

Summary Of VAWG Sector Responses To Request For Evidence

Including responses from:

1. Refuge
2. WAFE
3. EVAW
4. SEA
5. Suzy Lamplugh Trust
6. Karma Nirvana
7. Agenda
8. Al Hasaniya MWC
9. Women's Resource Centre
10. LAWRS
11. Imkaan
12. Anah Project

I. Forms of Violence Against Women and Girls (VAWG) and rise in demand

I. General:

1. Imkaan:

- i. For Black and minoritised survivors subjected to domestic, sexual and other forms of violence in the home, online or in public spaces, COVID-19 and the subsequent lockdowns were weaponised by perpetrators who knew that it was much harder for women to seek help. Women's everyday lives were under increased control and surveillance – from eating to going to the bathroom – while they were isolated from the outside world within homes, intensifying and reinforcing familiar patterns and dynamics of abuse. Children were at greater risk of harm, from witnessing violence to being victims of abuse themselves. Women were subjected to sexual violence by extended family members, and increased levels of verbal and emotional abuse. If they managed to get help, it was often at a point by which the violence had severely escalated. Overall, the violence in Black and minoritised women's lives increased at multiple levels.¹
- ii. Imkaan data shows that the sector supported 43,255 women at the start of lockdown and 40% of these women fell into the category of destitute: socio-economic destitution, destitution due to insecure immigration status and destitution caused by precarious employment. This meant that women needed survival related support linked to poverty, because of unequal legal protection because of their immigration status and over-representation in poor, insecure employment. Women needed

¹ Thiara, R. and Roy, S. (2022) 'The disparity is evident': COVID-19, violence against women and support for Black and minoritised survivors.

support to address health needs, poverty, food, insecurity, income poverty, digital inequality & destitution which had become worse and/or has arisen out of the pandemic.

- iii. Imkaan members had already noted that after an initial dip in referrals (first few weeks) whilst everything came to a standstill, by and for services were in high demand (with spikes in demand depending on different periods of lockdown) and Black and minoritised women and girls were accessing support when they were in crisis, the severity of the violence had escalated and when their lives were at most risk.
- iv. According to one Imkaan member, "We are already seeing a rise in homelessness, rejection of women from mainstream generic domestic violence agencies, increased food scarcity and a vast reduction in refuge availability"
- v. According to one Imkaan member, "There has been an increase in women feeling suicidal due to being trapped in their houses".
- vi. Imkaan's management capacity was overstretched by 50%.
- vii. Imkaan's data at this time showed that:
 - A. 75% of Black and minoritised women who fled domestic violence were unable to obtain accommodation in by and for refuges because refuges were full.
 - B. 25% of by and for bed spaces were unavailable because organisations were not able to move women on to independent housing because of the lack of affordable safe provision.
 - C. By and for organisations experienced a 300% increase in referrals for resettlement support, housing and refuge provision, counselling and therapeutic support and legal advice and individual advocacy to social services, housing and other statutory services. At the onset of the pandemic, by and for organisations were operating with 40% underfunding and two-thirds fewer FTE (full-time equivalent) staff when compared to generic organisations.
 - D. Many Imkaan members reported a significant increase in approaches by migrant women. Some groups noted a doubling of no recourse to public funds (NRPF) referrals. At one point, one member noted that 80% of women in their refuge had NRPF. A lack of resources was

often instrumentalised to justify discriminatory inaction to further marginalise migrant women.

- E. Between 40-60% of women in some services had no safe access to phones, phone credit, and no access to the internet. Between destitution and the coercive control women were extremely isolated and cut off from the outside world and opportunities to seek help were compromised.

2. Agenda²:

- i. Agenda alliance's survey of their 150 organisations shared the experiences of their members:
 - A. 100% of services reporting increased trauma for women and girls
 - B. 50% of services reported increase in poverty, destitution and basic needs since pandemic
 - C. 32% of services concerned about their future sustainability which has implications for service provision.
- ii. Al-Hasaniya
 - A. Al-Hasaniya Moroccan Women's Centre saw a sharp increase in first contacts, particularly in the first three months of the lockdown. The increase in first contacts indicates the COVID-19 pandemic and lockdown put women at greater risk of domestic violence. The pandemic and emergency measures to curb the spread of the virus created an environment conducive to domestic violence.
 - B. Stay-at home measures created additional barriers, making it harder for women experiencing violence in the home to access services and support.
 - C. While Al-Hasaniya adapted its services to overcome those barriers, risks remained due to the dangers involved in women contacting services while confined in the home with perpetrators.
 - D. COVID-19 and lockdown created an environment where domestic violence becomes more likely, can escalate unmonitored and is harder to report.
 - E. While actions were initiated at the local and national level to address the adverse impacts of these measures on women in the home, the increase in disclosures of domestic violence indicates those measures did not fully protect women from experiencing domestic abuse.
 - F. Moroccan and Arabic women also experienced additional barriers due to pre-existing marginalisation. These were varied but included:

² https://www.agendaalliance.org/documents/15/Voices_from_Lockdown_Report.pdf

1. Children being unable to access the technology and learning support to fully participate in learning from home.
 2. Women with uncertain immigration status being unable to access statutory services.
 3. Spread of misinformation about the COVID-19 virus increasing anxiety, fear and uncertainty.
 4. The pandemic was also weaponised against women, with lockdown measures used to further their isolation and misinformation used to increase their anxieties and fears.
- G. Access to technology, the spread and weaponization of misinformation and conspiracy theories because of language barriers and pre-existing isolation within cultural communities, uncertain immigration status, social housing overcrowding and gig economy employment all adversely impacted women and their ability to navigate the various impacts of the pandemic.
- H. Pre-existing marginalisation because of gender, ethnicity, religion, disability, sexuality, class and migration status exacerbated the impacts of the pandemic on clients.

II. Domestic Abuse:

1. Refuge:

- i. Refuge's National Domestic Abuse Helpline saw activity on the Helpline increase over the first national lockdown – between April and June of 2020 the average number calls and contacts logged on our database every month was 65% higher compared to the previous three months
- ii. Visits to the National Domestic Abuse Helpline website increased from approximately 10,500 visits per month in the first three months of 2020, to an average of 73,595 per month between April 2020 – February 2021 – a seven-fold increase.

