

The Road to Sustainability

Summary findings: A review of Black, Minority Ethnic and Refugee (BMER) organisations working with women on health and gender-based violence



imkaan

F:WARD
Safeguarding rights & dignity

WHEC
Women's Health
& Equality
Consortium

This updated summary was produced by Imkaan.

The **Women's Health and Equality Consortium (WHEC)** is a partnership of women's charity organisations including Imkaan, all of whom share common goals of improved health and equality for women and girls. By pooling our expertise, information and resources, the WHEC speaks with one voice to influence decision-makers and government, ensuring that policy reflects the real needs of women and girls. We are an agency that works to improve the sustainability of the health and social care sector for women and girls and strengthen their capacity to engage with the health and social care systems. We are committed to reducing women's and girls' health inequalities by building the capacity of women's organisations and thereby strengthening the voice of women and girls at a national level (www.whec.org.uk).

The **Foundation for Women's Health, Research and Development (FORWARD)** is an African Diaspora women's campaign and support charity registered in the UK. We exist to advance sexual and reproductive health and rights as central to the wellbeing of African women and girls. We work with individuals, communities and organisations to transform harmful practices and improve the quality of life of vulnerable girls and women (www.forwarduk.org.uk).

Imkaan is a UK-based, black feminist organisation dedicated to addressing violence against women and girls (VAWG). As a second-tier, human rights organisation, with national membership, Imkaan represents the expertise and perspectives of frontline specialist women's services that work to prevent and respond to violence against women and girls.

Imkaan's work is focussed on the needs and aspirations of women 'in the diaspora' for example (and not limited to) women who define as African, African-Caribbean, Black British, Kurdish, South Asian and South-East Asian. Although the concept of diaspora is highly contested, we have chosen to use it to capture a sense of scattering and of [re]connection. We believe this helps to reflect some aspects of the complex histories and journeys of colonisation, migration and displacement (www.imkaan.org.uk).

Women's Health & Equality Consortium

1-3 Berry Street
London EC1V 0AA
Tel: 020 7490 9512

Email: Zoe.palmer@platform51.org

www.whec.org.uk

Contents

1. Introduction	6
2. Background and Aims	8
3. Methodology	9
Methodology Selection Criteria	9
4. Literature Review	10
5. Key Findings	11
Clients and Services	11
Governance	12
Staffing	12
Funding	13
Performance and Quality Management	13
Strategic Development	14
Partnerships	14
Impact of Government Policies	15
6. Conclusion	15
7. Key recommendations for policy makers, funders and commissioners	16
8. Key recommendations for the BMER women's Sector	17
9. References	19

1. Introduction

Just sit down for a moment and think about how important a specialist service can be to a woman. She experiences being embraced and supported by an organisation that understands her culturally. This is vitally important. In a recent audit of our case-work files all of the clients were asking for some level of specialist cultural input.

These were issues that a generic service would not know – case work notes littered with nuances and concepts that if you don't have a service that instantly gets that then you are not meeting women's needs (quote from specialist BMER VAWG service).

Since this research was published in 2010, the position of some of the Black, Minority Ethnic and Refugee (BMER) violence against women and girls (VAWG) organisations that participated in the original study is likely to have deteriorated in the context of current economic pressures. Recent published data indicates that cuts in the national budget are leading to a significant reduction in funds for local services aimed at preventing and protecting women from gender-based violence. 31 percent of local authority funding to the sector was cut between 2010/11 and 2011/12, a reduction from £7.8m to £5.4m. On an average day last year 230 women were turned away by Women's Aid - around 9 percent of those seeking refuge - because of a lack of space (Towers & Walby, February 2012). The lack of appropriate support for BMER women and girls including those affected by forced marriage, female genital mutilation and 'honour-based' violence and the challenges BMER providers are facing in the context of increased service demand and cuts has also been recently reported (Imkaan, 2011).

For many years, the UK has been in a unique position of having diverse and specialist BMER organisations within the voluntary sector, yet these organisations remain on the periphery of policy and service planning. A report by the Afiya Trust (2012) found that when planning cuts, one in 5 local authorities failed to carry out an equality impact assessment and/or collect data on local BMER organisations to ensure that BMER groups are not being disproportionately affected by budget reductions.

