also includes social and environmental value, giving a truer reflection of the total value created.

This research used the standardised methodology developed by nef and the Office for Civil Society (then the Office for the Third Sector).²⁵ This involved following specific processes used in SROI evaluation, including an impact map to show positive and negative effects, data collection of investment in activities and their outcomes and impact, and the calculation of outcomes in monetary terms.

5.1 Stakeholder interviews

Stakeholder interviews were set up with current clients, staff and external stakeholders to provide evidence and explore the outcomes of Ashiana's refuge and outreach services.

External stakeholders were individuals who had worked closely with Ashiana and had a good understanding of their work, particularly around influencing policy and practice and referrals. The organisations had a vested interest in Ashiana and know how successfully they work and how Ashiana has influenced themselves and their organisation.

Telephone interviews were conducted with a Detective Constable from the Violent Crime Directorate who often makes referrals to Ashiana as they are familiar with the specialist service they provide for women facing so called 'honour'-based violence and forced marriage. The Joint Head of the Foreign and Commonwealth Office Forced Marriage Unit (FMU) was also contacted as she regularly makes referrals to Ashiana, had worked closely with the organisation when developing the Forced Marriage Act and other policy, and uses Ashiana as a best practice example internationally. A telephone interview was conducted with the Head of Support and Disabilities at the London Borough of Waltham Forest who are a key funder, and worked with Ashiana to open their second refuge. The former local Domestic Violence Co-ordinator was also interviewed and while in post she was a partner in the borough Safety Net Group and the Domestic Violence and Sexual Violence Forums. Finally, the Contracts Manager at East Living was interviewed, who is the landlord of the refuges.

Focus groups and one-to-one interviews were conducted with clients of both the refuge and outreach service. The women who took part represented clients who were long term users of the refuge and were moving on to their own accommodation, new arrivals to the refuge, those involved in the outreach service, as well as some who had only just begun to use the service. These women had sought support from Ashiana for a variety of reasons and presented with DV issues as well as issues such as an inability to speak English, substance misuse/self-harm, no recourse to public funds and homelessness. A focus group with staff also took place. All interviews were recorded and transcribed.

Stakeholder interviews were carried out to create the impact maps and to ensure that the outcomes being measured by the existing data collection methods were accurate. It was found that the data currently collected did reflect these outcomes, therefore no data was gathered using different methods. Quotes from the stakeholder interviews have been used to illustrate the report and to inform the key messages.

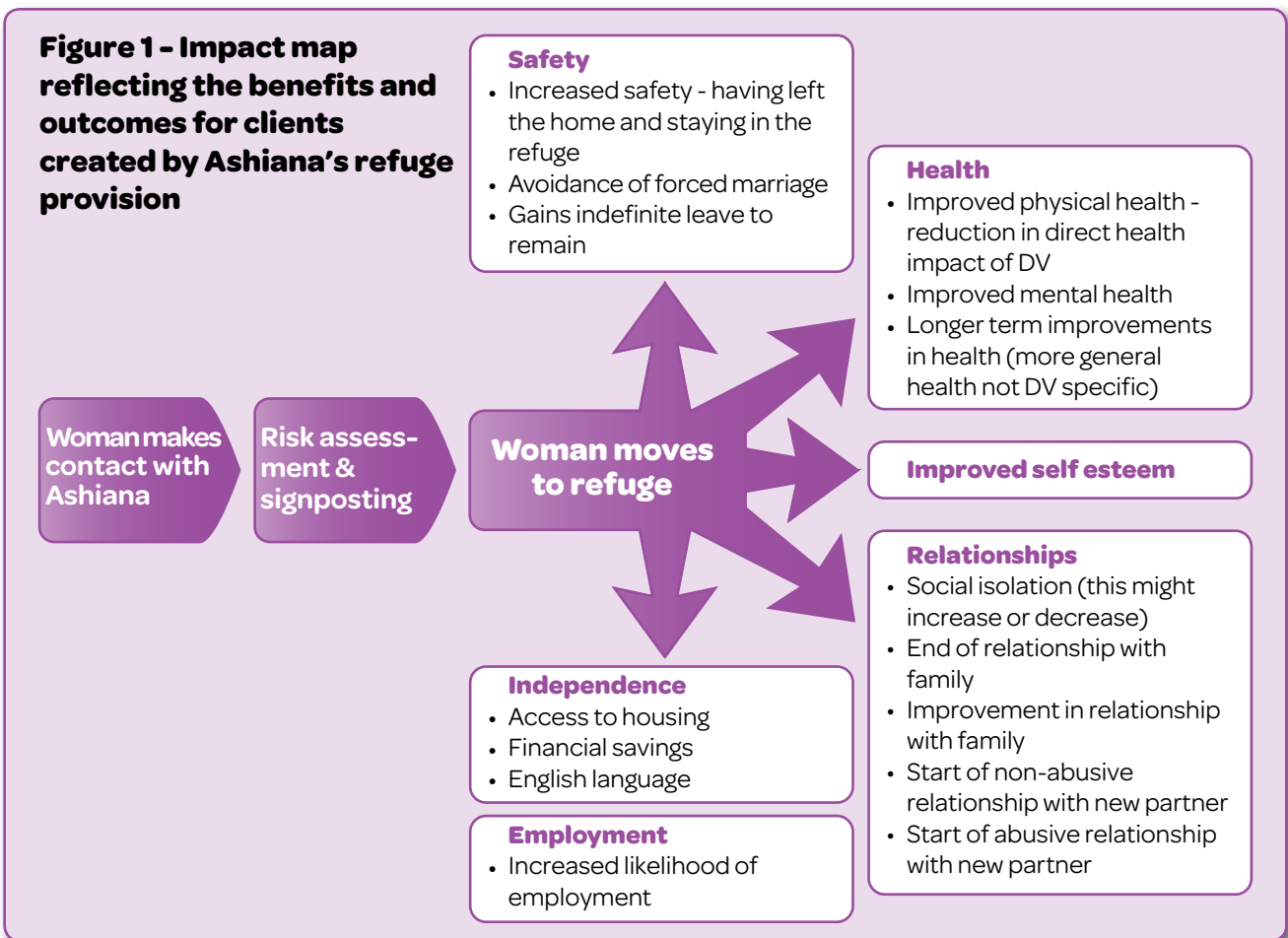
5.2 Impact maps

An impact map was developed for the two services (outputs) with which this SROI research is concerned: the refuge and the outreach support. Some of the ‘theory of change’ and outcomes for these are the same but there are also some key differences.

