

State of the Sector:

Contextualising the current
experiences of BME ending
violence against women and
girls organisations
November 2015



imkaan

STATE OF THE SECTOR: CONTEXTUALISING THE CURRENT EXPERIENCES OF BME ENDING VIOLENCE AGAINST WOMEN AND GIRLS ORGANISATIONS

“Specialist BME services are in short supply throughout the European Union. As a result it is of utmost importance for Member states to strive to support their existence, in order to not only provide effective support for BME women and children, but also to contribute to States’ fulfilment of their human rights obligations in the area of combating Violence against women, including article 22 of provision of specialist support services, as specified in the council of Europe Convention on preventing and combating Violence against women and domestic violence” (European Institute for Gender Equality, 2012).¹

By November 2015, all member states will need to fulfil requirements set out in the [Victims’ Directive 2012/29/EU](#) which sets out a set of minimum standards to ensure rights, protection, support and dignity to all victims of crime, regardless of residency status (PICUM, 2015; EAW, 2015).²

“Persons who are particularly vulnerable or who find themselves in situations that expose them to a particularly high risk of harm, such as persons subjected to repeat violence in close relationships, victims of gender-based violence, or persons who fall victim to other types of crime in a Member State of which they are not nationals or residents, should be provided with specialist support and legal protection. Specialist support services should be based on an integrated and targeted approach which should, in particular, take into account the specific needs of victims, the severity of the harm suffered as a result of a criminal offence, as well as the relationship between victims, offenders, children and their wider social environment” (EU Victims Directive, 2012: Paragraph 38).³

1 European Institute for Gender Equality (EIGE) (2012). EIGE Review of the Implementation of the Beijing Platform for Action in the EU Member States: Violence against Women – Victim Support.

2 Platform for International Cooperation on Undocumented Migrants (PICUM) (16 November 2015). VICTIMS’ RIGHTS: GOVERNMENTS SHOULD IMPLEMENT FRAMEWORK TO ENSURE PROTECTION AND JUSTICE FOR UNDOCUMENTED VICTIMS OF CRIME.; End Violence Against Women (EVAW) (September 2015). EVAW Coalition Briefing Paper, Survivors’ Rights: The UK’s new legal responsibilities to provide specialist support for women and girls who have experienced violence.

3 European Union (EU) OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA. EU Victims Directive 2012/29, Paragraph 38.

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ABBREVIATIONS

This list contains abbreviations which are used throughout the report.

BME	Black and Minority Ethnic
DV	Domestic Violence
DDVC	Destitution Domestic Violence Concession
EU	European Union
FCO	Foreign and Commonwealth Office
GP	General Practitioner
ISVA	Independent Sexual Advice Advisors
LBT	Lesbian, Bisexual and Transgender
LGBT	Lesbian, Gay, Bisexual and Transgender
MARAC	Multi Agency Risk Assessment Conference
NAVCA	National Association for Voluntary and Community Action
SBS	Southall Black Sisters
UK	United Kingdom
UN	United Nations
VAWG	Violence Against Women and Girls

IMKAAN

Imkaan is the only UK based, second tier women's organisation dedicated to addressing violence against black and minority ethnic (BME) women and girls. The organisation holds over fifteen years of experience of working around issues such as domestic violence, forced marriage and 'honour - based' violence. We work at local, national and international level, and in partnership with a range of organisations, to improve policy and practice responses to BME women and girls.

As a membership organisation, Imkaan represents the expertise and perspectives of frontline, specialist BME women's organisations that work to prevent and respond to violence against women and girls. Imkaan also delivers a unique package of support which includes: quality assurance; accredited training and peer education; sustainability support to frontline BME organisations; and facilitation of space for community engagement and development. Our research activities support the ongoing development of a robust evidence base around the needs and aspirations of BME women and girls, as well as promising practice approaches to addressing violence.

BME VAWG organisations are a core part of the UK's strategy to end violence against women and girls. BME VAWG specialist organisations hold distinctive layers of expertise and continue to develop ways of working that inform more effective responses to ending violence against BME women and girls. Some examples are provided throughout the report in these boxes.

FRONTLINE RESPONSES TO BME WOMEN AND GIRLS

There are over 34 dedicated specialist BME VAWG services in the UK, of which half are refuge providers. In our most recent survey of BME VAWG organisations in the Imkaan membership, services shared information about the number of women they had supported over a 12 month period. In one year alone, **17 organisations supported 21, 713 women** in total.⁴ Some groups provided intensive support to 20 women, while others provided advice, advocacy and group work support to thousands.⁵

Imkaan's national membership network of specialist BME VAWG organisations is unique and diverse. Many BME VAWG organisations have developed specialisms in working around particular types of VAWG, including domestic violence, trafficking, forced marriage, female genital mutilation, child sexual exploitation and 'honour based' violence. Some services are

⁴ April 2014 to March 2015.

⁵ Imkaan member survey data, 2015.

open to all BME women, while others offer targeted services to particular groups of BME women in recognition of the fact that BME women are not a homogenous group.⁶

E.g. One BME VAWG organisation offers the only refuge in the UK for Latin American women; another is the first specialist forced marriage refuge provider in the UK.

While mainstream organisations may offer services to BME women, BME VAWG organisations are **independent, specialist and dedicated services** run by and for the communities they seek to serve, in line with the NAVCA definition of specialist services (see text box). The 'led by and for' model offers a uniquely empowering experience to women and children as the client group is reflected in staffing, management and governance structures of these organisations.

