



# EHP P&ACT Partnership 2020–2022

## An Evaluation

April 2022

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With special thanks to the fantastic Global Majority women and P&ACT partners whose voices have shaped and informed this review.

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# 1. Background



The Pan-London P&ACT Ending Harmful Practices (EHP) Partnership, funded by MOPAC in 2019, and consisting of 12 organisations, is one of the largest Black and minoritised (B&M) 'by and for'<sup>1</sup> VAWG<sup>2</sup> partnerships in the UK.

P&ACT is led by the Asian Women Resource Centre (AWRC), a well-established black feminist organisation, founded on commitments to human rights, anti-discrimination and freedom from oppression. AWRC centres itself with a strong understanding of the gendered and intersectional nature of violence as a cause and consequence of the unequal position of women and girls in society, a violation of human rights, and which is entirely preventable. Within an equitable partnership framework led by AWRC, the project delivers a range of needs-led, wraparound, specialist support for B&M women experiencing abuse. Forms of abuse include female genital mutilation, forced marriage, so called 'honour' based violence, faith-based abuse, corrective rape, widow rituals and other harmful practices within the spectrum of violence against women and girls (HP/VAWG).

<sup>1</sup>Specialist 'by and for' VAWG organisations are independent, dedicated, specialist services run 'by and for' the communities they seek to serve. This model of delivering ending-VAWG support has evolved over several decades to support Black and minoritised women subject to VAWG and multiple, intersecting forms of disadvantage with a uniquely empowering experience of support. Specialist 'by and for' Black and minoritised women's ending VAWG organisations provide a holistic, needs-led response across the continuum of VAWG within a framework which is centred around the principles of safety, support, space, and social justice. (Voice4Change England and NACVA, 2012)

<sup>2</sup> Violence against Women and girls

Collectively, the partnership offers a breadth and depth of expertise and knowledge grounded in the diverse experiences and voices of B&M women and girls using their services which spans over 200 years.

## 1.1 Building on learning

The need for this work is clear and well documented. The P&ACT partnership builds on and centres the learning of ‘by and for’ HP/VAWG organisations delivering frontline services to women. The *Missing Link* (2011)<sup>3</sup> report published by IMKAAN, Equality Now and City University and commissioned by MOPAC generated new data to support a more proactive multi-agency and specialist approach to ensure the safety, protection and holistic response to Black, minoritised women and girls who have been and/or are at risk of harmful practices as part of a continuum of VAWG. The recommendations from the report influenced the development of the Ascent funded harmful practices strand consisting of key frontline B&M –led providers with an established history and expertise on these issues<sup>4</sup>. Alongside this, MOPAC funded a ‘harmful practices’ pilot<sup>5</sup> (2012) and an ending ‘harmful practices’ training pilot (2017–2020) which aimed to increase the awareness and understanding of professionals, in identifying and responding to HP/VAWG; improve identification, assessment and referral pathways to specialist *by and for* providers, and create a stronger awareness/understanding amongst statutory, child and adult safeguarding professionals of these practices within the VAWG framework.

The Ascent EHP Partnership and P&ACT are programmes that are delivered within the broader London-wide VAWG consortium<sup>6</sup>. Ascent has been providing specialist *by and for* support services, specifically targeted services for those affected by harmful practices across all 32 London Boroughs for nine years:

- A high need and gaps in one-to-one harmful practices provision and counselling for B&M women in London;

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<sup>3</sup> Imkaan

<sup>4</sup> Ascent is a project of the London VAWG Consortium, made up of six partnerships funded by London Councils to deliver a range of services for survivors of domestic and sexual violence. Read more about Ascent [here](#).

<sup>5</sup> Pan London Domestic Violence Service Evaluation Interim Report: Reflecting Back on Year One

<sup>6</sup> The London VAWG Consortium is the largest coalition of specialist VAWG providers working across the 32 London boroughs. It has 28 members and delivers ten projects on behalf of the Greater London Authority, London Councils and the Mayor’s Office for Policing and Crime. Read more [here](#).

- Language and lack of 'culturally' appropriate women only services as the biggest barrier in accessing services;
- A lack of understanding of so called 'Honour' based violence and forced marriage among statutory agencies that put women at increased risk;
- 80% of B&M women surveyed were unaware of available support and experienced repeat victimisation;
- Women want community embedded specialist support for harmful practices and other forms of VAWG;
- B&M women with multiple disadvantages, young women and older women above the age of 55+ experience the highest barriers to access support

The development of the P&ACT partnership is also grounded in other key research carried out by specialist B&M women led HP/VAWG organisations:

- **2014:** Focus groups with B&M women who shared experiences of being put at increased risk and not having their safety and support needs met due to ignorance and a lack of awareness in relation to FM, so called HBV and multiple perpetrators<sup>7</sup>.
- **2015:** Data evidencing women who experienced the greatest barriers to accessing support; women with no recourse to public funds, a high percentage of British Asian women who were unaware of available services, 90% of whom disclosed they were not sufficiently fluent in English to access mainstream agencies<sup>8</sup>.
- **2016:** B&M women value having a culturally appropriate, women-only service where they can access support and advice from staff who understand the individual, family and community contexts<sup>9</sup>;
- **2017–2019:** Data analysed highlighting the wide diversity of women supported in terms of ethnicity, recourse to public funds, and disability (largely mental health related).

## 1.2 Approach and model of working.

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<sup>7</sup> (Larasi et al)

<sup>8</sup> AWRC

<sup>9</sup> Imkaan

The funding secured by MOPAC enabled the partnership to expand and develop the provision of service across London to deliver an innovative programme of work centred on the P&ACT model: prevention and action through community engagement and training. P&ACT partners deliver one to one specialist counselling and advocacy, group work programmes,

training for professionals, community-based group work, specialist one to one and group support for young women experiencing HP/VAWG. The partnership uses this approach to support systems change, working strategically with a wide range of external partners and stakeholders to improve institutional responses to B&M women experiencing a range of harmful practices, including domestic and sexual violence. Services have been designed and delivered in a needs led, trauma informed way which recognises that harmful practices are gendered forms of violence which seek to coercively control women and girls.

#### **PACT Holistic Model of Specialist Support**

- Women centred
- Embedding Harmful practices work within the spectrum of VAW&G
- Women centred
- Increasing specialist service provision
- Increased emphasis on community engagement as a tool for referrals, prevention and early identification
- Expanding training and awareness raising to key external stakeholders
- Expand existing referral pathways
- Systems change

The P&ACT partnership also understands that gender is always embedded in multiple power relations. Understanding gender inequality is critical but alone it is not enough<sup>10</sup>. The model is therefore grounded in a whole systems perspective which acknowledges that the experiences of B&M women and girls using services are compounded by other intersecting structural inequities, such as racism, neo-colonialism, ableism, classism and heteronormativity.

The P&ACT partnership uses this crucial understanding of the multiple barriers and discrimination faced daily by B&M women and girls to raise awareness and create systems change within key stakeholder institutions

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<sup>10</sup> (McNeish and Scott (2014).

such as housing, criminal justice, social care, education and mainstream VAWG organisations.

### 1.3 Covid Context

The P&ACT partnership work began in January 2020 and very quickly found itself navigating the wide ranging and unfolding impacts of the Covid-19 pandemic. Research has shown a spotlight on how Covid-19 has exacerbated multiple and intersecting structural inequities experienced by marginalised groups of people in every aspect of life: childbirth, life expectancy, health & mental health, employment & income, housing, victims of crime, racial profiling, violence against women and girls, and the criminal justice system. This importantly includes the raised rates of morbidity and mortality among global majority populations globally during the Covid-19 pandemic<sup>11</sup>.

This evaluation, alongside multiple other reports, highlights the dual pandemic faced by B&M women: violence against women and girls as declared by the Who organisation in 2013, and the impact of Covid-19 on their safety and well-being<sup>12</sup>. The pandemic has created an environment where violence and abuse towards women and girls increased, both in frequency and severity.<sup>13</sup> It is within this context that the P&ACT partnership were working, adapting their services from face to face community based to online platforms to enable women to navigate this complex, difficult and dangerous terrain to access the help they needed.

This placed already disproportionately overstretched and underfunded specialist 'by and for' services under even more pressure; despite this the P&ACT partnership has succeeded to deliver vital, life saving services and make important strategic inroads to improving institutional responses to harmful practices experienced by B&M women. The findings of this evaluation highlight the impact of Covid-19 on women, services and staff in more depth.

## 2. Approach and Methodology

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<sup>11</sup> (Imkaan, 2020, UN Women, 2020) <https://arc-w.nihr.ac.uk/Wordpress/wp-content/uploads/2020/05/COVID-19-Partner-report-BAME-communities-BCC001.pdf>

<sup>12</sup> (Roy, s & Banga, B Imkaan 2020) The Impact of the Two Pandemics: VAWG and COVID-19 on Black and Minoritised Women and Girls

<sup>13</sup> 1. EVAW, 2021, Violence Against Women and Girls Snapshot Report 2020/21

<https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/2021/02/Violence-Against-Women-and-Girls-Snapshot-Report-FINAL-1.pdf>

2. Thiara, R. K., & Roy, S. (2022). 'The disparity is evident': COVID-19, violence against women and support for Black and minoritised survivors, *Journal of Gender-Based Violence*, 6(2), 315-330. Retrieved Oct 14, 2022, from <https://bristoluniversitypressdigital.com/view/journals/jgbv/6/2/article-p315.xm>

## 2.1 Aims of the Evaluation

The Equality Academy and associate Sumanta Roy was commissioned to research and evaluate the P&ACT Partnership over a period of two years between January 2020 and March 2022 mapping the following areas:

### Outcomes and Impact

- Meeting the outcomes set for the project
- Strengths of the P&ACT EHP partnership service model
- Women who benefited most from the service and factors are associated with improved outcomes for different groups

### Process

- Meeting the outputs set for the project and reach the intended beneficiaries
- Strengths of the delivery of the operational model and the lessons learned

### Context

- Factors that impacted women's ability to engage with services
- External factors that impacted women's emotional and physical wellbeing and safety throughout their engagement with the project

## 2.2 Scope

The outline below provides a list of key activities agreed with the lead partner the AWRC via a detailed project plan. This included clear tasks, timelines and leads. Due to the impact of the first wave of the pandemic in March 2020, the start of the evaluation was delayed by three months. Together the EA and AWRC agreed a revised project plan which took this into account and addressed any on-going risks associated with the successful completion of the evaluation. Whilst timelines shifted, the overall approach remained the same.<sup>14</sup>

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<sup>14</sup> See appendix xx for a detailed outline of the evaluation's revised project plan



## 2.3 Activities

1. **Prepare:** In agreement with AWRC develop appropriate research tools: questionnaires, 121 and/or focus group interviews; surveys/other ways of gathering information.
2. **Review:** Review all relevant internal and external documents to support the evaluation: monitoring and evaluation systems; qualitative and quantitative data collated for MOPAC; strategy documents; case studies; position statements; published research and reviews etc.
3. **Facilitate:** Hold focus groups/interviews with women using services and staff; send out questionnaires/surveys as per the project plan.
4. **Collate:** Collate and analyse all information provided and develop this into summary interim and final reports aligned with the aims outlined.
5. **Recommend:** Based on the findings of the evaluation recommend next steps to further develop the service.

### Key Output of Brief

- Compile a practical, useful summary report outlining the themes and findings, highlighting gaps and examples of good practice. Produce key recommendations to strengthen, sustain and develop the P&ACT partnership model.

## 2.4 Methodology

Importantly, the design and delivery of this evaluation was underpinned by putting the theories of [intersectional](#) feminist research<sup>15</sup> from a structural, political and representational perspective into practice. This approach understands the importance of recognising **how** we engage in knowledge creation, as places where marginalisation and privilege play out simultaneously, because they are intertwined and interactive. An intersectional framework within research and evaluation projects disrupts binary thinking about power and privilege. In alliance with the P&ACT partnership model, it enables a whole systems perspective, focusing on

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<sup>15</sup> As a method, feminist action research disrupts traditional ways of knowing to create opportunities for new conversations to emerge from a variety of different standpoints, making explicit women's multiple perspectives, voices and experiences (Sharlene and Hesse-Biber 2014; Maguire 2001.)

specific contexts and distinct experiences of equity, discrimination, oppression and justice, simultaneously holding a mirror to our own and others' practice in relation to privilege and power.<sup>16</sup>

Intersectional feminist action research seeks to disrupt and challenge power relations, structures and mechanisms of the social world and social science research. It continually reminds us that gender is always embedded in multiple power relations. This evaluation has been carried out based on the following principles:

- Centre-ing the voices, views and needs of survivors
- Gendered Analysis: placing VAWG in the context of power and control, disproportionately affecting B&M women both as a consequence and cause of gender inequality.
- An intersectional approach to understanding survivors' experiences, both in terms of identity and types of VAWG, i.e., understanding that survivors may hold intersecting identities (e.g., young, black and lesbian) and simultaneously experience intersecting forms of VAWG (e.g. forced marriage and rape, honour-based violence and childhood sexual abuse).
- Complement and make use of relevant VAWG strategies and definitions.
- Provide an analysis of harmful practices which recognises the interconnections within a continuum of VAWG i.e., harmful practices in the context of domestic, sexual violence and exploitation, stalking and other forms of VAWG.
- Enabling excluded sectors of society and community ownership.
- An understanding of the value of wrap-around holistic support approaches including prevention, early Intervention, advocacy and advice, housing, therapeutic support.
- An understanding of the well documented value of service responses delivered 'by and for' the communities they serve e.g., B&M women, young, disabled women.

## 2.5 Methods

A mixed methods approach was used to carry out the evaluation. Due to Covid-19 several methods designed to be delivered face to face had to be

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<sup>16</sup> Collins, P. H. (2008) *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge

swiftly adapted for online use. Whilst challenging, this was successfully done with the support and input of all partners and meant the rich and diverse experiences and perspectives of survivors and women delivering services was captured. Methods included:

- **Literature review:** Relevant data e.g., grey literature (research and policy documents) produced by P&ACT partners and other voluntary sector agencies, data held by MOPAC Evidence & Insight Team, London Councils, Forced Marriage Unit (FMU) and NHS datasets including enhanced data sets.
- **Analysis of existing data:** This includes MOPAC monitoring reports, case studies and data from standardised monitoring systems e.g. health well-being/CORE outcomes.
- **World Cafe:** Online event for staff to facilitate reflective discussion spaces
- **One-to-one interviews with survivors and P&ACT partners:** Primarily via zoom and face to face when possible.
- **Small focus groups:** Consultation with B&M women accessing services primarily via zoom and face to face when possible.
- **Short Survey:** Develop and, via P&ACT partners, disseminate a survey available in a range of formats and languages to B&M women currently using (or involved in ex-service user groups) services.
- **MOPAC:** One-to one consultation and support with Dr Paul Dawson head of Evidence and Insight.

## 2.6 Analytical Framework

The analysis of this evaluation will not primarily be driven by theory; raw data is analysed and presented in its own right. An inductive, constant comparative method will be used to highlight what emerges from the data. Key themes are developed from the analysis, involving the forming of categories and summarising their contents<sup>17</sup>. This approach to analysis is grounded in the rich knowledge coming through from participants and then theoretically framed around the subject, with findings placed within the wider social, economic and political fields.<sup>18</sup> Synthesising a range of views (some complimentary, some contradictory or challenging) is key to

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<sup>17</sup> Glaser & Strauss (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine Publishing Company

<sup>18</sup> Tesch, R. (1990) *Qualitative research: Analysis Types and Software Tools*. New York: Falmer

ensuring the process of evaluation is grounded in the diverse experiences and voices of participating B&M women and the organisations supporting them.

## **2.7 Limitations**

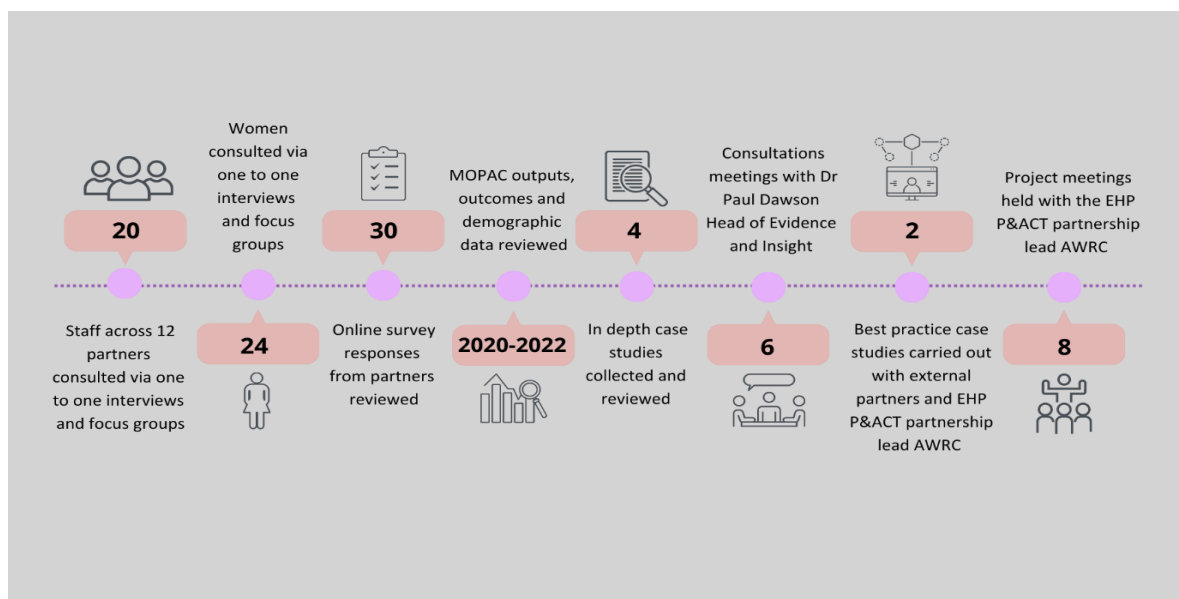
The Covid-19 Pandemic, which began In March 2020 just two months after the inception of the P&ACT Partnership project, created several challenges which had an impact on this evaluation.