Ashiana’s activities and the benefits of these were linked to the key outcomes which came out of the stakeholder interviews to show the relationship between inputs, outputs and outcomes. Therefore the impact maps illustrate the relationship between what matters to the stakeholders and the indicators of this that were chosen to represent added social value.

Although presented in a linear fashion, the impact maps are not meant to read as a simple cause-and-effect model. It is not easy, for example, to express the outcomes which impact on various parts of women’s lives separately. Aspects such as health, family and education are all inter-related. Outputs that relate to government departmental categorisation have traditionally been used to measure outcomes. However, in this case because outcomes are centred on the person, and their individual stories of change, traditional output measurement fails to capture the complexity of women’s lives. Given that the outcomes are inter-related the indicators also overlap with each other as well as across outcomes.

Women’s health and emotions will fluctuate during their engagement with the service as this is part of the therapeutic process. Therefore initially there may well be a decrease in mental health when they first engage with Ashiana and begin to deal with their problems.



The main inputs to Ashiana’s services are both financial (direct costs, staff costs, overheads and expenses) and non-financial (opportunity cost of volunteers’ time and unclaimed expenses, as well as the time and energy that clients themselves give).

Women in refuge (figure 1)

For women accessing refuge provision, their point of entry is making contact with Ashiana or being referred from another agency. There is then a process of risk assessment and signposting to any other appropriate services.

The main outcomes for individual women once they have moved to the refuge are:

- safety
- health
- improved self esteem
- independence
- employment
- improved or ended relationships.

These benefits will obviously differ depending on the woman's individual circumstances and may also be more short and/or long term.

There is an immediate benefit of increased safety once a woman has left the abusive situation and is in the refuge. This may also be connected to an avoidance of forced marriage by leaving the home. In the longer term, through support from Ashiana, a woman may also be able to apply for and gain indefinite leave to remain in the UK while she is in the refuge.

There is an immediate improvement in physical health as the direct impact of DV stops once she is in the refuge. In both the short and longer term this will have an impact on mental health as well as an improvement in her health more generally long term.

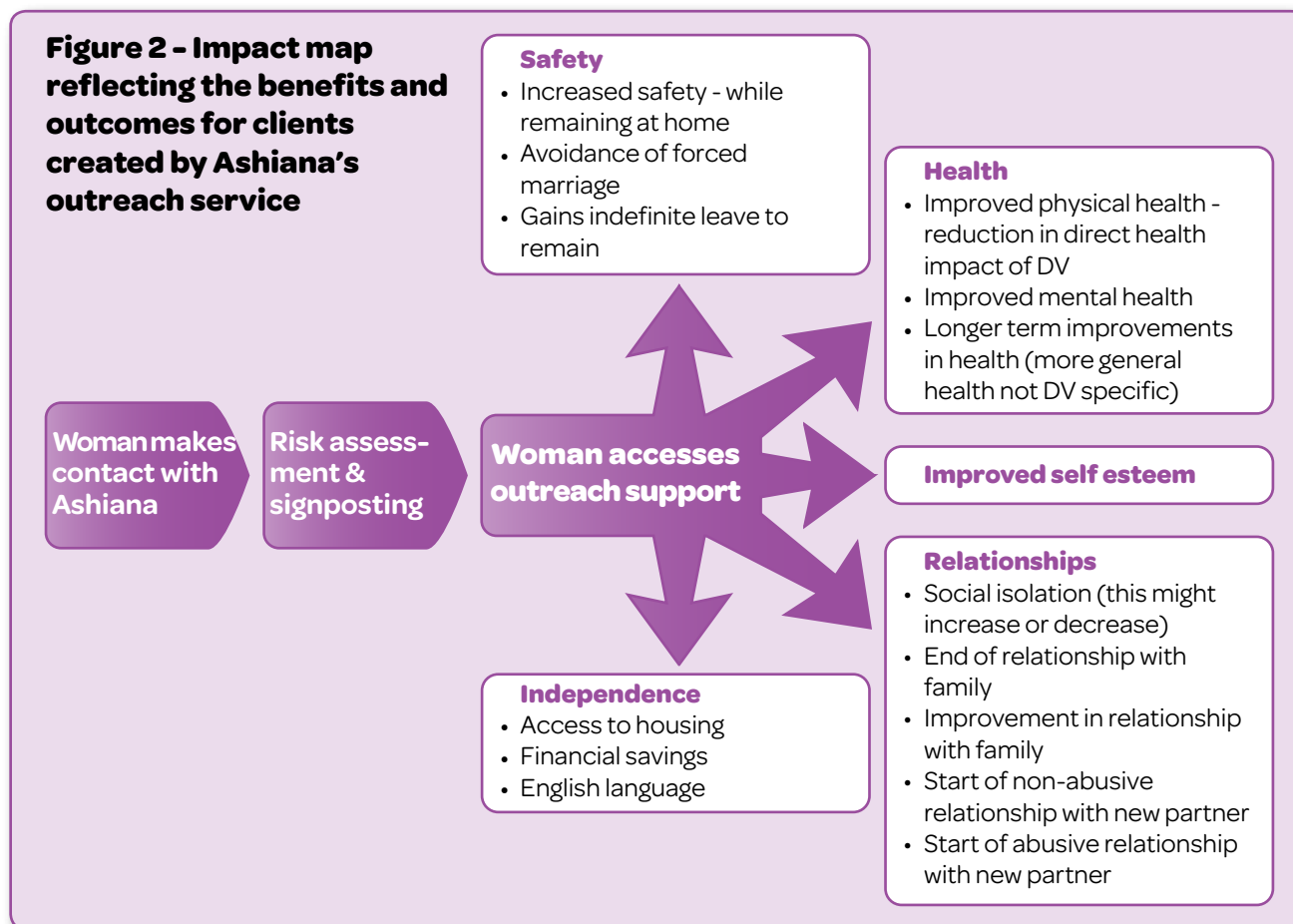
"I'm not an angry person any more. I'm very confident in myself. Nothing can knock me over now. I'm just so looking forward to the future and doing my own thing, not worried about my family, not worried about if they want to talk to me or not."

Client

Independence as an outcome includes access to housing for women who were homeless before entering the refuge (and the ability to secure and maintain this in the future), financial savings and her ability to manage her finances in the future, as well as increasing skills in English language for some clients. Linked to this is also an increased likelihood of long term employment.