2. BSWA:

- i. The experience of BSWA service users underwent a significant increase in frequency and intensity of domestic abuse including the use of weapons especially knives. Moreover, sexual, physical, emotional and financial abuse intensified. Self-isolation restrictions and lockdown compounded women's depression, anxiety, and sense of loss.
- ii. The crisis plunged women into financial insecurity, further trapping them in abusive situations, and limiting their options in terms of their housing. BSWA's helpline was ringing constantly. Demand rose by 29%, but some days up to 120%. Isolation measures, lockdown and school closures, meant

- women lost their 'window of opportunity' to seek help.
- iii. Referrals for high-risk women doubled at BSWA's Women's Home Options Hub. BSWA received calls from women in Temporary Accommodation who were struggling with using the shared facilities around social distancing, and were really anxious about their vulnerability.
3. Women's Resource Centre (WRC)
- i. WRC asked 71 women's organisations what their 3 main challenges had been one year into the pandemic. Of these, half of the organisations that responded (49%) delivered VAWG services.³ Key responses:
 - A. Rising demand for services was the main answer given (63%). Next was dealing with an increased number of complex cases (51%). Third was funding (47%). 76% of organisations reported a 'marked' or 'substantial' increase in demand for their services.
 - B. Demand for VAWG related services increased massively. 11% of survey respondents reported an increase in demand of up to 10%. 19% reported an increase of 20-30%. 30% reported an increase of 30-50%. 32% reported an increase of 50-100%. And 8% reported an increase of over 100%. These figures are stark and show the wave of need was unprecedented.
 - C. Black and minoritised women's organisations reported a much higher increase in demand for their services since the last survey we conducted in 2020, from 61% to 77%. This is also more than the UK average.
 - D. Black and minoritised women's organisations saw markedly more demand (more than a 0.4 weighted increase than non-BME women's organisations) than other organisations in the following areas: emergency basic services, refuge beds, enquiries/signposting and mental health.
 - E. When asked why they think demand for their services has increased, 33% of organisations (N=23) attributed it to the massive increase of violence against women and girls (VAWG) during the lockdowns.

³ <https://www.wrc.org.uk/Handlers/Download.ashx?IDMF=8683fd98-b697-47dc-b387-14ad6e777338>

- F. Domestic violence has rocketed during lockdowns. We have seen a 30% increase in referrals over the past 3 months (Nov, Dec and Jan) compared to last year.” (Her Centre Ltd.)
- G. 45% of organisations surveyed told the WRC that they had experienced a ‘substantial’ or ‘critical and urgent’ need for refuge beds.
- H. 66% of organisations reported a ‘substantial’ or ‘critical and urgent’ need for DV support.
- I. 48% of organisations reported a ‘substantial’ or ‘critical and urgent’ need for SV support.
- J. Mental health support was by far the largest unmet need during the pandemic. When asked what was driving this increase, 22% of organisations named ‘violence’ as the key driver.
- K. In terms of the relationship with service-users during the delivery of online services, 25% of organisations (N=17) mentioned the digital divide negatively affecting service users’ ability to access services, either because of the lack of relevant technology and/or knowledge. 6% of organisations (N=1) specifically mentioned the reduction in self-referrals from local BME women, where news spreads more by word of mouth.
- L. 33% of organisations (N=22) mentioned the fact that engagement with service-users had become more difficult with the move to online services, citing: lack of confidentiality and safe spaces for women to be able to access online services; childcare pressures that impinged on their time and privacy; and a loss of connection between women in online group counselling and support groups, as opposed to face-to-face sessions.
- M. 63% of organisations stated that their staff had experienced greater stress and anxiety; 27% said that staff had taken more time off work; and 15% said that some of their staff had quit.

4. Anah Project:

- i. During lockdown referrals to their service were more complex and required more time to support over the phone and to induct into our refuge. Victims often faced barriers to flee, with some not even knowing that they were not breaking the law to flee.
- ii. As many refuges were unable to accommodate new clients, Anah Project made sure to remain open for business with enhanced health and safety measures in place.
- iii. Service users expressed that the lockdowns exacerbated the trauma of abuse, leading them to

relieve distressing experiences. Being confined indoors with limited social interaction and no contact with loved ones heightened their sense of isolation and vulnerability. The increased costs during the pandemic made essential resources unaffordable for many, further adding to their challenges. Access to crucial health services, education, and training opportunities became restricted, hindering their personal development and growth.

- iv. Moreover, the lockdowns prevented them from cultivating employment skills and hindered their progress towards independent living. The inability to go out and socialise, connect with friends, or form new relationships further isolated them from their support networks and the broader community. The absence of confidence-building and social and emotional development activities denied them the opportunity to heal and rebuild their lives.
- v. In this time of heightened need for human connection, they were unable to forge new friendships, and the lack of social interaction deepened their feelings of isolation. This profound sense of loneliness and detachment from society significantly impacted their well-being, emphasising the critical importance of accessible support and resources for survivors of abuse during challenging times like the lockdowns.
- vi. Lockdowns were hardest for new service users as they were prevented to reduce isolation and take advantage of any inclusion activities.
- vii. Referrals to their service became more complex, requiring additional time and support over the phone and during the induction process into their refuge. Victims often encountered barriers to fleeing, with some unaware of their rights during the lockdown, leading to hesitation in seeking help.
- viii. Staff faced challenges in following normal protocols during the induction process for new service users. However, through adapted procedures and robust management, Anah Project could continue providing a safe space for those in need.
- ix. Increased stress and anxiety: Anah Project acknowledged the increased stress and anxiety among our staff and provided emotional and practical support, ensuring management was available whenever needed.
- x. Increased risk of transmission: Anah Project implemented robust health and safety measures, providing unlimited PPE, additional cleaning, and air purifying equipment in communal areas to minimize the risk of transmission.
- xi. Increase in unplanned costs: Anah Project engaged in proactive financial management, applied for