The commissioning of VAWG services continues to create huge tensions within the sector. Imkaan members regularly highlight concerns about the way in which large generic voluntary sector organisations continue to win contracts over smaller, niche organisations in the delivery of VAWG services. Services that demonstrate cost-effectiveness to commissioners are clearly at an advantage in tendering processes. However, cost-cutting exercises can involve significant reductions in staffing, recruiting volunteers to casework positions, reducing the salaries of frontline workers, streamlining referral criteria to prevent women with complex needs from

accessing refuge provision and cutting key elements of service provision such as specialist advocacy, interpreting and resettlement. While this approach is essentially more appealing to commissioners as it helps to drive short-term costs down, it inevitably compromises the quality and effectiveness of VAWG specific support services for BMER women and children.

More specifically, these factors continue to disadvantage specialist BMER VAWG providers and therefore many report the on-going uncertainty and difficulties posed by not knowing whether they will continue to run from month to month. As smaller providers struggle with reduced capacity and increased demand, BMER women and girls inevitably face being turned away. Equally, different layers of expertise are lost by cutting specialist VAWG services that provide direct services but who also play a pivotal role in their localities through local strategic partnership working, training, education and advice to statutory providers.

The voices of member groups continue to resonate throughout Imkaan's work, highlighting the complexities of managing services in the current environment and the resulting impact on women and children. This is encapsulated by the following case examples from Imkaan members:

" We had a woman who had suffered years of violence, which she reported but it wasn't taken seriously. She went to a mainstream agency and they advised her to go back to him. Eventually she found us (online) and was quite distressed by the time we saw her – the initial service she approached clearly had no understanding of her situation and were placing [her] back into a situation of great danger. Specialist BMER services are being cut and we know that situations like this are likely to get worse".

" We had a 40 year old client with no recourse to public funds who was fleeing severe domestic violence, including frequent rape in front of her two children. Social services initially refused to support her, stating that they had read on the internet that she should return to her home country. The solicitor established that this woman and her children had a legal right to support but social services delayed her core assessment from week to week, until about 3 months had passed despite pressure by the solicitor. They finally agreed to pay £35 per week. If it hadn't been for some emergency donations we raised and from food donations by her only friend in London, this woman and her children would have come close to serious malnutrition. Even after receiving the money from social services, she still needed on-going additional support. In fact her GP stated that the children already showed signs of malnutrition".

Behind the media headlines of the cuts are the experiences of BMER women and children living with life-threatening violence whose needs are neglected, ignored and compromised through the drive to reduce the number of providers delivering VAWG services. Specialist services are finding it increasingly challenging to effectively deliver the services they were originally established to provide. Unless serious and meaningful steps are taken to administer austerity measures differently and preserve the core services that address women's needs, the cost in the long-run will be much greater on society. There can be no compromise in ensuring BMER women and children access appropriate support to seek safety from violence.

2. Background and Aims

This is a summary report of *The Road to Sustainability*, a piece of research commissioned by the Women's Health and Equality Consortium (WHEC) in 2010. The WHEC is a coalition of women's organisations who are a strategic partner of the Department of Health. The WHEC was set up to improve engagement between statutory health bodies and the women's third sector to ensure that the diverse needs and experiences of women and girls are reflected within health and social care policy.

This summary report provides an overview of the current situation of BMER women's organisations and other specialist health services. The primary focus of the study was on small specialist BMER women's organisations that work in the area of violence against women and girls (VAWG) including domestic and sexual violence, forced marriage, female genital mutilation and 'honour-based' violence. The research identifies key issues and challenges which are having an impact on the resilience and sustainability of the women's health and social care voluntary sector. The research aims to inform and assist commissioners who are developing their thinking on the commissioning of BMER specialist services within the health and social care sector.

The research explored the following themes:

- The role of the BMER specialist health and social care sector in responding to BMER women and children affected by VAWG
- The current challenges to the stability of the women's health and social care voluntary sector
- The impact of the changes in funding structures
- The impact of Government policies such as the Gender Equality Duty, Commissioning, and the Compact
- The strategies that organisations or projects are adopting to enhance their future sustainability

This summary report includes significant points from the literature review, findings, and recommendations.

3. Methodology

The data collection included both quantitative and qualitative methods. This involved a survey and focus group discussions with BMER women's organisations, and semi-structured interviews with key policy makers and commissioners. BMER women's groups were also asked to provide detailed information on the profile of their services including staffing levels, governance structures, sources of income, partnership work as well as different forms of evidence that reflected their practice and impact.

