

FROM SURVIVAL TO SUSTAINABILITY

critical issues for the specialist black and 'minority ethnic' ending violence against women and girls sector in the uk • **December 2018**



Acknowledgements and Dedication

This year as we celebrate 20 years of Imkaan, we wish to express deep gratitude to everyone who has made this journey possible.

We wish to thank [Oak Foundation](#) for supporting Imkaan to carry out this piece of work. Without this support, the voices that are at the heart of this report may not have been heard at this moment in time.

We also wish to thank [Trust for London](#) for supporting earlier work which contributed to the development of this project.

The information in this report tells multiple stories of survival, resistance, creativity, resilience and hope. It is impossible, in any single document, to reflect the work of the specialist *by and for* Black and 'Minority Ethnic' ending VAWG sector, and the black / intersectional women's labour that has organised, developed, innovated, survived, resisted and more. This is a sector that is part of a wider movement and the struggle for our collective liberation.

This report is dedicated to this movement, our movement. Critically this report is dedicated to all the women and girls that have survived, and to those of who have not.

Special thanks to members and colleagues who have responded to surveys, participated in discussions and shared their experiences with us. We know that it takes time and energy to do so, and we are grateful. We hope that this report honours your truths.

Members of the Imkaan Team contributed time to different elements of this work:

- Dion Spence for member discussions and ongoing sustainability work
- Ikamara Larasi for technical support
- Leah Cowan for the Tallawah Graphic (page 12)
- Rahni Kaur Binjie for leading on two surveys and for collating critical data about members experiences
- Sumanta Roy for key data which helped in context setting

Marai Larasi

December 2018

Photography: Marion A. Osieyo (Twitter: [@Marion AO](#)), Apna Haq Rally 2015

Report design: Ikamara Larasi

“We are seeing space move beneath us, and away from us, creating a situation where our survival is time limited”

“Provided we can secure funding, we believe we will go from strength to strength as there is huge need for our work and we have a strong team”

- Imkaan Members



Contents

Acknowledgements and Dedication	3
Section One: Introduction and Background	7
Who We Are: Imkaan	7
From Survival to Sustainability: Why This Report	7
‘We Are Here, Because You Were There’: The ‘UK’ Context	8
What’s The Harm?: Violence Against Women and Girls	9
“Wi Tallawah”: Specialist BME Women’s Ending VAWG Organisations	11
In Our Voices: Project Approach	13
Section Two: Key Findings	16
The Inner Workings: Operations	16
Size Matters: BME Ending VAWG Organisations	17
The Bottom Line: The Financials	18
The Marketplace?: Experiences of Commissioning	22
Unequal Relationships: Partnerships	24
Conclusion	25
Section 3: Recommendations	28
Recommendations for National Government (England)	28
Recommendations for Commissioners	29
Recommendations for Trusts and Foundations	29

Black Sisters

**We are Asian,
African, Latin,
American,
Caribbean...**

**Indigenous = A
Global Majority**

**NICKELSON
TRADE
MARK**

Section One: Introduction and Background

Who We Are: Imkaan

“Imkaan is the only safe space we have as a BME org”

“a safe space to voice concerns, strategic work, research, reports, voice of the sector, helping the sector to review itself eg. reclaiming our language.”

Imkaan is the UK's only national second-tier women's organisation dedicated to addressing violence against women and girls who are minoritised on the basis of ethnicity. Minoritisation effectively creates and maintains the social, political, economic and other conditions that lead to groups of people being treated and defined as minorities e.g. '*ethnic minority*' and '*minority ethnic*'. Imkaan views minoritisation as an ongoing, active process which marginalises particular groups on the basis of 'race', ethnicity and other grounds. Although in policy terms we are referred to as Black and minority ethnic (BME), we contest this language and thus our reluctant use of the term involves the placement of quotation marks around '*minority ethnic*' i.e. Black and '*minority ethnic*'.

For 20 years Imkaan has been at the forefront of analysis and initiatives in the area of ending violence against BME women and girls. We provide a coordinated, strategic voice for BME specialist services that work to prevent, and respond to, violence against women and girls (VAWG). Most of our members are small to medium, locally-based organisations. Imkaan acts as a bridge between government, statutory agencies, mainstream voluntary organisations and the specialist BME ending VAWG sector to promote effective and appropriate inclusion of BME women's and girls' experiences and needs within policy and programming. This includes challenging the marginalising and stigmatising ways that policy narratives are constructed, and pushing back against the erosion of safe, autonomous BME led spaces. This is particularly important for smaller, local organisations whose voices are often the least heard, even at local level.

From Survival to Sustainability: Why This Report

“Many women have experienced hate crime as a result of Brexit. Brexit has given a licence for people to be openly discriminating towards BME women and created hostility”

“Regarding Brexit, the uncertainty of the Brexit process has resulted in demands for new services (e.g. hate crime) and increased demand of some of our existing services (e.g. immigration advice, crisis intervention, help in registering children at school, help in registering with a GP).”

In June 2017, Imkaan received one year funding from Oak Foundation to conduct an analysis of the funding situation and trends affecting specialised services for BME women survivors of VAWG in the UK. An interim report was produced in October 2017, which focused on a smaller group of organisations but provided important insight into some of the issues affecting the sector, and provided a useful basis for dialogue with policy makers and foundations. This final report has been produced to inform Imkaan's public policy work and Oak Foundation's [Issues Affecting Women](#)

[Programme](#) strategy for the UK; as well as providing further evidence about the state of the BME ending VAWG sector. It is hoped that these findings, which build on Imkaan's previous reports including *The State of the Sector* (2015) and *Capital Losses* (2016), will be useful for members, sector partners and policy makers.

This full report comes at a point when we are witnessing major political upheaval and uncertainty in the UK. The uncertainty around Brexit, the rise of the far right and the impacts of the government's 'hostile environment' immigration policy are particularly unsettling for the UK's BME populations. At the same time issues such as sexual harassment have entered the public consciousness in unprecedented ways due to a phenomenon such as #MeToo. We have witnessed the Westminster government u-turn around worrying proposals for supported housing reforms which would have had serious implications for refugee funding; while at the same time putting forward plans for a Domestic Abuse Bill which fails to consider the needs of the most marginalised women and girls, and which appears to fall outside of their own integrated VAWG framework.

Imkaan's own alternative bill [From the Margins to the Centre](#), published in October 2018, offers a template for a transformative approach to addressing and ending violence against women and girls. This report, *From Survival to Sustainability*, highlights the need for this transformative approach. The timing of the report is therefore critical. We know that there is commitment amongst a number of civil servants to address some of the resourcing challenges across ending VAWG work and we believe that this report provides important evidence which supports the case for a more sustainable, long-term strategy for funding for BME ending VAWG organisations. We are sometimes asked, "How much would it cost to fund the BME [ending VAWG] sector?". While this report does not answer that question directly, it provides enough of a picture to allow for exploration of the potential costs of providing core / baseline funding for this network of vital services.