Relationship outcomes will depend on individual circumstances but may include decreasing social isolation, although conversely this could also increase as the woman moves away from her friends and family and must not compromise the safety of the refuge. Similarly accessing the refuge could mean an end of her relationship with her family which may be positive or negative, or could lead to an improved relationship with family members. In the long term the impact of the refuge may lead to the start of non-abusive relationships with new partners, but abusive relationships may also be started with new partners after leaving the refuge.

Figure 2 - Impact map reflecting the benefits and outcomes for clients created by Ashiana's outreach service



Women accessing outreach (figure 2)

As with women accessing refuge provision, for women accessing the outreach service, the point of entry is contacting Ashiana or a referral from another agency. There is then a process of risk assessment and signposting to any other appropriate services. The main outcomes for individual women accessing outreach support are the same as for those who have moved into refuge provision (see figure 1). Similarly, these benefits will obviously differ depending on the woman's individual circumstances and may also be more short and/or long term.

There is increased safety while the woman remains in the home as she will be better able to manage any abuse and has appropriate support. In the long term, this may be connected to an avoidance of forced marriage and a woman may also be able to apply for and gain indefinite leave to remain through support from Ashiana.

Relationship outcomes will depend on individual circumstances but may include an end of her relationship with her family which may be positive or negative, or could lead to an improved relationship with family members. In the long term the impact of the outreach support may lead to the start of non-abusive relationships with new partners, but abusive relationships may also be started with new partners.

An improvement in self esteem and confidence is also a key outcome for both services and is the result of the other outcomes.

"They can save lives."

Client

"I think my whole life is changed now. I'm happy."

Client with no recourse to public funds

5.3 Measuring outcomes and indicators

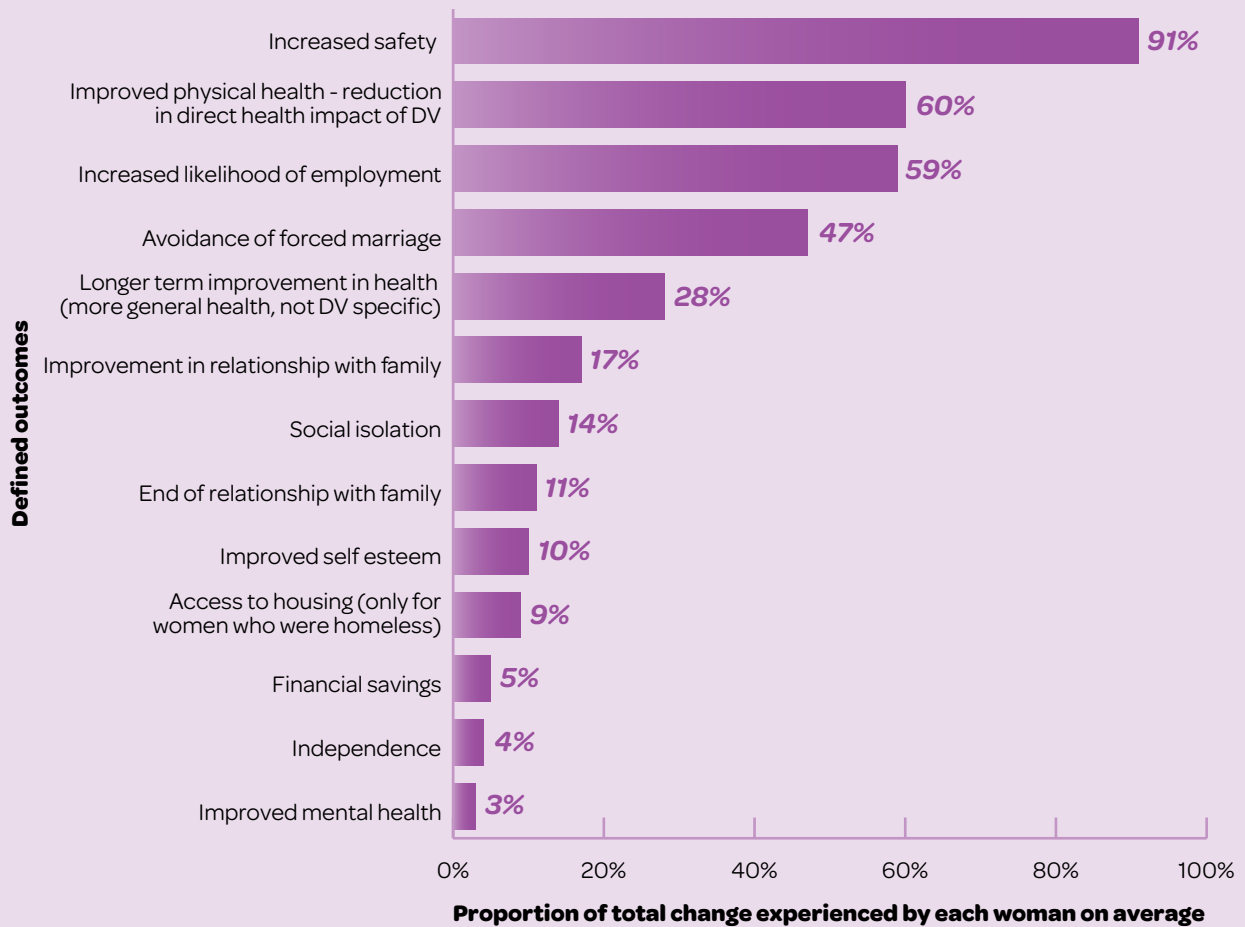
Data was collected every three months from October 1st 2009 until December 29th 2010. In the final model this was averaged to 12 months. Therefore this covered 38 women in the refuge over a 12 month period and 160 women in the outreach service over the same period.

Ashiana had robust and detailed monitoring and evaluation (M&E) systems in place which monitor outcomes for every service. They had worked with the Charities Evaluation Service to develop their database to include all the different information they wanted to collect. Therefore they already had rich data which was collated in a sophisticated way to measure the impact of their services on women. They used monitoring forms for clients and staff every three months and had quarterly/ biannual reporting. Staff also report on outcomes every month.

The clients in the refuge are monitored from the time they enter the refuge until they leave. Those accessing the outreach service are monitored from when they make contact with Ashiana until they end this contact. However, outreach support may be short term or result in one outcome, for example being referred to the refuge or another service, so the outcomes data for the outreach clients is not always as detailed as that for the women in the refuge.

6. Outcomes

Graph 1: Proportion of total change experienced by women as a result of being in the refuge



Graph 1 shows the outcomes created for women as a result of accessing Ashiana’s refuge. Calculated using data collected through in depth monitoring systems; the research findings show that Ashiana creates a broad range of positive outcomes for women who are in the refuge.