Twenty four groups participated in the research, which included a range of services; refuges, outreach, advocacy, counselling and training services. Six organisations participated in an online group discussion. Five local authority commissioners were also interviewed for the research.

Methodology Selection Criteria

The organisations selected provide specific services for a range of BMER communities including South Asian, African, Jewish, Kurdish and Turkish women and children. In addition, the selection criteria included the following:

- Accommodation-based services
- Non-accommodation based services e.g. outreach, advocacy and advice
- Statutory-funded services
- Organisations with a focus on delivering VAWG (including female genital mutilation services)
- Services that identify as BMER-led or as a BMER VAWG specific
- Organisations or posts with a sole focus on working with BMER women and girls
- A BMER VAWG service operating within a larger mainstream organisation e.g. a housing association

4. Literature Review

Whilst there is no data to suggest that BMER women and children are more prone to experience gender-based violence, BMER women may be disproportionately affected by specific forms of violence e.g. female genital mutilation or forced marriage. The context within which some BMER women experience gender-based violence may also differ. For instance, women may experience violence from multiple perpetrators including intimate partners and/or through familial and wider community or group based structures.

The potential for experiencing racism and/or other forms of discrimination cannot be minimised or excluded from BMER women's experiences of gender-based violence. For some BMER women, direct experiences of discrimination will be a significant factor in a preference for accessing specialist VAWG services that provide safety and support within spaces that are responsive to women's needs in the context of race and gender. However, recent research points to a major shortfall in BMER specific services. At a national level, nine out of ten local authorities have no specific provision for BMER women who have experienced violence yet the vast majority of women surveyed for Imkaan's 2010 report stated that they preferred to be supported by a BMER service (87 per cent). Where there are services, they tend to be located in a metropolitan area (Coy et al, 2009),

The literature also points to a number of factors that have had a damaging impact on the survival and sustainability of BMER women's organisations. Cuts in public sector funding, the short-term nature of funding, changes in funding structures and the localism agenda have made small to medium sized third sector organisations more vulnerable to cuts. In addition, a lack of recognition of the role and value of the BMER sector within policy and commissioning frameworks has resulted in a greater number of large, generic providers being awarded contracts for the delivery of specialist BMER VAWG services. A report by CEMVO (2010) found that 45 percent of all Black and Minority Ethnic third sector organisations have had their funding cut by local authorities and other funders since the beginning of the recession in 2008, despite a 77 percent increase in demand for their services over the same period.

In 2010, the Department of Health stated that without a sustainable strategy for funding services for women experiencing violence and abuse, the sector faces a 'real and damaging crisis' (Department of Health, 2010). Agencies reported that shifts in central government policy had created further instability for some parts of the sector. Although Supporting People funding – the main source of commissioning for refuge providers – was originally ring-fenced for housing support services, the removal of the ring fence has created further concern that there are few if any mechanisms that support the future of the BMER women's sector. Furthermore, the position of BMER VAWG provision has been further undermined by both the Community Cohesion policy which encouraged local authorities against the funding of single-issue groups and the Gender

Equality Duty which was anticipated to be a mechanism for preserving women-only services but in practice has been used by some local authorities to implement a gender-neutral position. Historically, the BMER women's sector has had to face issues around funding and survival. In the current climate the sector will need to prioritise finding ways of surviving by exploring different ways of working, acquiring funding and partnership development whilst also making the on-going case for specialist services.

In the current environment it is also more a matter of survival. Without the efforts of the sector being matched by a commitment from policy-makers and funders to recognise the experiences of BMER women and girls, the future of the sector remains unstable. There is a critical need for an egalitarian approach to how the BMER sector is funded within a VAWG framework, as well as further investment in services that reflect promising practice and expertise in addressing the needs of BMER women and girls experiencing gender-based violence.

5. Key Findings

Clients and Services

Two thirds of organisations worked with over 100 clients each year. However, over 800 women, at least, were known to have been unable to access services. Both these figures represent considerable underestimates.

Participating organisations provide a range of services:

Category	Refuge	Outreach	Advocacy	Legal Advice	Counselling	Welfare Advice	Training: Clients	Training: Agencies	Other
VAW	11	11	11	3	6	6	7	7	5
Community	0	7	7	3	4	4	7	5	2
Health	0	1	2	1	2	0	0	1	0
Total	11	19	20	7	12	10	14	13	7

Some of the other services provided include de-infibulation, help-line, specific support services in relation to children and young people and mental health. Other activities described included work with schools, employment-related support, health activities i.e. sexual health, and peer education programmes.

