



imkaan

capital losses:

The state of the specialist BME
ending violence against women and
girls sector in London

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CAPITAL LOSSES: THE STATE OF THE SPECIALIST BME ENDING VIOLENCE AGAINST WOMEN AND GIRLS SECTOR IN LONDON

London benefits from having some of the longest surviving specialist BME ending violence against women and girls (VAWG) organisations. They operate within a unique policy and programing context, which offers both challenges and opportunities in terms of sustainability, voice and impact.

- London's elected Mayor is also its Police and Crime Commissioner (the responsibility is delegated to a deputy Mayor) and therefore holds leadership, influence and commissioning power. The Greater London Assembly which scrutinises the Mayor's activities therefore holds a critical role in London's overall governance.
- The city also benefits from having a Mayoral VAWG strategy which acknowledges VAWG as a gendered phenomenon and commits to key objectives including 'London taking a global lead to eliminate and prevent VAWG'¹.
- London Councils represents London's 32 borough councils and the City of London. It is a 'cross-party organisation that works on behalf of all of its member authorities regardless of political persuasion.' London Councils function in advocating for London as well as funding services is also significant in the London landscape.
- London also benefits from having London-based/London-focused charitable trusts which play an important role in supporting frontline services.
- The development of the **ASCENT** London VAWG consortium. This is the 'largest coalition' of specialist VAWG providers working across the 32 boroughs of London delivering co-ordinated support services to women and girls.

¹ https://www.london.gov.uk/sites/default/files/vawg_strategy.pdf

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Capital Losses was adapted and written by Marai Larasi.

ABBREVIATIONS

This list contains abbreviations which are used throughout the report.

BME	Black and Minority Ethnic
DV	Domestic Violence
DDVC	Destitution Domestic Violence Concession
EU	European Union
FCO	Foreign and Commonwealth Office
GP	General Practitioner
ISVA	Independent Sexual Advice Advisors
LBT	Lesbian, Bisexual and Transgender
LGBT	Lesbian, Gay, Bisexual and Transgender
MARAC	Multi Agency Risk Assessment Conference
NAVCA	National Association for Voluntary and Community Action
SBS	Southall Black Sisters
UK	United Kingdom
UN	United Nations
VAWG	Violence Against Women and Girls

IMKAAN

Imkaan is a London based black and 'minority ethnic' women's organisation. We are the only UK based, national second tier women's organisation dedicated to addressing violence against black and 'minority ethnic' (BME) women and girls. The organisation holds over fifteen years of experience of working around issues such as domestic violence, forced marriage and 'honour-based' violence. We work at local, national and international level, and in partnership with a range of organisations, to improve policy and practice responses to BME women and girls.

As a membership organisation, Imkaan represents the expertise and perspectives of frontline, specialist and dedicated BME women's organisations that work to prevent and respond to violence against women and girls. Imkaan also delivers a unique package of support which includes: quality assurance; accredited training and peer education; sustainability support to frontline BME organisations; and facilitation of space for community engagement and development. Our research activities support the ongoing development of a robust evidence base around the needs and aspirations of BME women and girls, as well as promising practice approaches to addressing violence.

In the run-up to the London Mayoral Election on May 5th, 2016, Imkaan has worked in partnership with the End Violence Against Women Coalition, and our members and partners, to ensure that addressing VAWG is a priority for Mayoral candidates². This work has led to clear commitments from the main candidates, including a pledge to maintain an integrated VAWG Strategy. Candidates have also promised to ensure that BME women and girls are able to access appropriate support. If the new Mayor is to fulfil on that commitment s/he needs to understand the issues. Capital Losses provides a picture of the challenges facing BME women and girls affected by VAWG and the specialist BME led ending VAWG organisations which support them.

² For more information, see: <https://vawgmayorwatch.tumblr.com>

SPECIALIST FRONTLINE RESPONSES TO BME WOMEN AND GIRLS

“Women come in with a range of things they need support on. You have to spend time on immigration, mental health, children, etc. you cannot just refer them.” (Imkaan Member)

There are over 17 specialist and dedicated BME ending VAWG services in London. In our most recent survey of BME VAWG organisations in the Imkaan membership, services shared information about the number of women they had supported over a 12-month period. In one year alone, **11 organisations supported over 21,000 women and children.**³ This included refuge accommodation and support, community-based services, advice, advocacy and group work.