"Specialist services are designed and delivered by and for the users and communities they aim to serve." Voice4Change England and NAVCA Specialist Services: A Guide for Commissioners 2012, accessed online at <http://www.navca.org.uk/news/view-article/equalities-new-report>

BME VAWG organisations:

- Recognise the continuum of violence against women and girls and seek to offer support around every aspect of women's needs, ensuring a holistic, needs led response.
- Work across the spectrum of risk, understanding the fluctuating nature of risk and are adept at recognising 'hidden' risk indicators.
- Are skilled in identifying indicators and experiences of specific forms of VAWG that may be missed within a mainstream domestic violence organisation.
- In offering a range of services, are able to access women who may not even recognise their experiences as violence.
- Create flexible and diverse support systems, sensitive to the fact that for many BME women, refuge and support services may be unfamiliar and/or stigmatised.

52%♀

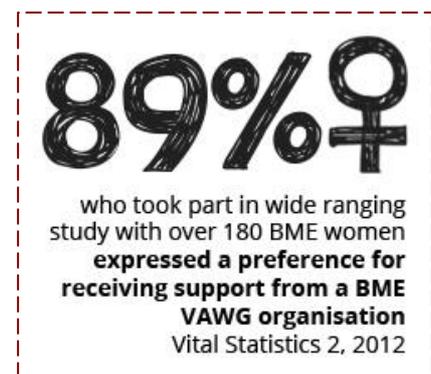
responding to a research study in London with survivors of violence explained that they **did not recognise their experience as violence until accessing a specialist service**
Beyond the Labels, 2013

99%♀

in the same research study **reported the BME service made them feel safe and protected**
Beyond the Labels, 2013

⁶ Imkaan member map of BME VAWG services: <http://imkaan.org.uk/membership>

Through this specialist provision, BME women and girls experiencing violence are able to access expert support, which is non-statutory and 'community' informed and located. Specialist support may include: crisis-based refuge accommodation, advice, advocacy, legal casework, outreach and therapeutic services (see Appendix 1 for a more comprehensive list of services offered by BME VAWG organisations).



WHY ARE SERVICES LED BY AND FOR BME WOMEN AND GIRLS A NECESSARY PART OF ENDING VIOLENCE AGAINST WOMEN AND GIRLS?

In the most recent Office for National Statistics census (England and Wales data only) it was found that between 2001 and 2011 the BME population as a percentage of overall population has increased from 8.8% to 14%. In London 40.2% of the population is BME.⁷

BME VAWG organisations have grown out of the feminist, anti-violence and black women's movements in the UK. BME VAWG organisations were set up in response to the needs of BME women in the UK for specialist support around experiences of VAWG and the exclusion and lack of understanding many BME women faced from non-BME⁸ specialist services⁹. Members have been providing services for up to 40 years and there is over 700 years of collective experience across the network.

Survivors repeatedly tell us that they need, and value, specialist BME services. Many survivors are more likely to access BME specialist services and they are often a woman's first point of contact with any formal support provider, particularly for women who encounter multiple barriers to mainstream services. Accessing a stable and trusted point of contact and a BME women only space can be invaluable to women who may be feeling isolated, persecuted, misunderstood, powerless and/or vulnerable.

Women report feeling safer to speak about their experiences of violence in an environment where staff have professional knowledge and an instinctive understanding of how to provide

⁷ Office for National Statistics (2011). Figure 3: Ethnic groups by English regions and Wales. Data for Figure 2: Ethnic groups 2001 and 2011, England and Wales.

⁸ Non-BME specialists in this paper refers to specialist VAWG organisations that are not operating a 'led by and for' model of provision. This includes specialist VAWG services that offer services to everyone, and those who offer a targeted BME provision, but whose governance structures and organisational focus are not BME.

⁹ Marai Larasi. (2013). A Fuss About Nothing? Delivering services to Black and Minority Ethnic Survivors of Gender Violence - The Role of the Specialist Black and Minority Ethnic Women's Sector. In: Yasmin Rehman, Liz Kelly and Hannana Siddiqui Moving in the Shadows: Violence in the Lives of Minority Women and Children. England: Ashgate.

specialist support to vulnerable women affected by domestic and sexual violence in specific individual, family and community contexts.¹⁰

Autonomous and dedicated spaces for BME women ensure that women and girls can be appropriately supported to overcome violence, and the impact of multiple forms of victimisation including racism, poverty and destitution; without which recovery and rebuilding resilience is a far more difficult prospect. Effectively, BME women's organisations are often able to support women and girls to "find their voice" and access their independence and freedom.

National influence: Advocacy and guidance from the BME VAWG specialist sector contributed to the identification of compounded risk faced by women survivors of VAWG with insecure asylum/ immigration status. Evidence, practice based experience and guidance helped to introduce the Domestic Violence Destitution Concession to ensure women with no recourse to public funds have access to frontline advice/refuge accommodation in situations of domestic violence. (Home Office, 1st April 2012, Destitution Domestic Violence Concession)

LOCALLY ESTABLISHED AND NATIONALLY SIGNIFICANT

In addition to providing vital frontline services to women and girls in the local areas where they exist, BME VAWG specialists have important local and national functions.

- The knowledge and expertise of organisations are frequently utilised by local and national mainstream bodies across health, social care, criminal justice and education. The staff leading and working in BME specialist VAWG organisations often 'plug' gaps in knowledge, awareness, and understanding by shaping and informing policy agendas, training and educating professionals, advising on safeguarding boards, child protection case conferences, MARACs, homicide reviews, providing advice and support to women who are unable to be supported by statutory services as well as initiating research and dialogue on areas of need which are invisible or under-addressed.
- Services led by, and for, BME women and girls have wider community economic and social benefits. BME VAWG organisations provide spaces for increased opportunities for education and training, employment, economic empowerment, volunteering and BME women's leadership therefore providing positive ways of reducing poverty, social exclusion and multiple disadvantage; thus helping local authorities to work towards fulfilling equalities and human rights obligations.