Governance

- Overall, there were good levels of trustee membership. However, for several organisations trustee recruitment has posed a challenge. For example, there is a shortfall in the numbers of board members with fundraising and financial management expertise and only eight organisations had trustees with this level of experience.

Comment: Where board members lack financial/fundraising expertise, this could pose potential internal risks to organisations especially where staff within the same organisations do not have experience, knowledge or skills in this area. The ability of women's organisations to survive and grow in a challenging climate is directly linked to their ability to generate and effectively manage resources.

Staffing

- Insufficient staffing was highlighted by a number of organisations with many having to adopt creative methods to ensure that the varied demands of individual organisations are met. Access to funding for core posts was an on-going problem with only five out of the twenty-four organisations having a full-time finance/administration worker and over half of the organisations stating that apart from the project director there was no other staff member that dealt with finance.
- Over 70 percent of organisations have some form of volunteer involvement.

Comment: Staff frequently have to adopt multiple functions which can be beneficial as it widens the scope of staff expertise and ensures cover for key areas of the organisation's work during staff absences. However, these benefits are unlikely to be sustainable in the long run as staff are overstretched, particularly when there is a high demand for the service.

Volunteers can be an important resource, supporting the core work of the organisation and in many cases, supporting the development of organisational skills and helping organisations to improve levels of recruitment in the longer-term. Many successful community-based projects have evolved from a strong volunteer base. However there was a concern that volunteers are sometimes used as substitutes for paid staff.

Funding

A large proportion of organisations listed the local authority as their main source of funding (48 percent). 100 per cent of the organisations had experienced funding cuts within the last three years and are having to consider ways of meeting the shortfall in funding. Some organisations identified reasons for a reduction in funding; for some, the primary reason was the shift towards super-providers and the difficulty in presenting themselves as cost effective when pitted against much larger providers. Other reasons included "a move away from a BMER focus". Whilst some stated "we don't have any more grant schemes from government, e.g. London Councils was cut by a third". Having to meet the shortfall where grant funding does not cover the full costs applied for and a lack of resources dedicated to fundraising in the first place, were also linked factors. At the same time, a number of organisations also highlighted the growing challenge in responding to an increasing demand for their services, which in some cases meant that women had to be turned away.

Comment: Fundraising and income generation continue to present a major challenge. Whilst it is clear that vast resources are not available, it is nevertheless worrying that the funding climate for BMER women's services appears to have worsened. With the on-going cuts in public expenditure and reconfiguration of much of the sector, it is crucial that groups actively diversify their funding and consider ways of working collaboratively with organisations with a similar ethos. It is all the more critical that the specialism of smaller groups is not marginalised within policy and funding frameworks due to a preference for delivering services via more generic providers. Local government and funders could better support the longer term financial funding prospects of these organisations.

Performance and Quality Management

Most organisations have at least one mechanism in place for measuring the impact of their work and also demonstrated creativity in their approaches to monitoring. Less than 62 percent of organisations have a nationally approved quality framework in place and organisations reported having a lack of capacity in this area. A commitment to keeping service users at the heart of their activities was also apparent, for example through board level involvement. Performance measures however were largely led by funding criteria and for housing providers this was dominated by Supporting People requirements.

Comment: Groups need to collate data that is not only driven by funder/commissioner needs. For example, refuge service providers are more likely to monitor the numbers of women that are re-housed, and not the women who are not able to access their services in the first place, which in turn is crucial in demonstrating both demand and need for services. Without these structures it is hard to prove or measure service effectiveness.

Strategic Development

Three quarters of participants have an up-to-date business plan which means that almost a quarter did not have one in place. Some groups were also actively exploring ways of strengthening their sustainability which included diversifying funding sources, approaching EU funding, developing new service areas and seeking consultancy to support fundraising and tendering activities.

Comment: As the third sector has evolved, there has been increasing emphasis on ensuring that strategic thinking is integrated into organisational consciousness and that this is demonstrated 'on paper'. Many commissioners and funders require providers to have an up-to-date strategic plan or business plan in place; this is considered to be one of the basics for good organisational management. While it is reassuring that 76 percent of participants have an up-to-date business plan, it is disquieting that the figure is below 100 percent. Even where organisations have a plan in place, the lack of time and resources available to really focus on strategic planning is a key concern. Dedicated time for strategic thinking enables the reflection and creativity that help organisations to flourish.