Imkaan’s national membership network of specialist and dedicated BME ending VAWG organisations is unique and diverse. Many BME ending VAWG organisations have developed specialisms in working around particular types of VAWG, including domestic violence, trafficking, forced marriage, female genital mutilation, child sexual exploitation and ‘honour based’ violence. Some services are open to all BME women including young women, while others offer targeted services to particular groups of BME women in recognition of the fact that BME women are not a homogenous group.⁴

While other organisations may offer services to BME women and girls, BME ending VAWG organisations are **independent, specialist and dedicated services** run *by* and *for* women from the communities they seek to serve, in line with the NAVCA definition of specialist services (see text box). The ‘led by and for’ model offers a uniquely empowering experience to women and children as the client group is reflected in staffing, management and governance structures of these organisations.

“Specialist services are designed and delivered by and for the users and communities they aim to serve.” (Voice4Change England and NAVCA Specialist Services)⁵

BME ending VAWG organisations:

- Work in ways that are not only about individual women and girls’ safety, and/or the safety of their children, but are also about BME women’s autonomy, freedom and self-determination.

³ April 2014 to March 2015.

⁴ Imkaan member map of BME VAWG services: <http://imkaan.org.uk/membership>

⁵ Voice4Change England and NAVCA Specialist Services: A Guide for Commissioners 20125, accessed online at <http://www.navca.org.uk/news/view-article/equalities-new-report>

- Recognise the continuum of violence against women and girls and seek to offer support around every aspect of women’s needs, ensuring a holistic, needs led response.
- Work across the spectrum of risk and need, understanding the fluctuating nature of risk and are adept at recognising ‘hidden’ risk indicators.
- Are skilled in identifying indicators and experiences of specific forms of VAWG that may be missed within a mainstream domestic violence organisation.
- In offering a range of services, are able to access women who may not even recognise their experiences as violence.
- Create flexible and diverse support systems, sensitive to the fact that for many BME women, refuge and support services may be unfamiliar and/or stigmatised.

Through this specialist provision, BME women and girls experiencing violence are able to access expert support, which is non-statutory and ‘community’ informed and located. Specialist support may include: crisis-based refuge accommodation, advice, advocacy, legal casework, outreach and therapeutic services (see **Appendix 1** for a more comprehensive list of services offered by BME VAWG organisations).

WHY ARE ORGANISATIONS LED BY AND FOR BME WOMEN AND GIRLS A NECESSARY PART OF ENDING VIOLENCE AGAINST WOMEN AND GIRLS IN LONDON?

“Commissioners/funders need to recognise the need for specialist services as they provide holistic support and services e.g. counselling, training and development, immigration issues, with children.” (Imkaan Member)

In London, 40.2% of the population is Black and ‘Minority Ethnic’ (BME)⁶, and while London has the largest concentration of specialist BME ending VAWG organisations the level of provision is not in any way proportionate to the level of need.

In the 12 months ending March 2015 **733 BME women sought refuge spaces⁷ and only 154 were successful⁸**. This overwhelming demand highlights the absolute ongoing need for BME VAWG services.

⁶ Office for National Statistics (2011). Figure 3: Ethnic groups by English regions and Wales. Data for Figure 2: Ethnic groups 2001 and 2011, England and Wales.

⁷ Some of these may be repeat requests as instances of referral are counted, not individuals.

⁸ Information collected by Women’s Aid for London Councils from UK Refugees Online, November 2015, courtesy of Women’s Aid.



Refuge bed-spaces in London: Total 805⁹

BME ending VAWG organisations in the UK have grown out of the feminist, anti-violence, anti-racist and black women’s movements. They were set up to provide support and space for BME women and their children and in direct response to the exclusion and lack of understanding many BME women faced from non-BME¹⁰ specialist services¹¹. Many of the organisations in London and around the country have been delivering services for over twenty years and are well established within their local communities, while having impact at regional, and in some cases, national level.