'We Are Here, Because You Were There': The 'UK' Context

"There are times in the history of movement which requires a more critical transformation of the way we conceptualise and develop our space, how we represent ourselves and how we claim/reclaim Black. This is the time"

The rights of BME people to simply 'be' in the UK is a site of ongoing contestation. The question of whether we *belong* on these islands goes to the very heart of how we are treated in these societies. It is important to note that our right to be here is often in question whether we have arrived in the UK recently, or whether we can trace our ancestral connections across centuries to the docks of Liverpool, Bristol or Cardiff.

According to the last census (2011), 13% of the UK population defines itself as BME, and these populations are undoubtedly more concentrated in larger cities such as London, Birmingham and Manchester. For example, in England's capital city the BME population is 40%.

Although much of the narrative around our presence in the UK centres around the immigration debates that have plagued British politics over a number of decades, there has actually been a black presence in Britain since Roman times. However in the last century, complex legacies of Empire along with ever-shifting geopolitics have led to different trends in migration which have, in many ways, challenged the very notion of 'Britishness'. The result is that, in many ways, parts of British society are stuck in an endless loop of attempting to reaffirm their whiteness, their borders and their supremacy without accountability for past and current devastation. In truth, the diverse BME presence in these islands, in and of itself, is an assertion, rooted in the realities of Britain's colonial past and its foreign policies, that *"We are here because you were there"*¹.

Yet 'race relations' thinking and policies have in many ways sought to distance Britain from the wholesale devastating impacts of the colonial project rather than adopting an approach rooted in accountability and reparation. This is crucial to understanding how BME people are situated in much of the political, social and economic psyche of the UK. BME populations are still in many ways viewed as outsiders and invaders i.e. the *'other'*. This backdrop, which is far from static, not only shapes how BME girls, women and their children are subjected to violence it also impacts on our ability to access safety, justice and autonomy.

What's The Harm?: Violence Against Women and Girls

Violence against women and girls (VAWG) is one of the most persistent and pervasive violations of human rights. The Istanbul Convention² offers the following definition of violence against women,

"Violence against women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

Imkaan chooses to speak about violence against women *and girls*, in acknowledgement of the specific ways that the girl child is subjected to violence, and with recognition that girls are too often invisibilised within both women's rights and children's rights agendas.

VAWG occurs within and across all 'communities' and societies. For many women's rights' activists, academics and practitioners, VAWG is understood as being inextricably linked to women and girl's unequal status in our societies i.e. VAWG is both a cause and a consequence of this inequality. This position is reflected in a broader policy context at UN level and further within the UK government's VAWG strategy, and it is foundational to much of ending VAWG work. Imkaan subscribes to this position, while also challenging the very ideas around how gender is

¹ This quote has been widely attributed to the late Ambalavaner Sivanandan who was director Emeritus of the Institute of Race Relations, a London-based independent educational charity.

² <https://www.coe.int/en/web/istanbul-convention/home?%2520>

constructed. There is no single version of womanness and inequality does not occur in our societies solely on the basis of sex/gender. Many BME women are required to navigate multiple, intersecting experiences of oppression linked to 'race', ethnicity, class, sexuality, and other factors including issues such as economic injustice, lack of access to health care, and insecure immigration status.

In the UK, violence against women and girls continues to be perpetrated at alarming levels; and while key sources, such as British Crime Survey, England and Wales capture important data, areas of disproportionality are not always reflected and understood in the mainstream. Concerns around issues such as state violence e.g. through immigration detention are not included in mainstream analysis of actual prevalence of VAWG. However we do have public data which highlights particular issues. For example:

- In London, Metropolitan Police Service (MPS) data indicates that 18% of victims, reporting a sexual offence, identify as black³. This is disproportionate to London's black population which in the 2011 census was 13.3%⁴
- Also, in London, MPS data shows that 73% of sexual offence reports come from victims in the 18-34 age range⁵
- ONS data indicates that for the period 2015 - 2017 women who had a long-term illness or disability were more than twice as likely to have experienced some form of partner abuse (12.4%) in the last 12 months than women who did not (5.1%)⁶
- ONS data for the same period also indicates that women living in households with an income of less than £10,000 were more than four times as likely (14.3%) to have experienced partner abuse in the last 12 months than women living in households with an income of £50,000 or more (3.3%)⁷
- Black women are more likely than other women to be remanded or sentenced to custody, and are 25% more likely than white women to receive a custodial sentence following a conviction⁸
- In 2017, the Forced Marriage Unit dealt with 930 cases involving female victims⁹.

³ In MPS and census terms, black refers to populations with African origin including African and African-Caribbean people

⁴ <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/domestic-and-sexual-violence-dashboard>

⁵ ibid

⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/womenmostatriskofexperiencingpartnerabuseinenglandandwales/yearsendingmarch2015to2017>

⁷ ibid

⁸ <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Counted%20Out.pdf>

Other sources can also provide important data. For example,

- In 2017, Amnesty and Ipsos MORI tracked over 25, 000 abusive tweets sent to women MPs. Almost half of those were directed at Diane Abbott, the UK's first Black member of parliament. The abuse was frequent both racist and sexist i.e. racialised sexism¹⁰
- Polling by the Trade Union's Congress (TUC)¹¹ shows that over half (57%) of BME women affected by bullying and harassment have suffered mental health problems.

For BME women and girls, who are likely to be affected in different ways by some of the above issues, the lack of an effective, integrated approach to violence against BME women and girls has direct impact on safety, freedom of movement, education, health, employment prospects and more. Government strategies have increasingly located phenomenon such as female genital mutilation and forced marriage in narratives of 'culture' and 'community' and/or policies connected to terrorism and extremism. Girls / women's experiences of violence are then deployed by the state, in strategies around surveillance, security and border control. The result is the shrinking of safe spaces, and a justifiable scepticism about who to trust. It is unsurprising then that BME women and girls often report dissatisfaction with the responses from statutory services; and while many women and girls use services provided by non-BME women's services, women report an overwhelming preference for specialist, BME led women's services.

"Wi Tallawah"¹²: Specialist BME Women's Ending VAWG Organisations

"I am concerned that 'women's movement' is more myopic and narrow in focus now than it was in previous decades and that BME organisations are still struggling against barriers that should have been eroded. Altogether, we are facing structural and institutional barriers that exclude our participation and aim to silence our voices."