¹⁰ Imkaan (2013). Beyond the Labels: Women and girls' views on the 2013 mayoral strategy on violence against women and girls. London: MOPAC.

AN UNCERTAIN FUTURE

Despite the outcomes that have been achieved by independent BME specialist services over more than four decades, our evidence continues to highlight that an increasing number of organisations are anxious and uncertain about whether they will exist at all in the next two years. Whilst BME VAWG specialists play a pivotal wider role in the development of responsive services and solutions to ending violence against BME women and girls, this is neither sufficiently recognised or resourced.

National influence: Shaping of regional and national strategies and contributions to working groups on VAWG e.g. Home Office strategies and action plans (2009; 2010; 2013) government consultations on legal developments including the new offence on coercive control, engagement with Police and Crime commissioners, advising on the FCO Forced Marriage board to assist in shaping national strategies and approaches to forced marriage.

Further budgetary cuts are likely, and therefore BME VAWG services will again face further pressures to cut and reduce key services, merge, or be subsumed by larger generic providers, whilst simultaneously dealing with a growing demand for their services. This demand is likely to deepen in the broader context of cuts and pressures to the wider social and healthcare system.

The vulnerability of specialist organisations is evidenced in the report by the UN Special Rapporteur on VAWG, Associate Professor Rashida Manjoo in which she describes services for BME, disabled and LBGT groups as both 'lifelines' but patchy and in need of urgent support and investment to improve their sustainability.¹¹ Furthermore, a recent report by Lloyds Foundation makes a recommendation to Government to urgently support and prioritise the work of smaller, local charities because of the current threats they are experiencing, stating: '[these services] serve those facing multiple disadvantage who are in most need and present the greatest challenge to public services.'¹²

Nowhere is the importance and urgency of this situation more evident than in the recent commissioning experience of one of our members Apna Haq.

¹¹ Manjoo (2015) Report of the Special Rapporteur on Violence against women, its causes and consequences United Nations, Human Rights Council.

¹² Lloyds Bank Foundation (July 2015). Expert Yet Undervalued And on the Front Line: The Views and Voices of Small and Medium Sized Charities. P 26.

Apna Haq¹³ is the only BME VAWG survivor-led organisation in Rotherham. However, the organisation found itself unable to compete within current commissioning structures, which fail to recognise the bespoke nature, impact and value of safe, dedicated spaces for BME women and girls. Funding for services for BME women in Rotherham has been given to a non-BME specialist organisation. Apna Haq who is a leader in the field and has offered advice services to help BME women experiencing all forms of violence and abuse with support to access safe housing, the criminal justice system, healthcare and education for over 20 years now risks closure unless a sustainable funding solution can be found elsewhere.

Apna Haq's existence is critical, highlighted by the 100 pages of evidence submitted to Rotherham Metropolitan Borough Council to challenge the Council's initial equality impact assessment process, reflecting the significant and positive impact of Apna Haq's services on BME women and girls. Through the equality impact assessment process, BME women in Rotherham reaffirmed the importance of the space at Apna Haq both as a source of support for experiences of VAWG, as well as one that enables them to manage the daily realities of increases in hate crime and racism. The heavily skewed and 'racialised' reporting of Child Sexual Exploitation have led to BME women becoming the targets of increased threats and harassment in their day to day public lives. The growth in hate crimes (by 18% over the last year) has also been recorded nationally.¹⁴

The report notes:¹⁵

"When asked about their experiences of living in Rotherham, BME women talked about the racism and faith based abuse they experience on a daily basis. Women talked about feeling like second class citizens, and having to take actions like self-imposed curfews in order to stay safe. Women noted a marked increase in racism and Islamophobia over recent years and linked it to the reporting of Child Sexual Exploitation issues. Women state:

"We are stopped from going out -I don't go out after 5pm"

"They've taken our rights away - make us feel that we can't live here -we have no place here - look at my colour and punish me"

¹³ The full meaning of Apna Haq doesn't translate to English. Direct translation is 'Our Right' but Apna Haq contains a wider message of empowerment and strength.

¹⁴ National Government figures reinforce the growth in hate crimes, showing that the numbers of hate crimes have increased by 18 per cent in 2014-15 compared to the previous year, with the majority (82%) categorised as race hate crimes¹⁴, which are also likely to be under-reported by women therefore are unlikely to capture the reality of these crimes fully. (see: <https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2014-to-2015>)

¹⁵ Apna Haq and Imkaan (July 27th 2015: p 10-11). Nothing about us, without us. Apna Haq's written submissions for the Equality Impact Assessment of Rotherham Metropolitan Borough Council's decision to award the contract for Floating Support Service for BME Women Experiencing Domestic Abuse to a non-BME provider.

Without Apna Haq BME women in Rotherham will lose not only their trusted place to speak about experiences of VAWG, but also a vital space for connecting with each other to enhance their and their children's safety and protection in public and private life.

A survey conducted with Imkaan members during September/ October 2015 provides further evidence of the uncertainty facing BME VAWG organisations. The key findings are detailed below.

Uncertainty

67% of Imkaan members, when asked 'what does your future look like as a BME women's service?' said they felt uncertain about their sustainability in the current climate.