Survivors repeatedly tell us that they need, and value, specialist BME led organisations. Many survivors are more likely to access BME specialist services and they are often a woman’s first point of contact with any formal support provider, particularly for women who encounter multiple barriers to mainstream services. Accessing a stable and trusted point of contact and a BME women only space can be invaluable to women who may be feeling isolated, persecuted, misunderstood, powerless and/or vulnerable.

Women report feeling safer to speak about their experiences of violence in an environment where staff have the knowledge and expertise in providing specialist support to vulnerable BME women affected by various forms of violence in specific individual, family and community contexts.¹² While this is not simply about common-sense, fixed ideas of culture, staff in BME specialist organisations are often able to connect across and navigate various ‘cultural’ nuances which are not always spoken but are formed across common understandings and familiarity.

⁹ Ibid.

¹⁰ Non-BME specialists in this paper refers to specialist VAWG organisations that are not operating a ‘led by and for’ model of provision. This includes specialist VAWG services that offer services to everyone, and those who offer a targeted BME provision, but whose governance structures and organisational focus are not BME.

¹¹ Marai Larasi (2013). A Fuss About Nothing? Delivering services to Black and Minority Ethnic Survivors of Gender Violence - The Role of the Specialist Black and Minority Ethnic Women’s Sector. In: Yasmin Rehman, Liz Kelly and Hannana Siddiqui Moving in the Shadows: Violence in the Lives of Minority Women and Children. England: Ashgate.

¹² Imkaan (2013). Beyond the Labels: Women and girls’ views on the 2013 mayoral strategy on violence against women and girls. London: MOPAC.

Autonomous and dedicated spaces for BME women ensure that women and girls can be appropriately supported to overcome violence, and the impact of multiple forms of victimisation including racism, poverty and destitution; without which recovery and rebuilding resilience is a far more difficult prospect. Effectively, BME women's organisations are often able to support women and girls to 'find their voice' and access their independence and freedom.

LOCAL ROOTS, WIDER IMPACT

In addition to providing vital frontline services to women and girls in the local areas where they exist, BME ending VAWG specialists play a broader role in addressing VAWG and challenging inequality.

The knowledge and expertise of BME ending VAWG organisations is frequently utilised by local, regional and national mainstream bodies across health, social care, criminal justice and education. The staff leading and working in BME specialist VAWG organisations often 'plug' gaps in knowledge, awareness, and understanding by shaping and informing policy agendas, training and educating professionals, advising on safeguarding boards, child protection case conferences, MARACs, homicide reviews, providing advice and support to women who are unable to be supported by statutory services as well as initiating research and dialogue on areas of need which are invisible or under-addressed.

Although the contributions of BME ending VAWG activists, advocates and organisations are often ignored within mainstream reflections and narratives on the development of the wider women's sector, across London, BME ending VAWG specialists have helped to change how VAWG is understood and responded to. Organisations such as FORWARD and Ashiana Network have played a key role in improving understanding specific forms of violence e.g. female genital mutilation and forced marriage. Whereas organisations such as Southall Black Sisters have led the way on changes in immigration policy. Organisations such as London Black Women's Project have been at the forefront of work which responds to the specific concerns of groups of young BME women, increasing awareness of issues such as self-harm. Other organisations have brought the needs of groups of women to the forefront, ensuring that, for example, African women, Kurdish women, Latin American women and Turkish women are visible and heard at policy and strategic levels. It is impossible in this report to do justice to the depth and breadth of contributions made by specialist BME ending VAWG organisations, but even a brief, accurate reflection on the last forty years of ending VAWG work, will show that BME women have been at the heart of work here in London and elsewhere.

Services led by, and for, BME women and girls have wider community economic and social benefits. BME ending VAWG organisations provide spaces for increased opportunities for education and training, employment, economic empowerment, volunteering and BME women's leadership therefore providing positive ways of reducing poverty, social exclusion and multiple disadvantage; thus helping local authorities to work towards fulfilling equalities and human rights obligations.

OUR LONDON?

“I get cat-called in a racialised sexual way...” (young woman film participant)

London is often celebrated as one of the most diverse cities in Europe, however for many Londoners, the celebrations mask entrenched inequality and marginalisation. For many Londoners, this city is not a safe place to live.