Partnerships

The vast majority of organisations were involved in at least one strategic partnership including DV and safeguarding boards but some organisations felt that the time used to engage in some partnership structures had a limited impact and/or benefit for their organisations. As one stated, "it is often difficult to benefit from partnerships because you don't get full cost recovery; it often involves a lot of work for a tiny output".

Comment: Given the current challenges, partnerships are an ever more important element of sustainability. Unfortunately, smaller organisations can find themselves attending endless meetings with no indication of how the partnership has added value to their operations. Often the 'David-Goliath' structures restrict the influence that BMER providers can have at local, regional and national levels and it is therefore imperative that the fragile nature of partnership structures and dynamics be recognised and that systems are put in place to ensure that smaller providers are nurtured and their concerns heard. Ultimately, partnerships require time, resources and an approach which seeks equality rather than sameness. Smaller providers must also explore structures that enable strength through collaboration. This is not always easy but it is an essential component for ensuring sustainability. Commissioning structures need to encourage small providers to work together (like for like), and retain the specialism and expertise of the sector, as opposed to one that assumes that smaller providers should only partner with larger providers as this begins to shift the power dynamics.

Impact of Government Policies

A number of organisations felt that government policies have not had any direct benefit on their organisation and their clients. In fact, there were more negative than positive comments around the impact of the Gender Equality Duty (GED), the move towards commissioning in place of grant-based contracts, the Compact and the removal of the Supporting People (SP) ring-fence. One respondent stated, "We are being questioned about why we are a women's service – in fact, [they are asking] why do women need help with advice, welfare rights etc!" While another stated, "third sector organisations have demonstrated a clear need for SP and SP helped to develop services in the third sector. With the removal of ring-fencing, there will be a dramatic shift towards statutory provision. For a client group accessing specialist services, there will be no real choice".

Comment: It is troubling that progressive developments that seek to safeguard and address gender issues and third sector provision, such as the GED and the Compact, have been ignored, under-used or misused within local service development strategies. Furthermore, the language used around violence against women is also becoming gender-neutral which continues to undermine the value of women-only provision. A market-driven culture which has a 'one size fits all' approach, combined with a lack of understanding of both BMER women's needs and the sector, is creating a huge void in provision. Until these issues are better understood and supported, many in the sector feel that BMER women will have less access to specialist, independent support and advocacy and their needs will not be met.

6. Conclusion

All agencies need to be competent in responding to the needs that are common to all survivors of gender-based violence as well as the experiences and responses which are unique to the experiences of BMER women and children. The expertise and experience situated within specialist BMER VAWG services is crucial in the prevention, safety and protection of women and children. The Road to Sustainability has highlighted key issues facing the BMER women's sector and the particular challenges facing organisations in retaining their specialism. Consistent levels of engagement between commissioners and policy leads and the specialist BMER VAWG sector, alongside BMER VAWG training for those with a commissioning responsibility on VAWG would be a valuable starting point. In parallel, there needs to be greater recognition and integration of BMER VAWG services within national and local strategic priorities on health and VAWG work. Synonymously, given the current economic risks, it is imperative that BMER VAWG organisations are especially robust in areas of governance, strategic planning and partnership working to ensure that services are proactively mitigating against operational and financial risks, and have a clear strategy for improving their sustainability in the longer-term.

7. Key recommendations for policy makers, funders and commissioners

Policy makers and strategic leads should have a more detailed understanding of the specific experiences of BMER women and girls experiencing gender-based violence and the potential need and value of specialist BMER VAWG provision.

National co-ordination:

- Establish a cross-governmental working group with specialist BMER VAWG sector representatives to address the funding and strategic development needs of the sector. This should include key partners from health, community safety, children, education and housing sector.

Improving relationships:

- Closer interaction between local authorities/PCTs including the new health bodies i.e. clinical commissioning groups and health & wellbeing boards and the BMER women's voluntary sector to identify effective pathways of care and support in the formulation of local policy and needs assessments.

Monitoring:

- Development of a national indicator that addresses the need for BMER third sector provision, taking other equality strands into account, where relevant.
- A more flexible approach to monitoring that is proportionate to size and nature of an organisation.
- A focus on qualitative outcomes as well as quantitative outcomes, including different models of evaluation e.g. Social Return on Investment.

