

1. Services led by and for BME women are an essential part of an effective service model, not a luxury. Many women may never access support unless it is from a BME led service

The specialist BME women's sector has played an essential part in addressing violence against women and girls, yet BME organisations are often marginalised at both local and national levels.¹ Specialist BME VAWG organisations are developed to respond specifically to the needs of BME women who have experienced violence and will reach communities and individuals who face multiple barriers to accessing statutory and other voluntary services. Such organisations are independently developed, led and delivered by and for BME women, thus promoting social and community cohesion, as detailed in the Compact 2010.²

Black and minority ethnic (BME) women escaping abuse often experience repeat victimisation in the form of racism and discriminatory cultural stereotypes that minimise their experiences of violence and can render invisible the violence they have survived. BME women may be additionally excluded from services due to unfamiliarity, information gaps in service provision, cultural/religious incompatibility and a lack of appropriate language services. Women who have poor experiences of mainstream services, as a result of isolation, institutional racism, harmful stereotyping, and inability to access supportive networks as a result of language and/or the above, are more likely to return to an abusive relationship where they can access an environment embodying what they define as their cultural norms.

“There is no dichotomy between the promotion of equality and cohesion and the provision of specialist services to an ethnic minority. Barriers cannot be broken down unless the victims themselves recognise that the

¹ Larasi, M, (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: Kelly et al eds. Moving in the Shadows

² HM Government The Compact (Commitment 5.2). London: Cabinet Office

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source of help is coming from the same community and background as they do.” (Lord Justice Moses)³.

[The majority of BME survivors] “stress their preference for service that recognised their faith and culture, often over and above the women-only aspect of the service. A number of ethnic minority women suggested that although they were aware of alternative provision elsewhere, they would not access this service even if it was women-only, because the service would not be culturally sensitive.”⁴

Vital Statistics⁵ found 87% of 124 BME women accessing ten different VAWG services across the UK stated their preference to receive BME specific support. A quarter of the respondents said they had left an abusive partner before, without receiving BME specific support, but had returned. **The majority of women interviewed said receiving BME specific support enabled them stay out of a violent relationship more effectively and helped them to make empowering choices.**

The [BME women’s refuge] understand my culture and I feel comfortable looking for support in my own community (survivor)⁶

The work BME services do around community engagement, and the employment and volunteering opportunities BME-led services offer BME women also enhance equality and social cohesion outcomes and further enhance and embed awareness-raising.

A generic VAWG service with a BME aspect of support is still a generic service. While those services may do good work with some of the BME women they

³ 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

⁴ Hirst A. and Rinnie S. (2012) *The impact of change in commissioning and funding on women-only services* Equality and Human Rights Commission Research: Cambridge Policy Consultants

⁵ Roy S. and Ravi T. (2012) *Vital Statistics 2: Key finding report on black, minority ethnic and refugee women’s and children’s experiences of gender-based violence* London: Imkaan

⁶ Imkaan 2014 *Beyond the Labels* London

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support, the service will be less effective in reaching BME victims of VAWG and in ensuring the voices of BME women and girls are heard.

The legal review of the BME Compact Code identified that not only do opportunities exist in equality law to create and deliver community (BME) specific services but that sometimes a requirement arises in equality law to create and deliver community (BME) specific services⁷.

2. Ensure quality BME provision through listening to specialist services and utilising national accredited service standards

In your needs assessment, build on existing expertise and systems by mapping existing provision in the area to get a clear sense of how women and girls currently access support and where there are gaps in specialism both across types of VAWG (e.g. there is no current specialism on Child Sexual Exploitation/ Abuse in the area) and across protected characteristics (e.g. there is no current BME specialist group in the area). Review Census data to have an accurate picture of the demographics of your locality; hold BME women's focus groups to provide a space for BME survivors to focus on their needs; when consulting with stakeholders and practitioners, ensure you are not just going to the 'usual suspects', consult with BME community groups, BME health services and other areas where you know BME women and girls are accessing services so that you have an accurate picture of need and existing routes to support for BME women and girls, as well as gaps and where mainstream services are not meeting particular needs or accessing particular groups of people. From this you can develop a service model that makes the most of existing good practice, and addresses the gaps, by ensuring there is dedicated funding for BME services and clear care pathways for BME women and girls (and for survivors cross all other / intersecting protected characteristics).

Utilise national standards and outcomes frameworks developed by and for the relevant specialism, e.g. Imkaan Accredited Quality Standards and national

⁷ Monaghan, K, 2008, An Independent Legal Analysis of the Compact Code of Good Practice on Relations with 'BME' Voluntary and Community Organisations, for the Commission for the Compact

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outcomes framework, Women's Aid and Rape Crisis England and Wales' respective outcome and standards frameworks (see Successful Commissioning Guide for more information) to support the commissioning of quality services working towards survivor identified outcomes.