Increased safety is a key outcome as women have left the abusive situation or may no longer be homeless. This is linked to the immediate benefits of improved physical health which is a direct result of no longer experiencing violence and abuse. This has a huge affect on both physical and mental health. The impact on longer term health improvements is also significant and is an ongoing outcome for individual women as well as for the State in terms of healthcare spend (the average cost to the State of DV per woman is £12,404²⁶).

“I’m returning home now, I’m going back next week and it’s like, the amount of support I’ve gotten to go back home has been amazing. And even though I’m going back home I’m still going to be coming here to have counselling, which is so great. I never expected that.”

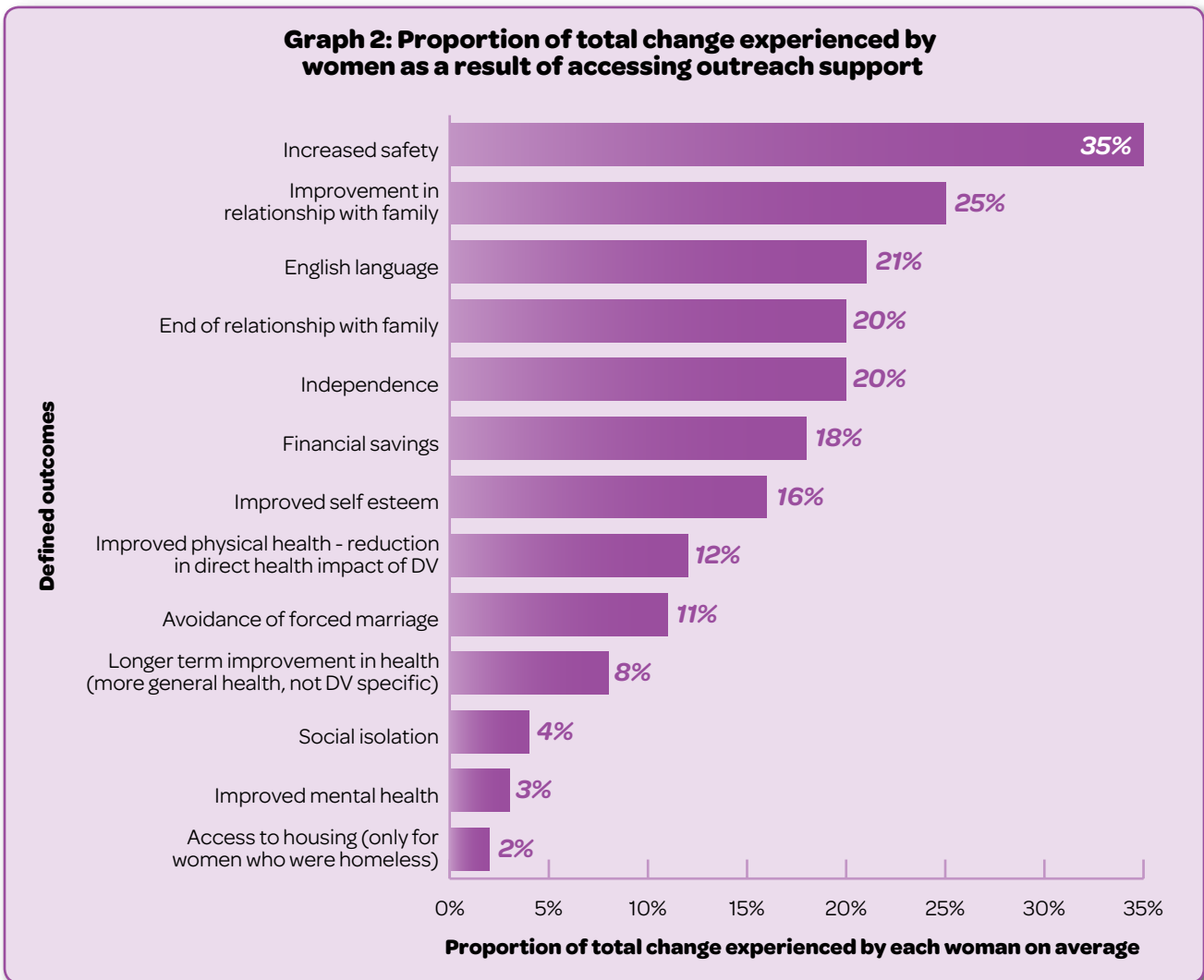
Client

Fifty-nine per cent of women moved into employment, education and training while in the refuge.

Social isolation may well increase, as demonstrated on graph 1, as a woman moves away from her friends and family and must not compromise the safety of the refuge. Similarly accessing the refuge could mean the end of her relationship with her family which may be positive or negative but could increase feelings of isolation. However, in the long term the many other benefits from accessing the refuge outweigh this one negative outcome and the support received can improve relationships in the future.

“The FMU [Forced Marriage Unit] refer cases to Ashiana and they would be the first place that we would call. This is because we feel that women are kept in a place of safety and given counselling and support to help rebuild their lives and we know that Ashiana will do this. They provide sessions and a long term plan (e.g. continuing education) and step-by-step guidance.”