- additional funding, and hired additional staff to meet the increased demand and cover key expenses.
- xii. Adaptation of roles and procedures: Staff had to adjust their roles to provide support in a COVID-safe manner. Anah Project provided necessary training and translated COVID-19 guidance for service users to understand and stay updated.
 - xiii. Isolation at short notice: Anah Project implemented flexible working arrangements, allowing staff to work from home when required and ensuring the continuity of services.
 - xiv. Impact on mental health: Anah Project prioritised staff and service user mental health and wellbeing
 - xv. Increased staff sickness: Anah Project developed plans to cover staff sickness and ensured communication with service users about potential disruptions. Anah Project accessed government subsidies to help staff off sick
 - xvi. Increased demand for service: Anah Project hired additional staff to meet the surge in demand, especially for frontline, helpline, and finance department roles.
 - xvii. Bed blocking and limited move-on opportunities: Anah Project actively sought and secured additional funding to address these challenges, allowing us to create move-on opportunities for service users.
 - xviii. Inability to provide face-to-face support after moving out: Anah Project provided ongoing support through remote means, including telephone and online support.
 - xix. Proactive planning and robust procedures: Anah Project developed clear plans and procedures to handle various scenarios during the pandemic, ensuring smooth service delivery.
 - xx. Utilising media platforms: Anah Project increased our presence on media platforms to raise awareness that our service was still accessible during lockdowns.
 - xxi. Financial management: Anah Project managed our finances diligently, applying for additional funding to meet unforeseen expenses and ensuring funds were used effectively.

5. Latin American Women's Rights Service (LAWRS):

- i. Women were trapped with perpetrators as a result of lockdowns.

III. Stalking:

1. Suzy Lamplugh Trust:

- i. Carried out some research into stalking in 2021 that found that for those whose experience of stalking started before lockdown, 49% confirmed an increase in online behaviours throughout the

pandemic and a third (32%) saw a rise in offline behaviours.⁴

IV. Economic Abuse

1. Surviving Economic Abuse⁵:

- i. Perpetrators of domestic abuse controlled the economic resources of a current or former partner in many ways during the initial months of the Covid-19 pandemic. This included restricting, exploiting and/or sabotaging education or employment; finances (including welfare benefits and child maintenance); daily necessities (including food and utilities); and housing and accommodation.
- ii. SEA conducted a rapid review including a total of 560 people who responded to the survey (360 victim-survivors and 200 front line professionals) between June and August. Of these, 73 took part in two rounds of follow-up interviews (summer and autumn of 2020). The study showed these results:
 - A. 57% of women said that their ability to seek help in relation to the perpetrator had been negatively impacted by lockdown and social distancing measures.
 - B. 38% of those living with the perpetrator were working from home when they previously had not, which thereby increased their risk of being abused.
 - C. 45% of women reported that, because of the perpetrator's actions since the start of the outbreak, their employment or education situation had worsened.
 - D. 11% of women had been furloughed, 13% were working fewer hours and 3% had been made redundant.
 - E. 45% of women were concerned about their job security in the future.
 - F. 72% of women reported that, because of the perpetrator's actions during the outbreak, their financial situation had worsened.
 - G. One in five (21%) women reported that the shift towards contactless payments during the pandemic had negatively impacted them.
 - H. Eight out of ten women (79%) reported that the perpetrator had attempted to control their finances during the pandemic.
 - I. 17% of women reported that they had needed to take out new loans or credit during the outbreak.
 - J. Nearly one in five (17%) women who were accessing welfare benefits said that, because of the perpetrator's actions since the start of the outbreak, their situation had worsened.

⁴ <https://www.suzylamplugh.org/unmasking-stalking-a-changing-landscape-report>

⁵ <https://survivingeconomicabuse.org/what-we-do/research-and-evidence/the-cost-of-covid-19/>

- K. 84% of women agreed with the statement: 'as a result of the perpetrator's actions during the outbreak, I am worried about my current access to child maintenance payments.', 22% of women reported that the perpetrator had stopped paying during the outbreak, 20% said that the perpetrator had paid less, and 18% said that the perpetrator had paid unreliably.
- L. 94% of women living with a perpetrator reported they were worried about their current access to economic resources and core necessities, more than twice the number of those experiencing post-separation economic abuse (45%).
- M. One in four women (25%) living with the perpetrator reported they did not have access to their utility providers' information.
- N. 20% of victim-survivors reported that the support (for example, around domestic or economic abuse, legal matters, housing, mental health or money or debt advice) they were receiving before the outbreak had not continued, and 28% reported that it was at a reduced level.
- O. Over half of women intended to seek support from a domestic abuse service after lockdown.
- P. Nearly two-thirds of women were planning to seek support around child maintenance.
- Q. A third of respondents were planning to seek support for money or debt advice.
- R. One in five women were planning to seek help around welfare benefits.
- S. 71% of professionals reported that the number of victim-survivors of economic abuse coming to their organisation for help had increased since the start of the outbreak.

V. Forced Marriages:

1. Karma Nirvana:

- i. Research by the Rights Lab at The university of Nottingham drawing on data from Karma Nirvana (KN), the Forced Marriage Unit (FMU), Ministry of Justice and other public data archives, found that: 'Following the introduction of the "stay at home" guidance in March 2020, calls to national Forced Marriage helplines substantially decreased. However, they then decreased further in subsequent lockdowns. There is little evidence that one specific Covid-19 related restriction caused this suppression, but we find it was the overall effect of the pandemic and restrictions.'
- ii. The report further states: 'The data suggests that the increased risks of FM created by Covid-19 and Covid-related restrictions were more-significantly experienced by children. Indeed, we are concerned

that children were increasingly invisible in the pandemic.’

- iii. On Forced Marriage Protection Orders in this period, the report says: ‘Relatedly, FMPOs were affected by the pandemic, but different age groups were affected in different ways. Orders granted to those under 18 fell dramatically before increasing again in late 2020. Orders granted to adults, however, have shown a consistent decline since restrictions were introduced.’⁶

VI. Technology-Facilitated Abuse:

1. Glitch and End Violence Against Women (EVAW) coalition⁷

- i. Of the respondents who had experienced online abuse in the 12 months preceding the survey, 29% reported it being worse during COVID-19. Black and minoritised women and non-binary people were more likely to report suffering increased online abuse during COVID-19, with 38% saying that the pandemic had led to increased online abuse.
- ii. 84% of respondents experienced online abuse from strangers - accounts that they did not know prior to the incident(s). Meanwhile, 16% of respondents faced abuse from an acquaintance and 10% from a partner or ex-partner. Some 9% of people faced abuse from a colleague or superior at work.
- iii. 83% of respondents who reported one or several incidents of online abuse during COVID-19 felt their complaint(s) had not been properly addressed. This proportion increased to 94% for Black and minoritised women and non-binary people.