Specialist BME women's ending VAWG organisations have led the way in work to address violence against BME women and girls while making significant contributions to broader equality and social justice work. The sector is rooted in social movements which have focused on issues such as VAWG, racism, immigration control, homophobia, labour rights and more. This sector was intersectional in its thinking and practice, before the term intersectionality was even coined.

⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730155/2017_FMU_statistics_FINAL.pdf

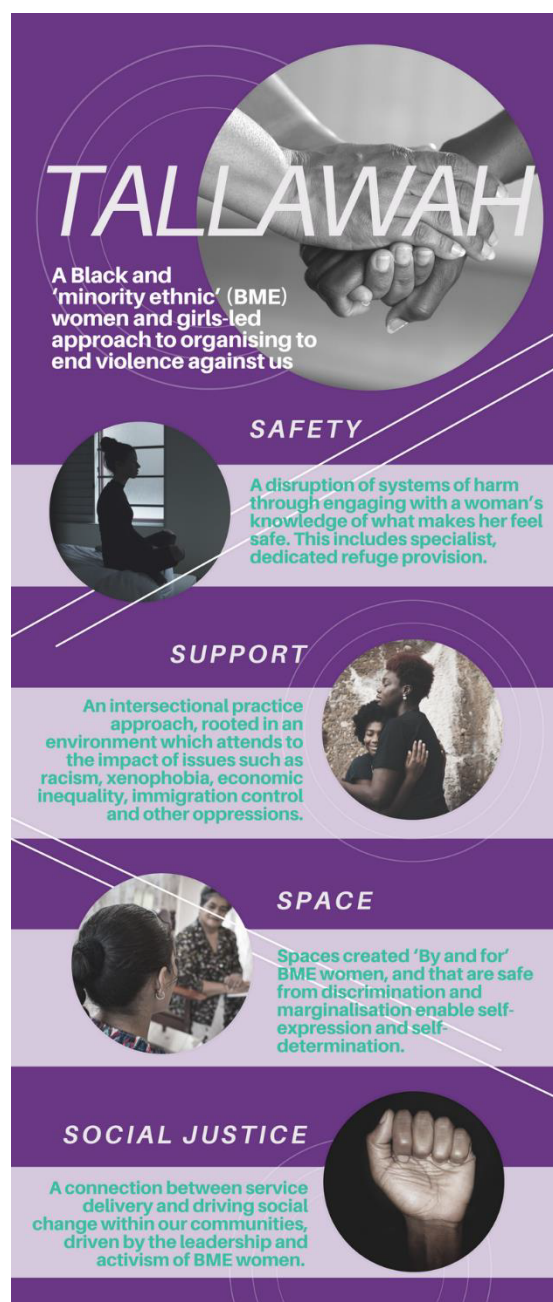
¹⁰<https://medium.com/@AmnestyInsights/unsocial-media-tracking-twitter-abuse-against-women-mps-fc28aeca498a>

¹¹ <https://www.tuc.org.uk/news/bme-people-still-facing-racism-and-discrimination-work-says-tuc>

¹² Tallawah is a Jamaican word which means strength. It is commonly used when this strength is not immediately obvious, for example when someone is small, and assumed to be 'weak'.

Despite the contributions made by individual women, organisations, and by the sector as a whole, BME ending VAWG organisations remain 'the poor relation' of the wider ending VAWG movement. The sector has a long history of underfunding and political marginalisation, which for individual organisations has impacted their survival and their ability to sustain the vital work that they do. In the 20 years since Imkaan was first established, we have witnessed loss of services, absorption of small providers in to large generic / non-BME charities and the closure of a number of organisations. Yet services which are led by BME women for BME women are an essential part of addressing violence against BME women and girls. Not only do many BME women state that they prefer specialist BME organisations, but these specialist services are also an important aspect of 'movement building' and women's community organising. BME specialist services create spaces and platforms which support BME women's and girls' access to autonomy, leadership and their rights. The BME women's organisations which provide ending VAWG services are not only service providers; they are activists, community leaders and change-makers. They are ideally located to facilitate change at grassroots level, identify gaps in current approaches, lead debates and inform the wider analysis of violence against BME women and girls and equality generally. These organisations have been at the heart of effecting widespread change in relation to policies around everything from immigration to forced marriage.

If we, as societies, are to embed a meaningful, rights-based approach to violence against women and girls, which recognises and responds to the different journeys and experiences of diverse women and girls, we need specialist BME women's sector organisations.



Marai Larasi with Dorett Jones (2017)
Tallawah: A briefing paper on black and 'minority ethnic' women and girls organising to end violence against us.
London: Imkaan

imkaan

Infographic 1: Marai Larasi with Dorett Jones (2017)
Tallawah: A briefing paper on black and 'minority ethnic' women and girls organising to end violence against us.
London: Imkaan. Infographic design, Leah Cowan.

In Our Voices: Project Approach

“We are concerned about how our voice gets represented as there is a tendency to 'institutionalise' our concerns and issues in a way that they do not reflect who we are. This is about the much bigger question of democracy - it is not representative of BME women and I fear that we will be made invisible yet again.”

This project was designed to deepen the understanding of the issues affecting the BME ending VAWG sector. This report deliberately refers to ‘us’ and ‘we’, as Imkaan is also a by and for organisation rooted in the issues that are raised here. We oppose hierarchical research framings that assume that the ‘insider’ is unable to bring rigour to research work. Instead we offer a transparency about our own positionality, recognising that we are invested in societal transformations that facilitate the safety and freedom of BME women and girls.

Our approach involved the collation and review of both primary and secondary data. Given that the issues of funding and sustainability are core areas of concern for the sector, this report concerns itself with the actual financial situation of the sector. However, it has been important to have an overview of how organisations work and the contexts in which they are doing that work; as well as to understand the overarching funding picture, explore the nuances and ‘drill down’ as necessary.

Data has therefore been collated from the following sources:

- Financial and related data through a review of publicly available organisational audited accounts / financial statements (2014, 2015, 2016 and 2017) and charity overview of 27 organisations working in England, Scotland and Wales.
- Information from Imkaan’s member sustainability work including a small session with follow up questions about core funding (6 members)
- Information from Imkaan Membership Survey focused on Management, Leadership and Governance
- Information from other Imkaan / partnership research pieces including a recent review of commissioning, which included qualitative analysis of member experiences.
- Survey of London members conducted in early 2017
- Wider survey of 40 organisations (BME and non-BME) focusing on the impact of government policies on BME survivors, conducted in 2016/17
- Survey of 13 refuge provider members to assess referral pathways and numbers
- Review of central government funding awards for 2016 & 2017 (Dept. of Communities and Local Government and Home Office)

As a requirement of registration, charitable organisations in the UK must publish their audited accounts / financial statements annually. As well as providing an overview of the organisation’s finances for the previous year, the reports contain core information about the charity. This

includes governance and structure, objectives and overall operations. The Directors' report also provides an overview of the organisation's performance / achievements for that year. The analysis of these documents, and the information published on the Charity Commission websites (England and Wales; Scotland) focused on:

- Overall operations
- Areas of operation
- Governance structures
- Types of services offered
- Organisations' self-description
- Income and expenditure
- Unrestricted reserves
- Income sources
- Nature of expenditure
- Staffing levels

To draw data for comparative purposes we also reviewed the audited accounts of 14 other charities including independent women's sector ending VAWG organisations that are not BME led. We also drew on information which provided contextual relevance e.g. news reports, police data and government statistics.