Concerns were shared about potential implications of not winning tenders and the next round of budgetary cuts as providing Local Authorities with the justification to cut services that are not regarded as central to local commissioning practice on VAWG.

"Very uncertain. We did a tender for a refuge in April/ May and still don't know the outcome. If it is not given to us it will mean we close in the next year or so."

"In the long term it does not look bright...they have announced the budget from 2015-2018 and I'm not convinced BME services will be considered from 2018-2021."

"Policy shifts are harming BME specialist services. Because of the cuts there is no more BME specialist commissioning. Councils are trying to bring VAWG under one service commissioning."

Bespoke and innovative practice: Working across a continuum of VAWG:

Investment in BME VAWG specialists provides added value to the work of mainstream services. Organisations operate in ways that are distinct from other parts of the sector in that services often work across the different forms of VAWG both as referral points for access to other services but also to shape specific models of working to support women to address interconnected and complex issues. For example;

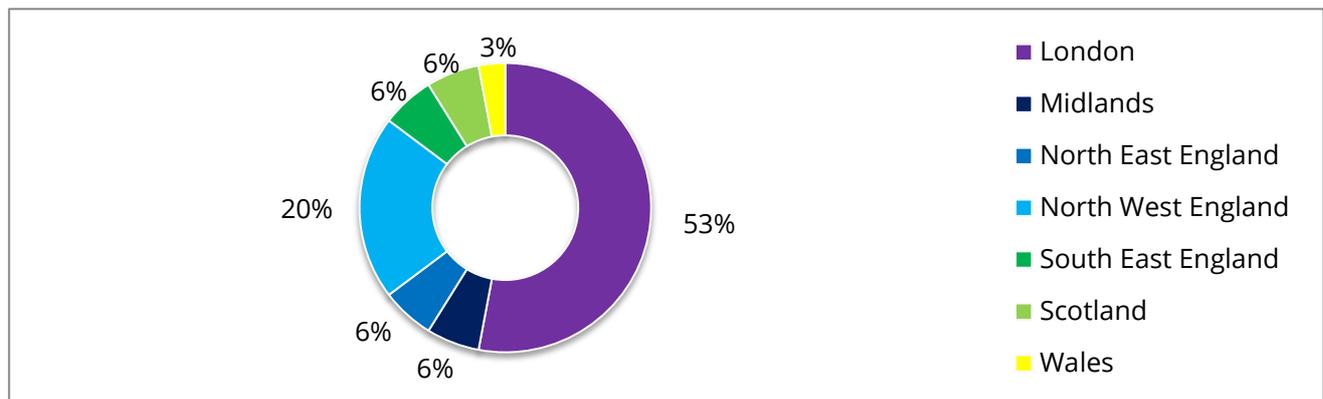
- Recruiting immigration/ asylum advisors and working collaboratively with local authorities to house those who face barriers within the asylum/immigration system or a BME ISVA to encourage more BME women to disclose sexual violence.
- Providing multi-lingual therapeutic support services through one-to-one and group based approaches to support women to access counselling who would otherwise not access NHS provision.

The shift from dedicated BME to mainstream provision

64% of members with refuge provision stated that they were either being asked to reduce bed spaces for housing women in crisis or were being asked to provide generic forms of housing support and provision instead of specialist, dedicated support services.

This is not helped by a failure to recognise the dual local and national significance and contribution of BME VAWG services. A key aspect of ensuring BME women have access to safety and support is to ensure availability of BME VAWG services locally and regionally. There are many areas in the UK where no BME specialist services exist. Any losses therefore have local, regional and national repercussions as can be seen in the chart below.

Chart 1: BME VAWG organisations in the UK by region¹⁶



Over the last three months at least two diverse London boroughs¹⁷ commissioned domestic violence refuge accommodation with no BME specific component. Worryingly, in one of these areas two of the existing dedicated BME refuges were decommissioned under a false assumption of 'oversupply' of BME refuge bed spaces and in spite of evidence from services which reinforce the high usage of and ongoing need for dedicated support by BME women.

London and other major cities in the UK, see the highest rates of demand for BME VAWG specialist services. In London in the last financial year **733 BME women sought refuge spaces¹⁸ and only 154 were successful¹⁹**. This overwhelming demand highlights the

¹⁶ Imkaan national member survey, 2015.

¹⁷ Office for National Statistics (2011). 62% and 57% respectively non-white British residents in borough.

¹⁸ Some of these may be repeat requests as instances of referral are counted, not individuals.

¹⁹ Information collected by Women's Aid for London Councils from UK Refuges Online, November 2015, courtesy of Women's Aid.

absolute ongoing need for BME VAWG services. The following tables highlight the extremely limited provision available nationally for BME women:

Chart Two: Refuge bedspaces in UK: Total 4479²⁰

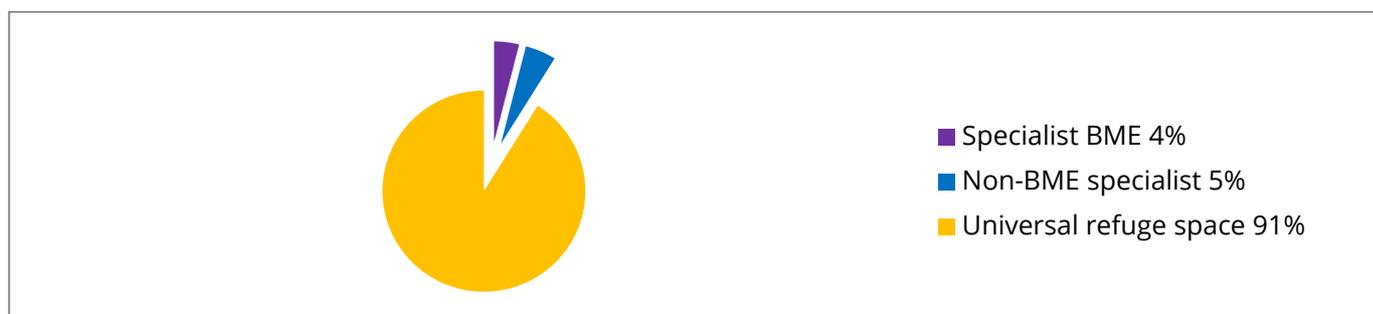
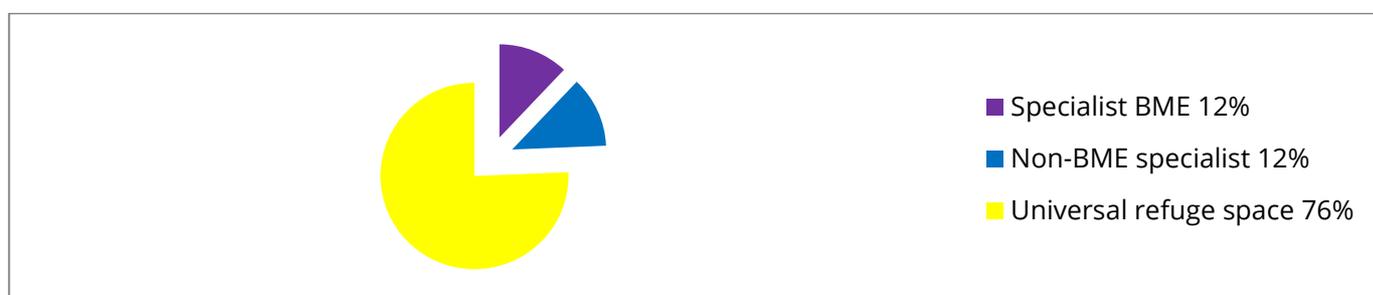


Chart Three: Refuge bedspaces in London: Total 805²¹



Unequal playing field

Over two thirds (67%) of members spoke about the huge barriers they experience in accessing local funding because of the unequal playing field created by a funding/commissioning environment and culture, which favours larger, generic service providers.

Competitive tendering processes do not take into account the unique and long-term support that BME women require and that BME VAWG specialist organisations provide. Commissioning frameworks are instead geared towards quantity over and above quality, expertise and track record. For example, some local authorities implement scoring systems where assessments are made on the basis of 70% towards value for money and 30% on quality. This privileges larger providers who may have limited local track record of quality provision but will often have the in-house resources to write and win tenders and the infrastructure to absorb overheads costs.

²⁰ The Goldbookonline – courtesy of Women’s Aid, November 2015.

²¹ Ibid.

“Women come in with a range of things they need support on. You have to spend time on immigration, mental health, children, you cannot just refer them. Saying you supported 100 or 20 women, you could be doing much work with 20 women but funders just see the numbers.”

“We passed all the quality marks but we were apparently too expensive and they [LA] wanted us to become mainstream as opposed to BME only.”

A market-driven culture of commissioning perpetuates the already unequal playing field and power imbalances that exist between smaller and larger organisations and generic vs. specialist organisations. Members spoke of feeling particularly disadvantaged within commissioning structures and approaches to funding support services because they fail to recognise their specialist role. Consequently, this places them in a more unstable position through having to compete with local and regional mainstream women’s organisation’s as well as large bodies such as housing associations.

Bespoke and innovative practice: Working across a continuum of VAWG:

Examples continued:

- Dedicated targeted innovative practice responses such as refuge provision designed to meet the needs of women experiencing forced marriage or using practice-based knowledge and experience to develop accredited training programmes for professionals.
- Producing research on issues such as self-harm suicide, asylum/ immigration and mental health to inform wider policy and practice.

Finding solutions: Grants based and flexible commissioning approaches

Flexible commissioning approaches can provide more viable routes for specialist providers to engage, as the expectations can be more proportionate to the size of contracts. Many commissioners follow local Procurement Team guidelines and are unaware that current procurement rules allow for grants based funding for certain types of contract.²² A recent End Violence Against Women and Girls coalition briefing (EVAW), points out that the EU procurement directive which took effect in February 2015, “changes the rules about what services must be tendered via open competition and which need not be, and introduces some nuancing of existing measures.”²³

²² See <https://www.gov.uk/guidance/transposing-eu-procurement-directives> for more information