The Equality Academy Director was furloughed between April and July 2020 which meant the evaluation was delayed by three months. To mitigate any risks associated with this a Covid-19 revised project plan was put in place and successfully completed.

Most interviews with B&M women using P&ACT services had to take place online rather than face to face which at times presented difficulties in terms of internet connection and being able to speak in a safe space. We also interviewed P&ACT partners online as well as holding a group event which would have been more effectively carried out as an in-person World Café. Despite this, and the numerous challenges they were facing during the Covid-19 pandemic, B&M women and P&ACT partners generously gave their time and enabled us to collect the data required to complete this evaluation.

## **3. Summary of work**

Between July 2020 and February 2022, the following processes were successfully completed:



Surveys were carried out in May and November 2021 as an iterative process, building on previous data collated and analysed from initial interviews held in year two and pulling out emerging themes and patterns to gather more in-depth information. The survey process was assisted by Dr Dawson who provided excellent guidance and practical support. Interviews and focus groups with women and partner services took place across year two and three of the process to weave together a narrative alongside the survey data as the partnership progressed. Case studies were reviewed and collated to highlight particular themes, such as the importance of a specialist 'by and for' VAWG led approach, the level of institutional advocacy being carried out and the added strategic value of the partnership.

The research process was grounded in the inflicts no harm principles as set out in the Do No Harm EU Public Health Duty and related ethical practice guidance as outlined in [Imkaan's safe minimum practice standards](#). In alliance with this guidance a trauma informed approach was taken to this project. The consultants abided by current Safeguarding legislation: Children and Social Work Act 2017, Care Act 2014 and Children Act 1989. Care was taken to ensure women had access to support during and after interviews and the resources they needed to participate, such as childcare and interpreting services<sup>19</sup>.

<sup>19</sup> See appendix xx for a full outline of the interview, survey and focus group topic guides

In line with the Data Protection Act 1998 and the GDPR all recorded, transcribed conversations and staff details were anonymised. Consent was confirmed before recording interviews, were safely and securely stored, and will be deleted one month after the completion of this report.

## **4. Lessons from the Literature**

### **4.1 HP/VAWG context and intersectionality:**

A review of the literature shows categorically that violence against women & girls has multiple effects on family, broader community, and society. VAWG in all its manifestations, is a cause and consequence of gender inequality. It causes harm, vulnerability and disadvantage of one kind or another at all stages of the life cycle. This includes impacts on physical and mental health, self-esteem and confidence, social isolation, homelessness, economic and educational barriers and fatal outcomes from death and suicide, as indicated by this WHO publication<sup>20</sup>.

Whilst there is no universally agreed definition the term, 'harmful practices' is usually used as an overarching category for defining specific forms of violence that disproportionately impact B&M women & girls, including forced marriage, FGM, honour-based violence, faith-based abuse and dowry-related abuse. Specific patterns of oppression can be present ranging from subtle, unspoken gendered family expectations to more overt forms of control, for example surveillance of women by extended family members (p.2, Imkaan and Rights of Women, 2016).

FGM has been defined as a complex form of social control of women & girl's sexual and reproductive rights. Within communities in which it is practised, FGM is widely considered a pre-condition of marriageability, and is linked to notions of purity and maintaining honour (FORWARD, 2016, p.1).

Honour-based violence is invariably gendered and has been described as a mechanism for controlling women's sexuality. It can be triggered in response to an act which is seen as a perceived threat to upholding honour of the family or community. (IKWRO, 2014). Some have argued that other forms of harmful practice that exist in the West & Global North, but are not conceptualised in the same way e.g. cosmetic surgery or

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<sup>20</sup> <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

‘enhancement’, to which many women subject themselves as a result of peer and media pressure.

The literature on VAWG also highlights the fact that B&M women rarely experience singular forms of violence in isolation – and that violence is also systemic, not just interpersonal. Many commentators have articulated the importance of framing HPs’ intersectionally and within a broader context of VAWG, for a range of important reasons:

- Whilst there may be specific contexts that are relevant for understanding and responding to B&M women’s experiences of HP’s, they are likely to co-exist with other forms of VAWG.
- In the absence of a VAWG framing, professionals are unable to respond robustly to B&M women’s poly-victimisation in all its forms through holistic interventions. Certain forms of violence are likely to be missed, or deprioritised, by professionals – for example, the link between sexual violence, domestic violence and forced marriage, or between domestic abuse and FGM (Missing Link, 2011, Reclaiming Voice 2020). HPs can share overlapping characteristics with domestic and sexual violence and other forms of VAWG – such as the presence of multiple perpetrators and hyper-surveillance of victims (Siddiqui 2013<sup>21</sup>, Imkaan and Rights of Women, 2016). The interconnections between different HP/VAWG has also been highlighted in a recent campaign by IKWRO, which highlights the ongoing gendered practices of virginity testing & hymenoplasty where victim-survivors can also experience female genital mutilation and forced marriage.<sup>22</sup>
- It is important to prevent the targeting and stereotyping of communities through the implementation of discriminatory laws and policies that are not aligned with VAWG-related aims & outcomes, but produce punitive consequences – for example, increased policing and surveillance of communities (Imkaan, Alternative Bill, 2018; Missing Link, Wilson<sup>23</sup> (Race & Class, Siddiqui, 2013<sup>24</sup> ). Some have suggested careful use of the term when conducting community engagement work, as the racialised framing can create resistance and barriers to mobilising communities to challenge violence<sup>25</sup> and therefore be counterproductive.

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<sup>21</sup> Siddiqui, H. (2013a) “True honour”: domestic violence, forced marriage and honour crimes in the UK”, in Rehman, Y., Kelly, L. and Siddiqui, H. (eds) *Moving in the Shadows*, London: Ashgate.

<sup>22</sup> See: <https://mailchi.mp/ikwro/ikwro-autumn-newsletter-2021>

<sup>23</sup> Wilson, A., 2007. The forced marriage debate and the British state. *Race & class*, 49(1), pp.25–38.

<sup>24</sup> Ibid

<sup>25</sup> [https://assets.publishing.service.gov.uk/media/5c7d541e40f0b603d7852921/PB\\_What\\_is\\_the\\_harm\\_S02\\_18Dec17.pdf](https://assets.publishing.service.gov.uk/media/5c7d541e40f0b603d7852921/PB_What_is_the_harm_S02_18Dec17.pdf)



- In order to understand the context within which B&M women & girls experience violence, it is necessary to understand the gendered nature of violence against women & girls – but also the multiple intersecting lived experience, identities and positions B&M women & girls hold. These include those relating to ‘race,’ ethnicity, sexuality, gender identity, language, disability, age, class, immigration status, caste, nationality, indigeneity, and religion or belief. Women and girls are not all the same but navigate systems of inequality combining all these facets, which intersect to shape experiences of violence and whether, how, when and where victim-survivors receive support or justice (Collins 2000, Imkaan, 2018)

**4.2 Barriers:** The multiple barriers women face are well-documented within the literature. They shape and compound B&M women’s experiences of violence, whether they feel able to disclose, who they speak to and their opportunities for accessing support. Removing barriers for African and Caribbean women are key to challenging and dispelling the pervasive stereotypes of African Caribbean women being tough and not in need of protection or support when victims or survivors of domestic abuse.

There are risks and repercussions associated with these barriers, including those related to disclosure about violence from multiple perpetrators (family, community, peers); poor agency responses (including the use of ‘culture’ as a reason for not intervening or not responding appropriately); poor interpreting & translation services; legal and policy barriers, such as the use of immigration control and the hostile environment; and lack of available BME specialist provision (Larasi et al, 2014; Pepper and McKinnon, 2017, FORWARD, 2016, Imkaan, 2011). The following examples illustrate this:

- Migrant women<sup>26</sup> fear a punitive response from both perpetrators through threats of deportation on the one hand, and the Police, health, and social care agencies because of a lack of safe reporting and information-sharing mechanisms on the other (Imkaan, 2008, McIlwaine, Granada, and Oblitas-Valenzuela, 2019<sup>27</sup>). To challenge this discrimination, Southall Black Sisters (SBS), the Latin American Women’s

<sup>26</sup> See SBS immigration campaign work: <https://southallblacksisters.org.uk/campaigns/immigration/> and Step-up Migrant campaign a coalition of 50 organisations working to address the systemic barriers faced by migrant women: <https://stepupmigrantwomen.org/>

<sup>27</sup> McIlwaine, C.J, Granada, L & Valenzuela-Oblitas, I 2019, The Right to be Believed: Migrant women facing Violence Against Women and Girls (VAWG) in the ‘hostile immigration environment’ in London. Latin American Women’s Rights Service, London.



Rights Service (LAWRS) and the End Violence Against Women coalition (EVAW) put forward amendments to the Domestic Violence Bill (2021). These were rejected. Consequently, the unequal, two-tier system of support and protection against migrant women persists<sup>28</sup>.

- Victim-survivors lack equal access to provision. Survivors, including B&M, LBT, young and disabled, older women and those with insecure immigration status such as refugee and asylum seekers, responded to a pan-London consultation in 2018. They spoke of agencies being too ready to label them as 'hard to reach' based on their identities and life experience – rather than reflecting on their own services which were inaccessible and not meeting diverse, intersecting needs and *'were not set up to go and help women on an equal basis'*
- All forms of VAWG are under-reported. Official sources of recording prevalence, such as police reporting and crime surveys, do not often provide a comprehensive picture of the scale of violence against B&M women. In addition, under-reporting, a lack of consistent methods of recording and a lack of understanding of HPs/VAWG across mainstream agencies have also been identified as key barriers to informed policy and best practice. Data on ethnicity is also poorly recorded, if at all, across different agencies. (Pepper and McKinnon, 2017, HMIC, 2015, Imkaan, 2011).
- There has been a focus on specific forms of legislation, or statutory reporting pathways, for some forms of HP. However, HPs overall are not well integrated into VAWG strategy, policy, and commissioning at the point of service delivery within many Local Authorities and the NHS (Imkaan, 2011). Research from FORWARD UK has also shown that, where stronger statutory pathways have been introduced, they are having a negative impact. This is because of a poorly informed, heavy-handed police-led approach, which has increased racial profiling and scrutiny. FGM protection orders have been issued in the absence of strong evidence which result in families having their day-to-day movements restricted, and reputations harmed. Furthermore, Police turning up at family homes unannounced and racial profiling at airports are some examples of the pervasive stigmatisation of some communities across different areas of their lives including travel, healthcare and schools. The research points to a presumption of guilt which instead causes distress, harm and breeds' mistrust. FORWARD, instead, advocates for a *do no harm* safeguarding approach to female genital mutilation rather than a

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<sup>28</sup> <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/FINAL-EVAW-HoC-Non-Discrimination-DA-Bill-Briefing-April-2021.pdf>

statutory led approach which hinders effective preventative work. Recommendations include a review of national guidelines, a community centred approach and that police interventions should be used as a last resort and only in cases where strong evidence exists.<sup>29</sup>.

### 4.3 Responding to B& M women's needs and the value of *by and for* organisations

A strong body of survivor-informed and sector-specific evidence exists about the value to B&M women of *by and for* organisations.

For HP/VAWG responses to be effective it is critical to avoid a generic **one-size fits all approach**. Women value and benefit from an understanding of their specific contexts and access to specific specialist interventions from B&M practitioners across different forms of '*harmful practice*' within a VAWG context. Specialist women's organisations provide a space for safe disclosure and support and women are more likely to disclose to specialist BME-ending VAWG organisations (Thiara and Roy, 2010).

Specialist *by and for* services are considered as a space of psychological and emotional safety, reassurance, and affirmation. Survivors value 'seeing themselves' in the services they access, not solely based on language, 'culture' or religious contexts. Survivors feel more respected, understood, visible and more willing to speak when receiving support from a *by and for* organisation that understands and can respond to the intersecting impacts of racism and sexism, homophobia, disablism etc., without service users having to explain or feel judged. These are also spaces where B&M VAWG survivors can re-establish social, community and peer networks and bonds that are often lost through violence.<sup>30, 31</sup>.

During a consultation with survivors, women highlighted the importance of 'BME led *'by and for' ending VAWG* organisations that understood the myriad of issues they faced. This was not simply about the 'community', 'family or 'religious' contexts. Women spoke about feeling safer and more trusting of BME-led women's organisations with, for example, information about their immigration context and/or sharing their individual experiences of racism including increasing incidents of racism and islamophobia in the

<sup>29</sup> <https://www.forwarduk.org.uk/wp-content/uploads/2021/02/FORWARD-UKs-FGM-Safeguarding-Research-Report-Bristol-Study-2021.pdf>

<sup>30</sup> Kelly, L. and Dhaliwal, S. (2020). A safer pair of hands: Black and Minority Ethnic (BME) specialist violence against women work.

<sup>31</sup> <https://www.dmss.co.uk/pdfs/Safer-Pair-of-Hands-Report.pdf>

*context of Brexit. BME-led 'by and for' organisations provide a space where women felt 'safe', heard, and understood'. (Imkaan, 2018)*

*By and for* organisations work in distinct ways that benefit survivors through intersectional institutional advocacy, which has adapted Eurocentric tools for advocacy and casework to make them more appropriate for B&M women (Thiara and Roy, 2020). They also carry out critical social justice work to educate and create longer-term structural changes in VAWG policy & practice, which simultaneously enables survivors to use their trauma in a positive way, which in turn assists with their healing<sup>32</sup>.

#### **4.4 Funding and commissioning / disproportionate inequality/*by and for* sector**

The literature highlights the fact that funding structures and commissioning approaches to VAWG provision are not currently nuanced or sufficiently survivor-centred enough to address multiple, intersectional needs. They lack holistic integrated services with well-resourced preventative programmes that respond all interconnected forms of VAWG, social identities and wider structural harms (such as police racism, hate crime, discrimination, economic violence, institutional victim-blaming culture, and inaccessible rights and provision regardless of immigration status).

Austerity, decades of historic under- and dis-investment, systems of funding<sup>33</sup> that maintain inequality through short-term funding contracts and funding approaches that privilege larger, mainstream VAWG service providers, all continue to have a disproportionate influence and impact on the sustainability of the *by and for* sector. Many *by and for* organisations operate without any Government support (Imkaan, 2008<sup>34</sup>2018)<sup>35</sup>.

This data pre-dates the covid-19 pandemic. B&M organisations had a funding shortfall of an estimated 39% at the start of the first covid-19

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<sup>32</sup> A briefing paper on black and 'minority ethnic' women and girls organising to end violence against us (Larasi & Jones, Imkaan, 2017) See: [https://www.imkaan.org.uk/s/2017-\\_-Tallahwah.pdf](https://www.imkaan.org.uk/s/2017-_-Tallahwah.pdf)

<sup>33</sup> For more information on equitable funding approaches see ARWG 2021: <https://www.endviolenceagainstwomen.org.uk/anti-racism-charter-vaug/>

<sup>34</sup> [https://www.imkaan.org.uk/s/2008-\\_-Imkaan-\\_-A-Right-to-Exist-1.pdf](https://www.imkaan.org.uk/s/2008-_-Imkaan-_-A-Right-to-Exist-1.pdf)

<sup>35</sup> (Imkaan (2018) From Survival to Sustainability: Critical Issues for the Specialist Black and 'Minority Ethnic' Ending Violence Against Women and Girls Sector in the UK, London: Imkaan).

lockdown in March 2020 (Sheil, 2020a)<sup>36</sup> and were six times less likely to obtain funding compared with generic VAWG organisations (Sheil, 2020b<sup>37</sup>).

Consequently, *by and for* organisations were delivering VAWG services on a significantly non-level playing field, which became much more unequal during the pandemic – with consequences for the survivors they supported and for themselves as service providers (Imkaan, 2020)<sup>38</sup>. Evidence shows that *by and for* services are crucial to the UK's economic recovery, as for every £1 in grant income received by a specialist organisation, they invest an estimated £4 in their local economy by contributing to safer communities, employment and economic participation and reduced costs to public services.<sup>39</sup>

Positively, MOPAC have prioritised funding to *by and for* organisations through the Mayor's VAWG Fund. This has led to a 3 year (2019–22) multi-year investment in support services for minoritised and marginalised groups and/or those with insecure immigration status. This is an example of promising practice which helps to strengthen the sustainability of a specialist sector that experiences significant inequality within funding and commissioning.

## 5. Findings

### 5.1 Service Delivery: meeting need and accessing services

#### Section Summary

#### Service Delivery: Meeting Needs and Accessing Services

- **Empowerment:** 86% of women feel empowered and are more aware of their rights and options to enable them to access appropriate services
- **Health and well-being:** 86% of women receiving casework support report an improvement in health and well-being
- **Increased understanding:** 86% of clients report an increased understanding of abuse and options to report

<sup>36</sup> Sheil, F. (2020a) 'Women Cannot Speak Right Now': Calculating the Costs of Domestic Abuse and Covid-19 On Specialist Services for Black and Minoritised Women and Girls in England, Scotland, Wales, London: Imkaan.

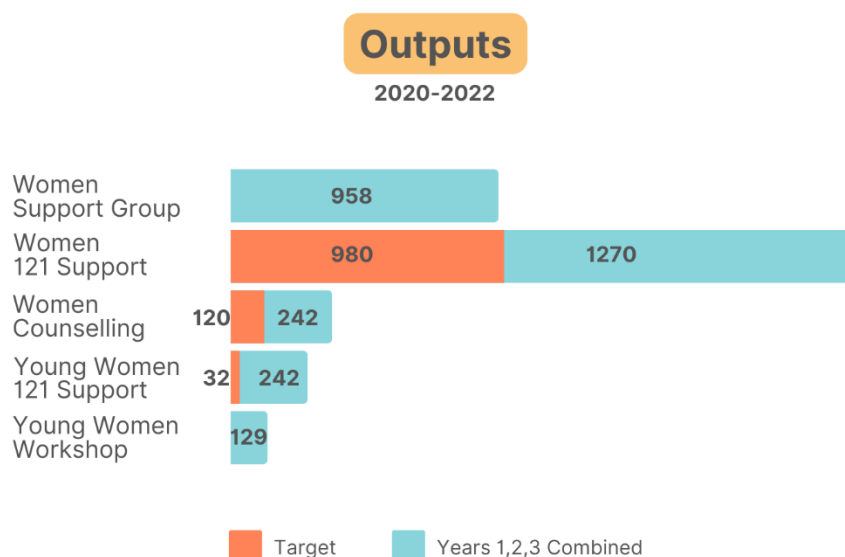
<sup>37</sup> Sheil, F. (2020b) Lessons from COVID Lockdown: A Study in Collective Resilience in Imkaan's Membership, London: Imkaan.