Where do BME women and girls fit in to how we understand safety, or the lack of it, in London?

In the 12 months leading up to March 2016, Metropolitan Police statistics¹³ show a rise in reports of ‘Racist and Religious Hate Crime’ (+17.9%) and ‘Islamophobic Hate Crime’ (+51.5%). Over that same period there was also an increase in the levels of ‘Domestic Crime’¹⁴ (+10.6%) and Rape (+8.8 %). While higher levels of reporting do not always indicate a rise in crime levels, we know that many individuals will never report their experiences to the police, and these statistics are likely to offer only a partial picture of the extent to which individuals and groups of people, in London, have/are being victimised in both the private and public spheres. For example, many women and girls will be subjected to sexual harassment as part of everyday life as they travel through the capital, or in their workplaces or in their places of worship. What is often poorly understood and rarely acknowledged, across our society, are the specific ways in which BME women experience sexual/racial harassment i.e. often in a sexualised/racialised way (e.g. ‘you black b***ch’); as was recently highlighted by young BME women in **‘I’d just like to be free...’** an Imkaan and EAW film in which diverse, young BME women in London speak out about sexual harassment. Traditional policy responses to issues such as sexual and racial harassment have inevitably separated the two phenomenon, despite the reality that BME women and girls are often experiencing multiple, intersecting forms of abuse. Conversely, specialist BME ending VAWG organisations work to support women and girls based on their experiences rather than siloed crime types or policy priorities.

SHRINKING SPACES

“Specialist BME services are in short supply throughout the European Union. As a result it is of utmost importance for Member states to strive to support their existence, in order to not only provide effective support for BME women and children, but also to contribute to States’ fulfilment of their human rights obligations in the area of combating Violence against women, including article

¹³ <http://www.met.police.uk/crimefigures/>

¹⁴ ‘A Domestic Offence is any offence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or who have been intimate partners or family members, regardless of gender.’ Source: <http://www.met.police.uk/crimefigures/>

22 of provision of specialist support services, as specified in the council of Europe Convention on preventing and combating Violence against women and domestic violence" (European Institute for Gender Equality, 2012)¹⁵

While issues such as racialised sexual harassment are largely absent from public policy, Government approaches increasingly collapse violence against BME women and girls, in particular forced marriage, female genital mutilation and 'honour based' violence with counter-extremism strategies. For example, in Prime Minister David Cameron's July 2015 speech on extremism, he clearly linked FGM and honour-based violence to "Islamist extremist ideology" while also stating that,

"We need more co-ordinated efforts to drive this out of our society."¹⁶

The Government's Counter-Extremism Strategy (October 2015) states,

"Practices such as Female Genital Mutilation, Forced Marriage and so-called Honour-Based Violence are extreme forms of violence against women and girls, and are deeply harmful, both physically and psychologically".

These approaches are welcomed by a vocal minority of BME advocates, however, there is growing concern among many BME practitioners and activists about the impact of this approach. These forms of violence are often labelled purely as manifestations of 'culture' rather than the wider structures of gender inequality, patriarchy and different forms of oppression. When they are linked to patriarchy, this is usually in ways that describe BME 'communities' as inherently more patriarchal. This narrative has led to a continued emphasis on individual and specific forms of violence at the cost of understanding the everyday forms of violence (domestic and sexual violence) that routinely impact on BME women and girls' wellbeing and quality of life. This was also picked up by the UN special Rapporteur during her inspection of UK responses to VAWG in 2014; Rashida Manjoo in her conclusions highlighted the following:

"I am also concerned by legal and policy responses that are often limited to some harmful practices, such as early/forced marriages of young women and girls, or female genital mutilation, while ignoring the harms emanating due to a sexist culture that exists in the country; and which impacts all women and girls." (Rashida Manjoo, UN Special Rapporteur, 2014)

Imkaan's work with members provides us with insight into the impact (positive and negative) of broader policy and programming approaches. At the most recent Imkaan network meeting (March 2016), there was concern across the groups in attendance, that strategies such as

¹⁵ European Institute for Gender Equality (EIGE) (2012). EIGE Review of the Implementation of the Beijing Platform for Action in the EU Member States: Violence against Women – Victim Support.