Forced Marriage Unit

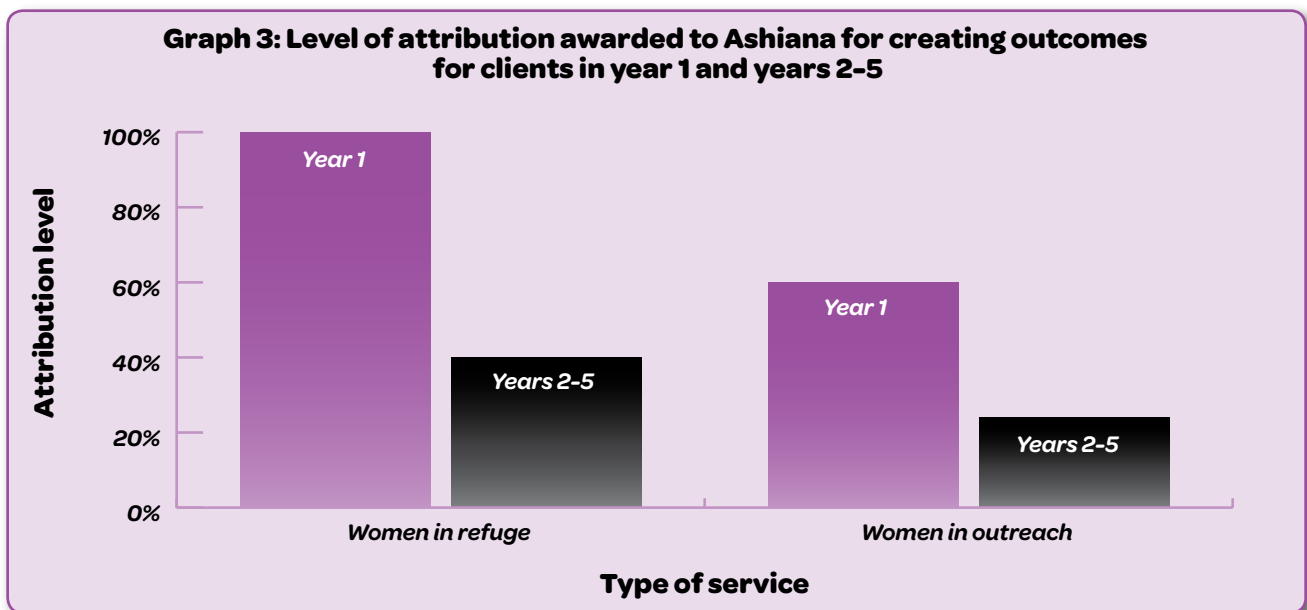


Graph 2 shows how Ashiana Network’s outreach support service creates similar positive outcomes to the refuge provision. However, there are some important differences because of the nature of the service.

Data calculated using outreach monitoring forms shows that 18% of women demonstrated financial savings after accessing the service through being able to apply for benefits. Improved economic independence is an important outcome which illustrates the broad impact of Ashiana’s services and its contribution to women’s economic activity, as well as supporting women’s well-being. On average, women’s independence increased by 20% which was demonstrated through budgeting and managing their finances better, looking after themselves and their home, as well as gaining confidence with filling out forms and dealing with officials to help them day to day.

Safety increased by 35% while still in the home as they were better able to manage the abuse and had developed coping mechanisms through the support they received at Ashiana.

Improvement in English language is also a significant outcome for many of Ashiana’s clients as this leads to and can support other outcomes such as improved self esteem, independence and social isolation. Outcomes such as these can have a broader impact in terms of supporting women to integrate in to society.



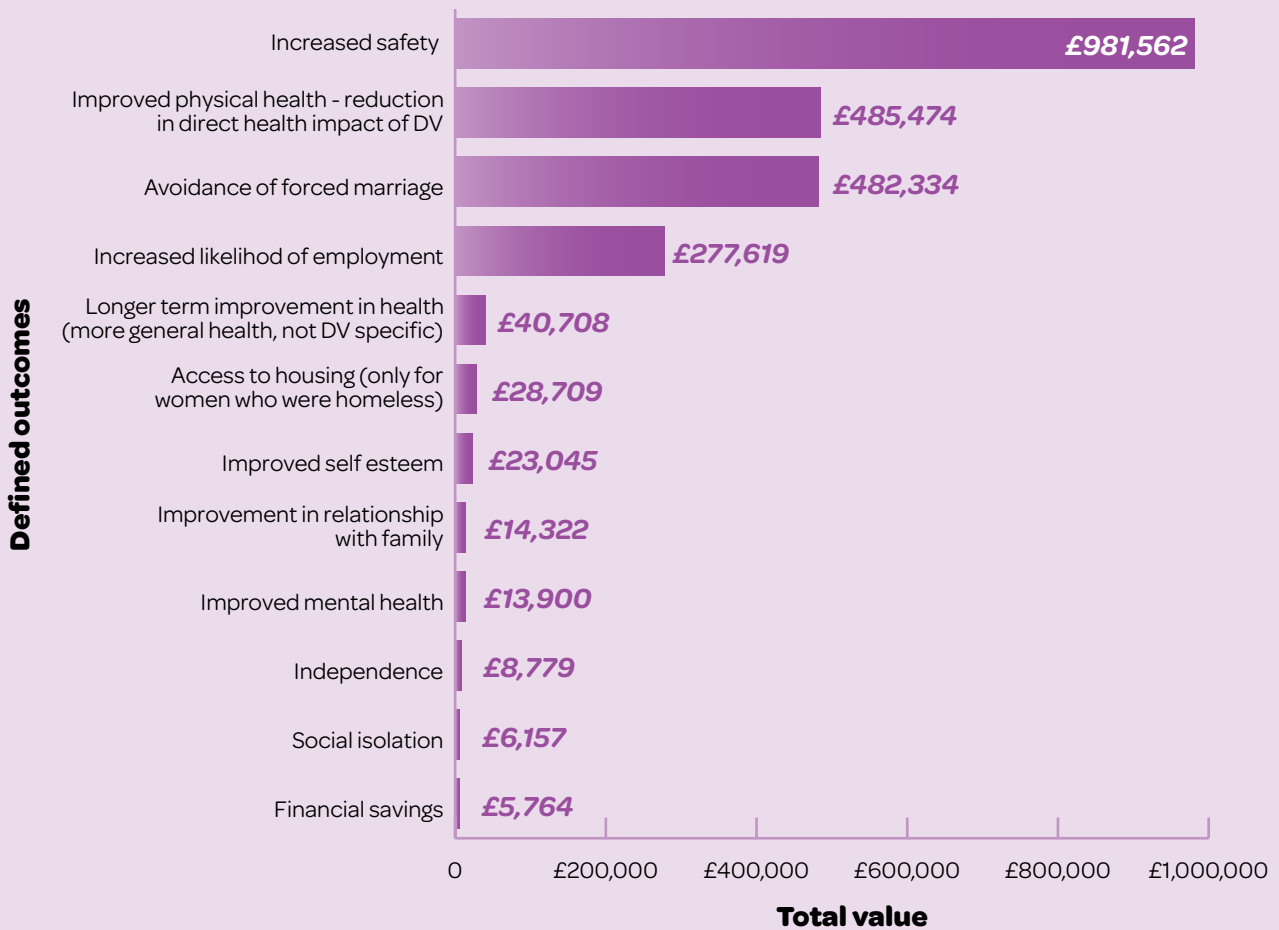
Graph 3 highlights the level of attribution awarded to Ashiana for creating outcomes for clients in the first year and in subsequent years. Based upon the feedback of clients and Ashiana staff, 100% of the outcomes illustrated in year one in the graph have been attributed to Ashiana for the refuge service as during this period women are re-housed within the refuge and will receive ongoing face-to-face counselling and support. Sixty per cent of the outcomes have been attributed to Ashiana for the outreach service as this is less intense and there may be other factors which are also supporting women to achieve these outcomes.