VII. Vulnerability

1. Migrant Victims and No Recourse to Public Funds (NRPF)

- i. LAWRS:
 - A. Migrant women were particularly impacted on the basis of their gender and race if they were victims of domestic abuse. Without access to public funds and housing support, they are routinely denied access to refuge and welfare. During the pandemic, the NRPF policy forced migrant survivors to choose between becoming destitute or returning/staying with the perpetrator.⁸
- ii. Agenda:
 - A. A recommendation from Agenda Alliance’s survey of 150 organisations highlighted need for a targeted approach to Black, Minoritised and Migrantised women⁹

⁶ <https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2022/may/the-impact-of-covid-19-and-covid-related-restrictions-on-forced-marriage.pdf>

⁷ <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Glitch-and-EVAW-The-Ripple-Effect-Online-abuse-during-COVID-19-Sept-2020.pdf>

⁸ [2020-LAWRS-Women-and-Equalities-Committee-call-for-evidence-COVID-19.pdf](https://www.lawrs.org.uk/2020-LAWRS-Women-and-Equalities-Committee-call-for-evidence-COVID-19.pdf)

⁹ https://www.agendaalliance.org/documents/15/Voices_from_Lockdown_Report.pdf

- iii. Imkaan:
 - A. Some members of their collective also reported poor quality risk assessments undertaken by Police re-classifying and therefore deprioritising VAWG as 'family issues' and suggesting women stay with extended family members. The statements below are from Imkaan member organisations:
 1. *'In the last few weeks, numerous women who are on spouse visas have been denied support from domestic violence agencies, children's social care etc on the presumed premise that they have no recourse to funds.'* (despite Sec 17 rights)
 2. *"I have had two cases where a housing officer has said 'you are not priority need' or your domestic violence 'isn't serious enough.'"*
 3. *"....lack of commitment to process around migrant women or communication, no specific resourcing of specialist services, a further exclusion of black and minoritised/migrant women from services that is excused by a lack of resourcing and the pandemic."*
- iv. WRC:
 - A. According to the WRC's survey of 71 organisations:
 - B. Demand for NRPF services increased greatly too. 21% of survey respondents reported an increase in demand of up to 10%. 12% reported an increase of 20-30%. 24% reported an increase of 30-50%. 30% reported an increase of 50-100%. And 12% reported an increase of over 100%.¹⁰

2. Type of employment

- i. Women's Budget Group:
 - A. A report by the Women's Budget Group suggested that BME women are three times more likely to be in precarious and insecure work often on zero hours contracts.¹¹
- ii. LAWRS:
 - A. Migrant women are overrepresented in feminised, unregulated sectors of employment, in which many experienced exploitation and were forced to work - often without PPE - regardless of their health and need to self-isolate or shield, for fear of being

¹⁰ <https://www.wrc.org.uk/Handlers/Download.ashx?IDMF=8683fd98-b697-47dc-b387-14ad6e777338>

¹¹ <https://wbg.org.uk/wp-content/uploads/2020/04/FINAL.pdf>

dismissed. Women are most commonly the ones with caring responsibilities, and therefore were most impacted by school closures and the need to stop working to look after children. According to LAWRS, although the government's Job Retention Scheme¹² eventually included people in this situation¹³, many employers simply chose not to apply for this scheme and laid off workers instead.

III. Government

I. Contact

I. Imkaan:

1. Very early on it was evident that as part of the Government's pandemic planning VAWG was not prioritised as a public health issue nor were the frontline staff delivering support in the VAWG sector given the same parity as key workers. This is despite the fact that frontline staff delivering VAWG services play a crucial public health role in preventing and responding to VAWG. This created both frustration and the momentum for the VAWG sector to come together and decisively problem solve and act in the absence of appropriate leadership within Government.
2. Lack of response from the VAWG sector meant that lobbying from the VAWG sector was and continued to be critical throughout the pandemic - without this the key issues and issues facing Black and minoritised women/girls would have remained invisible and amplified the risks and severity of violence and abuse. By contrast, countries like New Zealand included domestic abuse preparations in its broader lockdown planning from the start. Within Europe, countries like Italy, Spain and others set up nationwide programs to house abuse victims in hotels if existing refuges were full much earlier than the UK, while Germany made an open-ended pledge to fund shelters and other crucial services.¹⁴
3. As a result of co-ordination within the sector, organisations regularly wrote correspondences to Ministers, produced and shared COVID-19 position papers¹⁵ highlighting concerns and flagged a series of high level asks to Government on the issues of VAWG. Organisations like SBS and Imkaan, highlighted specific issues which impacted Black, minoritised and migrant women and also contributed to numerous public statements including a one-year on review and provided evidence to the Joint Select Committee on Human Rights to highlight our concerns about the human rights implications of COVID-19¹⁶

¹² [Coronavirus Job Retention Scheme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/coronavirus-job-retention-scheme)

¹³ <https://www.gov.uk/government/news/parents-returning-to-work-after-extended-leave-eligible-for-furlough>

¹⁴ <https://committees.parliament.uk/writtenevidence/9255/pdf/>

¹⁵

<https://static1.squarespace.com/static/5f7d9f4addc689717e6ea200/t/5f9bfa3d5ade2b74d814d2d9/1614903677262/2020+%7C+The+Impact+of+the+Dual+Pandemics+-+Violence+Against+Women+and+Girls+and+COVID-19+on+Black+and+Minoritised+Women+and+Girls>