¹⁶ <https://www.politicshome.com/news/uk/home-affairs/news/68906/david-cameron-extremism-and-cohesion-speech>

Prevent¹⁷, and the focus of resources¹⁸ in this way, have already started to have impact on women's trust in services. Members have also raised concerns about the Troubled Families agenda, and the implications that the programme has for BME women and girls, and for the specialist BME ending VAWG organisations which support them. Some members are concerned about the stigmatising effects that programmes such as Prevent and Troubled Families have on BME women and girls i.e. for the many BME women and girls whose daily lives are impacted by sexism, racism and other forms of discrimination, the priority is not simply a response which offers a one dimensional approach to risk and safety, or one which further labels and further marginalises us. There is also a worry that as these programmes expand, specialist BME ending VAWG organisations committed to retaining their independence, are likely to be more squeezed.

For the needs of BME women and girls to be truly recognised in any Mayor's vision of a safer, more equal London, it is essential that the London policy context evolves beyond its current limited silos. The specific concerns of BME women and girls cut across agendas resulting in a 'falling through the gaps'. **Shifting the policy and programming context to one which has a clear strategic focus on ending all forms of violence against BME women and girls will not only facilitate the sustainability of the London BME ending VAWG sector, but will benefit statutory agencies such as the police, enabling more meaningful data to be collected, and encourage responses which focus on individuals/situational contexts rather than crime types.**

LOSING GROUND

"We are being taken over by big generic bodies and commissioning bodies don't understand why BME specialist services are important and they are less interested now as compared to a few years ago. It is getting difficult to get funding on a national and local level". (Imkaan member)

"They need to listen to us, listen to the right people with knowledge and expertise. They need to understand we are here and are part of this society and have been contributing a lot to this society...They need to take this into account. They need to listen and see not just through the generic lens, but the BME lens and see this is the society and we need to deal with that, and not disregard all minorities and migrants. We need to be taken into account in terms of policies and rights". (Imkaan member)

¹⁷ <https://www.gov.uk/government/publications/prevent-duty-guidance>

¹⁸ <https://www.gov.uk/government/news/5-million-to-build-a-national-coalition-against-extremism-in-communities-and-online>

Specialist BME ending VAWG organisations developed against a backdrop of a lack of effective policy and service responses across both the statutory and voluntary sectors. Specific organisations were established for, and by, African Caribbean women, Chinese women, Jewish women, Latin American women and South Asian women. Sadly, in the last twenty years a number of those organisations have either closed¹⁹, or their services have been absorbed by larger providers. **Where this has taken place, these ‘culturally specific services’ lose their autonomy, become part of a suite of services offered by a large, single provider and become delinked from the specialist BME women’s sector (and movement).** This delinking is particularly problematic, in that **the development of autonomous BME spaces has been an essential element of BME women’s strategies not only of surviving violence, but of organising to prevent and resist violence.** As such we are not just losing services, we are losing expertise, specialism and ‘voice’.

BME ending VAWG organisations have been disproportionately affected by competitive tendering processes that do not take into account the unique and long-term support that BME women require and that BME ending VAWG specialist organisations provide. Commissioning frameworks are instead geared towards quantity over and above quality, expertise and track record. For example, some local authorities implement scoring systems where assessments are made on the basis of 70% towards value for money and 30% on quality. This privileges larger providers who may have limited local track record of quality provision but will often have the in-house resources to write and win tenders and the infrastructure to absorb overheads costs.

A market-driven culture of commissioning perpetuates the already unequal playing field and power imbalances that exist between smaller and larger organisations and generic vs. specialist organisations. **Members report feeling particularly disadvantaged within commissioning structures and approaches to funding because their specialism is often unrecognised, misunderstood and devalued.** Consequently, this places them in a more unstable position through having to compete with local and regional mainstream women’s organisation’s as well as large bodies such as housing associations.