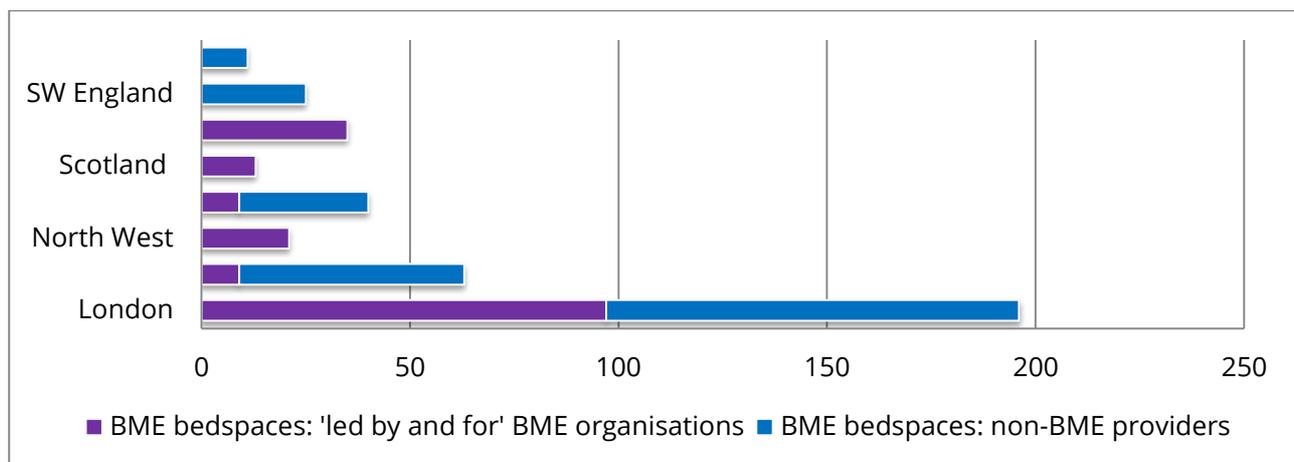
²³ End Violence Against Women (EVAW) (September 2015). EVAW Coalition Briefing Paper, Survivors’ Rights: The UK’s new legal responsibilities to provide specialist support for women and girls who have experienced violence.

The recent Domestic violence commissioning process adopted by the London Borough of Ealing (2016/17 to 2018/19) provides an example of a promising approach, which could be adopted by other Local Authorities. This new approach must be understood in the context of the role of Southall Black Sisters (SBS), a national, high profile campaigner and service provider organisation taking out a successful legal challenge against Ealing Council in July 2008,²⁴ which has certainly significantly influenced the current approach.

As a result of the challenge and continued pressure from SBS, Ealing’s criteria for bidding recognises the value of an ‘independent, community based’ approach operating on a “by and for BME women” basis. Their scoring is also more evenly weighted, ensuring that outcomes for survivors, service design, track record, quality assurance are weighted appropriately against cost.²⁵

Imkaan’s data suggests a worrying increase in specialist BME VAWG organisations being taken over and managed by generic providers across the UK, where **just over half of BME VAWG services are now managed by a large, mainstream organisation**. The table below provides an example of the impact of this trend on BME VAWG refuge provision.

Chart 4: Numbers of BME refuge spaces, separated into BME specialist²⁶ and non-BME specialist refuge providers: Total 404²⁷



"Competition from [mainstream] women's organisations is the biggest threat. This has been raised and I have been told it does not happen because it is not ethical however it is happening. We have witnessed a number of women's organisations move into the borough without a hint of dialogue

²⁴ Judgement of Lord Justice Moses, July 2008, Royal Court of Justice in the case between Southall Black Sisters and the London Borough of Ealing Council.

²⁵ End Violence Against Women (EVAW) (September 2015). EVAW Coalition Briefing Paper, Survivors’ Rights: The UK’s new legal responsibilities to provide specialist support for women and girls who have experienced violence.

²⁶ For a definition of BME specialist service and non-BME specialist service please refer to page three.

²⁷ The Goldbookonline – courtesy of Women’s Aid, November 2015.

with us. We are forced to compete with other women's [mainstream] organisations. Let's remember that competition is market driven and the small players will lose out because this is the nature of market forces."

Unsurprisingly, members told us that in some cases where commissioners sought to deliver cost-effective cheaper contracts through larger providers, this has led to reductions in the quality of care being received by BME women and girls. One member stated that despite a contract being awarded to a mainstream organisation, women are still referring themselves to the BME VAWG specialist service they had accessed previously, as they are not receiving the kind of support that they need from the new provider. This creates a counter-productive situation firstly for BME VAWG organisations who are unable to sustain additional demands on their services without adequate Local Authority funding, but which also increases the inevitable costs on other public services.

"The local housing service has been granted 100% of funding for refuges...[now] we have women coming to us after accessing support from the housing service and generic services as they are not getting what they need from those services. So we are now doing partnership work and attending to the women but we cannot sustain it because we do not get the money for it."

Early intervention, prevention and responding in crisis through a community(s) of connection approach: The development of responsive models of community involvement continue to be intrinsic to the way in which BME VAWG specialists have evolved and developed over the last forty years. Services operate as anchors and 'navigators' at local, regional levels. Inclusive, safe and diverse ways of working provide a space for women and girls to be 'heard'; to challenge negative assumptions/ stereotypes whilst also facilitating women's access to support.

For example, one Imkaan members reports over 60% of women accessing their service are self-referrals, through word of mouth, having no prior engagement with mainstream statutory and voluntary sector agencies e.g. GP, Police, Courts, legal advocates.

The truth about partnerships

Partnership working is a critical aspect of addressing VAWG. However where inequality is embedded at local levels partnerships are not always positive for BME organisations. Increasingly a key strategy for driving down costs includes the proactive encouragement by commissioners for smaller organisations to enter into partnership through consortia arrangements. Recently Imkaan offered support to three London boroughs seeking to

establish joint working arrangements and widen their approach from domestic violence to VAWG.²⁸ The commissioners were able to engage in a truly collaborative process with local services in developing strong and sustainable partnership working across the three boroughs. This successful project suggests that where Local Authorities take a planned approach to developing these structures, allowing adequate lead-in time and on-going dialogue, alongside investing in specialist second-tier organisations to support the process, it can build on existing good practice. This in turn improves the diversity, choice and access to specialist VAWG services in a local area which is key to women feeling able to disclose violence and access appropriate support. For more detail, see the text box.