¹⁶ <https://committees.parliament.uk/writtenevidence/9255/pdf/>

4. Government announcements and daily communications were delivered without any consideration of the equalities impact which meant that accessibility needs were not considered as part of pandemic related updates. This created significant barriers and safety concerns for women/girls with communication barriers.
5. Schemes that were designed to aid safe disclosure in public spaces within the community such as *Ask Angela* e.g., Boots pharmacies again were introduced but again without adequate consideration of accessibility needs across marginalised and diverse communities. Imkaan members spoke about feeling that these schemes did not benefit the women they support because of cultural, social, linguistic needs and relevance. Often these schemes are introduced in reactive ways without sufficient consideration of reach and with a lack of evaluation to assess their take-up, effectiveness and suitability for survivors.
6. Letters:
 - i. Imkaan's COVID-19 submission to the Select Committee on Human Rights
7. Meetings:
 - i. Imkaan member network meetings; a position paper produced by Imkaan,

II. Anah Project:

1. There was no direct communication with Anah Project and they had to seek out relevant information and implement based on general public information provided. They gratefully received information from Women's Aid and Imkaan. Local Council information was available through local forums.
2. Women's Aid and Imkaan facilitated two meetings with Ministry of Housing, Health and Local Government (MHCLG) representatives for organisations like Anah Project who expressed that this gave them the opportunity to communicate the needs of their service users, influence the new duties on Local Authorities (LAs) in the Domestic Abuse Bill and to shape the Statutory guidance.
3. However, although the government representatives acknowledged their concerns, they were not incorporated into the final statutory guidance. The final publication of statutory guidance for LAs lacked the necessary enforcement or obligation to support all vulnerable victims, as we had urgently requested. Anah Project felt that the omission was disheartening as it undermined their efforts to provide comprehensive assistance and support to those who needed it the most.

III. BSWA:

1. Had no direct contact with the national government and independently made the decision before the government lockdown was announced on 23rd March, 2020 to send all staff to work from home, and close their main office base. They had regular contact with local and regional government about specific issues for women and children and raised specific issues around women with no recourse.

2. Do not recall any specific communications for the Violence Agsector. According to them, the national government's communications appeared to minimize risk until too late.

IV. WRC:

1. Participated in numerous emergency conference calls in the first few months of the pandemic, although this was achievable more on a regional (London) level, rather than at national government level.
2. Communication was possible with the Mayor of London, London Funders and the Deputy Mayor of Policing and Crime at MOPAC, Sophie Linden.
3. WRC were also equity partners for 'led by and for' organisations for the Lottery's Community Response Fund. This all contributed towards additional funding for VAWG organisations in London.
4. Letters:
 - i. WRC wrote a collective open letter to the Prime Minister in March 2020, which set out the urgent need for emergency funds for women.¹⁷
 - ii. WRC wrote to Baroness Diana Barran at the Department for Digital, Culture, Media & Sport calling for emergency funding.¹⁸
5. WRC submitted evidence to the House of Lords Select Committee on Public Services Inquiry into the lessons that can be learned from charities in the COVID-19 crisis:
 - i. Lessons about the role of women's charities in delivering public services: A Case Study from Listening to Women's Voices (Sunderland).¹⁹
 - ii. Lessons from Coronavirus (COVID-19) | Case study: London VAWG Consortium, June 2020.²⁰
 - iii. A WRC position paper, June 2020:²¹

V. Agenda Alliance:

1. Wrote an open letter to the Prime Minister, but not sure if they ever received a response.

VI. Refuge:

1. There was a lack of engagement with VAWG sector organisations when developing the Test and Trace system. Refuge has a specialist technology-facilitated domestic abuse service and attempted to engage with the developers of test and trace to build in safeguards for survivors of technology-facilitated domestic abuse, but these attempts were not successful
2. A government press conference making clear that survivors could travel in order to be safe and communicating that the police would still respond to domestic abuse calls did not take

¹⁷ <https://www.wrc.org.uk/blog/an-open-letter-to-the-prime-minister>

¹⁸ <https://www.wrc.org.uk/blog/urgent-letter-to-baroness-barran-regarding-the-application-process-for-refuge-space-funding>

¹⁹ <https://www.wrc.org.uk/Handlers/Download.ashx?IDMF=45fa4db4-740a-4e1a-a24c-024a939d0fc2>

²⁰ <https://www.wrc.org.uk/Handlers/Download.ashx?IDMF=74e452df-eb19-4bb2-b5b1-b93513ddc0e3>

²¹ <https://www.wrc.org.uk/Handlers/Download.ashx?IDMF=c87eaada-009b-4d5f-918e-e5499593dc0b>

place until 11 April 2020. While this press conference was welcome, Refuge argue that it should have happened much sooner. The National Domestic Abuse Helpline received calls from worried survivors that they would be arrested if they left their home to escape of domestic abuse, demonstrating the importance of clarity about exemptions to the rules at the earliest opportunity

3. Letters to government:

- i. Letter to the Prime Minister, written and co-ordinated by Refuge and signed by over 20 VAWG organisations, April 2020. ²² Response received from Victoria Atkins MP, October 2022.
- ii. VAWG sector response to Hidden Harms Summit, signed by Refuge, 12 June 2020 ²³
- iii. Written Evidence, Home Affairs Select Committee, Home Office Preparedness for Covid-19 domestic abuse and risks of harm within the home. April 2020,²⁴
- iv. Written Evidence, Women and Equalities Select Committee, Unequal Impact: Covid 19 and the impact on people with protected characteristics. April 2020 ²⁵

4. Meetings: Met regularly with ministers and officials to keep them updated on the way in which Covid-19 was impacting survivors of domestic abuse and make policy recommendations to mitigate the impacts on survivors.