The trend by commissioning bodies to utilise Payment by Results (PbR) and Spot Purchasing has also placed additional burdens on smaller specialist organisations, and is another way that larger organisations are privileged in the current landscape. For organisations with little or no reserves, this can create cash-flow difficulties which can impact the organisation’s sustainability. However, the concerns are not only financial; women and girls who have experienced or at risk of VAWG are often in need of urgent support. BME women and girls often face significant barriers to accessing services, and it is critical that commissioners do not place further obstacles in their way, by forcing them through referral and service entry pathways that are not

¹⁹ This includes Chinese Women’s Refuge, the African Caribbean Refuge in Waltham Forest and a number of South Asian specific services.

appropriate to VAWG. Ultimately, it is important that specialist, dedicated BME ending VAWG organisations are able to work in ways that are open, flexible and responsive to need and risk.

In the last year at least two London boroughs²⁰ with large BME populations commissioned domestic violence refuge accommodation with no BME specific component.

Worryingly, in one of these areas two of the existing dedicated BME refuges were decommissioned under a false assumption of 'oversupply' of BME refuge bed spaces and in spite of evidence from services which reinforce the high usage of and ongoing need for dedicated support by BME women.

The contract for both services was ultimately won by a large non-BME led women's organisation. Interestingly enough that organisation does not have local roots, connections or a track record of delivering refuge provision in the borough.

WORKING TOGETHER TO END VIOLENCE AGAINST WOMEN AND GIRLS?

"Commissioning funds are big amounts and you need to partner with mainstream services who then manage you and you only get money for part time staff. We are being made dependent to generic organisations and we are losing our independence. We are having to give in our specialism." (Imkaan member)

Imkaan recognises that partnership working is a critical aspect of addressing VAWG. However, where inequality is embedded at a local level, partnerships are not always a positive experience for BME organisations. Increasingly, a key strategy for driving down costs includes the proactive encouragement by commissioners for smaller organisations to enter into partnership through consortia arrangements.

In 2015 Imkaan offered support to three London boroughs seeking to establish joint working arrangements and widen their approach from domestic violence to VAWG.²¹ The commissioners were able to engage in a truly collaborative process with local services in developing strong and sustainable partnership working across the three boroughs. This successful project suggests that where Local Authorities take a planned approach to developing these structures, allowing adequate lead-in time and on-going dialogue, alongside investing in specialist second-tier organisations to support the process, it can build on existing good practice. This in turn improves the diversity, choice and access to specialist VAWG services in a local area which is key to women feeling able to disclose violence and access appropriate support.

²⁰ Office for National Statistics (2011). 62% and 57% respectively non-white British residents in borough.

²¹ This support was provided by Imkaan through the Imkaan and Women's Aid Capacity Building Partnership.

Unfortunately, such a considered approach is the exception rather than the rule and often, agencies feel coerced into unworkable arrangements where the resource sharing arrangements are unequal and autocratic, reducing their autonomy and capacity to develop services based on survivor needs and experiences. Some felt that partnerships were often more likely to benefit larger organisations who would hold most of the resources but through ‘partnering’ with smaller BME VAWG organisations be better able to demonstrate equalities based outcomes. Imkaan has also received information which suggests that some local authorities are using a ‘Market Place’ approach to elements of VAWG provision. This means that a number of agencies are ‘preferred’ service providers, but a single agency, who is also a provider, holds the contract (and therefore the triage system) for the provision. This provider is able to make decisions about which organisations are best placed to work with all survivors. This agency is placed in a powerful position locally as they can effectively direct girls, women and their children into their own services; including BME women and girls who may benefit from specialist BME ending VAWG provision. That commissioners fail to see the inherent conflict in such an approach is worrying.

“Some local commissioners are looking to have one contract around DV and you get together as a consortium and bid as a consortium and the large organisation wants to take the lead and get most of the money so as smaller organisation we have to fight for scraps and mainstream organisations say they can do the specialist services. And they can also bid at a lower cost because they can absorb it internally as they are a bigger org”. (Imkaan Member)

FINAL WORD

In the Imkaan 2015 survey, 7 out of the 8 London members we spoke to, expressed major concerns about the sustainability of their organisations. Three organisations were facing very real threats of the loss of contracts for their refuge services. Another had been decommissioned by the local authority, faced grave uncertainty, and then was re-commissioned by the same local authority under a new, temporary central government funding stream. In the same local authority, well established BME ending VAWG organisations are struggling to maintain strategic recognition of the need for BME specific approaches to addressing violence against BME women and girls. In another area, the BME organisation has only been able to retain local authority funding through its partnership with a larger non-BME provider. Some of the organisations that are facing uncertainty have been established for over 25 years and in some cases over 30 years.