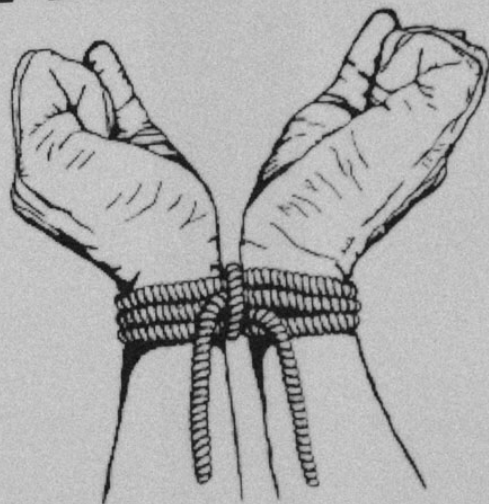
The data scrutiny highlighted a number of issues affecting specialist BME ending VAWG organisations, but in order to streamline the report we focused on five key areas:

- Operations (overview of organisations)
- Organisation size
- Financial position
- Experiences of commissioning
- Partnerships

It is important to note some of the limitations of this project. The overwhelming majority of the organisations reviewed are based in England, representing over 92% of the financial data. The other organisations are based in Wales and Scotland. The report is therefore focussed primarily on England and it is important to note that commissioning regimes and contexts vary significantly across the nations; and this has a direct impact on the specific challenges that organisations face. In addition, 60% of the England-based organisations reviewed, are located in one region i.e. Greater London.

Data for 1 organisation was unclear and the figures appeared to repeat the 2016 data, as such that organisation has been excluded from some of the analysis.

**WOMEN &
CHILDREN
DYING
EVERYDAY**



**OUR HANDS
ARE TIED!**

Section Two: Key Findings

“Positive because there is a need for specialist services, but challenging because we are being asked to do more for less...”

“There is definitely a future as [the organisation] has managed to continue through periods of severely reduced funding due to the dedication of its Trustees.”

The Inner Workings: Operations

“We will have to work harder and longer with less resources and might struggle to meet our objectives. Our client base is increasing and our offices and resources are not able to cope with this increase.”

“Funding cuts are a big concern for community organisations and the work we do and yet the problems that need addressing are still there “

The BME ending VAWG sector is well-established in the UK. A number of services have been **running for over 20 years**, with some organisations such as Asha Projects, Latin American Women’s Aid, Roshni Birmingham and Claudia Jones Organisation **running for 30 years or more**. Some organisations are led by and for specific groups of women e.g. African Caribbean women or Middle Eastern women; while others have either evolved to, or been established with, a broader BME focus.

All the organisations reviewed are registered charities. The aims and objectives of organisations vary from those that were set up specifically to work on violence against women and girls, to small community organisations which may describe themselves as working on women’s ‘welfare’. Even where organisations clearly identify as providers of ending VAWG services, the charity and company registration process appears to have influenced the way organisations define their ‘objects’ i.e. in some cases these tend to be broader and include language such as ‘relieving poverty and distress’.

All organisations have a trustee board with an **average of 7 members**. The smallest trustee board has 3 members and the largest has 14 members. Some organisations explicitly state the make up of their trustee board with respect to ethnicity and gender and this appears to be connected to how they have defined their aims around BME women’s leadership of the charity. As such **96% of trustees are BME women**, with **58% of members reporting that their trustee board included former service users**. **92% of management roles are held by BME women** and organisations are staffed through combinations of full-time, part-time and sessional workers, with some organisations also benefiting from the support of volunteers.

Most of the organisation’s operate at local level but have a reach beyond their immediate geographical area. This not only reflects the nature of ending VAWG work i.e. women may need relocate due to safety concerns, we also note that some organisations are covering a larger area as they are either the only specialist BME organisation or one of very few in their region. In some

cases where an organisation has a specific focus on a group of women e.g. Latin American women, the organisations may be situated in one area but work nationally and even transnationally. This is significant in that we know that the majority of Imkaan members are well connected and rooted in their local communities and are known to local / regional agencies and networks. For example, a 2017 review of 13 members who are refuge providers found that **less than 7% of referrals come from the national domestic violence helpline**, as compared to **24% of self-referrals**. Other pathways include local / regional agencies such as local authority housing departments.

In areas that are poorly served, smaller organisations are emerging in direct response to the need for BME specialist provision. In some instances organisations develop from a community organising model and prior to working with Imkaan have been detached from wider ending VAWG work. These smaller groups are also often struggling to get recognition at local level, from existing providers and commissioners alike, even though survivors themselves are engaged with the service.

Members provide a broad range of services including:

- Refuge accommodation
- Community Services - Outreach / Advice Provision / Drop-in
- Support groups
- Family Support including direct services for children
- Young women's services
- Legal provision
- Counselling
- Education, training and employment support (including English language classes)

Most organisations work across multiple 'forms' of violence covering issues ranging from domestic violence to forced marriage; however some services have developed expertise in specific areas such as female genital mutilation and maintain this as their core area of work.

Size Matters: BME Ending VAWG Organisations

"The relationship [with the local authority] is ok, however, that does not mean access to funding or equal access for BME small charities"

"There is so much competition and threat from bigger groups. [The organisation] works solely for BME communities, however there challenge is that we are not getting funding so it becomes very difficult for us to continue working under the circumstances."

Most of Imkaan members would be defined as 'small charities' by the [Small Charities Association](#), or as medium sized according to [National Council for Voluntary Organisations](#) (NCVO).

The notion of a 'large organisation' across the women's independent ending VAWG sector is very different from other sectors e.g. at least 3 of the largest children's charities have incomes in excess of £150M, whereas the largest independent women's ending VAWG charity in England has a turnover of £13M per annum. For Imkaan members and other BME ending VAWG organisations, the difference is even more stark. In the financial year ending March 2017 (most recently published accounts), **only 1 of the organisations reviewed has a turnover which exceeds £1M per annum**. The only other BME organisation with a larger turnover works across an entire country ie. Wales.