The level of attribution awarded to Ashiana for creating outcomes for clients over a four year period following the initial year of engagement with the services is also shown. The level of attribution

is estimated to significantly reduce in years two to five, as women take the lead in their personal recovery and apply the practical and emotional tools they have learnt. The 40% attribution level for the refuge and 24% for the outreach service shown in year’s two to five is reflective of Ashiana’s ethos of empowerment and the principle that the organisation enables sustainable recovery by empowering women to make positive and appropriate choices for themselves, building confidence, independence and self-determination.

“It’s helping women to achieve what they want to achieve in life and get away from a nightmare of a situation.”
Client

Graph 4: Total present value created to women from refuge services



Graph 4 demonstrates the total present value of the outcomes to Ashiana’s clients created by the refuge provision. The graph shows the present value to clients to give an accurate account of the value of the benefits in terms of current costs without inflation and a discount rate has been applied so that it demonstrates what is happening now, rather than what will happen in the future.

These calculations were made using a range of financial proxies for the different outcomes which were then divided across specific outcomes for clients and multiplied by attribution levels over a five year period. The graph shows the increase in safety and health from engagement with Ashiana but also places financial value upon improvements in women’s independence and improved relationships, which are also key to their well-being.

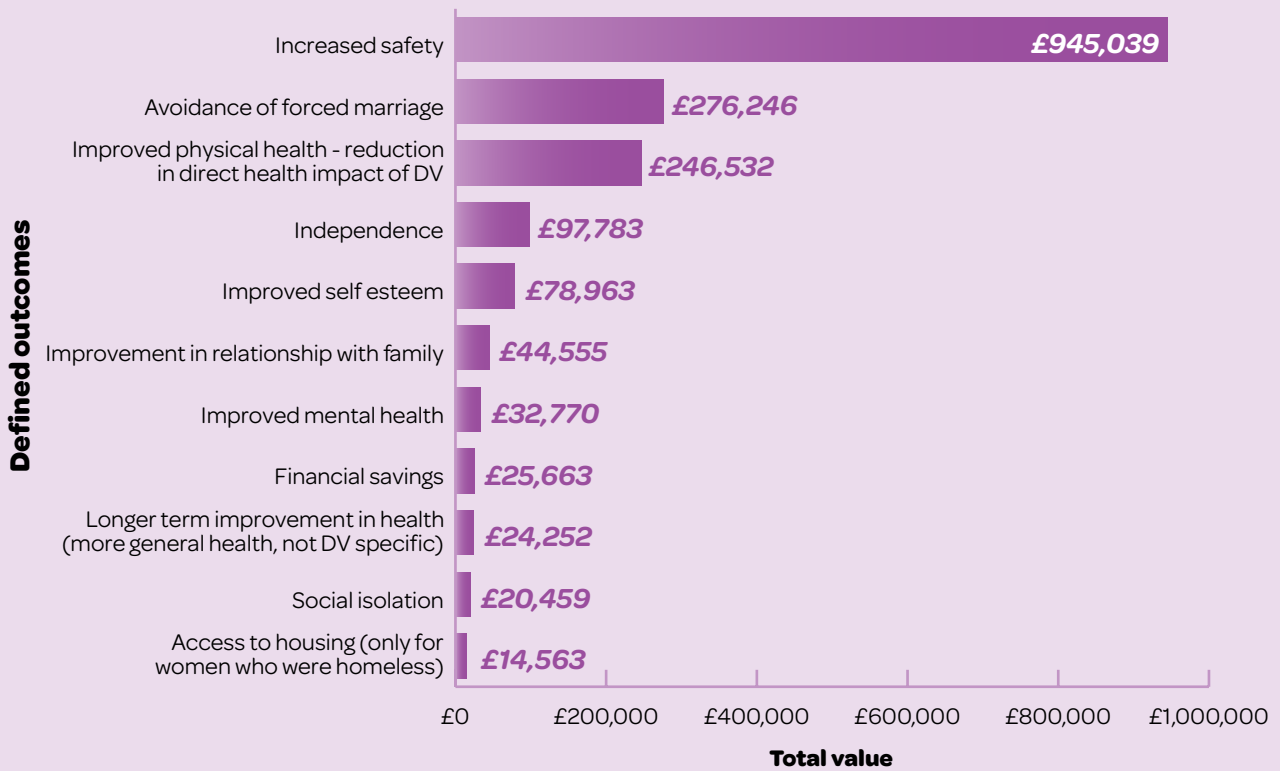
“You learn to become more independent. You learn to do things. You learn to become your own person.”

Client

The graph gives a total value to women of the avoidance of forced marriage of £482,334 for women in the refuge. This value is based on proxies on DV from a 2004 study into the cost of DV²⁷ which calculated the cost of different types of violence. Although forced marriage is specific to certain groups of women it can include a variety of types of violence and abuse which are experienced by all women who experience DV, which were incorporated to calculate a final proxy. The

cultural specificity of this type of violence against women means that specialist services, such as Ashiana, are needed to ensure that an understanding and appropriate support is available for women who have experienced, or are at risk of experiencing, a forced marriage.

Graph 5: Total present value created to women from outreach services



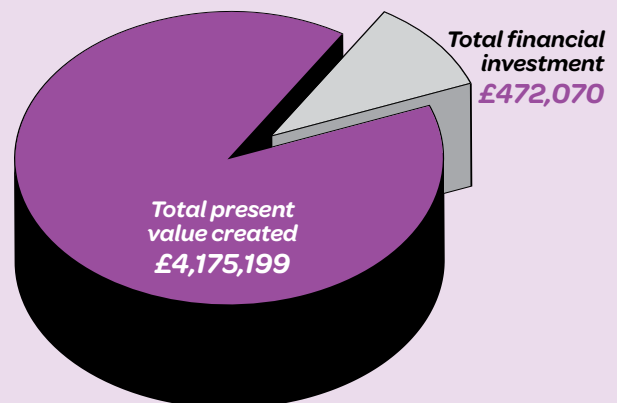
Graph 5 demonstrates the total present value of the outcomes to Ashiana’s clients created by the outreach services. The graph shows the huge value to an individual woman of an increase in safety without leaving their home developed through engagement with Ashiana. This safety comes through support with developing and sustaining coping mechanisms and ways to deal with violence and abuse as well as coping with self-harm and other harmful practices. The graph also shows a financial value placed upon improvements in health related to a reduction in the direct impact of DV on a woman which also impacts on State healthcare spend.