Demonstrate commitment to the Equality Duty by ensuring there are services for those with protected characteristics, led and delivered by those with protected characteristics.

Commission services that can evidence social value/return on investment over a period of time through holistic service provision, including prevention, early intervention, short and long term support models, therapeutic support, resettlement and dedicated children's and young people's support.

Support the development of consortia of dedicated specialist services in your areas and ensure you factor in the significant time and resources required for consortia to form effectively and sustainably.

3. Assess and evaluate the potential negative impacts of commissioning

It is vital to consider the broader impacts of commissioning practices. Despite the evidenced value of BME services for BME women and girls, there has been a significant decline in BME led services; a 2009 mapping project found that of the 408 local authorities in England, Scotland and Wales, just one in 10 (11.0%, n=45) has a specialised BME service⁸, and we have seen further reductions since that research was conducted. When preparing your strategy, talk to your local BME services to hear their experiences of collaborative working with local generic organisations and talk to their service users to hear first hand the value of the work they are doing. Encouraging several small services to merge may work in some contexts, however for BME services this can spell out an end to autonomy and self-determination:

⁸ Map of Gaps 2: 2009

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...for many BME refugees, mergers are more threatening and represent a challenge to identity, flexibility and autonomy, and they are in fact 'takeovers' as opposed to mergers... merger is not the solution in all cases⁹

Rather than create a 'one size fits all' approach, mainstreaming should recognise that no single organisation can be all things to all people, but that there is value in a diverse civil society where organisations are able to work together towards shared goals.¹⁰

Determine some underlying principles to VAWG commissioning in your strategy; e.g. Valuing diversity of provision, to guide your strategy and process, then draw up a risk mitigation plan to ensure your commissioning process strengthens what is already working well in the area and builds on this, rather than disregarding decades of work and effectively 'starting again', damaging relationships that have built up over time and discounting the experiences of survivors who have shaped existing local provision.

4. Survivor needs led commissioning and service modelling

By commissioning around needs, rather than risk levels, you are ensuring that women and girls have access to safety (as this will always be a core need when working around VAWG), while also ensuring that women having access to a range of options for support and intervention at the earliest possible opportunity. Needs focused service models also ensure that women and girls are receiving support to build resilience, stability and autonomy, to reduce vulnerabilities to VAWG and to open up alternative narratives and opportunities for women and girls at the earliest possible moment.

Building a risk led service model can create a 'funnel' – pushing women into situations of further danger until they meet a 'high risk' threshold and are then able to access support. The dynamic nature of risk can also mean that a risk led model does not engage with women where and how they need it most. The

⁹ Mouj 2008 A right to exist : A PAPER LOOKING AT THE ERADICATION OF SPECIALIST SERVICES TO BAMER WOMEN AND CHILDREN FLEEING VIOLENCE Imkaan

¹⁰ Voice4Change England and NAVCA (2012) Specialist Services: A Guide for Commissioners

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inconsistency in risk assessing can also mean that the risk of particular types of violence may be under-estimated. For example, young women experiencing coercive control may not score highly on a many risk assessment forms, and therefore are not appropriately prioritised for support, resulting in vulnerability to on-going and worsening abuse.

5. Commissioning to create safer, healthier, more equal communities

Costing out VAWG provision is obviously a necessary part of your process. However, the weight given to short term cost savings needs to be balanced with a more nuanced understanding of costs and benefits in the long term that takes into account the complexity of social return on investment and the ultimate impossibility of putting a financial figure on the costs of suffering and death caused by VAWG. For example, some local authorities have utilised a unit costing approach to commissioning: unless it is a carefully constructed calculation of unit costing that takes into account the different ways BME services work and the unique needs of BME women and girls, this approach can disadvantage BME and other specialist services.

There are key reports and studies evidencing that the costs to maintain specialist services is minimal in comparison to what VAWG costs Governments; but how does this approach consider the realities of the women and girls whose lives we are talking about? How does this language inspire commissioners to consider the impact that you have on the lives of women and girls, and the difference that you can make as a commissioner?

So what is the alternative? By thinking about your local concerns, while situating your VAWG strategy in the national and international policy arena, you are ensuring your area is meeting your international, national and local obligations under human rights treaties, conventions and laws i.e. to uphold the rights of women and girls. In focussing solely on short term cost savings when talking about murder, suicide, children growing up with limited possibilities, impaired potential, and ultimately the power and control exercised over 50% of the

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population (women and girls), you risk losing the bigger picture of what you are trying to achieve – a healthier, safer and more equal community.

This shift in focus should flow throughout your strategy, encompassing a broad approach to ending VAWG, which includes prevention and early intervention work, as well as addressing gender and racial inequality issues, impacting on education and training and addressing other root causes of VAWG.