<sup>38</sup> Imkaan (2020) The Impact of the Dual Pandemics: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women and Girls. London: Imkaan

<sup>39</sup> Imkaan (2021) The Comprehensive Spending Review and Funding for the Ending Violence Against Black and Minoritised Women and Girls Sector. [VIEW](#)

- **Institutional advocacy and safety:** 90% of women reported improved feelings of safety
- **Institutional advocacy forms a substantive part of a P&ACT practitioner's role:** 91% of staff who completed both surveys confirmed they spend 50% or more of their time engaged in institutional advocacy
- **Supporting access:** Where additional support was required to enable access of service 86% of clients report this was offered and appropriate to their needs
- **Gaps in service provision** exist for physically disabled, LGBTQ+ and older women.

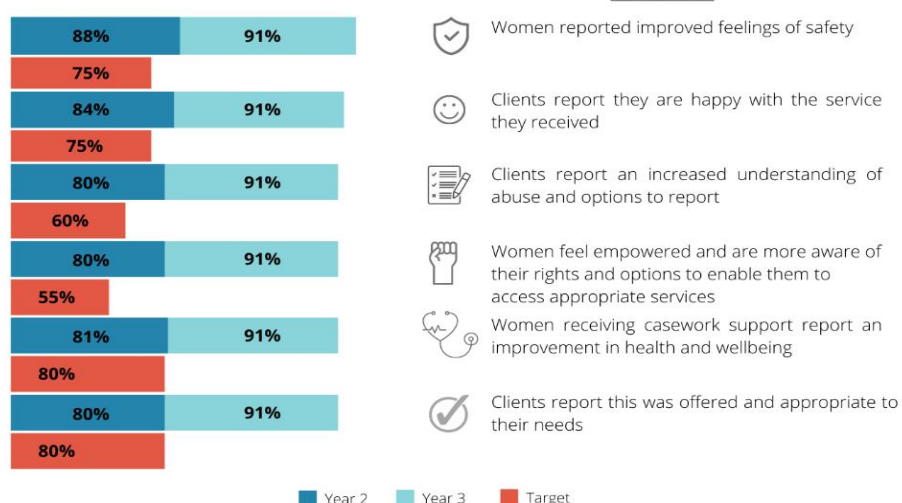
The tables below relate specifically to the performance data collected for MOPAC across the P&ACT partnership between 2020 (year 1) quarter 4 and 2022 (year 3) quarter 4. These data sets represent two full years of service delivery.



## Outcomes

2020-2022

Year 2 & 3



As the tables highlight, the P&ACT partnership have met or exceed all targets. Please note that only 3 output targets were assigned for this project: i) numbers of women accessing one to one support, ii) counselling and iii) one to one support for young women. Nevertheless, the data collected in relation to i) the number of women, including young women accessing support groups, is impressive and indicative of the high level of engagement sustained across the development of this partnership. This achievement is particularly notable in the context of the huge increase in referrals (as seen in the collated quarterly and biannual data provided by AWRC to MOPAC as the lead partner and referenced on p. 26 of this report) and the increased complexity of cases in relation to housing needs and lack of available refuge and temporary accommodation, mental health issues NRPF, increased isolation and risk of harm. Despite these challenges no women were turned away.

Likewise, the outcome data evidences the high quality of services provided across the partnership addressing a range of support needs (table in section 4.7) and the positive impact it has had on women's feelings of safety, increased awareness, ability to access support and sense of agency and well-being.

This data will be discussed in more detail in the sections below in relation to output (the number of women engaged with the partnership) and outcomes (the difference it made to them, and the range of needs women

were supported with). We have also included survey data, interviews with staff and women using services and case studies to highlight the positive and life changing impact B&M women led services have had for women. The case study below highlights the importance of working within a needs-led, holistic model where long-term wrap around support is available:

### **Case Study:**

My name is Amina [not my real name]. I'm 45 years old and came to the UK on a spousal visa. I grew up in a very abusive household. I regularly saw my father beating my mother and had no support or stability. I have only sad memories of my childhood, a time when I always felt unsafe and uncared for. As an adult, I suffered in abusive relationships. I have twice been married to men who were very physically, emotionally abusive and controlling, and completely destroyed my confidence.

The first husband took away my two daughters, while they were still children, on the grounds that I wasn't a fit parent due to the mental health issues (severe depression) I developed during my marriage to him. I have a lot of guilt about what happened at that time when I was feeling extremely vulnerable due to the pain inflicted on me by my abusive husband, and about being denied access to my own children. I never got to see them grow into the adults they are today. This was very traumatic and has severely affected my confidence and self-esteem. I'm still in touch with both of my daughters and we have built a very good relationship. They both live in Spain and intend to visit me once the pandemic is over.

Currently, I am on prescribed medication after my surgery for my meningioma in 2020, and for my depression. I was working last year but was forced to leave due to my mobility problems; I was experiencing severe pain and asked my employer to make some adjustments to allow me to continue working, but he refused, so I am currently unemployed.

I felt lonely and isolated even before the pandemic; I had suicidal thoughts and felt my life is not worth living. Losing my job contributed to feelings of helplessness and loneliness. I was hoping that getting some kind of



emotional support would be a way out. Then my CBT Psychotherapist from the NHS referred me to the P&ACT partner service.

A P&ACT partner service practitioner contacted me immediately to carry out a risk assessment and to offer me their services. They made me feel at ease, so I confided in them and told them everything that I experienced; how the domestic abuse impacted my health and housing situation. They were very empathetic, and they offered me their support services including their weekly women's group, which I was initially apprehensive about. However, joining the P&ACT partner service's weekly women's support group was the best thing that happened to me, it has made a positive impact on my life emotionally and mentally. I enjoy the group very much, have met other women that have become my support system, and learnt from the English classes and other topics from the weekly workshops delivered by professionals.

The P&ACT partner service has provided me with much needed emotional and practical support. To help my housing and immigration issues, they referred me to solicitors, and wrote a support letter. They also referred me for counselling in Arabic.

I feel my confidence and self-esteem are growing every day. I have plans to start a college course. I believe I'm making a good progress in spite of my challenging health concerns. I'm very proud that I'm able to solely look after myself and to make my own decisions.

### 5.1.1 Empowerment and Awareness

*We have done a lot of work ensuring women know we are on their side ensuring that they know that we will advocate for them because sometimes they feel that they are not heard or they are not sure of what the*



The partnership has worked within a needs-led empowerment model which acknowledges the multiple and intersecting barriers B&M women face in accessing and benefitting from services. The strength of this approach is highlighted in the data collected: in year 2 of the partnership, 80% of women felt empowered and are more aware of their rights and options to enable them to access appropriate services; this figure increased to 91% in year 3.

A key to success in raising awareness and engaging young women has been a range of school- and college- based workshops. Through international women's day celebrations, partners reached out to young

B&M women across London. Workshops have been run at the Forced Marriage Unit and support groups on prevention run by partners in various community-based locations for young women and girls. In Brent community radio was used as a medium to reach out to young people and communities. There were virtual workshops held in the recently opened Woolwich Polytechnic College and young ambassadors were signed up to spread awareness about FGM.

Partners have used innovative ways to raise awareness of their services and the range of harmful practices experienced by women. This has included bus campaigns, radio, and WhatsApp outreach with over 3000 B&M women receiving information and specialist HP/VAWG support. One partner recruited 4 volunteers to support community outreach work, contacting faith groups, solicitors, community centres, nail bars, hairdressers, and supermarkets to engage women and raise awareness. Another worked with community groups to develop a play about FGM. This was subsequently turned into a short film: [Uncomfortable Conversations: A Letter To My Husband which is used in coffee mornings to generate discussion about FGM, domestic violence and VAWG.](#)

As part of the long-term wrap-around support offered, partners have empowered women to take the next step in living lives free from violence

*processes are – on top of the abuse they have experienced – it's about building that trust and rapport and them knowing you are there – working for them.*

*I'm making a good progress and very proud of that, so far, I'm able to take my own decisions about many things in my life. I feel my confidence and self-esteem are growing every day.*

and abuse. For some this has taken the form of further education and employment:

*"Support in accessing safe housing, benefits and help to improve my English with ESOL classes, as well as all the emotional support through the online coffee mornings has changed my life. I'm now enrolled in college and have a part-time job- I know I can do it!"*

Other women have used their positive experience to begin to support other women impacted by harmful practices and other forms of VAWG:

*"I feel more confident and stronger, I can achieve more, and I feel like a new woman. I am now giving interviews and participating in documentaries about my experience. I want to pass on my learning and experience to other women to help them."*

*"I am empowered now... they are also teaching me to do sessions and I speak to women over the phone... I do befriending and I give women advice about what I have learnt in these sessions."*

### **5.1.2 Health and Well-being**

The partnership had a direct, beneficial impact on the health and well-being of women accessing services for a range of support. In year 2 of the partnership 81% of women receiving casework support report an improvement in health and well-being; this increased to 91% in year 3.

The partnership offered a range of services targeted to support health and well-being. This included immediate support to access food banks and clothing during the pandemic, as well as a rise in women requiring immediate support, via institutional advocacy, around their physical health. As One P&ACT practitioner commented:

*"Women are increasingly accessing services around physical health. We've had some quite dire situations in which women clearly have been physically very unwell and need input and guidance. Pregnancy diabetes has come up quite often, or very serious health issues that are not being met. GPs are not really addressing or reviewing their care and putting them on the right care pathways, so we have had to step in."*

Partners reported that mental health and well-being have been a recurring theme in support groups due, in part, to the pandemic, the violence and abuse women have experienced, and the barriers and discrimination faced by B&M women.<sup>40</sup> This is highlighted by the 22% of women who accessed services 2020–2022 who disclosed having mental health challenges. To maximize the number of women engaging in services and to support connection, some services have collaborated to deliver coffee mornings and support groups together. P&ACT partners run classes and support groups which function as 'moving on groups' to enable women to stay connected with the service and one another, while welcoming women recently referred. Coming together to share experiences and feelings are valued by women:

*"I found out about the service through my FGM counsellor. My favourite part of (the group work) was the health and well-being as so many people are under stress right now... (my) mental health is not stable but talking about it...I felt good sharing my feelings."*

Although counselling was not always the initial presenting issue (due to more immediate support needs required around housing, NRPf and access to benefits), 242 B&M women accessed counselling services between 2020–2022. Partners offering counselling services emphasised the importance of this being offered in the context of other services, and how the two strands weave together to support women holistically with their health and well-being:

*"When women's daily functionality is compromised, their emotional health is clearly being compromised as well. If that can be addressed elsewhere, for example within a therapeutic setting, then their advocacy needs can be met as well. And that is why having wraparound support is so important."*

#### Health and Well-being Focus

- Mindfulness sessions
- Mental health awareness and support
- External talks by other professionals based on women's feedback – healthy, affordable food, online yoga
- Developing friendships via support groups

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<sup>40</sup>29% of Black/Black British women have experienced a common mental health issue; there is a lack of robust support and investment in understanding and addressing this through the lens of race and gender (and other intersecting identities). Adult Psychiatric Morbidity Survey: Survey of Mental Health and Well-being, England, 2014

As one partner stated: *'women are presenting with high levels of trauma which aren't getting met by other generic healthcare providers'*. Accessing counselling that is grounded in an understanding of the lived experience of the multiple and intersecting forms of discrimination faced by B&M women – and the context-specific response required – was crucial.<sup>41</sup>

### 5.1.3 Institutional Advocacy

There has been intensive Institutional Advocacy across the partnership during the Covid-19 pandemic to manage increased risks and address vulnerabilities in physical & mental health, immigration status, destitution, and technology poverty. This was particularly challenging in the management of risk where the pandemic created a 'conductive context' i.e., where B&M women were subject to increased abuse from perpetrators and often unable to leave home or safely access support<sup>42</sup>. Despite these challenges, the P&ACT partnership has successfully supported B&M women to feel safer. In year 2 of the partnership 88% women reported improved feelings of safety; this increased to 90% by the end of year 3.

#### **Safety, Support & Institutional Advocacy**

- Over 700 safety plans completed
- 1470 risk assessments carried out
- 132 cases referred to MARAC
- 118 MARAC case presented across all Boroughs
- 91% of women reported an increased understanding of abuse and their options to report

As the table above highlights, partners have supported women around a wide range of issues relating to the violence and abuse they experienced. This included access to emergency accommodation, court support to secure non-molestation orders, access to legal advice and applications for DDVCs and settlement based on the violence experienced. In response to the Covid-19 pandemic many partners upgraded their IT systems and adapted safety plans to enable them to be completed virtually. Safety plans were also adapted to meet the needs of B&M women more effectively – in particular, to explicitly address HBV, FGM, forced marriage, domestic and

<sup>41</sup> <https://www.baatan.org.uk/> Black, Asian and African Therapy Network

<sup>42</sup> Fraser 2020 Impact of COVID-19 Pandemic on Violence against Women and Girls; Imkaan 2020 Two Global Health Pandemics – Violence against Women and Girls and Coronavirus COVID-19

sexual violence, poly victimisation, wider familial and community abuse and other structural barriers. This formed part of the needs-led wrap-around approach to support, where safety needs are considered in the context of other practical and longer-term emotional support needs, which, when met, lead to B&M women feeling safer, as highlighted below:

*"I needed protection services and she wanted support around the report I had made to the police. I also needed help with immigration. I got an appointment for support and guidance. I felt welcomed, understood and that I could be safe. I was offered counselling which helped a lot, I could also call my support worker whenever I needed help with what was going on with my ex-husband."*

*"They provided me with much needed emotional and practical support...I have come such a long way and I feel safer than ever before. I have plans to start an online course to improve my English and to do a college course."*

### **Case Study: Institutional Advocacy**

RK is a 25yrs old heterosexual female of Kurdish origin with no significant health issues or disability; has 1 child and came to the UK on spouse visa 4 years ago.

RK contacted a P&ACT partner service in August 2021 via a friend/relative who asked us to call RK on WhatsApp as she was unable to call us. We called her for assessment but discovered that she was outside the UK; provided her with info on her rights and options and closed the case as a one-off. We advised her to get in touch with us as soon as she returned to the UK. She got in touch upon her return. RK was not aware of her rights in the UK and was subjected to coercive controlling behaviour, so couldn't seek help or she didn't have any prior experiences with the services.

Upon RK's return to the UK we carried out a DASH Risk Assessment which indicated a very high risk of harm. She was at risk of **Honour-Based Violence** from her husband and family members; she had been subjected to **coercive-controlling behaviour, emotional, verbal, sexual and financial abuse as well as getting death threats** from her husband who was using their child and her immigration status to manipulate her.

The perpetrator had tricked her to go to Turkey to cool the arguments between them. RK wasn't aware of the travel restrictions at the time so believing that she was going away for a couple of days she went to Turkey but as soon as she landed the perpetrator told her that she would never be able to come back to the UK and see her son (1yrs old) again. She immediately tried to return but couldn't because she couldn't afford the quarantine hotel money. But when RK's father started to threaten to harm her for wanting to get divorced, her mother and sister borrowed money to send her back to the UK.

### **Initial Support Provided:**

- Risk & Needs Assessment; Safety and Support Plan made
- MARAC Referral and children's safeguarding alert made to the local authority
- Referral to NCDV for injunctions against the perpetrator (NMO and PSO)
- Referral to an immigration solicitor for DDVC
- Supported her recourse to public funds and legal aid
- Found emergency accommodation at a shelter
- Initial support towards child contact
- IMECE Specialist BME IDVA support

### **Ongoing Support and Advocacy Across a 9-Month Period:**

- Homelessness application; securing tenancy
- Support with Universal Credit applicatio
- Assisted her to communicate with family, immigration solicitor and other services, providing support letters
- Court Support: provided RK with safe space to attend the online court hearing as well as being present during the hearings  
Child contact issues: helping RK gather evidence requested by the court; ensuring continuous communication with GP, solicitors, and the court

- Housing; homelessness application follow-up/ ensuring smooth transition from the TA to permanent place
- Welfare Benefits
- ESOL and employment support

### **Key Outcomes:**

- Changing her spouse visa (NRPF) to DDVC was very crucial for her to be able to access services, public fund, and legal aid
- She access to criminal justice, managed to NMO, and placed in safe accommodation
- Securing the Legal Aid proved to be crucial. with legal representation in place, she managed to get to child contact see her and is working towards getting shared custody'
- She felt extremely happy when she saw her child supervised and sent us a thank you text
- She said that she doesn't feel alone and helpless and that she feels more confident despite all the efforts of her husband to make her feel otherwise
- Housing: RK is going to be placed at a one bedroom flat by the Local Authority which is a great success in terms of child custody which is the most important thing for her. She will be able to show that she and her son will have a suitable place to live together

### **Key Challenges:**

**Housing:** NRPF status proved to be a big challenge for RK and for us as we struggled to secure accommodation for her initially. We were able to locate her in a safe temporary accommodation for three months which then enabled us to sort her DDVC application and then change her NRPF status. She has now granted ILR

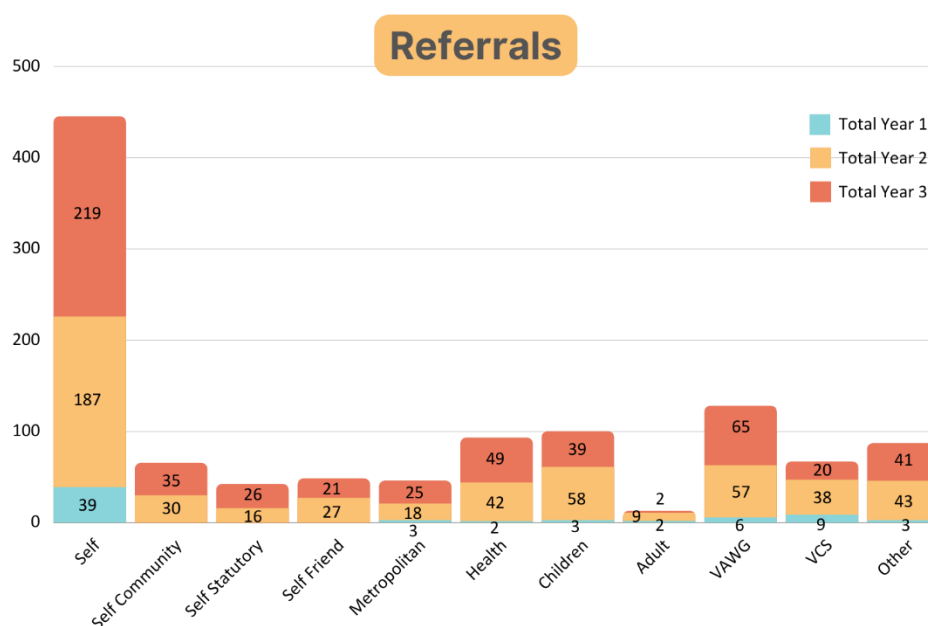
After that we applied to Universal Credit and could make the homelessness application to a local authority. RK is now placed at a temporary accommodation but will move to her permanent one-bedroom flat in February 2022.