In London, where there is the highest concentration of services **the combined income of 15 BME ending VAWG organisations based in London is under £7M per annum**. This is less than the income of the main single provider in London and a $\frac{1}{3}$ of the combined income of the 2 largest London based providers.

Some members including those that are new / emerging organisations operate with an annual turnover of less than £100K p.a. Some of our newer members could also be described as micro-charities as their turnover is so small.

We note from our analysis it is clear that member organisations which have been established with a primary focus on African or African Caribbean women are some of the most vulnerable and poorly resourced, even when they have been in existence for over a decade.

The Bottom Line: The Financials

"The threat of funding being stopped is forever looming over our organisation. No pot of funding applied for is ever guaranteed and as our organisation relies on funding from the [local authority] and other donors. These threats impact on staff and management on a daily basis until funding is secured as there is also no guarantee that there will be a job at all if the funding stream runs lower than usual or stops."

"Funding cuts, focus on generic provision, consistent favouring of generic providers in commissioning/tendering, BME has gone back to being tagged on with generic provision, lack of LA support, public policy changes (future funding of supported housing), levels and intensity of work across our organisation and the sector, focus on service delivery means less capacity to influence government or policy makers."

In order to develop a clearer picture of the sector's finances. We scrutinised 4 years of audited accounts for 27 organisations. 25 of the organisations are based in England, 1 in Wales and the other in Scotland. As the country contexts differ (e.g. the Wales-based organisation works across the country) it has the potential to skew the data. As such some charts focus specifically on organisations based in England.

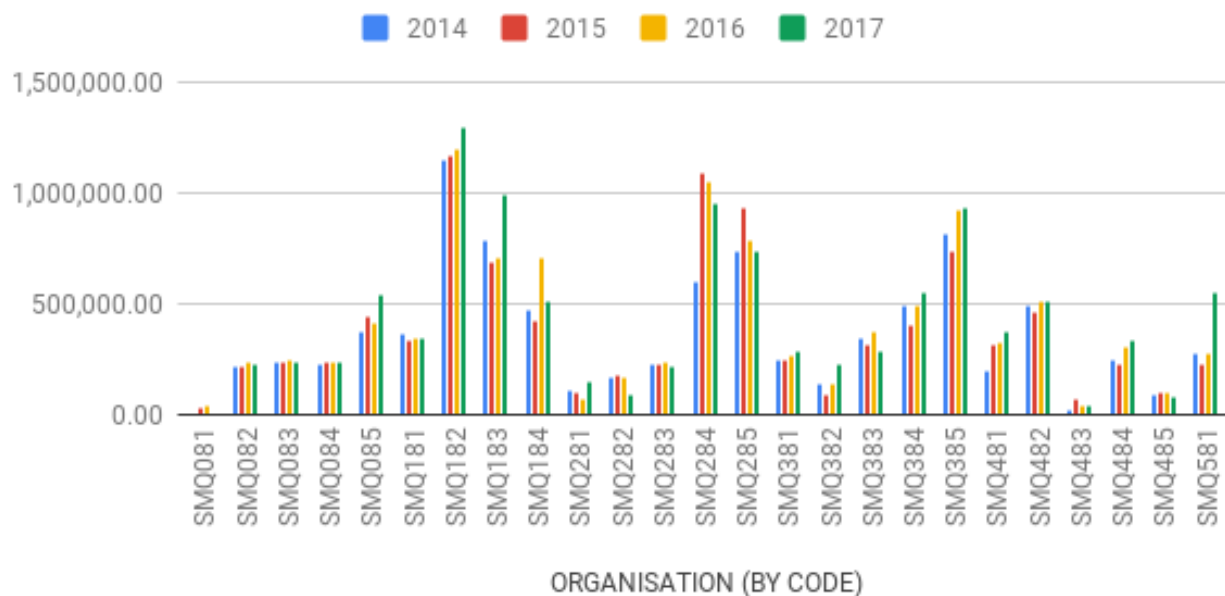


Figure 1: Total Incoming Resources 2014 - 2017 (England Only)

There are significant variations in the levels of funding between with the smallest turnover being **£40,459** and the largest for England being **£1,296,446**. The total incoming resources across all 27 organisations for the 2017 filing period was **£14,537,928** which includes **£2,993,080** for one organisation working across one country ie. Wales. In England **this total combined incoming resources were £10,714,697 for 25 organisations**. By comparison, a random selection of 10 England-based, non-BME led ending VAWG organisations have a combined turnover of **£26.40M** (this does not include the largest women's independent provide). In addition, the combined turnover for those 25 organisations is just over **£2M** less than that of one large independent non-BME provider.

17 of 27 organisations, across the 3 nations, provide refuge services as a core element of their work and this has a direct impact on turnover as accommodation-based provision is more costly to run than community-based programmes.

Key findings include:

- Organisations have historically relied on local authorities to fund refuge provision via the Supporting People (SP) funding streams. However, **only 8 of the 17 refuge providers, across the 3 nations, received SP or its local equivalent funding in the year ended March 2017**. In the period reviewed (2014-2016) **2 providers had their SP grant cut by 100%**. Through Imkaan's sustainability work, we are aware that this is not a new trend. In that over the 15 years since Supporting People was first introduced, a number of organisations have been decommissioned. In some cases this has led to closure of services / organisations. However, some providers have been able to maximise rental income, which is covered mainly by housing benefit, and this has help to support running costs.

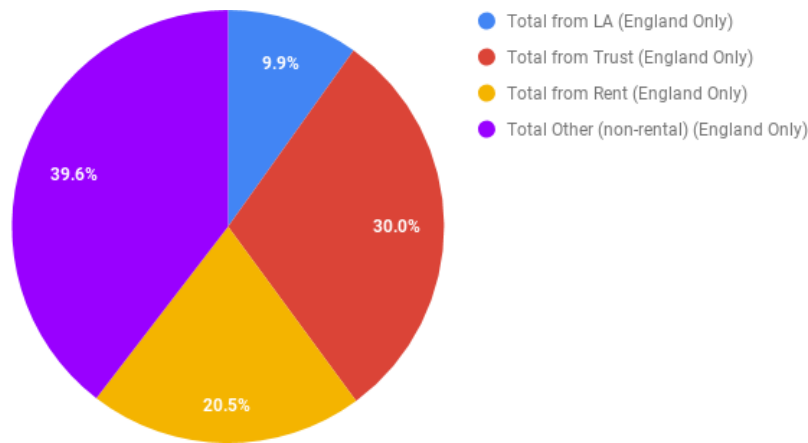


Figure 2: Main income sources for sample of 10 refugee providers (England Only)

- Local authorities invested only £1,172,205 across 24 organisations in England representing less than 11% of the income of the BME organisations surveyed. Across the 3 nations i.e. 26 organisations this figure rose to £3,804,586
- Trusts and foundations contributed over £4.2M to organisations across the 3 nations. In England the amount was just over £4M and represented almost 40% of the resources coming into the sector. Some organisations have received support from individual donors and have also generated income through fundraising events.