- i. Meeting with Sandra Horley CEO (until summer 2020) of Refuge and Rt Hon Priti Patel MP, Home Secretary and Victoria Atkins MP, Minister for Safeguarding, April 2020.
- ii. Prime Minister's Hidden Harms Summit, Lisa King in attendance for Refuge, 21 May 2020.
- iii. Ministry of Justice 'Silver Command' meetings. Tracy Blackwell and Ellie Butt in attendance for Refuge. Weekly from April 2020.
- iv. Oral Evidence, Home Affairs Select Committee, Home Office Preparedness for Covid-19 domestic abuse and risks of harm within the home. April 2020
Home Office preparedness for Covid-19 (Coronavirus): domestic abuse and risks of harm within the home - Home Affairs Committee - House of Commons (parliament.uk)

VII. Women's Aid Federation of England (WAFE):

- 1. WAFE raised significant concerns about the impact of the COVID 19 pandemic, and associated lockdown measures, on survivors of domestic abuse and the specialist services that support them. WAFE outlined in numerous meetings with, and correspondence and briefings to, the government that the

²² <https://www.womensaid.org.uk/wp-content/uploads/2020/04/An-open-letter-to-the-prime-minister.pdf>

²³ <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/2020/07/Action-Plan-VAWG-Sector-Recommendations-Final.pdf>

²⁴ <https://committees.parliament.uk/writtenevidence/2289/pdf/>

²⁵ <https://committees.parliament.uk/writtenevidence/3055/pdf/>

Covid-19 pandemic, and the resulting infection control measures would increase the vulnerability of women and children experiencing violence and abuse.

2. Letters to government:

- i. Violence Against Women and Girls Organisations, Open Letter to the Prime Minister, 2020²⁶- 3rd April 2020
- ii. Women's Aid letter to Housing, Communities and Local Government Secretary, Robert Jenrick MP- 9th April 2020
- iii. 14th October 2020, from Victoria Atkins MP – Minister for Safeguarding
- iv. Violence Against Women and Girls Organisations, COVID 19 pandemic and violence against women and girls – recommendations for the 'Hidden Harms' Action Plan, 2020- 12th June 2020²⁷
- v. Women's Aid letter to Digital, Culture, Media and Sport Minister, Baroness Barran – deadline for spending emergency COVID-19 funding- 18th November 2020

3. Meetings:

- i. Between Women's Aid's Acting CEO Nikki Norman, Home Secretary Priti Patel MP and Minister for Safeguarding Victoria Atkins MP- 9th April 2020
- ii. Prime Minister's 'Hidden Harms' Summit – Acting CEO Nicki Norman attended- 27th June 2020²⁸
- iii. Ministry of Justice Covid-19 Victim & Witness Silver Command Group- Weekly from April 2020

VIII. LAWRS:

1. Communications campaign: government did a huge comms campaign- 'You are not alone', but didn't see government act on marginalized communities.
2. LAWRS talked about the need to translate resources with the Home Office team, support for by and for services. LAWRS also did unpaid translation- because they wanted resources to be accessible to their communities.
3. No response and lack of real co-ordination between what statutory services were telling charities.
4. Lack of co-ordination at all levels of government, no clarity, no opportunity for people to understand what was allowed and what wasn't allowed.

II. Response

I. Preparedness:

1. Imkaan:

²⁶ <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2020/04/An-open-letter-to-the-prime-minister.pdf>

²⁷ <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/2020/07/Action-Plan-VAWG-Sector-Recommendations-Final.pdf>

²⁸

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/897490/HH_Summit_Report.pdf

- i. It is evident that the Government failed to prioritise VAWG early enough and failed to centre Black and minoritised women and girls and their needs which impacted the Government's preparedness for managing the implications of the pandemic.
- ii. The pandemic – and its health, social and economic effects – have had disproportionate impact on communities facing oppression. Before COVID 19 women and girls experiencing structural inequality – including black and minoritised women, women with insecure immigration status, disabled women and LGBT+ survivors – faced the most severe barriers to getting the help they need. Urgent and coordinated action was required to fix glaring gaps in protection and support – particularly for migrant women experiencing VAWG – but the UK government failed to act.
- iii. The violence against women and girls (VAWG) sector in the UK and globally has been addressing two pandemics – violence against women and COVID-19. In 2013, the World Health Organisation declared VAWG a global health pandemic and the UN called violence against women the 'shadow pandemic'.²⁹ Women have disproportionately been affected by the effects of COVID-19 and are subsequently trying to simultaneously survive two pandemics.
- iv. Over a 12 month period just prior to COVID-19, 243 million women and girls around the world were subjected to physical and sexual violence, 87,000 women were killed by intimate partners or family members, 40% of women reported violence to support agencies seeking help. In the UK while an "estimated 1.6 million women aged between 16 and 74 experienced domestic abuse last year in England and Wales"³⁰
- v. Research commissioned by Imkaan stated: 'Before COVID-19, EVAW documented³¹ that the fear of immigration enforcement was being weaponised by perpetrators of abuse (a pattern of perpetration including increased physical violence and coercive control also evident during the crisis of the two pandemics), women with insecure immigration status were subjected to economic abuse and the restrictive measures of the destitute domestic violence concession – DDVC – created a two-tier system applying only to women who entered the UK on UK spousal visas. This created a hierarchy. Early warnings from those working to eradicate

²⁹ <https://www.who.int/publications/i/item/9789241564625>

³⁰ <https://www.womensaid.org.uk/wp-content/uploads/2020/01/The-Domestic-Abuse-Report-2020-The-Annual-Audit.pdf>

³¹ <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/FINAL-living-in-a-hostile-environment-for-Web-and-sharing-.pdf>

violence against women and girls (VAWG) about the very real risks of lockdown became a reality as increased reports of violence-abuse and femicide began to emerge in the media^{32 33 34} Although the pandemic context was an unknown, knowing that natural disasters result in a heightening of violence against women lent greater veracity to these concerns³⁵ of support for women fleeing domestic violence.’³⁶

- vi. The UK government did not commission its first strategic action plan for addressing domestic violence until late May — two months after lockdown commenced — and the resulting report found that violence against women and girls was “still not being factored into the highest levels of the pandemic response³⁷.
- vii. Imkaan questioned whether enough was being done in terms of translating information leaflets about COVID-19 and physical distancing for people for whom English is an additional language, and more broadly the availability and accessibility of cultural and language specific support for migrant women. The Home Office’s domestic abuse awareness raising campaign was welcomed, however, the message should be adapted further to ensure is accessible and culturally appropriate to other women facing other barriers including digital inequality and exclusion.
- viii. A year after the pandemic started, Imkaan feared that the UK government is still not working in partnership with national governments in a coordinated way to mitigate the impact of Covid-19 on the rights of all women and girls to live free from violence. Based on their experience, and academic research, Imkaan predicted that harm to women and children will escalate once lockdown measures finally lift and separations increase. Yet violence against women was still not factored in at the highest levels of the pandemic response, not seen as a fundamental priority in the public health response we need.