**Police:** RK could have got her child with her by now if the police acted on time to help her.

91% of staff who completed the survey confirmed that they spend 50% or more of their time engaged in institutional advocacy. As a part of this, partners regularly present cases at MARACs across all boroughs. They also attend a range of multi-agency meetings including MARAC steering groups, London Harmful practices Working Group, VAWG forums and coffee mornings where they undertake institutional advocacy in bringing to light harmful practices in a VAWG context. As one P&ACT practitioner commented:

*“So much of our time is taken with educating generic services about harmful practices- that it’s not a ‘cultural’ issue and needs to be understood in the context of VAWG... there is a real lack of understanding which actually increases women’s risk as referrals don’t get made.”*



As the table above highlights, despite high levels of institutional advocacy, as well as a wide range of other initiatives (such as training and the establishment of a harmful practice helpline for B&M women and professionals needing support), referrals to partner organisations from other services are variable and remain very low in comparison to self-



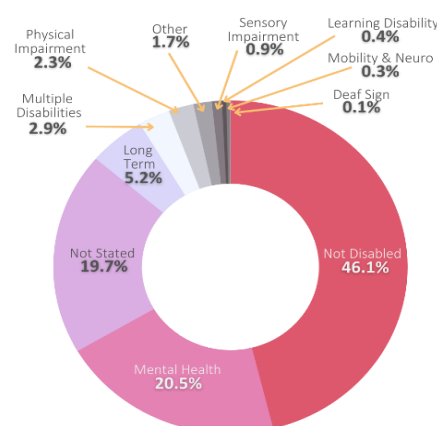
referrals. The low rate of police referrals (which stands at just 51 B&M women in a two-year period) is particularly stark. Whilst the P&ACT partnership continues to exceed its targets for increasing women’s feelings of safety, a step change and radical improvement is needed in the police’s response and engagement with them, as part of a coordinated community response. Please see Strategic Barriers and Strategic Added Value sections for further discussion.

### 5.1.4 Support and engagement for diverse groups of Black and minoritised women

86% of partners surveyed agreed that they were reaching survivors who were most in need of their services and where additional support was required to enable accessibility of services. 86% of clients report this was offered and appropriate to their needs.

Survey feedback also revealed that 36% of partners agreed that gaps in services existed for some service users, based on the multiple structural barriers faced by some due to systemic exclusion based upon sexual orientation, socio-economic status, age, and disability. Central to its intersectional approach, the partnership is consciously engaging with diverse groups of B&M women in its aspiration of continuous improvement and widening its reach.

In response to Covid-19, partners adapted services in innovative ways that enabled some B&M women to access services more easily than before the pandemic. Partners noted the increased engagement in



#### Disability

Not disabled	604
Mental health condition	268
Not stated	258
Long term health condition	68
Multiple disabilities	38
Physical impairment	30
Other	22
Sensory impairment (visual, hearing, etc)	12
Learning disability/difficulty	5
Mobility	2
Neuro-diverse (Autism, Asperger's, Dyspraxia)	2
Deaf sign language user	1
<b>Total</b>	<b>1310</b>

group-work and counselling as it developed online and gave examples of B&M women with childcare needs and older women and women who cannot travel using these services more often as a consequence. This was

particularly noticeable in relation to B&M women who had physical disabilities – where support increased by 60% between year 1 and 3<sup>43</sup>:

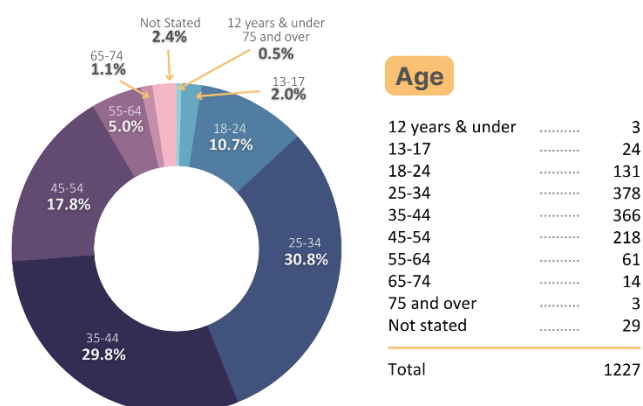
*I had back surgery. I was in so much pain I didn't know what to do. My friend then put me in touch with the service. Since that day I have never felt alone. I've been supported with housing, benefits and anything I need. My support worker is amazing, she is always there for me. Because of my disability I could not go out and she called me regularly, as well as using zoom, providing me with so many practical things as well as emotional support. She was exactly the person I needed at the right time, and I can't thank her enough.*

This observation was echoed by partners:

*"One thing that came out of COVID was accessibility. It actually made it a lot fairer. We had women with disabilities and older women who genuinely might have struggled to come into the centre much more likely to access services online."*

Whilst this overall increase is positive, physically disabled B&M women only make up a small percent of the total women supported. There is an urgent need for further resources to be allocated context of a sustained cross-sector effort to address the intertwined impacts of ableism and misogyny to improve access and engagement<sup>44</sup>. See Recommendations for further discussion.

In total approximately 189 B&M young women engaged in one-to-one support counselling and group work across the partnership between 2020–2022<sup>45</sup>. Partners also carried out a wider range of innovative work with young women:



<sup>43</sup> This figure takes into account the following categories: physical impairment; sensory impairment; long term health conditions.

<sup>44</sup> <https://theconversation.com/covid-19-amplifies-the-complexity-of-disability-and-race-157933>

<sup>45</sup> This includes young women between the ages 13–24. Higher numbers are possible within the not stated category.

- Young women's workshops;
- Outreach support to young girls on FGM prevention and support;
- Targeted work with young women including prevention work in Kingston;
- Supporting young women to access the young women's trust emergency fund;
- Facilitate resilience training and set up youth forums;
- There have also been cross referrals to young women's services and online campaigns to safeguard children and young women affected by HP/VAWG.

The partnership found engaging older B&M women more challenging, although, as highlighted, the development of online services has had a positive impact on accessibility. Elder abuse was cited by some as a potential barrier to accessing services due to the guilt attached to disclosing information about children:

*"Elders that are being abused by their children or a family member often feel very guilty... this is very difficult and stigmatising for mothers to report."*

The partnership supported 315 B&M women with NRPF. This work is complex, time intensive and vital in ensuring B&M women's human rights with regard to safety, health and well-being.

Partners highlighted the challenges of supporting women with NRPF:

*"Although a significant number of our service users have NRPF, women without any legal status are least likely to access services. They may be trapped with the perpetrator and don't have any support network whatsoever here in the UK so they might not know about our services. We also know there is still a part of our community that is just too terrified to access any services whatsoever due to the UK's hostile environment around immigration and seeking asylum."*

The case study below highlights the importance of a specialist 'by and for' approach of B&M women-led services in advocating with women with NRPF who have a range of practical, emotional and legal support needs.

### **Case Study: NRPF**

Ms S, an Afghani national came to the UK on a spousal visa in May 2021 to join her husband, a British citizen. Ms S was engaged to her husband two years prior to moving to the UK but found out that he had lied to her and had a family in the UK, despite telling her that he was single. Due to this Ms S told his family that she did not want to go through with the marriage. However, her husband's brother came to her family home and said that if she did not go through with the marriage, she would have to marry another one of his brothers and that her younger sister would have to marry one of his brothers too. Ms S did not want her sister to go through with this, so Ms S married her husband in Afghanistan and then came to the UK.

However, since Ms S came to the UK, she has been locked in the home by her husband unable to leave. Due to this she is unfamiliar with the area and life in the UK. Ms S's husband also forced her to have sex with him and would slap her if she refused.

On the 29 July 2021, Ms S's husband came home tired and angry and started to argue with Ms S, he then started to physically attack her. When he left Ms S called the police and they arrested her husband. However, due to this Ms S was worried that her husband would further attack her or even kill her because she called the police and he had called her family in Afghanistan and made threats to kill them too.

Ms S had trouble sleeping at night because she was worried about her husband attacking her so she started to put things behind the door so that no one would be able to come into the room. Ms S's husband is from the Pashtun tribe and had many connections and Ms S feared that he would ask someone else to harm her as a form of revenge as they do not accept women who call the police. Ms S also received death threats from her family as well due to the arrest.

#### **P&ACT Partner Service Involvement:**

Ms S was referred to the P&ACT partner service on 29 July 2021. Our first course of action was to conduct a Risk Assessment using the Standard DASH Risk Assessment for victims of Domestic Violence which found her to

be a high-risk victim of domestic violence who was extremely fearful of her husband. This enabled us to identify the issues Ms S faced so that we could assist her towards solving them and becoming independent.

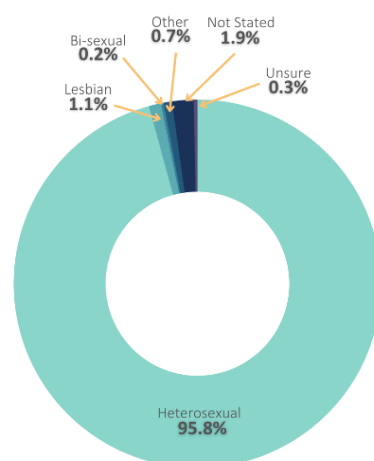
We took the following steps to assist Ms S:

- We provided Ms S with accommodation and subsistence via our No Recourse to Public Funds, from the 3 August to 13 September 2021
- We provided her weekly rent for her stay in the accommodation which was paid directly to the hotel via the fund
- We also provided her with cash subsistence of £40 per week.
- We helped Ms S with her DDVC application which was applied for on the 3 August 2021
- We assisted Ms S with opening a bank account and applied for universal credit.
- We moved Ms S into a refuge
- Referred Ms S to an immigration solicitor for help with indefinite leave to remain.
- Conducted regular risk assessments and safety planning
- Accompanied Ms S for all her interviews and appointments and provided emotional support and practical advice all throughout
- Continue to conduct weekly welfare checks and remain in touch with her regarding her welfare and well-being

As the table highlights very few lesbian and bi-sexual B&M women accessed support –and only 1 transgender woman (see appendix)– from the partnership. It is also possible that women engaged in services may not disclose their sexual orientation or gender identity for fear of judgement or

repercussion.

P&ACT services recognise that more needs to be done to support B&M LGBTQ+ women. As one staff member commented:



#### Sexual Orientation

Heterosexual	1172
Lesbian	13
Bi-sexual	3
Other	9
Not stated	23
Unsure	4
Total	1224

*"Sexual*

*orientation is often a taboo issue but it's important ...women fear they would be ostracised from their families and communities if they came out so may not come forward or believe help is out there. We are aware we need to look at increasing our inclusivity of lesbian and gay women, and we are beginning these conversations."*

There is also a recognition of the wider structural barriers LGBTQ+ B&M women face in getting the support they need from other services.

#### Case Study:

C is a lesbian who has lived with her partner for 10 years in an abusive relationship. This included instances of choking and physical violence. Her Housing Officer didn't think she was at risk of homelessness as she was living with her partner. She signed a housing agreement - where she earns 1,200 per month and offered her one where she would pay 1000 of rent. She didn't understand what she was signing. They contacted the housing solicitor and had to do a lot more advocacy in this case. It may not have been viewed as a real risk because of volume but possibly there is some level of prejudice.

The barriers experienced by LGBTQ+ B&M women are both individual and systemic. Further sustained resources are required to support staff and enable external wider awareness raising, networking, trust building and community engagement for increased engagement to occur.

## 5.2 Systemic Barriers

### Section Summary: Systemic Barriers

- **Institutional advocacy** has increased steeply during the pandemic: 90% of staff (who responded to both surveys) spent 50% or more of their time engaging in institutional advocacy to challenge poor responses from external services. This includes navigating racialised and gendered discrimination.
- **Police referrals represented 4% of all referrals** made and remain consistently low despite ongoing efforts to improve this by the partnership.
- **Local Housing Authorities** created significant systemic barriers for B&M women accessing safe affordable housing
- **Commissioning inequities:** White-led mainstream women's organisations continue to receive more funding than B&M women's led organisations: Out of all 32 boroughs in London, not even one by and for service is the lead DA commissioned provider in the borough.
- **Resources:** Only 60% of staff who completed the second survey felt they had the appropriate resources to manage demand

## 5.2.1 Institutional advocacy in response to institutional racism (misogynoir)

During the period under discussion, the partnership has met and exceeded the outcomes set. Feedback from B&M women and P&ACT practitioners is overwhelmingly positive. This is despite the multiple systemic barriers that both B&M women and the partnership have had to contend with in accessing wider services and supporting women to cope with and recover from the HP/VAWG they have experienced. These barriers must be understood in the context of intersecting structural racialised and

*When staff encounter racism and discrimination people think that as we are working as part of a professional sector that we will let some of those practices pass rather than challenge.*

*Social services are quick to take Black women's children into care.<sup>46</sup>*

<sup>46</sup> [https://www.familylaw.co.uk/news\\_and\\_comment/unequal-chances-ethnic-disproportionality-in-child-welfare-family-justice](https://www.familylaw.co.uk/news_and_comment/unequal-chances-ethnic-disproportionality-in-child-welfare-family-justice)



gendered inequities and how these constitute and reinforce barriers to access and empowerment.

Partners shared numerous instances of encountering racism as every day, ordinary and pervasive across all sectors<sup>47</sup>. This included both explicit and, more often, implicit forms of racial bias:

*"Sometimes it doesn't come across as racist – but as a lack of understanding or refusal to understand other cultures – operates in a subtle manner e.g., judgement about the numbers of children, or seeing intervention as pointless if she has been with the abuser for a number of years or has been known to MARAC for a long time."*

*"There are often overt and covert ways of being racist – it is possibly a training issue and should be embedded within social work practice and values during the early part of their career. Many of them (mainstream organisations) have not had any engagement with Black communities before. Gendered assumptions. There are also men within these organisations that will not recognise the vulnerability."*

As highlighted across this report, existing experiences of racism, misogyny and the emergence of the Covid-19 pandemic has combined to create a 'dual pandemic': the virus itself and the institutional racism which adversely impacts effective responses to the needs of B&M experiencing HM/VAWG.<sup>48</sup> As highlighted by the case studies provided throughout this report, this has led to a steep increase in the level of institutional advocacy required: of those partners who completed the surveys, 90% spent 50% or more of their time engaging in institutional advocacy to challenge poor responses from external services. As one P&ACT practitioner commented:

*"Some external agencies have made arguments about a lack of resources and the redeployment of resource to the pandemic to justify a minimising of their existing duty of care which is reproducing further inequality, exclusion, and discrimination. In response, this has required more intense and high levels of institutional advocacy to ensure women have access to their rights and entitlements."*

Partners noted that B&M women accessing P&ACT services relayed that previous poor experiences of accessing mainstream services (support not

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<sup>47</sup> June 2020 <https://www.acevo.org.uk/reports/home-truths/>

<sup>48</sup> 2020 Imkaan The Impact of the Dual Pandemic's: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women & Girls ISBN 978-1-913486-38-9



offered, delayed support or lack of understanding of HP/VAWG), have led to them being reluctant to access support again. In many cases this meant returning to high-risk situations without support:

*"A case involving a MARAC since 2014 and was known to social services since 2011. Raped numerous times by her husband – she is petrified of calling the police and a key reason for her disengagement from agencies is the treatment from SS and other agencies who treat her like nothing. I find it shocking."*

Institutions which partners and B&M women experienced as particularly challenging included the police and CJS, social care, housing, education and mainstream white-led VAWG organisations.

### **5.2.3 Police and CJS**

As the data highlights, police referrals to partnership services have been, and remained, extremely low across the development of the partnership. Despite sustained institutional advocacy, awareness raising and regular representation at MARACs across boroughs and MARAC/VAWG steering groups, police referrals represented just 4% of the total referrals made. This was consistently raised each quarter by the AWRC to highlight the strategic barrier this posed for women accessing services.

*Police referrals continue to be very low... despite widely publicising the harmful practices helpline this has not improved...there is also a lack of embedded police referral pathways, no coordinated police flagging harmful practices and an apathy in keeping women informed about the progress of cases and NFA's to safeguard women and children.<sup>49</sup>*

B&M women also reported difficulties when reporting to the police, as well as a reluctance to report to the police, based on negative earlier experiences and a tendency of the police to focus only on the physical component of abuse.