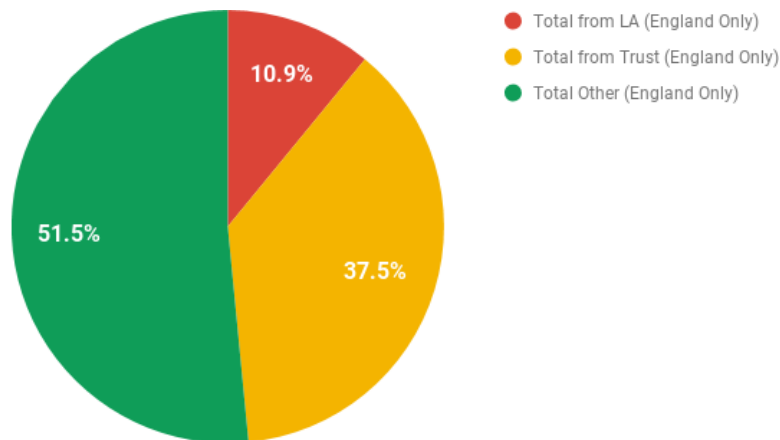


Figure 3: Main income sources (England Only)

- Where a provider is almost totally reliant on their SP or other local authority grant this undoubtedly increases their vulnerability. A diverse funding base, including SP contracts and rental income where relevant appears to offer more financial resilience. What has yet to be fully analysed is the impact that operating in that way i.e managing multiple contracts, reporting requirements etc. may have on an organisation's infrastructure. Through Imkaan's sustainability work, we know that while project funding has helped organisations to survive, the costs have been high in terms of staff time, pressure on the infrastructure and increase in overall volume of work.

- The [Domestic Abuse Fund](#) distributed in 2015, 2016 and 2017 by the Ministry of Communities and Local Government (MHCLG), formerly Department of Communities and Local Government (DCLG) has been critical source of income in some cases. Imkaan worked closely with DCLG around the funding and this resulted in positive outcomes for some organisations. For example, one member who had their refuge funding completely cut by their local authority, secured DCLG / MHCLG funding for 2016 and 2017. Another provider who has been decommissioned in the last 18 months also been able to secure DCLG / MHCLG funding, which has allowed the service to continue as their reserves have almost been depleted.
- The introduction of Police and Crime Commissioners (PCCs)¹³ has not been beneficial to most members. Across the members surveyed, there is very little evidence of PCC support or of support via Clinical Commissioning Groups (CCGs)¹⁴.
- **12 of the 27 organisations experienced a decrease in income** between 2016 and 2017. **1 of those organisations experienced a cut of over 45%**, which was a direct result of a loss of their local authority contract.
- **14 organisations experienced an increase in resources** with 8 of those being significant increases relating to the development of new services / projects.

We also reviewed the levels of unrestricted reserves held by organisations at March 31st, 2017. While there is no legal requirement to hold reserves, most members (in line with other voluntary sector organisations) aim to have reserves of 3-6 months to mitigate against major loss of income.

- 12 members had reserves of less than 3 months running costs, with 2 of those showing a zero reserves position and 4 organisations showing reserves of less than one month. Two organisations have had spikes in their project funding and as such their reserves figure as a percentage of overall income had reduced. *It is important to note that an increase in overall funding also can reduce the proportion of turnover that is allocated to reserves, which can be then interpreted by some funders as a weaker financial position*
- Where organisations have increased their income, through project funding this can place pressure on organisations' central operations and in many cases on the projects themselves if they are inadequately resourced
- One organisation started the financial year April 2016 with strong reserves but these were depleted as a result of cuts to funding and a delay in the local authority processing the DCLG award.
- On a positive note, 11 of the 27 organisations have built up reasonable to strong reserves. In some cases this has been easier for refuge providers where direct charges to

¹³ <http://www.apccs.police.uk/role-of-the-pcc/>

¹⁴ <https://www.nhscc.org/ccgs/>

residents is largely unrestricted income. While much of this will then be invested in service delivery including housing management, if organisations have project funding for posts such as children’s workers, they are in a better position to build reserves. Where organisations, are struggling with capacity and have very little independent funding, unrestricted income is being utilised to keep core services going.

“I think the main strategy will be to address funding shortfalls not because we are not good at fundraising but because we face barriers and exclusions from funding opportunity.”

Despite the challenges faced by the BME ending VAWG sector, organisations continue to demonstrate incredible resilience. However, they operate in an environment where the primary aim is to survive rather than thrive. When organisations are able to grow, their rate of growth is unlikely to match that of their non-BME counterparts. As one member notes,

“The current...bidding should evidence the ongoing struggle for BME women's organisations and [we] could not get support from commissioners. This is not a random occurrence. We are excluded if future funding follows this very unfair model. Threats impact on income & growth, and ability to deliver on the frontline”

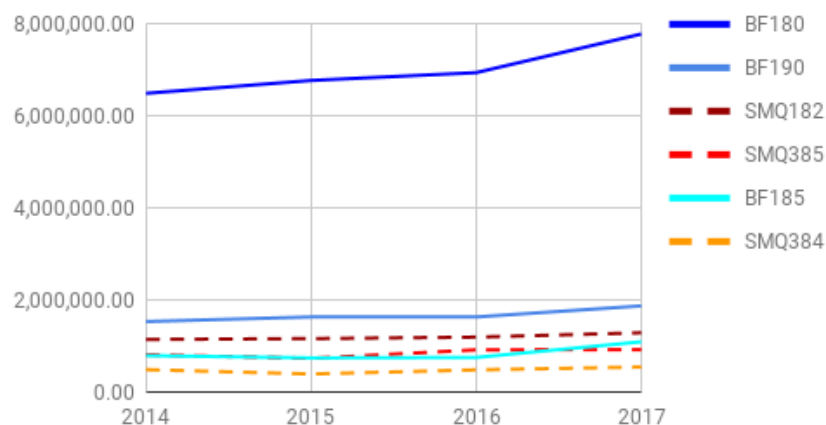


Figure 4: Comparison of leading BME and non-BME organisations growth trends 2014 - 2017

The Marketplace?: Experiences of Commissioning

“It’s structural, institutional discrimination. The provider that can offer numbers at the lowest cost will never be the BME organisation, even when we explain what we offer.”