“People’s needs are different as well and Ashiana kind of gives you that opportunity. They look at each person’s needs.”
Client

The graph gives a total present value to women of the avoidance of forced marriage of £276,246 for women accessing outreach support based on various proxies as above.

Graph 6 illustrates the high social return on investment ratio created by Ashiana’s refuge and outreach services. For every pound invested, eight pounds worth of social value is created. As indicated by the graph, a comparatively small level of investment yields significant results. Investment in Ashiana creates significant benefits which can mitigate the high financial and emotional costs of experiencing DV and forced marriage.

Graph 6: Total level of investment and total value created by Ashiana's refuge and outreach services



7. Conclusion

The total present value created by Ashiana's refuge and outreach services has been calculated as £4,175,199. The total investment into these services has been calculated as £472,070. Therefore the final SROI ratio shows that for every £1 invested into Ashiana £8 of social value is generated to clients over five years.

Key outcomes include:

- Increased safety
- Improved physical and mental health
- Improved self esteem and independence
- Increased likelihood of employment.

This SROI analysis is the first study that measures the social value and impact of specialist DV provision. It confirms that Ashiana is meeting its aims and objectives and achieving positive outcomes with BAMER women at risk of DV, forced marriage and so called 'honour'-based violence. Ashiana is an organisation that provides value for money.

Key messages:

1. Ashiana is unique in providing a specialist women-only service for survivors of DV with a cultural understanding of the issues clients face, such as forced marriage and so called 'honour'-based violence.
2. Currently there is no alternative provision that women can access which can give appropriate support for the specific challenges that this group of women face, defined by their age and cultural background.
3. Ashiana is invaluable as it empowers women to make positive and appropriate choices for themselves, building confidence, independence and self-determination.
4. Ashiana's strength is in providing a range of support which is needs-based and tailored for each individual client, lasting as long as they need it and impacting on both mental and physical health in the short and long term.
5. Ashiana works on prevention as well as 'cure' and has a wider impact on the community, raising awareness of services and creating generational change around harmful practices.
6. BAMER women are held back by other barriers to justice, such as lack of English language and racism, which means that they will not access other forms of support, therefore Ashiana is a life line for these women.

8. Looking Ahead

This research process has enabled Ashiana to understand the value created by its specialist work and communicate these findings to all its stakeholders. The SROI analysis has clearly evidenced the importance and value of specialist provision.

The SROI research findings will be used by Ashiana as a fundraising tool to sustain and develop its services. The findings will also be disseminated and shared across the voluntary and specialist women's sector to enable other agencies to highlight their value and as a benchmark for specialist provision.

Ashiana Network case study:

"I made the choice that I will no longer put up with the abuse I was facing, I had lost all self respect, was degraded and could not bear anymore humiliation, and I had lost all self worth and felt nothing but hurt and negativity.

When I first looked for help, I did say to the lady on the phone that I wanted an Asian refuge... but unfortunately there was no spaces at an Asian refuge so I accepted any help that I would get...to feel safe again. So I went to a generic refuge...my key worker was lovely, but I felt that she just didn't understand my situation. I...had to spell everything out and that she couldn't truly empathise with what I was going through. It was really hard and even though she tried I just felt that she did not understand. ...Having someone who can help you from the same background really helps, as without explaining everything they just know. I felt that she didn't understand the consequences of the decision that I had taken... It was more than just leaving the abuse; I was going to have to leave everyone, and this made me doubt my decision.

I had to leave the generic refuge as it was no longer safe [and] my key worker found me a place at Ashiana. My key worker at Ashiana was very nice and...I knew at that point she had seen many girls like me and knew exactly what to say and made me feel very comfortable.

At Ashiana I saw other girls were Asian, I just felt a sense of relief, I wasn't the only one, there are others who are in the same position. People in our community talk about this so when I took this step I thought I must be the worst person and that other people don't go through this and if they do then they don't leave, but I now know that it does happen and I'm really not the only one. It was also so nice that when I spoke to my key worker, she saw all the consequences of my actions. I didn't have to... spell it out; ...she knew enough to make me feel that she understood. This was very important for me and it...gave me the courage to continue self belief that I could do this, that I do have a chance at life and Ashiana would support me all the way to when I was in the right frame and position to go out and be independent again.

From the time I reached Ashiana, they have helped me survive. I didn't feel judged or that I need to explain myself...and my key worker would always have her doors open for me and was always willing, to help, support and guide. I really don't know what I would have done if it wasn't for Ashiana or where I would be right now. Since being here, my self confidence has come back, I feel that I'm a person again, much more independent and so much stronger, they have helped me build myself up again when I was at the lowest point of my life.

Everything was made so easy for us, my key worker helped in getting my benefits, registering with the doctor, the dentist, the library, she helped me manage my debts and get balance transfers so that I would not get charged interest, which has been a big help. She also encouraged me to do extra activities and start courses which were great, it took my mind off worrying all the time and I have also gained a few qualifications.

We have key work sessions every week,....which have been very important, it has given me time to talk, and also it helps as they keep an eye to see that we are OK. We also had some group sessions, where we would all talk about stuff, do role plays, get information on different topics, which were fun and knowledgeable. The best one we are doing at the moment is financial literacy training, debt management, this I think will really help me in the future. All of this has made Ashiana my home, somewhere... and a sense of belonging, where I'm not alone and feel comfort, it's not just somewhere to eat and sleep it's so so much more."

Glossary

Attribution

When a benefit is assigned to a particular cause or source.

BAME

The term refers to Black, Asian and minority ethnic groups and communities. Both this term and BAMER have been used throughout the report as sometimes this group does not include refugee women.

BAMER

The term refers to Black, Asian, minority ethnic and refugee groups and communities.

Cost-benefit analysis

A method of reaching economic decisions by comparing the cost of doing something with its benefits. The concept is relatively simple, but difficulty often arises in decisions about which costs and which benefits to include in the analysis. This is especially so when relevant costs and benefits do not have a price. Cost-benefit analysis usually looks at returns to one stakeholder – the State.

Discount rate

As part of the SROI calculations, a discount rate was applied to each group to reflect changes to costs and benefits that have happened since the relevant activities had taken place.

Domestic violence (DV)

Domestic violence is defined as physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so called 'honour crimes'. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently 'violent'.²⁸

Female genital mutilation (FGM)

Female genital mutilation also known as female circumcision, describes "the partial or complete removal or modification of the female genitalia for cultural or religious reasons".²⁹ It includes all other injuries to the female genital organs for non-medical reasons.