*"I can only imagine that the poor support is down to poor awareness about how life-threatening a domestic abuse situation is. Just because they do not see physical violence does not mean that the women and children are safe. Too many times the Police marked my call-out as a domestic dispute*

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<sup>49</sup> Collated comments from MOPAC quarterly data narrative across 2020–2022

*between husband and wife, left my home and then as soon as the door was shut, I was left with an even angrier perpetrator to deal with."*

### Case study

Whenever I had to go to the police it was always difficult because I would have to ask for an interpreter and wait for one to be available, there were times I went and there were no interpreters or told I had to come back another day. It was the same with Victim Support when I was referred to them. It was only when I accessed the P&ACT partner service that I had access to interpreters.

It would help if accessing police services were easier. Sometimes they thought Spanish would do when actually I needed a Portuguese interpreter.

These findings align with the Survivors' Consultation *Listening to Women and Girls Affected by Gender Based Violence* which found that only 15% sought support from the police. This compares with 91% who accessed VAWG services.<sup>50</sup>

Women who contacted the police also described the experience of not being believed:

*The Police...supported him as 'innocent until proven guilty' – he denied all allegations as being made up by me. Sadly, I was not able to prove the truth as I had no witnesses or recorded evidence. I felt unsupported, not believed and at increased risk in my home as this made the perpetrator angrier... and I was living with him.*

The scope of this research does not allow for an in-depth analysis as to the reasons why referral rates remain so low. A lack of awareness around HP/VAWG, as well as institutional misogyny towards B&M women undoubtedly play a significant part and require urgent, strategic action. This was confirmed by acting Met Police Commissioner Sir Stephen House who has 'launched a significant campaign to root out subcultures of racism and sexism.'<sup>51</sup> The MOPAC Grants team has been working closely with the partnership to foreground these issues in Police led platforms such as the

<sup>50</sup> MOPAC 2018 Survivors' Consultation: Listening to Women and Girls Affected by Gender Based Violence

<sup>51</sup> <https://www.theguardian.com/uk-news/2022/apr/20/met-police-culture-problems-not-just-a-few-bad-apples-says-acting-head>

Victim Voice Forum. Partners have created strategic pathways with their local police and developing their knowledge to identify and refer women directly to specialist services.

### **5.2.4 Housing**

Another strong theme from the data was systemic barriers experienced by women in relation to housing. Whilst covid19 undoubtedly played a part, a lack of awareness of HP/VAWG, combined with institutional gendered and racialised inequities, created significant challenges for B&M women seeking access to safe housing<sup>52</sup>.

The response received was not just poor in terms of practical support. Many partners highlighted the behaviour and attitude of Local Housing Authority staff in particular to be dismissive, apathetic and lacking in empathy towards B&M women fleeing HP/VAWG. This overwhelmingly poor response in turn put already over-stretched services under more pressure as they attempted to advocate for women:

*"The response from Local Housing Authorities has continued to be negative throughout the pandemic: we have experienced a lack of willingness to help and lots of gatekeeping. Our frontline staff had to subsequently spend increased amounts of time to put alternative provisions in place or challenge the statutory sector about their responsibilities."*

*"I supported a woman to get a lock changed as she is at serious risk from her ex-partner. The client has been trying to get a video intercom for 5 years through her housing association so she can feel safe in her own home (she has to go downstairs to open the door). I have been trying to advocate on her behalf: it has taken months of calls, chasing up and emails to finally get this approved even when they were informed that there was a very vulnerable woman and child involved."*

The case study below highlights the maze of system barriers experienced by B&M women. Whilst this is one woman's story, it echoes the experiences of many others in terms of barriers to accessing safe, affordable housing and being treated with respect and dignity during an extremely difficult, frequently dangerous, time, both physically and emotionally.

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<sup>52</sup> <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/02/housing-brief9.pdf>

### Case study: Complex Housing Issues Highlighted By A Survivor

R had been in an emotionally abusive relationship. She has also had previous contact with statutory mental health services and was recently grieving the loss of her mother. At the point she decided she needed to leave she described *being at breaking point* and feeling *tormented* by her abuser. She was also having suicidal thoughts. She decided she needed to find a way to leave for her children.

Leaving was incredibly challenging. R describes the stress of waiting for support and she could not find anywhere that would house her 16-year-old son because of the rules: *"I left (the perpetrator) and they said (non-P&ACT refuge) my son couldn't come with me – he was 16 and it was so hard to leave"*. The refuge did not allow boys of that age. It was hard for R to contemplate leaving the house especially as she had to leave her son behind. It was also hard to give up her home of 9 years and live somewhere where she would feel vulnerable and completely isolated and having to start again. On the day she left she described being driven over the edge by the perpetrator.

*"I had a knife in my hand and I thought either way I'm going to end up without my kids"*

R also describes a very poor and hostile response from housing when she initially approached them for help which is described as *"disgustingly unsupportive"*.

*"They had me sitting there all day. They then said the person had finished for the day and that I would need to come back the next day. I felt like I was going to have a breakdown. I told them (the Council) I would either physically kill him or I am going to do something to myself ...I thought I have to leave, otherwise I'm going to end up doing something to myself. I told them if they make me go back there, I WILL do something to myself. I am registered for my mental health, so I told them they had a duty of care. I had to go to that extent to get any support from (the Council)."*

She ended up in refuge and because of her complex housing situation had managed a dual tenancy where she paid rent on two properties which

has caused additional financial stress/debt which she is still trying to manage now.

She was in the refuge for 15 months, (longer because of the Covid-19 context) however when she was able to move-on she described the response from the Council to help her into move on accommodation as non-existent, dismissive and an unwillingness to help.

*"They were not answering any phone calls or emails".* She eventually approached her local MP for support and support from the refuge caseworker. However, when she was finally housed it was too far away and without day-to-day necessities including any of her support networks.

*"They put me in Slough and then I got even more depressed there as I was so far away now, I had no form of transportation. They just put you somewhere. I had nothing...I had one sofa, no pots, and pans, no sheets, no covers. I had no data to get in touch with my kids. It pushes you to think about going back. My daughter wanted to go back home."*

R wrote to her local MP who contacted her Council and this helped her to access permanent accommodation in November 2021. She has had to give up her right to buy her previous property and now is in a Housing Association property which she *"had to fight for"* which was very difficult. However, R is settled and happy and safe and has both her children living with her.

R feels passionately about wanting to use her experience to help other survivors in the future.

As the case study underlines, access to decent, affordable housing is vital in supporting B&M women's emotional and physical wellbeing and safety. Whilst the partnership continues to successfully support survivors to cope with and recover from the HP/VAWG they experience, the same cannot be said for Local Authority housing services. If B&M women's housing needs are to be met, urgent action is required to hold them to the same standard.

### **5.2.5 Social care**

A total of 113 referrals were made by children and adult social care services, representing 9% of the total referrals made into the partnership. As with the Police and housing, additional pressures were placed on all services by covid 19 and this combined with a lack of awareness and understanding of HP/VAWG and existing systems of gendered and racialised inequity. This in

turn fuelled stereotypes, assumptions and poor practice that left many B&M women who came into contact with social care services feeling disbelieved, discriminated against, distrustful and reluctant to engage.

### **Case Study: Social Work Response**

There was an allocated social worker managing contact. The SW's response was described as highly problematic and could have jeopardised [Ms F's] ability to seek custody in the absence of other evidence lodged with the courts.

The SW was described as taking the perpetrator's side, questioning Ms F and making assumptions. For example, she used what Ms F had presumed were day-to-day interactions/conversations – and questions that Ms F asked about the process including her own fears about what might happen – as a basis of a report that was being prepared for the courts, without Ms F knowing that these discussions were being noted.

Ms F recounted that the SW started to accuse her of not sharing welfare benefits she was receiving for her daughter with the perpetrator, even though she was (and had proof/ bank statements). She felt there was a strong bias against her, that the SW did not believe her – and that added to the stress of the situation. When she used to speak to the SW about the DV the SW would say this was not relevant to her role / their discussions.

Partners emphasised the impact this has on workload:

*"In relation to safeguarding, we can get statutory support, however if women don't meet their threshold (which is much higher than ours) and are at significant risk of harm then P&ACT continue to support the client for a longer period of time."*

As with housing and police services, a sustained effort is required to improve responses to B&M women seeking, and needing, social care support for themselves and their children.

## **5.2.6 White-led VAWG organisations**

As highlighted in the comment below, partners cited several challenges that they faced in relation to white-led VAWG organisations and IDVA services. These contributed to increased institutional advocacy required to ensure

B&M women's emotional and physical well-being and safety needs were met.

*"We are still fighting with big organisations who say they support BME communities. If*

*there are complex immigration issues, or a single woman where she may not have children, they refer it to us but do not highlight these complexities at the point of referral or reduce the risk. Mainstream commissioned IDVA services refer to by and for particularly HP cases reducing risk to a housing situation. It happens quite covertly. We don't want to damage our relationship with mainstream services as we rely on them for funding, referrals, we don't raise it because of possible repercussions."*

This deficit in white-led provision manifested in:

- a lack of knowledge around HP in the context of VAWG]
- unhelpful assumptions about the role of 'culture' in B&M women's experience of VAWG
- models of working that centre white, non-disabled women's experiences of VAWG
- a lack of understanding of structural racial inequity and how it functions within white-led VAWG organisations and in relationship with B&M women led VAWG organisations.

The combination of these factors inevitably leads to higher workloads for P&ACT practitioners, as one P&ACT service manager commented:

*"Our staff is carrying a huge workload that's four times bigger than our contemporaries, and it is due to the lack of funding to hire more staff, and the current staff is also burdened by the lack of knowledge in terms of religion, culture, immigration and other racial issues by not only statutory organisations, but also other DV agencies."*

## **5.2.7 HP/VAWG**

It is important to recognise the systemic barriers that arise in offering an effective response to B&M women experiencing abuse when mainstream understandings and discussion of HP focus primarily on FGM and so-called HBV, rather than understanding it in the context of the wider spectrum of



VAWG. Poly victimisation also needs to be recognised within an HP/VAWG context.

Professionals need to develop a better understanding of the spectrum of harmful practices. These are best understood as gendered forms of violence which seek to coercively control women and girls. They are often interconnected with each other, as well as with other forms of violence, discrimination and subordination of women and girls. All services have a critical role to play in strengthening their awareness, improve practice and ensure the needs of B&M women experiencing HP/VAWG are properly met.

### 5.2.8 Commissioning and resources

The data about commissioning of services demonstrates clearly that there is an uneven playing field for B&M women-led organisations:

*Out of all 32 boroughs in London, not even one by and for service is the lead DA commissioned provider in the borough. If we want equity then we have to see by and for services as specialist VAWG organisations with expertise in understanding the intersectional needs of women, all women. They should have the opportunity to grow as lead providers, as well as specialists in a way that reflects the diversity within the sector. Otherwise, the inequity will perpetuate, and resource allocation will be skewed in favour of large, white led VAWG providers.'*

**Contracts Manager, AWRC**

This is a situation which needs to be addressed and rectified. It was highlighted by partners in the context of competing with larger, white-led VAWG organisations for pots of funding which are not ring-fenced. This inequity of the distribution of funds means that those in most need received least resourcing. This, in turn, burdens B&M-led organisations with navigating the tensions of either challenging this and risking retaliation or staying silent for fear of disrupting relationships and having further funding placed at risk.

*"The largest challenge has been competing with larger women's organisation for local funding. There is a need for ring fenced sustainable*



*funding for specialist B&M women and girls services. Although there is great variance contextually / depending on borough, larger women's services continue to gate-keep at the expense of B&M women and girls who could significantly benefit from specialist services. There is a constant ethical dilemma of raising these issues due to concerns about damaging much needed partnership work with key sister organisations."*

The inequity of commissioning frameworks has a huge impact on B&M women-led organisation and compounds the multiple discrimination faced by B&M women. As highlighted elsewhere in this report, 40% of staff who completed the second survey felt did not have the appropriate resources to manage demand. As our findings show, whilst the partnership exceeded all set targets and outcomes, this came at the cost of staff well-being and ultimately is an unsustainable model of working. As one P&ACT practitioner commented:

- 25 B&M women and girls' services shared an annual income of £10 million (averaging £400,000 per organisation)
- 10 non-B&M VAWG women's services shared an income of £25 million (averaging £2.5 million per organisation). *Joint Briefing by Imkaan and the End Violence Against Women Coalition (EVAW) 2020*

*"Resources that were agreed in the partnership do not match the work that is taking place in practice. We don't have enough staff as we are working across 5 boroughs – it's very hard as you would probably need one caseworker per borough. The lack of resources means our manager has to get involved in case work."*

The resource implications are manifold and include high levels of 'hidden working' and subsidising of P&ACT services by some partners to ensure B&M women's needs were being met:

*"When the service was commissioned as far as I know there was no mention of capacity when it was commissioned. This perpetuates both the hidden costs of work and the hidden nature of additional work... the funding only supports a small part of the work, so our wider services provides a subsidised wraparound service. This type of funding only works for services that have got that capability."*

*"The disproportionate commissioning of BME services creates challenges for small organisations- we are left to provide in kind support which we are not resourced to do."*

Partners also had to apply for top-up grants due to the additional needs that emerged during Covid-19, such as providing IT equipment for women and children, and essential emergency items such as the provision of food vouchers and other subsistence related support.

Organisations have borne additional costs such as helping staff to work remotely, upgrading existing systems and providing laptops, i-pads and mobile phones and phone credits to women and the costs of creating web chat functions.

Between 40 and 60% of women in some services had no safe access to phones, no credit, and no access to the internet (Imkaan survey, 2020). This reinforced existing digital inequalities which were further exposed through the lockdown.

Partners also highlighted the barriers faced by B&M women in accessing partner services due to a lack of resources for the provision of interpreting services from both internal funding streams and externally with other services:

*"With the financial year coming to a close, many services have exhausted their language support services due to high demand and have struggled to work with women with language needs outside of those spoken within the organizations."*

*"Statutory organisations use their referral pathway to access cheap support – they don't meet costs for interpretation/risk/advocacy etc."*

Feedback across both surveys questioned the degree to which the current commissioning model has enabled partners to work together and emphasised both the need for this to evolve and strengthen as a partnership:

*"I think we are still operating as separate organisations, each providing our service to the woman we work with sat separately. And so, I think that this partnership hasn't been able to create this fully integrated way of working. If you're going to commission services for a cohort who has such differing*

*needs, then you have to have that planning stage built in with the right level of investment attached. This requires smarter commissioning that prevents duplication, is bespoke to communities, is flexible and not one size fits all—that is a commissioning model which understands equality and equity.”*

### 5.3 The value of *by and for* ending-VAWG provision

#### Section Summary

- B&M survivors value *by and for* services for a range of reasons including – seeing themselves reflected in the services positively influenced feelings of validation, trust, voice, engagement with support, healing, and wellbeing. They described the positive benefits of building family-like relationships and support networks with B&M survivors that are harder to access within mainstream services.
- Systemic communication barriers exist within statutory services. There is no guarantee that interpreting will be made available for the B&M women who need it during their engagement with statutory agencies.
- P&ACT partners have been proactive in not homogenising/simplifying the needs of B&M groups. For example, a dedicated African-Caribbean led *by and for* approach has helped to support women/girls who are usually under-represented within VAWG services and find it more difficult to access services that meet their needs.
- A *by and for* approach is embedded within the organisation’s wider intersectional response, distinctive from the mainstream and cannot be easily replicated or reduced to language provision alone. The socio-political context/ethos within which *by and for* support is delivered is critical to the support approach and women’s engagement. A core aspect of the holistic model is long-term support combined with institutional intersectional advocacy, staff who are skilled and experienced in supporting B&M women within a context of poly-victimisation, multiple perpetrators, within transnational contexts, multiple intersecting systemic barriers including institutional racism/discrimination.

- Some P&ACT partners have adapted standard mainstream approaches to risk assessment/ support planning as they do cater to the B&M women/girls partners' support.
- Overall, the 'trust' that was established with B&M women/girls and the positive transformative outcomes because of a specific *by and for* approach is well evidenced throughout this evaluation

### **5.3.1 B&M survivors value seeing themselves reflected in the support they receive**

*"Someone that looks like me and understands what it looks like for me. We need more services like this." (P&ACT practitioner)*

The importance and value of P&ACT as a *by and for* partnership is a strong emerging theme throughout this evaluation. This was articulated in various ways both by B&M survivors and P&ACT staff. When B&M survivors saw themselves reflected in P&ACT services this helped them to access relevant support more quickly, strengthened their engagement with specialist support and facilitated the healing and resilience building process. One P&ACT staff member comments below on the significance of a *by and for* organisational approach for B&M survivors:

*"We have been able to deliver the service in a holistic way as the women we support are from similar backgrounds to staff. This allows the women to feel more comfortable when accessing advice, counselling, and refuge. Also, the *by and for* has allowed for women to feel at ease to self-refer as they feel we are better suited in catering to the support they need." (P&ACT practitioner)*

Offering same-language support is a critical element of a *by and for* service approach particularly when B&M women have found statutory services to be inaccessible and dismissive. Communication barriers prevent survivors from feeling heard, being able to fully disclose what happened to them and actively engage in risk assessments and support planning processes. Ineffective methods of communication often make survivors feel that they have no choice or voice in support systems which influence important future decisions about their lives. The lack of provision for interpreting within

mainstream statutory organisations was raised repeatedly by different P&ACT partners as an ongoing challenge in engaging statutory services.

*"We have witnessed first-hand women are not offered interpreters when communicating with social services or the police."* (P&ACT practitioner)

Access to same-language support within therapeutic settings was identified as an important component of the support package by survivors. Survivors who accessed counselling through P&ACT partners described the value of speaking directly to counsellors from similar backgrounds. One survivor described being more able to easily navigate conversations about her situation and work through complex issues related to 'shame', 'powerlessness' and self-blame during the sessions using language, phrases and contexts that were familiar to her.