Imkaan recognises that numbers matter; and we are seriously concerned about the number of specialist BME ending VAWG organisations that have closed down and lost services in the last 15 years, as well as the number of services that have been subsumed into larger organisations. However, we are aware that the losses are deeper and wider than a picture conveyed simply in terms of numbers. The closure of organisations, the unequal partnerships and the co-opting of

BME women's expertise, all present a threat to the very fabric of BME women's autonomous organising and resistance. This organising has facilitated the development of a dynamic, diverse pool of expertise. This is the expertise and commitment which has raised awareness, led to significant policy and legal changes and which has supported thousands of girls, women and their children into safety, freedom and independence. BME women's organising has altered how London understands, describes and responds to VAWG. It is not an 'add-on', it is at the heart of ending VAWG work in this city. Indeed, Imkaan's own work has been a key part of this, from helping to shape the London VAWG strategies to developing work which led to 'harmful practices' pilots as recently as 2015/16.

The Mayor of London has a key role in shaping and leading this city's approach to violence against women and girls and inequality more broadly and it is reassuring that in the period leading up to the 2016 Mayoral election, the main candidates have made a commitment to ensuring that the London VAWG Strategy is maintained, along with other commitments.²² However, failure to safeguard the types of interventions which BME women value and find the most effective will undermine this, both in the Mayor's capacity as strategic leader and Police and Crime Commissioner.

In the UK, there has been a strong emphasis on criminal justice responses to VAWG. While we recognise the importance of State-led interventions, such as effectiveness in policing, it is important that these are not seen as the main ways to address VAWG. It is also important that survivors are not funnelled into 'one-size fits all' approaches and that we support diverse service responses for diverse women and girls. For example, while One Stop Shops may offer a way to bring providers together in the same setting, this will not work for every survivor. **Approaches to ending VAWG, and supporting survivors, should be responsive to who women and girls are, their experiences, their needs, and the responses that they say work most effectively for them.**

Whilst we recognise that the current economic context continues to present major challenges across different sectors, it is notable that some larger voluntary sector organisations including some which offer domestic and sexual violence services have grown in the last 3 to 5 years. Worryingly, the current environment continues to clearly privilege larger agencies i.e. those that often offer lower cost approaches to a range of social issues including VAWG. Larger providers are also more likely to be privileged than their smaller specialist counterparts, in that they are able and willing to 'speak the language of the State' and therefore able to have more impact strategically. Conversely, small, specialist BME ending VAWG organisations work in ways that often require a **challenge** to the State e.g. around immigration, inconsistency in policing, poor housing policy etc. Rather than seeing themselves as extensions of the State, they work as

²² <https://vawgmayorwatch.tumblr.com>

independent practitioners and agencies who advocate with, and for, BME girls, women and their children. It is important that this position of challenge is valued as a key aspect of effective support and a driver of social change i.e. independence from the State is often a requirement of effective individual and collective advocacy.

There is a persuasive and critical case for protecting specialist, BME ending VAWG organisations, through a **London BME ending VAWG fund** and ensuring that connected specialists working across protected characteristics e.g. groups working with disabled women, Lesbian Bisexual and Transgender (LBT) women and asylum-seeking women are also protected from further cuts by establishing an **equalities-informed system of commissioning and accountability**.

Whilst current commissioning regimes continue, the Mayor should use her/his role to press Local Authorities to use alternatives to competitive tendering in accordance with its responsibilities to uphold EU guidelines; as stated in Article 22 of the Council of Europe Convention on preventing and combating violence against women and domestic violence,

“parties shall take the necessary legislative or other measures to provide to arrange for, in an adequate geographical distribution, immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by the scope of this Convention.”²³

²³ Council of Europe (7 April 2011). Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaty Series – No. 210, Chapter IV – Protection and Support, Article 22 – Specialist support services.