2. BSWA

- i. The national government’s level of preparedness was poor and the national government was late in

³² <https://www.womensaid.org.uk/wp-content/uploads/2020/08/A-Perfect-Storm-August-2020-1.pdf>

³³ <https://www.unwomen.org/en/digital-library/publications/2020/04/series-evaw-covid-19-briefs>

³⁴ <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

³⁵ <https://www.rescue.org/report/everything-her-shoulders-rapid-assessment-gender-and-violence-against-women-and-girls-ebola>

³⁶ <https://bristoluniversitypressdigital.com/view/journals/jgbv/6/2/article-p315.xml>

³⁷ https://www.nytimes.com/interactive/2020/07/02/world/europe/uk-coronavirus-domestic-abuse.html?smid=ig-nytgender&utm_source=curalate_like2buy&utm_medium=curalate_like2buy_UAmH1REg_daad6bdc-5718-4741-b604-f01161c436d5&crl8_id=daad6bdc-5718-4741-b6

responding – no preparation around anyone's needs let alone women and children subject to abuse.

- ii. There was a lack of foresight, intelligence and knowledge about domestic abuse and its nature led to the government being on the back foot with regards to the implication of lockdowns.
- iii. While there was a focus on children and safeguarding and other vulnerable adults, however, it felt as though there was a lack of focus around women and VAWG and their safeguarding needs.
- iv. There could have been more support for women with NRPF.
- v. The government was slow to react to the increase in domestic homicides.

3. Refuge:

- i. It is Refuge's view that survivors of Violence Against Women and Girls were not adequately considered in the planning or policy decisions made by the UK government in response to the Covid-19 pandemic, despite obvious and significant risks posed by lockdowns.
- ii. There was no engagement with the VAWG sector to feed into policy development and no action taken to ensure VAWG services would be able to stay open or respond to anticipated increased demand. This is despite evidence emerging very quickly from countries that went into lockdown before the UK that reporting of domestic abuse increases and survivors needed enhanced support.
- iii. Despite repeated calls from the VAWG sector, there was no co-ordinated cross-government activity to mitigate the impacts of Covid-19 on survivors and prevent abuse. Examples of areas where survivors of VAWG were not adequately considered include:
 - A. The UK government did not make it clear at the earliest opportunity that survivors of domestic abuse could leave their homes to seek help, despite the clear and well-documented risks of being locked down with your abuser.
 - B. While the Government had to act at speed and could not have been expected to engage in lengthy consultations, there did not appear to be any engagement or planning regarding the risks to survivors of domestic abuse, including with the Government's own Domestic Abuse Commissioner
 - C. Refuge workers and other domestic abuse workers were not originally included in list of key workers and were only added after significant lobbying from the VAWG sector
 - D.
- iv. While the UK government did act on some policy recommendations made by Refuge and other

VAWG sector organisations, these responses were relatively slow and piecemeal. These policy recommendations were:

- A. Launching a public awareness campaign making it clear survivors of domestic abuse could leave their homes
 - B. Providing emergency funding for the VAWG sector
 - C. Designating refuge and other VAWG workers as key workers.
- v. Decisions about which public services were to be scaled back to focus energies on the Covid-19 response did not sufficiently take into account the impacts on survivors of domestic abuse.
- A. For example, the Child Maintenance Service was reduced to skeleton staff, despite this being a vital service for survivors to domestic abuse. Refuge and other organisations raised repeatedly that perpetrators were abusing this and ceasing payments without any checks or follow-up from the Child Maintenance Service. This enabled perpetrators to continue control survivors and was forcing many women and children into poverty. As far as Refuge is aware, the Department of Work and Pensions did not respond to these concerns being raised
- vi. No recourse to public funds status was not lifted despite the additional vulnerability of and risks to survivors with no recourse during the Covid-19 pandemic

4. WAFE:

- i. The pandemic highlighted that women and children experiencing domestic abuse, and the services that support them, were given inadequate consideration from the UK Government when responding to the COVID 19 pandemic. WAFE were severely concerned that the safety of women and children experiencing domestic abuse was not a primary consideration in the initial stages of the UK Government's response to COVID 19.
- ii. Meaningful consultation and engagement would have ensured that the needs of these groups were factored into pandemic preparedness and response, would have helped to mitigate the impacts of 'lockdown' measures on women and experiencing domestic abuse, and would have ensured that specialist support services would have been better prepared and equipped to respond to the crisis.
- iii. WAFE argued that, whilst the government was quick to take unprecedented measures to support businesses, workers and clinically vulnerable people during the Covid-19 crisis, there was a severe lack of a coordinated strategy to protect

women and girls and to prevent abuse. Particular concerns:

- A. The lack of engagement with the VAWG sector in advance of 'lockdown' to enable services to adequately prepare and ensure continuity
- B. Domestic abuse and VAWG specialists were not included in the highest levels of COVID 19 planning, such as in COBRA meetings, to mitigate the impact of Covid-19 on the rights of all women and girls to live free from violence
- C. There was a lack of safety advice, communication and awareness raising on domestic abuse when initial lockdown measures were taken, including to make clear that the 'stay at home' rules did not apply to people experiencing domestic abuse
- D. 'No recourse to public funds' conditions for migrant survivors were not suspended, despite the evidence that they face significant barriers to accessing help and support.
- E. WAFE were facing severe challenges in protecting our own workforce – including frontline workers not originally listed as a type of 'keyworker' and a continued lack of clarity about this status; insufficient clarity about access to PPE for refuge staff and other frontline VAWG staff, and a lack of specific guidance for managing social distancing and infection control measures in refuges;
- F. Inadequate engagement with VAWG experts on the development of a Test and Trace system which WAFE were concerned was not safe for survivors - particularly migrant women who have had no reassurance about any data-sharing firewall with immigration enforcement.

5. EVAW:

- i. COVID-19 "arrived" in a society where there was already enormous prevalence of violence against women and girls; where the state response to this, from justice through to health and welfare, has been piecemeal; where the voluntary sector specialist women's support services run on a shoestring; where the experience and needs of disabled, BME, migrant, homeless, destitute women and girls are marginalized and made invisible; and where there is a persistent tendency to tell victims to modify their behaviour rather than looking at what drives perpetrators of abuse (such as 'isolated' environments with no onlookers, the diversion of the state to different priorities, and a consequent sense of impunity).