*"Many women we support benefitted from the counselling we provide as language is not a barrier and we do not need to use an interpreter when communicating with them and understand the culture that they come from."* (P&ACT practitioner)

However, in addition to same language support the importance of P&ACT staff understanding VAWG linked to B&M women's lived experiences and contexts was emphasised as equally significant by staff and survivors. This is important as *by and for* provision can too easily be reduced and defined by its ability to offer culturally appropriate same-language support alone and not the wider intersectional context within which support is offered which is critical to the approach. This was articulated by the following survivor who did not require same-language support but spoke of the value of accessing an African Caribbean-led VAWG organisation:

*"The behaviour and mentality of my perpetrator and his whole family means that some classic Western society approaches for survivors just won't work in a Caribbean household. It was a huge blessing to have been referred to the Phoenix P&ACT Project at PLIAS resettlement. Their knowing guidance helped me to feel sane, understood, believed, and most importantly gave me tools to survive and move on".* (P&ACT survivor)

A positive characteristic of the P&ACT partnership is that partners are sensitive and proactive to working in ways that seek to prevent the homogenisation of B&M communities, but which instead reach diverse communities including specific populations who tend to be under-represented and have limited access to relevant *by and for* VAWG provision.

*"Lots of organisations are good at having a policy but implementation is different. You find that women from our communities e.g., Asian and African Caribbean Communities are treated badly and don't want to go back."*  
(P&ACT partner)

*"We have had several women whose abuse was historic, and they have never spoken to anyone about it before particularly from the Black African and Caribbean communities because our services are quite unique in our part of London. A lot of women have not spoken to anyone about the abuse. One of their current clients has suffered for over 20 years with the abuse."*  
(Afro & Caribbean-led P&ACT partner)

The importance of *by and for* specialism was also demonstrated by survivors who remained in contact with P&ACT partners even after they had been referred to other mainstream VAWG organisations sometimes because they were being re-housed in an area where a *by and for* refuge was not available. In these situations, women spoke about feeling secure, reassured and more able to move on, knowing that they still had access to their support worker through P&ACT. They described having family-like relationships that were difficult to find in the mainstream services they accessed. When they were ready, women were also invited to attend social events and activities and valued the opportunity to connect with peers from similar backgrounds. These social connections were vital to reducing social isolation and women's wellbeing.

*"We share our experiences, our suffering, when you live in this country, we have to have a meeting point. We are Black women from everywhere. Africa, Asia. we are the same person here ...getting together makes our voice heard more. more powerful. we should have more meetings as Black, minority women which is happening in this group. to share our experience, raise our concerns. employment, domestic violence, FGM, mental health, our children. Us being together makes us stronger."* (Survivors attending a P&ACT coffee morning event)

### **5.3.2 The distinct expertise, knowledge, and skills of the *by and for* ending-VAWG sector**

The complex cases shared with evaluators reflects the in-depth expertise and knowledge held by P&ACT partners. Staff are skilled and experienced in

responding to B&M subject to multiple forms of VAWG (historic and current) from multiple perpetrators, within transnational contexts and who are subject to multiple intersecting systemic barriers and institutional racism/discrimination. This work requires staff to be skilled and confident in their casework approach and in holding agencies to account particularly as B&M women/girls disproportionately experience poor responses, exclusion, and discrimination.

P&ACT partners shared examples of *by and for* led and centred ways of working, reinforcing the importance of the organisational context within which B&M survivors access support.

A holistic model which offers long-term support with institutional intersectional advocacy was identified by P&ACT partners as a core and distinctive part of *by and for* service delivery (operational and strategic). P&ACT partners with IDVA provision spoke of a completely different approach in contrast to mainstream IDVA models which tend to offer shorter term interventions or may have a CJS focused approach.

*“Our IDVA is working completely differently. Women that come to us have multiple needs/ need more time with us because of the multiple barriers they experience. IDVA closes the case in a shorter amount of time than we do.”* (P&ACT practitioner)

Some P&ACT partners have adapted mainstream risk assessment tools so that they reflect the patterns of poly victimisation that are more relevant to B&M women/girls. B&M women rarely experience singular forms of VAWG and an overemphasis on ‘cultural’ HP’s can also lead professionals to missing indicators of sexual and domestic violence and other interconnected risks. For instance, one P&ACT partner described the internal work they have done to ensure their support planning approach is responsive to honour-based violence, FGM, forced marriage, domestic and sexual violence, wider familial and community abuse, multiple perpetrators, and structural barriers. They also described internal learning as an ongoing and active feature of their support approach. This has helped staff to identify new issues such as ‘period shaming’ that may not fall within the scope of what some agencies define as ‘harmful practice’.



Another P&ACT partner spoke about adapting questions from mainstream risk assessment tools on sexual violence so that they were more *relatable* to B&M women:

*"Assessment forms often need to be rephrased as they are very theoretical, staff interpret meaning in ways that are more relatable. For example, they ask questions about family life, status etc. In many cases SV is highlighted also within a marital context."* (P&ACT practitioner)

Overall, the 'trust' that was established with B&M women/girls and the positive transformative outcomes achieved from the support provided because of a specific *by and for* approach is well evidenced throughout this evaluation.

*"It's the support approach, the trust and confidentiality they have in us (and all our partner organisations) is completely different to other organisations and is very important."* (P&ACT practitioner).

## 5.4 Wider strategic impact/training

- **P&ACT have demonstrated** an overarching commitment to strengthening multi-agency relationships and referral pathways to enhance B&M women's access to specialist support pathways which add value to the work of P&ACT.
- **An example of positive strategic impact** is demonstrated by the strategic relationship-building in the Boroughs of Kingston/Richmond<sup>53</sup> which led to improved identification and risk assessment in cases of HP/VAWG; an improved MARAC structure, upskilling of statutory agencies and a commitment to continuing the collaboration.
- **P&ACT seeks to build equity and inclusion** through longer-term systemic, structural change. For example, through the development of bespoke training programmes for B&M practitioners and cascaded through a 'train the trainer' model and securing additional funds for a pan-London HP/VAWG strategic forum which aims to produce tools, resources and strengthen relationships to

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<sup>53</sup> There had been no previous engagement with by and for specialist organisations prior to P&ACT



respond more effectively to the needs of Global Majority women whilst mobilising a stronger, collective *by and for* leadership/voice.

- **The positive impact of strategic relationship** building is shown by the high level of training delivered to external agencies. In total, P&ACT partners delivered 872 training and awareness sessions to MOPAC, IRISi, Social Care and the NHS.
- **P&ACT partners valued the leadership**/co-ordination of P&ACT by AWRC describing the relationship as more equitable and inclusive in comparison to some partnerships where they were in the minority as a *by and for* organisation were led by mainstream organisations.
- **There are opportunities for the P&ACT partnership** (if funded) to internal reflect on the operational aspects of the partnership; the role/input of different partners to identify successes, opportunities for learning and improvement.

#### 5.4.1 Wider strategic impact/ training

P&ACT have delivered high quality and well-coordinated specialist support to B&M women / children subject to HP/VAWG exceeding the targets that were initially set and this must be recognised as a significant outcome given that this was achieved during the unprecedented times of the pandemic. As part of achieving service delivery targets, partners have been attending and delivering presentations at local VAWG forums, making contact with Borough HP strategic groups, meeting VAWG leads and identifying opportunities where there is potential for strengthening multi-agency relationships and referral pathways. The networking and influencing work undertaken during this period has led to opportunities for creating wider strategic impact.

These are remarkable achievements given the level of work already being delivered and reflect the tenacity and strength of the P&ACT partnership. This is also clearly driven by an overarching commitment and vision of partners with the strong leadership of AWRC to actively seek opportunities that support the continued development and sustainability of *by and for* specialist support pathways.

Several examples of positive strategic impact were described which added value to the work of P&ACT. This included testing new ideas/approaches through access to small pots of additional funding, strengthened strategic relationships; shifts in practice including improved referral and support pathways for B&M and a greater understanding of the positive/critical role and contribution of the *by and for* sector in supporting B&M women/girls subject to HP/VAWG.

The examples shared demonstrate an intention by P&ACT partners to build equity and inclusion through longer-term systemic, structural change rather than maintain the status quo through tick box, short term approaches to equality consistent with the broader social justice approach of *by and for* organisations. Some examples include:

- **Stronger multi-agency relationships:** P&ACT partners have strengthened links with HP strategic groups in Kingston, Richmond, Tri-borough and Croydon. Presentations about P&ACT were delivered to the VAWG leads/fora multi agency representatives of the NWL partnership consisting of Islington, Haringey, Barnet, Enfield, and Camden
- **P&ACT partners benefited from closer working relationships** in these areas through referral pathways and increased number of training queries from external agencies. The intervention from P&ACT has led to deeper systemic changes and improved practice in some Local Boroughs. Below is an example of work undertaken in the Boroughs of Kingston/Richmond who have positively transformed the way they respond to VAWG/HPS with P&ACT support. There are some early positive indicators of impact.

### Case Study: Strategic Impact

#### **VAWG strategic lead (Kingston Council, Community Safety Team/ DA Commissioner and MARAC co-ordinator)**

A review of the aims of the HP sub-group in Kingston which had been running for over a year revealed that the Borough was not receiving referrals of cases of HP/VAWG. The group had not achieved what was originally intended and local professionals lacked confidence on how to respond appropriately and they lacked any input from B&M sector experts. Because of this, the P&ACT lead was invited to present at the sub-group on HP/VAWG and the work of the P&ACT partnership. This led to a number of actions to being taken, for example:

- The P&ACT lead was then invited to be a regular contributor on the HP sub-group
- Borough training on HP/VAWG was delivered to the Kingston/Richmond safeguarding partnership.
- A small number of HBV cases were being referred to MARAC, however agencies did not feel confident enough about the issues, contexts and risks arising for B & M women/girls. Given the volume of cases at MARAC which usually have an allotted time for discussion, it was considered beneficial to establish a separate MARAC panel dedicated to discussing HP/VAWG with specialist input from the P&ACT lead. The group has discussed 11 cases so far (the recruitment of a specialist IDVA has contributed to the increase), and the additional time has allowed for important contextual discussions on the VAWG context, multiple perpetrators and wider community risks for example. The MARAC reps have also been upskilled. This has enhanced the Borough response to HP/VAWG.
- Other P&ACT members have also presented to the group. Stronger links with the P&ACT partnership has strengthened referral routes to *by and for* specialist support services in a more co-ordinated way.

The P&ACT *by and for* expertise was highly valued and has led to positive outcomes. There is an intention to further build on this collaborative work through resource development, training, and guidance. The value and importance of Local Boroughs involving *by and for* experts and resourcing organisations for their time given the unique knowledge / skills the sector holds was emphasised by the Borough lead/Commissioner.

*"Her contribution has been invaluable, excellent, makes the partners think about the services that have been set up, how to identify those cases, looking at risk is very different when looking at harmful practices and the other significant issue is harmful practices being hidden within domestic abuse ... so our data collection and routine enquiry is getting better on domestic abuse but I think there is more work to be done on harmful practices the input and support has been really amazing."*

*"Having a specialist partnership like P& ACT is valuable especially for Boroughs like ours in Kingston and the Southwest where we don't have*

*local by and for services. It has helped us to have the specialist input and think about what the need as well."*

There are also plans to roll out the promising practice achieved through the work of P&ACT partners through the newly funded (3 yr.) HP Strategic forum. AWRC (lead partner) have been instrumental in the development of and access to funding for a B&M-led forum to help continue the delivery of high-quality specialist support to Global majority women/girls. In collaboration with: Standing Together and other statutory and voluntary sector partners, AWRC will lead the forum. Leadership will be rotated amongst different *by and for* providers to improve multi-agency responses and produce new tools and resources in collaboration with *by and for* partners that more effectively respond to the needs of Global majority women/girls.

*"AWRC (lead and P&ACT partner) has also been successful in securing a three-year funding from Esmée Fairbairn for a second-tier partnership project with: Standing Together to review VAWG tools to respond to global majority women and design new tools that are better suited. This is a one of its kind collaborations and aims to foreground the intersectional needs of global majority women who are primary stakeholders of the P&ACT Partnership. This will contribute to the sustainability of Pan London HP interventions".*

- **HP Helpline:** Based on a shared concern about the relatively low numbers of referrals from statutory agencies a small pot of short-term funding was accessed to set up a Pan London HP helpline (led by AWRC) to support B&M women seeking help and support professionals to signpost to P&ACT partners and other services in London. Hosted and led by AWRC, the Pan London Harmful practices helpline went live in July (Yr. 3) and during inception it was promoted to all the CSU's and other relevant organisations in London. Over a 6-month period (Sept 21 – Mar 2022) the helpline received 75 calls. A third of these calls and requests for help were from social care and health professionals. The data so far indicates the value of a co-ordinated helpline. However, referrals from CJS agencies remain low. This may be due to the fact that engagement with police and other statutory agencies usually increases with the support of *by and for* specialists because of lower levels of trust, the concerns Global majority women have about discriminatory treatment

and the potential familial repercussions from police involvement. These issues were also highlighted in the interviews with survivors.

➤ **Training to external agencies:** The P&ACT Partnership have delivered trainings to multiple agencies including multi-agency HP strategic groups & VAWG fora, social care, NHS, MOPAC, IRISi. The positive impact of strategic relationship building is shown by the high level of training delivered to external agencies. In total, P&ACT partners delivered 872 training and awareness sessions during the project period. These sessions were well received by external professionals as noted by the organisations below.

- *"Very thorough, useful training"*
- *"I found the session very informative."*
- *"Thank you, the training will be beneficial to my practice, and how to contact relevant support systems"*
- *"I found the course interactive, interesting and informative".*
- *"I found the training super useful. As a frontline staff member, we have a lot of training but sometimes it is not very useful and not relevant to the job. However, I found this training relatable to my position and links to case studies in my career"*
- *"Enough group activities and the size of the group was just right".*
- *"Wish we had enough time for the quiz! Would fully recommend the training to other staff"*
- *"The knowledge and expertise of the AWRC and the learning coming from P&ACT is invaluable. Attendees were provided with the definition of culture and intersectionality and how BME women's Intersectional Identities can be both empowering and oppressive. It's important that MOPAC staff who work with and commission services across London, understand the intricacies and implications of the multiple disadvantages that women and girls experiencing harmful practices present with, that in turn create barriers to seek support. The session was very well received by all attendees who are keen to hear more from the final evaluation of the P&ACT Ending Harmful Practice Partnership".*

➤ **Building by and for sector capacity:** Each P&ACT partner received a training bursary to support staff development. The funding was used by some for accredited programmes, the costs of which are usually

prohibitive for smaller by and for organisations. To fill the gap in appropriate and relevant *by and for* sector specific training courses and build the capacity of the sector, AWRC have secured funding to develop an *HP Advocate's and BME IDVA training programme*. A train the trainer model will be utilised to cascade the learning across the *by and for* sector.

#### **5.4.2 Partnership working within P&ACT:**

Overall, partners expressed positive views on the leadership of AWRC in co-ordinating the work of P&ACT. Some P&ACT partners described this relationship as more equitable and inclusive in comparison to other partnerships where they were in the minority as a *by and for* organisation and were led by mainstream organisations. There is also an immediate empathy and relatedness and shared ethos created by having a B&M organisation as the lead partner. The leadership of AWRC helped to create a strong sense of solidarity at the outset because of greater connection and synergy between partners and a focus on collective goals. Partners also commented on the stronger voice through partnership working and the value of sharing resources and information.

*"The P&ACT EHP Programme led by AWRC is one of the best models of partnership work that we have had the privilege to be part of. In other partnerships lead agencies can further marginalise partner agencies, through differential power dynamics, we experienced the complete opposite with AWRC. AWRC have always created inclusive and equal spaces of engagement and valued each partner's support. There is always a real sense of co-production and shared learning. Thank you for being such a great lead and for the continued support!" (P&ACT staff survey respondent)*

*"Working as a group rather than silo, sharing good practice, sharing resourcing for different areas of work and being able to trouble shoot and support each other." (P&ACT staff survey respondent)*

*"Able to share information and resources with each other, building stronger capacity and sustainability by and for the sector, and continue to lead the sector. The project has grown with new partners which is a positive." (P&ACT staff survey respondent)*

Several suggestions / issues were highlighted as areas of learning to build upon the promising work of the partners. This included:

- Sharing more knowledge between P&ACT partners about each other's specialisms and approach.
- Maximise opportunities for shared learning between partners. For example, some partner's training approach has a focus on HP whilst also challenging stereotypes on VAWG and racial inequity/harm. This was not a consistent feature across all partner training. It would be helpful to ensure that this was standardised.
- Another suggestion was to include more detail on the holistic, wrap-around support model offered by P&ACT partners within training.
- Some suggested that there was an overlap/duplication where partners are delivering similar sessions in some Boroughs.
- Design and deliver different sessions for different types of staff (managers and frontline).
- Develop sessions for statutory agencies on trauma-informed approaches to HP/VAWG.
- Tightening up communication between partners when making internal referrals and signposting procedures
- Spaces that enable B&M frontline staff to reflect on and share practice and offer peer support
- The need for more recognition of the impact of racism, microaggressions and discrimination on B &M staff delivering specialist support. Steps should be taken for collective discussion to ensure that staff are appropriately supported and that agencies are held to account through a collective partnership approach.

*'We should create more reflective and supportive spaces. The staff has been under a lot of pressure dealing with complex cases whilst they themselves are sometimes victims of certain micro aggressions and discriminations. We should be talking more about racism, hate crime and discrimination and how to challenge that as a partnership'.*



## 5.5 P&ACT Practitioners Support & Wellbeing

### Section Summary:

#### P&ACT practitioners support & Wellbeing

- 95% of staff feel supported in their role. P&ACT partners have worked hard and are committed to offering and putting in place a range of support for staff.
- Despite this, 40% of staff do not feel they have a good work-life balance. Overwhelmingly this is due to external factors.
- More sustained resources are needed to support staff's well-being, including clinical supervision, IT equipment and long term sustainable funding to address increasing workloads and complexity of B&M women's needs.