RECOMMENDATIONS

“Prioritise BME service providers in all contracts, especially if they are locally based as if the local council does not fund it, and funding comes up in the neighbouring council, we cannot apply for that funding. Direct local authority should take responsibility to have a local BME specialist services represented in contracts”. (Imkaan member)

Imkaan welcomes that candidates have committed to ensuring that BME women and girls are able to access appropriate support. It is important that this support covers all areas of VAWG and that it includes the protection of specialist BME ending VAWG organisations. Imkaan makes the following recommendations to the new Mayor:

1. **Clear strategic commitment to addressing all forms of violence against BME women and girls; and recognition of BME ending VAWG organisations** as a unique specialist model of provision, providing local and regional benefits across all aspects of health and social care, as well as contributing to the development of better-informed policies, legislation, practice innovation and significantly enhancing UK society.
2. A **London BME ending VAWG fund** for ‘led by and for’ organisations including refuge providers and outreach/advocacy services, similar to the model which has been used to support the London Rape Crisis services.
3. A commitment to working with all relevant commissioning bodies in London to ensure a mixed package of funding for specialist BME ending VAWG organisations which includes grant-based funding by Local Authorities and Health commissioners to BME VAWG organisations. This should be attached to robust local accountability structures including lead **VAWG commissioners in local areas**, trained on all equalities strands.
4. Support accountability through partnership with London Councils and the Specialist ending VAWG partners through the MOPAC **Violence Against Women and Girls Board**. This should be a cross-sector structure, which includes **independent BME led specialist ending VAWG expertise**. The Board should monitor local commissioning processes, review the performance of organisations such as Transport for London, highlight good practice in local areas and take complaints.
5. **Funding for sector support work**, which supports services around sustainability including the development and implementation of specialist BME quality assurance frameworks, measuring impact, supporting consistency and strengthening skills and expertise.
6. Strengthen London’s strategic response to issues such as **sexual harassment, taking into account the specific concerns of BME women and girls**.

APPENDIX 1: SERVICES AND ACTIVITIES OF BME VAWG ORGANISATIONS

<p>Safety for women and children</p>	<ul style="list-style-type: none"> • Active referral and sign posting • BME refuge provision • Advocacy • Casework • Child centred services • Floating support • Interpreting and translation • MARAC engagement • Multi-lingual advice and helplines • Outreach work • Parent centred services • Young people centred services • Risk and needs assessing • Support through child protection and care/ custody proceedings • Support in own language • Support with criminal and civil justice processes, including court support
<p>Stability, resilience and autonomy;</p> <p>Health and wellbeing</p>	<ul style="list-style-type: none"> • Activities and group outings • ESOL and IT classes • Faith and culture inclusive refuge accommodation • Peer support/ mentoring • Body therapies • Counselling • Employment support • Enabling access to family, criminal and/or immigration related legal advice • Facilitating access to safe cultural, and/or faith spaces • Immigration support/advice, including around DDVC • Re-settlement support • Self-esteem workshops and courses • Support with pregnancies and parenting • Therapeutic, peer support, skills based and/or informative groups, workshops and courses
<p>Prevention;</p> <p>Enhanced Participation;</p> <p>Increased Access</p>	<ul style="list-style-type: none"> • Advice and consultation for mainstream and voluntary sector professionals • Awareness raising and community engagement • Community based education programmes • Prevention and early intervention work with young people • School based education programmes • Volunteering opportunities • Employment and Governance opportunities • Campaigning, lobbying and strategic policy work • Accredited and non-accredited training for professionals

APPENDIX 2: BME ENDING VAWG ORGANISATIONS IN THE GREATER LONDON AREA²⁴

African Women's Care
Al-Hasaniya Moroccan Women's Centre
Asian Women's Resource Centre
Ashiana Network
Asha Project
Common Cause
Daughters of Eve
Enfield Muslim Women's Aid
Forward
Iranian and Kurdish Women's Organisation
Imece
Jewish Women's Aid
Kiran Project
Kurdish and Middle Eastern Women's Organisation
Latin American Women's Aid
Latin American Women's Rights Service
London Black Women's Project (formerly Newham Asian Women's Project)
Southall Black Sisters

²⁴ The majority of services listed here are Imkaan BME VAWG Network members. If your organisation would like to be added to this list, and/or join the network, please email camille@imkaan.org.uk.



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