Good practice in collaborative commissioning: Based on the conclusions from an early stage needs assessment, three London boroughs proposed that VAWG services would be more effective if delivered through a 'one front door' model i.e. women are routed through a 'single point of triage' and 24 hour helpline ,to access other services. However, deeper consultation with survivors and key service providers across the three boroughs directed the commissioners to reconsider their proposed model.

Survivors asserted that the proposed model was unworkable, stressing the need to have access to women only and BME women only spaces and services, with some women saying they would not feel comfortable to access a non-BME service. Survivors stated a need for free and multi-lingual telephone access to services; but stressed the need also for on-going, long term, holistic face to face support. Women consistently reported that the support they received from independent dedicated specialist²⁹ providers was the most effective, transformational and affirming support.

The proposed model was viewed as a 'one size fits all' service which could lead to reduced access points to support. Survivors, local providers and commissioners co-developed a new model, incorporating a combination of strengthened working relationships, smoother referral pathways, increased publicity and training for mainstream providers ensuring increased access points to specialist services and fewer steps for survivors from the initial point of contact to receiving specialist support.

Following a robust consultation process, the three boroughs supported the development of a consortia with a range of local specialist organisations to ensure spaces of specialist expertise across protected identity characteristics and VAWG types was strengthened through service delivery.

²⁸ This support was provided by Imkaan through the Imkaan and Women's Aid Capacity Building Partnership.

²⁹ Independent dedicated specialist providers are those that are independent of any statutory service, dedicated to ending VAWG and evidence specialism through quality provision and clear organisational objectives to end VAWG.

The Angelou Partnership (local consortia of specialist VAWG organisations) formed, won the tender and launched shared VAWG services in September 2015.³⁰

Unfortunately, such a considered approach is the exception rather than the rule and often agencies feel coerced into unworkable arrangements where the resource sharing arrangements are unequal and autocratic, reducing their autonomy and capacity to develop services based on survivor needs and experiences. Some felt that partnerships were often more likely to benefit larger organisations who would hold most of the resources but through 'partnering' with smaller BME VAWG organisations be better able to demonstrate equalities based outcomes:

"Some local commissioners are looking to have one contract around domestic violence and you get together and bid as a consortium, and then large organisations want to take the lead and get most of the money so as a smaller organisation we have to fight for scraps, and mainstream organisations say they can do the specialist services."

"...you need to partner with mainstream services who then manage you and you only get money for part time staff. We are being made dependent on generic organisations and we are losing our independence. We are having to give in our specialism."

Higher demand, fewer avenues

Over two thirds (67%) of Imkaan members state that they are being forced to move away from Local Authority funding sources for direct service provision and look elsewhere for other sources of funding, but in in a wider environment where there are few funding avenues for BME specialist women's organisations.

Out of 17 BME VAWG refuge providers, almost a quarter receive 100% of their funding from charitable trust and foundations. These are all BME VAWG organisations that set up and delivered quality BME refuges in their local areas, funded by local authorities, however over time have had their funding either given to a mainstream provider or their Local Authority has cut funding for BME refuge provision altogether. These organisations refused to be subsumed into larger mainstream organisations and fought to ensure that BME women and girls have access to choice of the most appropriate provision. These refuges collectively operate on a less than 5% void rate, meaning most of their rooms are full, most of the time, highlighting the need for their services. While alternative sources of funding have been a life line for BME VAWG organisations, the short term nature of these types of funding mean their future remains constantly uncertain and valuable time is taken away from service provision to the preparation of funding strategies and bid-writing.

³⁰ For more info go to: <https://www.rbkc.gov.uk/community-safety/angelou-partnership>.

The BME VAWG sector facilitates participation in public life through the creation of training, education, employment and volunteering opportunities for BME women/survivors. For example, a young BME woman who is employed within a supportive BME-led space is more likely to initiate dialogue on VAWG in her own family, extended family, peer-group networks, faith based and other community spaces, therefore providing a powerful vehicle for delivering community engagement that has wider impact and benefit. The high rates of staff retention and pathway progression in the BME VAWG sector highlights the employment and governance opportunities provided to BME women, as well as the creation of 'expertise hubs' across the UK in BME VAWG organisations.

CONCLUSIONS

Whilst this is a challenging time for the public health and social care system, in the absence of adequate investment into the BME VAWG sector during the period of the forthcoming Spending Review announcement, BME women and girls will not get the immediate and longer-term help they require and will be more susceptible to prolonged periods of violence and abuse, domestic homicide, suicide, and self-harm amongst other negative repercussions of VAWG.³¹

A failure to safeguard the types of interventions which BME women value and find the most effective also undermines the Government's commitment to preventing and responding to VAWG, including the implementation of recent legislative measures include the new coercive control and forced marriage offences. Heavy reliance on criminal justice approaches which have been shown to be limited in their efficacy without the correct support structures in place, will not on its own provide the solutions women need. A more useful strategy involves ensuring decision-makers proactively implement existing legal and human rights obligations to safeguard specialist support services, including BME VAWG organisations.