As highlighted in this report, a key outcome of this project is to empower and retain P&ACT practitioners and volunteers, ensuring resilience through appropriate remuneration, training and welfare services. This section unpacks each aspect of this, as well as highlighting the impact Covid-19 has had on P&ACT practitioners in terms of well-being and workload.

### 5.5.1 Feeling supported

95% of P&ACT practitioners who responded to the second survey stated they felt supported in their role:

*Management and seniors are always assessing our needs in every change and ensuring strategies are put in place to promote staff wellbeing during the pandemic.*

#### Supporting Well-being

- regular coffee -chat sessions
- regular team meetings



This was echoed by others who spoke positively about the support managers and services have put in place, during the pandemic, and recognising the cumulative impact this has had.

Services across the P&ACT partnership have worked hard and are committed to offering and putting a range of support in place for P&ACT practitioners:

*“To avoid burn out we have reduced client numbers where possible and encouraged therapists to have peer supervision as well as clinical supervision, and to look at creative ways of supporting themselves.”*

- Senior manager open door policy
- clinical supervision
- counselling
- yoga
- case management & flexible working arrangements
- Additional annual leave days
- Support/Education sessions for better work/life balance

P&ACT partners in management roles stated that the Covid-19 pandemic has brought self-care to the forefront and highlighted P&ACT practitioners support as a key principle of intersectional feminist practice:

*Prioritising P&ACT practitioners well-being is about being a feminist organisation and supporting B&M women working in this sector facing additional stresses such as institutional racism is a core part of our values.*

Despite the efforts of services, 22% P&ACT practitioners who completed the survey reported they were not able to achieve a good work life balance; this figure rose to 40% between May and November 2022 – an 18% increase. This is unsurprising: Covid-19 has highlighted and exacerbated existing structural gendered / racialised / ableist inequities, increasing the disparity in resources and support available for specialist VAWG ‘by and for’ services for B&M women. This has exacerbated the existing ‘uneven playing

*The cumulative effect institutional advocacy has on B&M women in dealing with everyday racism in the form of micro (and macro) aggressions is sometimes referred to as ‘death by a thousand cuts’. This has a serious, long-term impact on the health and wellbeing of P&ACT practitioners.*

field' faced by the 'by and for' sector, which has been operating with a 39% reduction in funding due to austerity cuts, reduced staffing capacity, whilst workloads have increased by as much as 195% over the last two years.<sup>54</sup>

*"Despite urging staff to follow our home working policy, providing additional supervision, and arranging clinical supervision, and mindfulness sessions, staff struggled to 'switch off' after 5 pm and found themselves working outside of office hours. The significant increase in complexity and number of referrals also added immense pressures on the services."*

As outlined in section 5.6, P&ACT partners had to radically adapt the way they delivered services, from well-established and effective community based face-to-face engagement to the use of online platforms. At the same time, they were tasked with mobilising a new project - and the additional time and resources that this entails. This increased pressure on already chronically underfunded and over-stretched services, and on the B&M women delivering those services. As the comment below made by a P&ACT practitioner highlights, this has inevitably had a detrimental impact on stress levels and well-being.

*"It simply can't be 9-5: sometimes we stay up until 10-11 at night. There is a cost to morale and wellbeing, and a serious risk of burn out, but we keep going."*

During year 3 this increased even further with the ending of other contracts which put additional strain on existing P&ACT practitioners, many of whom were also dealing with Covid-19 related absences that impacted on capacity within services. Against this landscape, it is a testament to the care and commitment services demonstrate which enable such a high percentage of P&ACT practitioners to feel supported, despite the external challenges faced.

## **5.5.2 Resources**

For P&ACT practitioners to be well supported it is essential the right resources, at the right level, are in place. Whilst in the first quarter of year 2,

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<sup>54</sup> Thiara, R. and Roy, S. (2022) 'The disparity is evident': COVID-19, violence against women and support for Black and minoritised survivors, Journal of Gender-Based Violence, vol XX, no XX, 1-16, DOI: 10.1332/239868021X16425822144020

80% of P&ACT practitioners who completed the survey agreed there were sufficient resources in place to support their well-being, this dropped by 10% to 70% in quarter 3. This decrease is indicative of the cumulative effect Covid-19, increased and more complex referrals, and workload was having on P&ACT practitioners. This was emphasised by staff:

*"I work long hours and sometimes over the weekend, it can get too much. We need more staff, but funding doesn't allow for that."*

*"With the increasing number of women we support, sometimes it all feels overwhelming- we need more staff."*

P&ACT partners reported that, due to both a lack of external agency awareness of HP/VAWG, and to not meeting service thresholds, women were remaining with services longer, creating an invisible workload for staff. Some P&ACT partners called for a recognition of this and its impact on wellbeing:

*"I think Harmful Practices cases are very complex and demand a lot of time and effort from the caseworkers/staff and that is not reflected on the targets and budget for additional support. This can cause a lot of distress. It would be great to have a closer look at the cases and what the amount of work that they require and adjust to that."*

Survey findings revealed that only 60% of P&ACT practitioners agreed they had the appropriate resources to manage demand. The complex, long term needs of B&M women experiencing HP/VAWG - and other forms of multiple disadvantage - creates an increasing gap between what's needed and provision. Provision itself involves both having the resources and feeling resourced to adequately provide this - which itself involves having access to ongoing professional development and training.

In a positive development, in April 2020 the AWRC secured a £3,000 bursary uplift from the MOJ for each partner to invest in a range of training such as IDVA, safeguarding and HP/VAWG training. Whilst this uplift was appreciated by the P&ACT partnership, there remains a strong call for long-term investment which recognises the decades of experience, knowledge, and expertise the 'by and for' sector brings and properly resource services and support staff in the invaluable work they do:

*“We need funders to work in partnership with us...that takes a lot of investment, including staff time and training and additional supervision as well as resources to support women to access online services. If they are serious about inclusion, funders need to work with partner organisations in the long term.”*

### **5.5.3 Clinical supervision**

Some P&ACT practitioners highlighted the lack of sustained funding for on-going clinical supervision:

*“Advocates have monthly supervision session... with a psychotherapist, but we only have funding for this till end of March 2021.”*

It is well documented that staff, particularly (but not exclusively) those working directly with service users, benefit from clinical supervision and reflective practice. It functions as an emotionally ‘safe enough’ space that, in turn, promotes critical reflection. Supervision has a positive impact on emotional well-being, helping P&ACT practitioners to manage the personal and professional demands created by the nature of their work. It also supports strategies to mitigate workplace stress and recognises the very real impact vicarious trauma has on B&M women working in the context of HP/VAWG<sup>55</sup>.

One-to-one and group clinical supervision also enable B&M women to get additional support and input in relation to everyday experiences of institutional racism and the exhaustion involved in navigating these and other intersecting inequities.

*“Women have reported higher needs around safe housing, destitution, mental health support, employment, and immigration. There is a lot of vicarious trauma experienced by staff as post covid loss, destitution, influx of refugees and news of war have led to repeat victimization of women in different ways and their mental health needs are high. Most BME led services struggle to have ongoing clinical supervision due to lack of resources and staff bear the precarious outcomes of this.”*

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<sup>55</sup> Wardle, M 2018: The potential benefits of having supervision in clinical practice ent and audiology news Vol 27 No 4

It is therefore essential that all P&ACT practitioners have access to effective, ongoing clinical supervision to support the wellbeing of staff delivering services and supporting B&M women and girls. Please see recommendations for further comment and guidance.

### **5.5.4 Hybrid working**

The need to adapt from working in an office environment to working from home was reported to have had a detrimental impact on P&ACT practitioner's well-being. Because Covid-19 infection rates remain very high, whilst some services are now relocating to the office 1-2 days per week, many are still primarily delivering services on-line at home. For some P&ACT practitioners this has meant working in their bedroom or negotiating space with family members and housemates:

*"It's very hard to switch off, especially working in my bedroom/flat all day. I get very tired but keep going."*

The combination of this with caring responsibilities, managing their own illness and, when schools were shut, home schooling children, had, and continues to have, a disproportionate impact on women<sup>56</sup>.

*"Staff have really struggled with balancing care responsibilities with work as a result of working from home. In addition, staff struggled with working at home due to lack of space. Many also contracted Covid-19."*

Many P&ACT practitioners commented on the additional stress which comes from working from home, particularly when they don't have the appropriate IT equipment, and are supporting B&M women who may also not have the IT equipment they need, while at the same time often being in urgent need of support. The absence of the usual support mechanisms found in an office, such as colleagues to de-brief with, access to managers and, importantly for some, that separation between work and home, can leave P&ACT practitioners feeling unsafe:

*"The majority are finding certain stress comes with working from home – trauma coming into their homes – their safe space is no longer safe".*

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<sup>56</sup> Power, K. 2020 The COVID-19 pandemic has increased the care burden of women and families T&F online: <https://www.tandfonline.com/doi/full/10.1080/15487733.2020.1776561>

To improve the well-being of P&ACT practitioners, it is essential that they are provided with the right equipment and support to work from home. This is a wider issue which reflects the digital inequity discussed in this report. As part of a longer term move towards hybrid working, working from home could be seen as a positive choice, which enhances P&ACT practitioner's well-being while they continue to provide an effective service to B&M women.

## 5.5 Impact of COVID-19

### Section Summary: Impact of Covid

- **Key challenges** for B&M women and partner services included the impact of digital exclusion; increased isolation and incidence, severity, and complexity of HP/VAWG creating a 'conducive environment' for violence and abuse to thrive; increase in destitution and digital inequity; safe access and engagement; increase in institutional advocacy.
- **P&ACT partnership successfully reshaped services** to ensure B&M women were supported. This included shifting to online platforms; the provision of digital resources and support to access these; practical support for the increasing numbers of women facing destitution; service innovations; recognising the benefits of hybrid working as a sustainable delivery model.

### 5.6.1 Challenges

The emergence of Covid-19, and the governmental response to it via the COVID-19 2020 Act which mandated strict lockdown and self-isolation measures has increased and exacerbated all forms of HP/VAWG as well as other forms of violence disproportionately impacting B&M women and girls due to structural racialised and gendered

*Government guidance around self/household isolation and violence against women and girls has been a deadly combination. In light of this the partners have not slowed down; they have ensured that BME women experiencing VAWG have continued to receive vital support services that they need. **AWRC 2020 feedback from London Councils report***

inequities. Combined, this has created a 'conducive environment' where HP/VAWG and existing racial discrimination towards B&M women thrive<sup>57</sup>. As highlighted in this report 'Lessons from the literature' section, this has meant that P&ACT partners working with this existing 'uneven playing field' faced an increasing equity gap, placing huge pressure on them to provide effective support to B&M women. Unsurprisingly, 100% of those who responded to both surveys strongly agreed that Covid-19 had had a major impact on their work. Key challenges included:

#### *Increase in referrals & severity*

Partners reported that in most services referrals have increased by **150-195%** from pre-pandemic times. This has been accompanied by an increase in the severity that HP/VAWG women are experiencing and the ripple effect this has on related needs around housing, health and social care and mental health support.

*"Our referrals have tripled since the pandemic, with significant number of cases identified as multiple and complex needs."*

*"The demand for our services rose significantly and each lockdown makes worst for women who live with their perpetrators... It increases the level of isolation and puts the client in great danger. We observed the increase in domestic abuse because of the financial stress and uncertainty, forced coexistence, and fears about the virus."*

This has resulted in higher caseloads for P&ACT partners alongside it taking longer to undertake assessments due to having to build trust and confidence with women online:

*"Assessment time has increased - takes from 30 minutes to 90 minutes to finish a risk assessment, sometimes it takes 2-3 phone calls or virtual appointments, and safe words are used to manage conversations."*

#### *Increase in institutional advocacy & access*

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<sup>57</sup>Imkaan (2020) The Impact of the Dual Pandemics: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women and Girls. London: Imkaan



As outlined in section 5, P&ACT partners have experienced a steep increase in undertaking institutional advocacy as a key part of their role, whilst supporting more B&M women with increasingly complex needs. This included an increase in referrals from statutory agencies:

*“We received an Influx of referrals from statutory sector, in particular mental health services. Other statutory services have also increased, with many survivors sharing they were turned away or unable to access key services due to reduced capacities, digital exclusion, or other accessibility issues.”*

During the first lockdown in 2020, P&ACT partners also shared experiences of delays in accessing local authority services such as housing due to reduced capacity and not being able to see people in person. This also had an impact on B&M women in their ability to access support services, for example not being able to physically go down to a local housing office.

*“Reduced capacities and subsequent lengthy delays in accessing services such as Universal Credit Helplines, Housing etc. also significantly impacted survivors. Our frontline staff had to subsequently spend increased amounts of time to put alternative provisions in place/ or challenge statutory sector about responsibilities.”*

### *Reaching women*

The digital inequity experienced by B&M women clients meant that (particularly in the first lockdown) they did not have access to the vital IT resources they needed, such as internet connection, smartphones/tablets, enough data to access support. This combined with the strict lockdown rules in place, effectively forced B&M women into close, sustained proximity with their perpetrator with less access to support.

*“The isolation meant fewer visitors and no connection with support systems like families and close friends, so all the abuse could go on unnoticed by the outsiders too...It has also been more difficult client's friends and family have been more reluctant to help them flee because of the fear of the person bringing Covid into the household.”*

As well as increasing their risk of harm, it also made it more difficult for P&ACT partners to safely contact them.

*“The main challenges have been reaching women in homes where the perpetrator is always present as it has been hard to physically speak to*



*them. Overall, the team has experienced a lot of difficulty getting in contact with clients because they were in the house with their perpetrator/s and unable to leave."*

With many B&M women forced to spend longer hours with perpetrators, P&ACT partners had to work sensitively and with caution to ensure that perpetrators were not present during risk assessments, and digital communication with P&ACT practitioners did not put them at greater risk.

#### *Increased support needs*

The range of B&M women's support needs increased during the Covid-19 pandemic. There was an increased, urgent need for women facing destitution to access basic, essential subsistence supplies for themselves and their children:

*"Poverty was a major challenge. The demand for food vouchers and emergency funds for essentials was higher than we have ever seen in past 20 years. It was difficult to put into place effective and safe processes to allocate tablets/ food vouchers/ emergency funds. Providing this support to NRPF service users was also particularly challenging, as they had no bank accounts and were unable to travel to the office for cash collections."*

P&ACT partners emphasised the cumulative, combined impact Covid-19, HP/VAWG and other inequities faced such as racism and ableism, has had on B&M women's mental health and wellbeing. This is clearly reflected in the P&ACT partnership, with over 20% of B&M women presenting with mental health issues (and is likely to be underreported).

*"It is evident how deep the health impact of Covid has been not just due to the direct infection rates alone but the effects on mental health and limited access to face-to-face health appointments and non-emergency interventions leading to deterioration in long term conditions and chronic health issues. This is particularly significant for B&M women who routinely experience health inequities."*

There was also a pressure on P&ACT partners to undertake non-VAWG related work due to statutory agencies asking for support around non-HP/VAWG cases, such as school registration. Once again this has placed undue pressure on already over stretched services.

## 5.6.2 Successfully reshaping services

Despite these challenges, as reported by AWRC to London Councils in July 2020 and in each quarterly report to MOPAC, the P&ACT partnership has adapted, reshaping community based and located support pathways to online platforms. This took place rapidly at the start of the pandemic and developed over the last two years as restrictions began to lift to successfully continue to provide essential, lifesaving services for B&M women.

*“Staff have showed immense courage and resilience in the face of the vicarious trauma that is compounded by their own covid fatigue, illness and the demands of trauma informed interventions.”*

Key adaptations to meet the challenges outlined above include:

### *Digital and practical support*

In response to digital exclusion and inequity, P&ACT partners have raised funds and resources to provide a range of IT equipment and related support for B&M women in order for them to access services.

*“Alongside over 90+ tablets and digital devices allocated to survivors to tackle digital exclusion (and the disproportionate impact on B&M women and girls) staff have provided individual support to survivors who didn't have ICT skills—using apps, accessing key services, using zoom etc.”*

The P&ACT partnership has been proactive in providing and expanding emergency funds for B&M women facing destitution and has included a broad range of essential resources. As the pandemic evolves

<b>food voucher s</b>	<b>essential PPE</b>	<b>clothing &amp; shoes</b>
<b>data cards</b>	<b>school uniforms</b>	<b>toiletries</b>

and restrictions ease there continues to be an increased emphasis on supporting B&M women with practical needs as the pandemic has left families in poverty and in need of this help to support women and children experiencing abuse due to the compounding contexts of risks and trauma.

### *Working online*

P&ACT partners have successfully adapted their services to effectively and safely engage and support women using digital technology.

*"We have adapted to new ways of delivering services through digital technology. All teams have been extremely busy ensuring that remote working is carried out efficiently and effectively as possible. Because face to face work was limited, we had to offer clients alternative communication methods when it was safe and appropriate to do so, including video chats and regular phone appointments."*

P&ACT partners also adapted delivery formats and frameworks to continuously improve B&M women's experiences of services, such as risk assessment forms and how these were carried out; the review of on-line policies and procedures to ensure they were fit for purpose and the development of new service user checklists:

- *We were able to divert our office phone, we have been working in a duty system, and there is a member of staff answering all the incoming enquiries every day during the normal office hours. We have a new mini-referral/one off enquiry form so we can capture more information.*
- *We managed to utilise video calling platforms such as zoom, Microsoft Teams and WhatsApp. We also reviewed our existing check lists for digital communication and replace them with more appropriate and safe measures.*
- *We had to be creative for reaching out clients. During the first lockdown we have developed a web chat service run by our Advice team. Through webchat, we have been providing specialist advice, information and support for women who have been affected by gender-based violence.*

Despite the many challenges faced and successfully overcome, P&ACT partners also highlighted the unforeseen benefits for some B&H women, such as those with childcare needs, travel costs and physical impairments which impact on mobility in accessing services online.