6. Link your commissioning outcomes to national outcomes frameworks to ensure that your strategy and service model has survivor voice at its heart

National VAWG groups have several decades of survivor consultation and experience to draw from to create survivor identified outcomes frameworks. These frameworks are based on what survivors have told us they want and need from services to cope and recover. In utilising these frameworks in your commissioning process, you are ensuring that survivor voice is at the heart of your service modelling.

National outcomes frameworks may also be useful tools for you in developing your VAWG strategy, as the frameworks, in identifying clear outcomes areas for survivors, map out how the various arms of local authority impact on and are impacted by VAWG. This can support your process of mapping funding and resources for VAWG work within your area.

The Imkaan outcomes framework identified 5 key outcome domains: Safety, Health, Stability, resilience and autonomy, Children and Young People and Prevention. These outcome domains make clear that VAWG requires a cross departmental response, including but not limited to housing, health, adult and child safeguarding, substance misuse, children's services, community safety units, policing and crime, education and training, co-ordination and strategic oversight bodies within statutory services.

7. Commissioning an integrated VAWG service model

An integrated VAWG approach is sometimes misinterpreted as a 'one stop shop' approach, resulting sometimes in a 'one size fits all' model. An integrated VAWG

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approach is in fact about securing a wider range of access points for survivors, strengthening referral pathways to specialist support and maintaining/ fostering a diversity of local specialist provision. A VAWG approach should be the basis for a model that enables women to self-define their experiences and access support according to their particular needs.

The shift towards a VAWG approach involves resources and careful planning; this may include up-skilling and training existing providers and statutory agencies, preserving and strengthening existing specialisms; nurturing collaborative approaches and stronger partnerships between specialists to create smoother referral pathways and staging change in your strategy so you are not expecting overnight change but rather working towards a region wide cultural shift in how people understand and respond to VAWG. Ensure your strategy reflects this and seek support from national specialist representative bodies (Imkaan, Rape Crisis, Women's Aid Federation England, Respect and CAADA) to support you through this wide reaching shift.

An integrated VAWG approach requires multiple and diverse approaches to service delivery. Commissioning which focuses exclusively on one framing of risk and access to criminal justice, e.g. commissioning only IDVA/ ISVA provision, is not sufficient in a VAWG model. A VAWG model requires a diversity of provision that responds to a range of needs and different survivor experiences and/or identities. This must include at a minimum, refuge provision, therapeutic services, community outreach, floating support, case workers who respond to the dynamic nature of risk, peer support groups, BME, LGBT and disability focused services, and so on, reflecting the needs and aspirations of women in your region.

8. Take a thorough and informed approach to survivor consultation

Women and girls in your area need to be consulted, but you need to ensure you have a genuine diversity of survivors both across protected characteristics and in terms of the types of violence they have experienced and the types of service they have accessed. Service user consultations must also be undertaken with the knowledge that women will only know the services they have accessed/ tried to

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access, and generally those who will take part in consultation have had a positive experience of service and may also feel they have to be positive to continue receiving service. It is important as part of your survivor consultation processes to also review national and local research that is survivor focused, and look to the national bodies representing specialism to have a national picture of what survivors are saying they want and need, as reflected in national outcomes frameworks. Remember that many dedicated specialist services will have strong survivor voice within their internal structures through representation on boards, to prioritising survivors in recruitment practices and these services may be a useful place to start your consultation process. Having a mix of interviews, online anonymous feedback and focus groups gives survivors a range of options to engage in consultation.

Survivors need to be engaged at EVERY stage of the commissioning process, not just the needs assessment. Ensure you provide opportunities for survivors to be part of monitoring and evaluation processes in your commissioning cycle, perhaps through the development of independent survivor panels in your region. Your local specialist services and national second tier groups can support you in establishing these processes.

9. Ensure your strategy and funding model address the needs of all BME women, including non-British national women who experience VAWG to ensure you do not have a two tier system for survivors based on nationality

Survivors of violence should be treated first as survivors of violence, regardless of nationality. In your consultation process, ensure you engage with non- British national women to hear about their experiences, needs and aspirations and ensure this is reflected in your strategy and service model. In ignoring these women and girls in your strategy and service modelling, you are not only missing an opportunity to plan effectively and realistically, but are also not fulfilling your responsibility for the safety, health and wellbeing of all women and girls in your area.

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10. Undertake cost-benefit analysis and equality impact studies of the commissioning of VAWG services before undertaking commissioning processes, perhaps it will be cheaper and more effective to grant fund existing services

Remember, you do not have to go out to tender! It is important to assess the costs of commissioning services, and the impacts of a commissioning process on services, on partnerships and relationships in the sector, on budgets and ultimately on women and girls. Are there more cost effective ways for you to improve service delivery in your area without going through a costly and resource intensive tendering process? What are the reasons for going out to tender? Have you explored alternatives? Have you conducted an analysis of costs and benefits and potential equalities implications of going out to tender? Have you factored into your service mapping the added value/resources specialist services bring into the area? Taking the time with these considerations early on the process may save you time and money in the long run.

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