Focus groups

A qualitative research method where a group of identified participants are encouraged by a researcher to present their views on a certain issue. These views are then analysed as research data.

Forced marriage

The Home Office defines forced marriage as "a marriage conducted without the valid consent of two parties, where duress is a factor".³⁰ Duress is considered to be where "the mind of the [victim] has in fact been overborne, howsoever that was caused,"³¹ which can include physical, psychological, financial, sexual and emotional pressure.

Impact map

A tool that can be used to illustrate the work that a person or organisation does and help them to think about how these activities bring about social, economic or environmental change.

Indicators

An indicator is a piece of information that helps to determine whether or not change has taken place. Indicators matter because they are a way of knowing if an outcome has taken place. There can be indicators of outcomes and outputs but only outcomes indicators are appropriate to measure change.

Inputs

The resources that an intervention uses to carry out its activities and operations. These include: funding, premises, goods-in-kind and time donated by volunteers.

Intersectionality

The term has no definitive definition and its meaning is contested across various sites and disciplines. For this report, intersectionality refers to the meeting point of a variety of overlapping identities (such as being a black, lesbian, woman) where multiple types of discrimination occurs simultaneously.

Monitoring and evaluation (M&E)

A process of systematically collecting data that is relevant to a project or activity, then analysing this data to make judgements on the success of the project and make changes or improvements.

Outcomes

The change that results from an organisation's activity – for people, communities, the economy, or aspects of the natural or built environment. They come either wholly or in part as a result of the organisation's actions. Outcomes can be negative as well as positive and measuring them is the only way that you can be certain that the change has taken place.

Outputs

A policy intervention that usually results in something demonstrable or countable right afterwards. Outputs are usually finite; items created (such as jobs) or people trained. While outputs are often the first step in creating the longer term change at which policy is aimed, they are not enough by themselves to create that change.

Outreach service

A service that provides support to women who are not resident at the service, for example, providing support for abused women who have chosen to stay at home or have moved to new accommodation rather than staying at a refuge. Outreach services also provide support within their local community, such as through training for statutory services or awareness raising activities in schools.

Proxies

In selecting indicators there is a trade-off between data availability and accuracy. When data is unavailable or difficult to obtain, proxies can be used. A proxy is a value that is deemed to be close to the desired indicator. For example, the overall regional unemployment rate may be used as a proxy for the local unemployment rate if the required data is unavailable.

Public body

An organisation that carries out an area of Government policy. Public bodies can include local authorities and primary care trusts in the NHS.

Racism

Hatred or intolerance of another race or other races.

So called 'honour'-based violence

So called 'honour'-based violence is a crime or incident, which has or may have been committed to protect or defend the perceived honour of the family and/or community.

Social Return on Investment (SROI)

A method which measures the social, environmental and economic value created by an activity or intervention. This measurement is made in relation to the resources invested into the activity or organisation.

Stakeholders

Those people or groups who are either affected by or who can affect policy. This can include customers, service users, trustees, community groups, employees, funders/ investors, statutory bodies, suppliers, staff, or volunteers.

Statutory provision

Support services provided by public bodies, such as counsellors provided by the NHS.

The Forced Marriage Unit (FMU)

The Forced Marriage Unit is a joint-initiative with the Home Office and the Foreign and Commonwealth Office to cease the practice of forced marriage.

'Theory of change'

Defines all building blocks required to bring about a given long term goal. This set of connected building blocks interchangeably referred to as outcomes, results, accomplishments, or preconditions – is depicted on a map sometimes referred to as an impact map. This is a graphic representation of the journey of change, and the model has been developed by the Aspen Institute.³²

Violence Against Women and Girls (VAWG)

The term violence against women and girls describes: *"any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life"*.³³

Voluntary and community organisation (VCOs)

A voluntary and community organisation is one whose main focus is to deliver social benefit in a variety of forms to the community, rather than to generate profit for distribution to its members. It will usually be independent of Government.

Well-being

A positive state of existence characterised by happiness, satisfaction, personal development, fulfilment and engagement with the 'community'.³⁴

Women with no recourse to public funds/insecure immigration status

If a woman comes to the UK on a Spousal Visa, she becomes dependent on her husband for her right to remain in the UK. She is also reliant on her husband as her 'sponsor' to apply within two years for her own right to remain. At this time she has 'no recourse to public funds' and she is completely financially dependent on

him. Women who enter the UK on student and work visas, or those who have become over-stayers, also have no recourse to public funds and so are vulnerable if they experience violence but are not yet covered by the Home Office funded Sojourner Project scheme.³⁵

Notes

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7. *Brandon and Hafez (2010) Crimes of the Community: Honour Based Violence in the UK*. Centre for Social Cohesion/The Cromwell Press: Towbridge.
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10. *Izzidien (2008) "I can't tell people what is happening at home": Domestic Violence within South Asian Communities: The specific needs of women, children and young people*. NSPCC: London.
11. *Women with no recourse to public funds*. Taken from Women's Resource Centre 22/09/2011: http://www.wrc.org.uk/what_we_do/campaigns/women_with_no_recourse_to_public_funds/default.aspx
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19. *Saheli Asian Women's Project (2007) Domestic Violence and Mental Health: Experiences of South Asian women in Manchester*. Saheli Asian Women's Project: Manchester.
20. Ibid.
21. *Brandon and Hafez (2010) Crimes of the Community: Honour Based Violence in the UK*. Centre for Social Cohesion/The Cromwell Press: Towbridge.
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25. *Office of the Third Sector (2009) A Guide to Social Return on Investment*. Cabinet Office: London.
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32. www.theoryofchange.org
33. *UN Declaration on Violence Against Women (1993)*. Taken from United Nations 27/09/2011: <http://www.un.org/documents/ga/res/48/a48r104.htm>
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35. *The Sojourner Project*. Taken from Eaves Housing for Women 26/09/2011: <http://www.eaves4women.co.uk/Sojourner/Sojourner.php>



The Women's Resource Centre (WRC) is a charity which supports women's organisations to be more effective and sustainable. We provide training, information, resources and one-to-one support on a range of organisational development issues. We also lobby decision-makers on behalf of the women's not-for-profit sector for improved representation and funding.

Our members work in a wide range of fields including violence against women, employment, education, rights and equality, the criminal justice system and the environment. They deliver services to and campaign on behalf of some of the most marginalised communities of women.

There are over ten thousand people working or volunteering for our members who support almost half a million individuals each year

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