*"We have managed to reach women from different walks of life via internet/online provision...Women who usually didn't come to the group support, because they have young children and live far away, have managed to attend some group sessions."*

As restrictions have lifted, many services continue to deliver services online, or in a hybrid format to support a range of women with diverse needs.

*"We were thrust into this transition to remote working and learning and had to adapt quickly to the new reality. While there are cases that will always*

*need face-to-face interaction, one of the lasting repercussions of COVID-19 will be the end of "face-to-face is always best" thinking."*

*"We can deliver a holistic person-centred approach virtually as well as face to face. We have been able to access more women who may have found travelling or childcare an obstacle to face-to-face support, groups, advice etc".*

During this time of unprecedented uncertainty and challenge, P&ACT partners have demonstrated their ability to effectively support B&M women remotely and exceed targets. They are building on their experiences during Covid-19 to create a sustainable delivery model that is adapted to the needs of B&M women who have been so disproportionately affected by the pandemic. Mobilising to reshape services in this way represents a huge achievement on the part of the P&ACT partnership and deserves due recognition.

## **5.6 What women valued and their suggestions for change**

### **Section Summary:**

#### **What Women Valued and their Suggestions for Change**

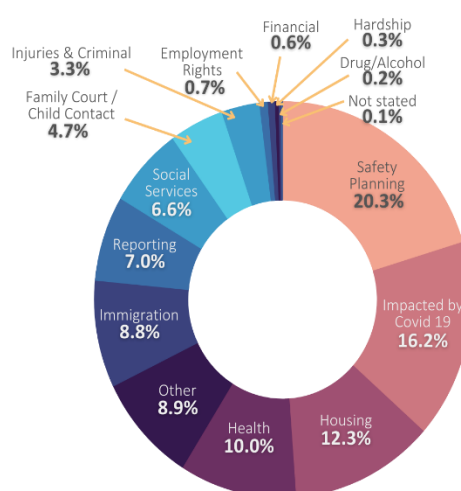
- 87% of B&M survivors highly rated the quality of specialist support they received through the P&ACT partnership. They valued being understood and heard, described feeling stronger and described a range of positive transformative changes in their lives through specialist women's / *by and for* organisations with a focus on HP/VAWG.
- B&M survivors highlighted the need for more prevention/ awareness raising within schools; more publicity on specific services for B&M women to discretely reach those living within abusive contexts/with perpetrators. More empathy, sensitivity from statutory services was emphasised with a suggestion that agencies e.g., housing would benefit from hearing directly from survivors through survivor-led panels.
- In terms of other suggestions for change/service improvements this included the need for longer-term therapy, improved support for older and pregnant women, access to peer-support and ongoing advice/support on a longer-term basis to address ongoing needs e.g.,

social isolation and mental health, housing, child contact/custody, practical needs.

**5.7.1** During the interviews women shared what they valued about the support they received and made suggestions for change and improvement. The data shows that the specialist interventions were highly valued with:

- 84% of clients report they are happy with the service they received
- 91 % of clients report they are happy with the service they received
- This equates to 87% when combined across all years

B& M survivors spoke about being understood and heard, feeling stronger and more confident to fully speak about what they had experienced, they importance of a sensitive and understanding



### Support Needs

Safety Planning	707
Impacted by Covid 19	566
Housing	429
Health	350
Other	309
Immigration	305
Reporting	243
Social Services	229
Family Court/Child Contact	163
Injuries Sustained	57
Criminal Justice/Court	57
Employment Rights	25
Financial	21
Hardship Vouchers	11
Drug or Alcohol	8
Not Stated	4
<b>Total</b>	<b>3484</b>

female professional, the value of receiving support from *by and for* organisations that understood their experiences and contexts and the range of positive transformative changes in their lives through the support they received:

- *I was affected by domestic violence perpetrated by my husband. I heard about the service via my friend who was also using the service. I was so shy, cried and could not talk. Gradually my support worker helped be to find my strength, to face the community to share her story with others. Gradually I was able to share everything with my support worker. I am now working full time, earning my own money I am independent. When I feel anxious or unhappy, I can get in touch with my support worker. I've also been referred to a counsellor I am stronger now, and I understand the system.*

- *I got an appointment for (immigration) support and guidance. I felt welcomed, understood and that I could be safe. I was offered counselling which helped a lot, I could also call my support worker whenever I needed help with what was going on with my ex-husband.*
- *I am totally different now I like to work and talk to people, I'm going out, am getting everything done for myself. I feel confident. This is a direct result of the support I got from my support worker.*
- *I couldn't find anyone to help me. They gave me a social worker but when I called them, they were never there, or very busy they were not there when I needed them. They were not helpful they asked me what I needed, nothing happened- there wasn't time for me, they are too busy. When I came here, it was completely different, I feel like I am part of a family. They have been so kind; they work from their heart, and they helped me physically and emotionally. There has been such a big difference in my life. I feel happy and I don't feel lonely, I have someone to support me. Thank you so so much.*
- *Before I did not think I could live without my husband and now I know I can I study, work, live alone and my life has completely changed. I was very sad but not anymore. When I see women like me, I want to help them and spread the word that accessing this service makes such a difference, it can change your life.*
- *I was completely alone here, and no-one helped me. When I accessed the service, she reassured me, I wasn't alone anymore. It's like I have a family here now. I was totally alone, I was on the street, and now everything has totally changed for me.*

### **5.7.2 Suggestions for change**

During the discussions with survivors, they shared their experiences of support and their suggestions for change and improvement. In their own words they asked for:

**More awareness raising/preventative work at an earlier age in schools/ educational settings:** *I believe that much like sex education; the different types of abuse need to be taught at schools. Both boys and girls need that*



awareness about what is acceptable behaviour and what is not and need to have it explained as to why the abusive behaviour is not ok. This will help to break down traditional and cultural barriers, e.g., a woman needs to have the dinner ready for her man when he comes home.

**Increase awareness of by and for/ VAWG organisations:** I would ramp up the awareness of the (P&ACT) support groups so that they are as commonly known as any other public service. I would help to make them more accessible and by being more in the public eye I hope it would make perpetrators think twice about their acts but also empower victims to seek help that they need.

**More sensitivity/empathy/understanding from statutory services:** They (statutory services) need to be trained on empathy, vulnerable adults, the effects on children. There should be panels/forums of housing staff that have to sit with, hear from women who have experienced VAWG to help build empathy/understanding. Including the effects of VAWG on young adults, the impact on his education, social life, health, confidence.

**More investment in expanding opportunities for women to access information about available support safely and discretely when living at home in the abusive situation e.g., community-led by and for outreach or through health visitors:** It's important that women are listened to and know there is help there. At the time, I felt like I was drowning, and no one can hear or see me before I got help.

Hard to name what you experience; therefore awareness is important at that point

Women also wanted to see:

- **Peer-support forums/ group-based support and social activities** which are very important for a sense of 'community' and solidarity with other survivors and break isolation and the risk of returning to the perpetrator. Having longer-term support and being able to go back to their support worker during a different phase and when they were not in immediate crisis was particularly helpful for women who were dealing with the stress and trauma of ongoing issues e.g., court cases, child contact and custody hearing, being housed in areas that were unfamiliar and where they were far away from family/ social connections.
- **Longer programmes of therapy** and where women could speak directly to B&M professionals who understood their lives and experiences across



different social identities and where they could speak in their own language (at least 30 sessions when there are more complex issues and 15 at a minimum).

- **Housing:** Supporting more women around accessing safe, secure housing for ourselves and our children. Temporary shelters and more housing for women– plus small grants for women in shelters to offer financial support.
- **Older women:** More support for older women who are isolated from their families
- **Emotional support:** More emotional support for women and children and more resources put into counselling services for women.
- **Pregnant women:** Special support for women with children and pregnant women.

## 6. Recommendations

As highlighted throughout this report, the P&ACT partnership have provided an innovative, needs led holistic service which has exceeded all set performance targets and is hugely valued by B&M women and P&ACT practitioners. The recommendations below incorporate recommendations and suggestions made by B&M women and P&ACT partners and build on the multiple examples of good practice provided. They also identify areas for improvement in anticipation of this vital work being sustainably refunded and developed. Recommendations have been grouped under the following headings:

1. Partnership/multi-agency working
2. Monitoring and evaluation
3. Service development
4. Funding and commissioning
5. Staff wellbeing

### 1. Partnership/multi-agency working

- **Multi-agency working** LA's should take responsibility for reviewing their own responses to HP/VAWG, work with and appropriately resource by

and for organisations to identify gaps in policy/ practice, deliver training and strengthen referral pathways.

- **Interpreting:** Statutory services should review the use of interpreting and other methods of communication to address systemic, intersectional barriers which prevent survivors from engaging with external agencies.
- **Cross partnership working:** Build on the good practice examples highlighted to provide more cross partnership services, such as drop-ins, coffee mornings, workshops, and other events. Build this model of cross partnership working into the future design of the P&ACT partnership.
- **Police referrals:** Despite sustained attempts to engage police, referrals remain extremely low. This has been consistently raised across the development of the P&ACT partnership with both commissioners and within a range of partnerships. Urgent steps need to be taken by commissioners to address this gap and uncover the root causes of why this is. We recommend a substantive piece of intersectional feminist participatory research is carried out as a next step. The commissioning of this work is key: consultants or organisations must have a deep understanding of the intersecting structural racialised, gendered (and other) inequities experienced by B&M women and girls and how these systems are replicated and sustained in institutions such as the police.
- **Wider statutory sector referrals:** Targeted funding to increase bespoke training and awareness raising within the wider statutory sector, such as housing, education and social care. This should include the opportunity to develop cross sector reciprocal mentoring, 'champions' and longer-term learning capability building programmes. These should require participants to raise self-awareness of where they hold bias and privilege and how to proactively work with this to provide a more effective service for B&M women and girls.

## 2. Monitoring and evaluation

- **Data capture:** Aspects of the data captured were incomplete or did not reflect the true value of the services provided, such as training and awareness raising. Cross P&ACT partner referrals/signposting were not explicitly captured, which does not allow the full benefits of the model in the context of partnership working to be fully recognised.

- **Outcomes:** Review the outcomes framework, including referrals, to ensure the relevant data is effectively captured. Additional funding may be required to support individual P&ACT partners to capture and collate data, this is a time intensive activity alongside the direct delivering, co-ordination and institutional advocacy required.
- **Relevant data:** As part of any re-commissioning process work together as a P&ACT partnership and commissioning team to ensure the outcomes and data collected is most relevant and valuable to fully reflect the work being carried out by P&ACT partners.
- **Institutional advocacy and systemic barriers:** Consider developing a confidential single point system which allows each P&ACT partner to capture data around the challenges faced. This data could be used to provide further evidence of the impact systemic barriers and the consequential high levels of institutional advocacy required as part of a discussion around equitable funding models.

### 3. Service development

- **Internal learning review:** If the P&ACT partnership continues it would be helpful for AWRC to consult with P&ACT partners about their views on partnership working to draw on any lessons learnt and strengthen work going forward. A reflective conversation with P&ACT partners could cover a review of training content and delivery, mechanisms of referral, diverse skills and strengths of P&ACT partners and strategic opportunities.
- **Capacity-building:** This should include resources that support by and for organisations to develop assessment tools, training and other resources that support by and for service delivery and staff development that better fit the landscape within which these organisations operate.
- **Engaging diverse groups of women:** Physically disabled, LGBTQ+ and older women, alongside women exploited by the sex industry, women who require interpreters, and those with NRPF are least likely to access services. A sustained cross sector effort which recognises the structural intersecting inequities that act as barriers to different groups of B&M women is required if engagement is to increase. This includes:
  - Targeted funding and resources to provided training to P&ACT partners;

- A key component, such as a dedicated post/posts, of the P&ACT partnership model, which is dedicated to improving its reach to B&M women least likely to access services;
- The provision of targeted awareness raising with key stakeholders, working in partnership with other specialist organisations to build capacity;
- Carrying out a P&ACT partnership ED&I review to get a more detailed picture of gaps, and areas of good practice which can be built on and expanded;
- A substantive pot of funding ring-fenced for purchasing interpreting and sign language services which meets the needs of all potential B&M women using services; This is a key equalities issues in terms of access to good and services and should be regarded as a requirement under the Equality Act 2010.

## 4. Funding and commissioning reflections & learning for MOPAC

- **Sustainable funding:** Since the completion of the report, funding for the EHP P&ACT partnership has been extended until March 2025 which is excellent and welcome news to include in this final, updated report. This offers an important opportunity for funders, commissioners and policy leads to continue to develop their understanding of the distinctive ways in which 'by and for' organisations operate and use this to shape and inform funding/commissioning approaches in the future. For example, structures that recognise the importance of longer-term funding programmes (5 yrs. minimum); appropriate full cost recovery; distinctive models of service delivery that fit appropriately the needs of B & M women/girls subject to VAWG; resources to support evaluation and impact<sup>58</sup>
- **Co-Designing methodologies:** When considering re commissioning the P&ACT partnership, the opportunity should be taken to pause and consider how best to co-design a model of working which incorporates the key findings of this evaluation. This includes considering how useful

<sup>58</sup> For more information on funding approaches see ARWG 2021: <https://www.endviolenceagainstwomen.org.uk/anti-racism-charter-vawg/>

methodological approaches, such as an intersectional action research or social model approach could be used to co-create and design a commissioning and funding framework that fully addresses the multiple inequities faced by B&M women and P&ACT partners.

- **Draw on best practice:** Commissioners/funding leads should draw on best practice lessons from a by and for partnership structure/coalition to inform commissioning approaches and development of more equitable funding approaches.

## 5. Staff well-being

P&ACT partners delivering EHP services as part of the P&ACT contract are skilled, dedicated women who regularly go above and beyond their contracted hours to ensure B&M women using services are supported. This is reflected both in women's feedback and in the success of this P&ACT partnership. These successes, however, come at a cost to B&M women's well-being, who additionally contend with the harm and exhaustion that comes from structural racism. To truly value the exceptional work carried out by B&M women led organisations, it is essential that staff are well supported in their roles and are not working in ways that risk long term burn out.

- **Caseload review:** Carry out an in-depth review into the number of women's cases being supported to uncover the true workload being managed by frontline staff and services; use the findings to create a matrix which aligns funding appropriately to caseload, both in terms of the number of women using services and the level of support required.
- **IT review:** Carry out a review of current IT/digital infrastructure of each partner and use the findings to fund gaps, including any training requirements of staff, as part of a service design process which includes hybrid working.
- **Staff well-being survey:** carry out a more in-depth staff survey to assess well-being and support needs. Use the findings to target specific support needs as part of the overall service design going forward.
- **Clinical supervision:** Ensure funding for sustained, ongoing individual and group clinical supervision, is included in the delivery framework of

any future commissioned services. This should include provision for all staff, including senior staff and volunteers.

- **Ongoing professional development:** Ensure funding for training and development is included in the delivery framework of any future commissioned services. Services should be able to make decisions in the context of their own organisations and not be limited to IDVA/ISVA training. This includes developing the skills and expertise of staff as emerging leaders to continue to support the sustainability growth and development of B&M women led organisations. see for example <https://www.wearefeministleaders.com/about-we-are-feminist-leaders>
- **Peer support:** Set up self-facilitated cross partnership peer support networks to support connection between services and reduce isolation. Whilst not expensive, these will require a level of investment that should be included in funding provision as part of an inclusive commissioning framework.

## Appendix

### GLOSSARY

By and for	<p>This report uses Imkaan’s definition of ‘by and for’ organisations as:</p> <ul style="list-style-type: none"> <li>• 100% of staff, senior managers and Board of Trustees are Black and minoritised women</li> <li>• 100% of women and girls using services are Black and minoritised</li> <li>• 100% of memberships is Black and minoritised</li> <li>• With a Black feminist ethos locating itself as an anti-racist, social justice and intersectional organisation. Intersectionality recognises the root causes of oppression as systems of economic exploitation and subjugation targeting Black and minoritised women.</li> <li>• Looks at addressing the intersection between VAWG and racism.</li> </ul> <p>Imkaan Annual Report 2021</p>
SV	Sexual violence
DV	Domestic violence
HBV	Honour-based violence
FGM	Female genital mutilation
MARAC	Multi-agency risk assessment conference
NRPF	No recourse to public funds
DDVC	<p>Destitution Domestic Violence Concession allows some individuals with insecure immigration status to apply for public funds if eligible within the immigration rules.</p> <p>(Rule 289A of the immigration rules)</p>



DASH	Domestic abuse, stalking and 'honour'-based violence risk assessment tool
NCDV	National Centre of Domestic Violence
NMO	Non-molestation order
PSO	Prohibited steps order

### **Sumanta Roy Consultant | Researcher | Facilitator**

Sumanta Roy is an experienced qualitative researcher, writer and activist. She is widely published on policy and practice-influencing research linked to gender, race inequality, social justice and violence against women and girls. She is committed to producing strength-based approaches to research involving vulnerable and socially excluded groups. Sumanta is also an experienced consultant and has worked with a wide range of charities and local authorities on policy reviews, needs assessments, research, community consultation exercises, organisational audits, mentoring for early career researchers and fundraising. She was an associate consultant for the Equality Academy and a regular contractor at Civis consultants.

### **Jess Taylor OD Consultant | Researcher | Facilitator | Coach**

With a passion for social justice and intersectional feminist based research, Jess uses a range of approaches to build personal and collective trust and connection, aspiring to create [Brave Spaces](#) of welcome and belonging for everyone. She has 20 years' experience of delivering a range of services. These include multi-agency domestic and sexual violence projects; counselling services for women; developing and implementing trauma informed practice; anti-racism and inclusion conversation spaces; staff supervision and coaching; leadership research facilitation programmes. She also works alongside other statutory and community voluntary sector organisations, such as LGBTQ+, refugee and health-based charities to support research, reflective practice and strategy development.