“We have been restricted by our funders from working with women with no recourse to public funds, saying that it is a breach of our funding agreement to support affected women.”

The current commissioning frameworks have created great insecurity for many members. In London alone, local authorities have cut BME refuge funding by 50% in the last 7 years¹⁵.

For some providers, while the MHCLG fund has provided much needed reprieve, it is still short term funding and is routed via local authorities, and this has been a barrier for some Imkaan members. In some cases local authorities have refused to support BME ending VAWG organisations, in other cases organisations have been named on bids without consultation, while in other areas the local authorities have been obstructive which has then led to delays for the organisation in terms of actually receiving the agreed funding. As one member notes,

“Funding opportunities like the transformation fund or the DCLG are non-opportunities for the BME women's sector because local authorities are not supportive of our services and organisations. The last round of DCLG funding should evidence the kinds of barriers we face.”

Members also describe ongoing commissioning challenges which range from commissioner hostility to broader structural problems. For example, models such as spot-purchasing place many organisations in a financially untenable position. Organisations are funded for the numbers of women they support on a case-by-case basis and therefore do not receive a block grant that would allow them to recruit permanent staff. In one case, the BME organisation had to make staff redundant.

Feedback from Imkaan members strongly suggests that commissioning processes are generally failing BME ending VAWG organisations in that they:

- Privilege larger, more well-resourced providers e.g. short timelines, complex tenders, excluding criteria such as large turnovers
- Do not adequately embed equalities e.g. structured to favour bidders who can provide support at lower costs and have a larger reach in terms of numbers, therefore local BME ‘by and for’ providers are always at a disadvantage. *OR*
- Do not allow for meaningful intersectional work across diverse identities and/or strands of VAWG e.g. many BME providers work across the VAWG spectrum addressing issues such as domestic violence, child sexual exploitation, forced marriage and honour-based violence as a routine part of their case-work. Yet commissioning frameworks do not reflect this.
- Fail to recognise the added value/resources that BME by and for providers bring. This carries no weight in a tender process. Funders rarely pay for or recognise the ‘added value’ and/or social value e.g. in-house translation/interpreting, knowledge and expertise on a broader range of VAWG strands, expertise in working across complex extended family systems and international community networks, life skills and orientation support for survivors who may have recently arrived in the UK, ethno-cultural community links and expertise, and critical contributions to equality-proofing local and national strategies.

¹⁵ <http://novaramedia.com/2017/10/02/bme-womens-refuges-in-london-have-lost-half-their-annual-council-funding-since-2009/>

- Force providers into partnerships and consortia arrangements where BME organisations are often under-resourced, silenced, marginalised or ‘squeezed out’.
- Focus on quantitative rather than qualitative results. When quality is assessed, the monitoring mechanisms are not designed to capture the nuanced way in which organisations are delivering specialist support across the [protected characteristics](#).

However, BME organisations are constantly seeking ways to navigate this terrain. For some providers this means advocacy including asking Imkaan to intervene. Others attempt to negotiate with local commissioners, while a number of organisations have expressed that they are no longer able to invest time and energy into interactions which are futile. Some organisations have taken public action in order to prevent closure. In the last 4 years, 3 organisations which took action, including public protests, had been operating for over 25 years and were well utilised and trusted by women. In one case the local authority awarded a contract to a non-BME provider who had no track record of delivering BME specific services. While taking action in this way is risky, organisations believe that it is critical that their voices, and the voices of the survivors who rely on their services, are heard.

Unequal Relationships: Partnerships

“In terms of facing threats, I feel other generic organisations are a threat to the survival of specialist organisations like [ours]. With more and more local authorities commissioning services and awarding contracts to generic service providers, it is inevitable that this will have an impact on survival for organisations but also on service users

“In addition to the problems facing generic women’s organisations, BME women’s organisations also face obstacles to joining consortia, as they attempt to preserve relationships to their local communities (ibid.) rather than losing their identity to larger organisations. The impact of the recession and austerity measures has meant an ever changing landscape in the sector. “

The issue of partnerships is one that is being routinely raised by members as an area which is fraught with difficulty. Imkaan has witnessed the ways in which members are forced into locally commissioned partnerships under the following circumstances:

- Local authority tenders being drafted in ways that subsume multiple contracts into a single large contract to be awarded to either a single [larger and possibly more generic] provider or to a consortium
- Being informed by commissioners and local agencies that a failure to join a partnership will result in exclusion from not only the bidding processes, but also other local structures such as the domestic violence forum

- Contract criteria excluding smaller providers from the framework, leaving them with no choice but to partner with [usually larger] organisations or in at least one case, to be subcontracted by a larger organisation.
- Local needs assessments excluding BME provision or removing the requirement for this provision to be BME led.

Where organisations have refused to enter into the partnerships, this can have serious consequences including closure. Members sometimes resort to being strategically pragmatic in order to ensure not only an organisation's survival but also to attempt to influence / counter wider agendas. As such some members have entered into partnerships and consortia, despite the strain places on individual workers and on the organisations. However, BME organisations are increasingly coming together, including across different regions to establish autonomous BME led collaborations and consortia. For example, the [Samira Project](#) is a London-based partnership drawing together BME providers with a focus on outreach work; and the Oya consortium is a newly established partnership of BME refuge providers, seeking to develop autonomous, collaborative working structures which will support BME women and children within a black feminist ethos.

Conclusion

"We are facing institutional and structural prejudice."

"one size fits all cannot be applied to BME orgs"

Funding and commissioning remain major challenges for the BME ending VAWG sector, but many organisations continue to demonstrate great resilience and determination.

The sector is not a homogenous entity. Some organisations are relatively sustainable, while others are barely surviving. We also know from the situation of one member that what appears to be financial security can shift quickly to one of vulnerability in the context of decommissioning.

