

The State of the Sector:

Contextualising the current experiences of BME ending violence against women and girls organisations. **An Executive Summary**

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. 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 unique, diverse, frontline, specialist BME women's organisations that work to prevent and respond to violence against women and girls (VAWG).

FRONTLINE RESPONSES TO BME WOMEN AND GIRLS

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 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.¹

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.² Some groups provided intensive support to 20 women, while others provided advice, advocacy and group work support to thousands.³

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 NAVCA⁴ definition of specialist

¹ Imkaan member map of BME VAWG services: <http://imkaan.org.uk/membership>

² April 2014 to March 2015.

³ Imkaan member survey data, 2015.

⁴ 'Specialist services are designed and delivered by and for the users and communities they aim to serve'

services. 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. 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

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.

99%♀

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

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 nor adequately resourced.

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.⁵ Furthermore, a recent report by Lloyds Bank 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.'⁶

A survey conducted with Imkaan members during September/ October 2015 provides further evidence of the uncertainty facing BME VAWG organisations. Key findings include:

1. **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.
2. **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 generic⁷ forms of housing support and provision instead of specialist, dedicated support services.
3. **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.
4. **Inequality in partnership structures:** Organisations often 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.
5. **High demand, fewer avenues:** Despite high demand for services, 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

⁵ Manjoo (2015) Report of the Special Rapporteur on Violence against women, its causes and consequences United Nations, Human Rights Council.

⁶ 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.

⁷ Generic/ mainstream services: these terms refer to non-BME led services, including VAWG specialist services that may have BME staff but are not BME-led by and for

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.

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, 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.

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.⁸
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

⁸ Ministry of Justice (July 2014) Organisations awarded funding from the female Rape Support Fund: 2014 to 2016.

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.
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.

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