There is a persuasive and critical case for protecting specialist, BME VAWG organisations, and connected specialists working across protected characteristics e.g. groups working with disabled women, Lesbian Bisexual and Transgender women and asylum-seeking women,

³¹ "Asian women under 35 are at least twice as likely to self-harm as white British women. Domestic violence, including forced marriage, has been identified as a major factor in 49% of suicide attempts made by black women compared to 22% of suicide attempts by white women"

(quote from Apna Haq and Imkaan (July 27th 2015). Nothing about us, without us. Apna Haq's written submissions for the Equality Impact Assessment of Rotherham Metropolitan Borough Council's decision to award the contract for Floating Support Service for BME Women Experiencing Domestic Abuse to a non-BME provider. Source: Bhugra and Desai 2002 Suicidal behaviour in South Asians in the UK, Crisis).

from further cuts by establishing a **single national ring-fenced budget** and **equalities-informed system of commissioning and accountability** both at national and local level. Whilst current commissioning regimes continue the UK governing bodies should press Local Authorities to use alternatives to competitive tendering in accordance with its responsibilities to uphold EU guidelines as stated in Article 22 of the Council of Europe Convention on preventing and combating violence against women and domestic violence, “parties shall take the necessary legislative or other measures to provide to arrange for, in an adequate geographical distribution, immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by the scope of this Convention.”³²

RECOMMENDATIONS

To ensure the protection of BME women’s specialist services, led by and for BME women, and thereby ensuring the UK government meets its responsibilities to provide adequate support services for BME women victims and survivors of violence Imkaan makes the following recommendations.

1. **National and local recognition of BME VAWG organisations** as a unique specialist model of provision, providing local and national benefits across all aspects of health and social care, as well as contributing to the development of better-informed policies, legislation, practice innovation and significantly enhancing UK society.
2. A **single national ring-fenced budget** for specialist BME VAWG ‘led by and for’ organisations including refuge providers and outreach/ advocacy services, similar to the nationally based precedent set through the Rape Support Fund.³³
3. A **mixed package of funding**, consisting of national ring-fenced funding and grant-based funding by Local Authorities, Police and Crime Commissioners and Health commissioners to BME VAWG organisations. This should be attached to robust local accountability structures including lead **VAWG commissioners in local areas**, trained on all equalities strands. Any VAWG commissioning approach and setting of priorities should be linked to national and regional hate crime and VAWG strategies.
4. National accountability through a **Violence Against Women and Girls Ombudsperson** who will hold to account local commissioning services, highlight good practice in local areas and regions and take complaints.

³² Council of Europe (7 April 2011). Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaty Series – No. 210, Chapter IV – Protection and Support, Article 22 – Specialist support services.

³³ Ministry of Justice (July 2014) Organisations awarded funding from the female Rape Support Fund: 2014 to 2016.

5. **Central funding for second-tier organisations**, which supports services around sustainability including the development and implementation of specialist BME quality assurance frameworks, measuring impact, supporting consistency and strengthening skills and expertise.
6. For charitable funders, trusts, foundations to **develop specific funding streams** framed around VAWG and equalities based principles and aims.

APPENDIX 1: SERVICES AND ACTIVITIES OF BME VAWG ORGANISATIONS

<p>Safety for women and children</p>	<ul style="list-style-type: none"> • Active referral and sign posting • BME refuge provision • Advocacy • Casework • Child centred services • Floating support • Interpreting and translation • MARAC engagement • Multi-lingual advice and helplines • Outreach work • Parent centred services • Young people centred services • Risk and needs assessing • Support through child protection and care/ custody proceedings • Support in own language • Support with criminal and civil justice processes, including court support
<p>Stability, resilience and autonomy;</p> <p>Health and wellbeing</p>	<ul style="list-style-type: none"> • Activities and group outings • ESOL and IT classes • Faith and culture inclusive refuge accommodation • Peer support/ mentoring • Body therapies • Counselling • Employment support • Enabling access to family, criminal and/or immigration related legal advice • Facilitating access to safe cultural, and/or faith spaces • Immigration support/advice, including around DDVC • Re-settlement support • Self-esteem workshops and courses • Support with pregnancies and parenting • Therapeutic, peer support, skills based and/or informative groups, workshops and courses
<p>Prevention;</p> <p>Enhanced Participation;</p> <p>Increased Access</p>	<ul style="list-style-type: none"> • Advice and consultation for mainstream and voluntary sector professionals • Awareness raising and community engagement • Community based education programmes • Prevention and early intervention work with young people • School based education programmes • Volunteering opportunities • Employment and Governance opportunities • Campaigning, lobbying and strategic policy work • Accredited and non-accredited training for professionals

APPENDIX 2: BME VAWG ORGANISATIONS IN THE UK³⁴

MIDLANDS – ENGLAND	
Panahghar	Coventry & Leicester
Roshni	Birmingham
North East England	
Angelou Centre	Newcastle
Ashiana Sheffield	Sheffield
Anah Project	Bradford
DEWA Project	Sheffield
Why Refugee Women	Bradford and Sheffield
NORTH WEST ENGLAND	
Amadudu Women's Refuge	Liverpool
Apna Haq	Rotherham
Humraaz	Blackburn
Saheli	Manchester
SCOTLAND	
Hemat Gryffe Women's Aid	Glasgow
Shakti Women's Aid	Edinburgh
SOUTH ENGLAND	
African Women's Care	
Al-Hasaniya Moroccan Women's Centre	London
Asian Women's Resource Centre	London
Ashiana Network	London
Asha Project	London
Common Cause	London
Daughters of Eve	London
Enfield Muslim Womens Aid	London
Forward	London
HOPE	Brighton
Iranian and Kurdish Women's Organisation	London
Imece	London
Jewish Women's Aid	London
Kiran Project	London
Kurdish and Middle Eastern Women's Organisation	
Latin American Women's Aid	London
Latin American Women's Rights Service	London
Newham Asian Women's Project	London
P.H.O.E.B.E Centre	Ipswich
Southall Black Sisters	London
WALES	
Black Association of Women Step Out	Cardiff

³⁴ The majority of services listed here are Imkaan National BME VAWG Network members. If your organisation would like to be added to this list, and/or join the network, please email camille@imkaan.org.uk.