Funding:

- It is crucial for funders to recognise the vulnerability of BMER VAWG specialist services within the current economic environment.
- Adopt different approaches to commissioning that integrate the expertise of specialist VAWG groups and enable groups to compete on an equal footing. For example, capacity-building to support the development of partnership models of working between smaller niche organisations.

- Supporting organisations to claim full cost recovery whilst simultaneously providing support to strengthen internal structures (governance, finance, monitoring and evaluation, risk management strategies, future developments) is likely to build organisational resilience. Such an approach will ensure diversity in provision and would also contribute towards improving the longer-term sustainability of the specialist sector.
- Funders need to recognise the cost-effectiveness and value of sustainable funding interventions instead of short-term projects or singular specialist posts including women-only support groups, therapeutic interventions, outreach, advocacy, and resettlement and accommodation based-support.

8. Key recommendations for the BMER women's sector

As organisations face the on-going financial pressure to reduce existing services and reduce staffing levels, the need to be financially robust, prudent and forward thinking is crucial. This may include:

Organisational capacity/development

- Identification of different models of working and service delivery to address current gaps in support.
- Proactive exploration of collaborative working structures and opportunities for joint bidding for services with VAWG and other partner organisations.

Finance/funding:

- Supporting trustees to take on a more proactive role in the management of organisational risks. For example, ensuring that at least one trustee has a detailed understanding of accounting, budgeting and financial risk management.
- Diversify funding base and seek alternatives to statutory funding.

Raising awareness:

- An exploration of different methods of awareness raising. This could include social networking as an effective way of targeting a wider audience and the development of collaborative approaches to promotion in partnership with other BMER women's organisations.

- Ensuring consistent involvement in local strategic partnerships. Supporting and equipping frontline staff other than allocated senior staff members to participate in some strategic meetings and using AGMs or other organisational events as opportunities for strategic engagement.

Training/development

- Ensure the development of a trustee recruitment policy to routinely identify and address gaps in skills, expertise, social identity and any other areas.
- Utilising approved systems for quality assessment where possible to demonstrate organisational efficiency and as tool for demonstrating service need. For example, Social Return on Investment can be used to capture the broader impact of services.
- Reviewing processes of internal monitoring and evaluation to identify gaps in data collection outside of funding requirements e.g. new needs, service demand (including the numbers of women not being supported).
- Encouraging ex-service user involvement within governance and other structures alongside ongoing training and support to build skills and maximise engagement.
- Strengthening mechanisms of support through national and local advisory groups, second-tier organisations or umbrella bodies.
- Ensuring there is a commitment to investing in and budgeting for staff development as well as strengthening support to frontline staff to increase participation in internal and external strategic discussions and meetings.
- Investing in the future professional development of volunteers through consistent sector-specific training to add value and maximise the skills and experience volunteers bring to individual project

8. References

Afiya Trust (2012) Living in the Margins: An Interim Report on the Impact of Local Government Social Care Cuts in BME Communities http://livinginthemargins.org/wp-content/uploads/2012/03/interim_report.pdf (last accessed 7/6/12)

Council for Ethnic Minority Voluntary Organisations (2010) The Impact of the Economic Downturn on Black and Minority Ethnic Third Sector Organisations. London: CEMVO

Department of Health (2010) Responding to violence against women and children – the role of the NHS, The report of the Taskforce on the Health Aspects of Violence Against Women and Children

EHRC (2009) Cohesion and Equality: Guidance for Funders http://www.equalityhumanrights.com/uploaded_files/PSD/cohesion_and_equality_-_guidance_for_funders.pdf (last accessed 7/6/12)

Imkaan, Equality Now & City University (2011) The Missing Link: A Joined Up Approach to Addressing Harmful Practices in London. London: GLA

Imkaan (2010) Vital Statistics: The Experiences of Black, Asian, Minority Ethnic & Refugee Women and Children Facing Violence and Abuse. London: Imkaan

Towers, J. & Walby, S. (2012) Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls, Report for Northern Rock and Trust for London <http://www.trustforlondon.org.uk/VAWG%20Full%20report.pdf> (last accessed 7/6/12).



1-3 Berry Street
London EC1V 0AA

Tel: 020 7490 9512

Email: Zoe.palmer@platform51.org

www.whec.org.uk