Some organisations have a strong history of Black feminist organising, rooted in social justice work, whereas others have developed a much more service-delivery approach. Some organisations emphasise the need for cultural-specificity whereas others are more concerned with an intersectional approach. Irrespective of the way that they have evolved individually, specialist BME organisations are a critical element of ending VAWG work in the UK, and **even when other providers and commissioners do not recognise their value, BME women continue to rely on specialist BME ending VAWG organisations.**

However, there are clear gaps in provision and in structures. The U.K.'s history of 'race relations' continues to impact common-sense notions of which groups of women and girls need specialist services, especially when cultural specificity is used as the main argument for specialist BME provision. For example, African Caribbean women have historically been viewed within Race Relations theory and policies as not having specific cultural needs and therefore not requiring specialist provision. In many ways this position has been used by non-BME providers who sometimes argue that 'Black women do not need specialist services', or to establish a 'culturally

specific service for Asian women'. This runs counter to Imkaan's experience and other research, and remains a serious gap in the sector. There are also groups of women and girls that remain under-served, and there are also complexities within the BME ending VAWG sector relating to everything from ethnicity and caste to indigeneity and hybridity. Ongoing work is needed to analyse the level and nature of need. There are questions that need to be asked about systematic marginalisation of BME women and girls and the ways that state agencies have engaged in various forms of institutional racism i.e. as A. Sivanandan states, *"that which, covertly or overtly, resides in the policies, procedures, operations and culture of public or private institutions – reinforcing individual prejudices and being reinforced by them in turn"*. These are not easy issues, and the difficult, complex relationship with the state is not easily navigated or resolved. The ongoing social justice tensions about proximity to the state, including in funding terms, is a challenge for this sector as it is for others, and while it is clear that the state should pay for services, we also have noted that the organisations that have relied completely on local government funding are more at risk than those that have succeeded in securing a diverse funding base.

The sector has continued to sustain itself through the support of trusts and foundations, along with widespread creativity and innovation. From social enterprises to consultancy services, organisations are constantly exploring opportunities for autonomy. However this comes at a cost. BME organisations are too often working beyond their capacity and this has implications on their sustainability in other ways ie. unaddressed equality issues relating to BME women's labour is rarely considered by policy makers and funders.

The picture of the BME ending VAWG women's sector today is one of challenge and uncertainty but it is also one of determination and survival. As long as intersecting oppressions persist and as long as BME women and girls are subjected to violence, however it manifests, this sector is critical and it needs to be meaningfully sustained.

**BLACK
VAWG
SERVICES
SAVE
LIVES**



Section 3: Recommendations

“With Brexit the future is very uncertain, as it is yet not clear how the uncertainty, debates, proposal will impact the women we serve (many are EU nationals or dependants of EU nationals), our team, and our funding.”

“funders need to address the needs of small specialist orgs and offer grant funding as opposed to commissioning services.”

Imkaan’s Alternative Bill provides a comprehensive template for addressing VAWG in a transformative way. As such, the following recommendations are not designed to be an exhaustive list, but are designed to address key issues emerging from this project and from Imkaan’s sustainability work.

Recommendations for National Government (England)

Issue

- The BME ending VAW sector has repeatedly called for ring-fenced national funding which is centrally administered. While we acknowledge that local authorities should invest in local services, **this is not happening**. The low levels of support from local authorities evidenced in the findings of this report, provides a clear case as to the necessity of an urgent, long-term solution.

Recommendation

- A 5 year strategy for addressing this issues affecting this sector, which should include a national funding stream. This should be administered centrally and be focused on ensuring BME led by and for organisations receive core funding. This should be ring-fenced and accessible only to BME ending VAWG organisations in order to prevent the current dynamic where non-BME providers are able to bid for BME services, leading to further marginalisation of BME ending VAWG organisations. The ring-fence approach should also prioritise the most vulnerable organisations in order to ensure that they are able to access adequate funding to stabilise services.

Issue

- Government proposals for a Domestic Abuse (DA) Bill, and a DA commissioner rather than a VAWG commissioner, runs the risk of further marginalising BME women and girls, and the organisations that provide support and an important life-line.

Recommendation

- We urge the government to reconsider the current proposals and to work with the sector to develop an approach that is in line with Imkaan’s Alternative Bill

Issue

- The issue of rents and housing benefit is one that will be explored in an additional briefing paper. However, it was evident throughout the financial data, that a number of

refuge providers are relying heavily on their rental / housing benefit income in order to survive. This has been a critical life-line for services. However, this model, operating within the current welfare system does not offer the best solution for some women. Refuge rents are necessarily high, but they are not accessible for women on low wages, which is the situation facing many BME / working class women. For many women, their jobs provide income, autonomy, confidence and security. Women should not have to leave their jobs to move into the safety of a refuge.

Recommendation

- The government needs to work with the specialist ending VAW sector and especially with BME refuge providers to explore strategies for ensuring that refuges are accessible to women who are employed. One option is to explore an amendment to the current regulations which would enable subsidised bed-spaces for women who are in paid employment.

Recommendations for Commissioners

Issue

- While we are committed to ensuring that central government invests in the sector, we also believe that local commissioners need to transform their approach to BME ending VAWG organisations

Recommendations

- Develop a 'do no harm' approach to commissioning, which should involve working with BME ending VAWG organisations as key partners in local ending VAW strategies including ensuring that needs assessments meaningfully include BME providers.
- One size does not fit all. It is important to recognise the role of BME ending VAWG organisations. While single contracts are easier to manage, multiple contracts preserve leadership, expertise and specialism.
- Draw on the framework laid out in the VAWG Commissioning Toolkit¹⁶

Recommendations for Trusts and Foundations

Issue

- We acknowledge the important role that trust and foundations have played in securing the survival of the sector. However in recent years we have been concerned about the independence of some trusts and foundations. This has impact on how foundations understand the sector's work and what they decide to fund.

Recommendation

16

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf

- Listen to the sector - we do know what we are doing!
- Invest in innovation *as part of* sustainability, *not instead of* ongoing work.

Issue

- Power matters and donors are in positions of power. It is important for trusts and foundations to not replicate the power dynamics that are such problematic element of how organisations have to work with commissioners.

Recommendation

- Consider developing working methods which foster meaningful partnership relationships with grantees / potential grantees.

Issue

- In some cases foundations have pushed organisations into partnerships which are unequal and inappropriate. While resources are limited, we also know the importance of retaining ethos, expertise and autonomy.

Recommendations

- Encourage partnerships while also working with organisations to understand their work.
- Invest in smaller organisations including those that are more fragile. Where appropriate, funding allocations should include sustainability / capacity building support.
- Consider the issues which have been highlighted in Imkaan's good practice briefing, prepared for the London VAWG Consortium [uncivil partnerships: reflections on collaborative working in the ending violence against women and girls sector](#)

Issue

- Project funding has been a lifeline for the sector, but this funding approach is also having a negative impact on organisations including on organisational infrastructure

Recommendation

- Develop programmes which are focused on core funding and encourage organisations to define, for themselves, how they will create change
- Be willing to take risks! BME women and the organisations they lead are consistently required to take risks. It is important that funders understand this and support work that is intersectional, challenging and connected to the broader commitment to BME women's autonomy and self-determination.

For more information about this report, please contact us at:

info@imkaan.org.uk

imkaan

52-54 Featherstone Street, London EC1Y 8RT • 020 7842 8525

www.imkaan.org.uk • [f](#) Imkaan • [t](#) @Imkaan