- ii. Our society already has alarming rates of domestic and sexual violence, with three quarters of a million domestic abuse related offences last year, and around half a million rapes and sexual assaults every year (England and Wales). Increases in the rate of reported domestic violence during the pandemic have been widely reported in many countries. In the UK there are already police reports of increased domestic violence, and support services experiencing higher demand. The home is also where many women are children are sexually abused, and the isolation requirements of the COVID-19 crisis increase the likelihood of sexual violence against partners in the home, and the sexual abuse of children in the home.
- iii. Isolation is an ideal context for control, for not being detected and for impunity, as connections to colleagues, friends and family are reduced. Any sense of “lawlessness”, of the police and other statutory services being diverted elsewhere, and there being fewer onlookers as everyone stays home, can drive perpetrators of sexual violence and exploitation to be more confident to offend, both in families and in the broader community. This means there is a serious risk of increased child sexual abuse online, child sexual exploitation of children and young people who are not in school and unsupervised, and sexual violence against girls by their ‘peers’ (on and offline), during this crisis.
- iv. Women who already face additional barriers to support and justice, including may BME women, migrant women, disabled women, women with ‘complex needs’ and women in prostitution, will have an even stronger sense that they are not the priority and that their abusers can control them without interruption, unless there is proactive work to counter this

6. Anah Project:

- i. Recognise that commenting on whether the National Government could have done more to prepare their service for the pandemic is a complex matter. However, in reflecting on our experiences, they can identify some areas where improvements could have been made:
 - A. Immediate and Direct Communication: The National Government could have provided immediate and direct communication channels for critical information and guidance related to the pandemic. This would have saved Anah Project time and effort in seeking out information from various sources.
 - B. Direct Delivery of PPE and Testing: Ensuring direct delivery of personal protective equipment (PPE) and testing supplies would have been beneficial. This would have

minimised the risk to staff and management who had to venture out to purchase these items during a time of uncertainty.

- C. **Keyworker Status for Staff in the VAWG Sector:** Recognising staff in Anah Project's sector as keyworkers would have ensured their essential roles were acknowledged and supported appropriately during the pandemic.
- D. **Immediate and Substantial Emergency Funding:** Access to immediate and substantial emergency funding would have alleviated the burden of seeking out and applying for various grants to cover essential costs. It would have allowed Anah Project to focus more on their service delivery and meeting the increased demand.
- E. **Streamlined Application and Evaluation Process:** A simpler and more efficient application and evaluation process for emergency funds would have facilitated the timely allocation and utilisation of resources. The pressure of tight deadlines for evaluations, often received just days before they were due, could have been avoided.
- F. **Timely Disbursement of Funds:** Ensuring prompt payment of funds would have provided more flexibility in planning and spending. Longer term spending would have been beneficial.
- G. **While acknowledging the challenges faced by governments during a rapidly evolving pandemic, addressing these areas could have better prepared their service to meet the heightened demands and provide more effective support to those affected by violence and abuse.**

7. LAWRS:

- i. Evidence was coming in from other countries like China and sector was flagging these concerns
- ii. It took a long time for the government to lockdown and act.
- iii. When the first lockdown was lifted, LAWRS saw a rise in cases- this is because victims were ready to leave then the sector talked to the govt to prepare for the lift but there was no help.

IV. Funding

I. Austerity:

I. Imkaan:

- 1. Before COVID 19, specialist VAWG services were existing on a shoestring, unable to meet demand for help.³⁸

II. WRC:

³⁸ <https://www.endviolenceagainstwomen.org.uk/covid-19-statement-from-vawg-sector-one-year-on/>

1. If the government had invested in the women's VAWG sector over the last 20 years, rather than chronically under-resourcing it, the sector would have been in a much better position to meet the inevitable increased demand being driven by the pressures of lockdown.
 2. As the situation stood, many organisations in the London VAWG Consortium reported that they did not have the reserves to maintain salaries and premises for any length of time, adding to the precarity and pressures of these life-saving frontline services.
 3. It was useful and productive to see that the intelligence of the London VAWG Consortium, which works with over 30,000 women and girls every year, was sought by and fed into MOPAC.
 4. The feedback from many VAWG organisations was that, during the pandemic, many statutory organisations that would normally help to support women closed their doors, effectively leaving the lives and safety of women solely in the hands of VAWG organisations. More public services to help women at this time would have been necessary for the sector to have been able to cope better with the increased demand and complexity of cases.
- III. WAFE:
1. An existing state of underfunding in the sector, disproportionately so for services supporting Black and minoritised women, disabled and LGBT+ victim-survivors, made services extremely vulnerable to crisis.³⁹
- IV. LAWRS:
1. This wasn't a crisis created by Covid but austerity and erosion of statutory sector.
- II. Emergency Funding
- I. Imkaan:
1. Three quarters of Imkaan members had less than three months reserves at the onset of COVID-19 and told us they were three-times more likely to be concerned about financial survival than white peers. In a survey we conducted, *Lessons from Lockdown, 2021*), only 10% members reported being able to sustain crucial support services for Black & minoritised women and girls.
 2. In Imkaan's COVID-19 submission to the Select Committee on Human Rights, they stated that 'Government COVID-19 emergency funding to the sector was announced on 2 May 2020, 6 weeks after lockdown. The allocation only just came through at the end of May. By this time, the cumulative effect, or period of increased exponential demand for services was very evident.'
 3. Timeliness was also an issue as emergency funding for the VAWG sector was committed in London before any announcements by Central Government funding was described by VAWG providers as fragmented and unequal.
 4. Some organisations (particularly larger generic providers) had contracts automatically renewed by local authorities whilst this pattern was clearly not replicated for *by and for* organisations

³⁹ https://www.womensaid.org.uk/wp-content/uploads/2021/11/Shadow_Pandemic_Report_FINAL.pdf

delivering to minoritised and marginalised women/girls, the majority of whom do not benefit from Local Authority funding contracts.

5. The lack of ring-fenced funding for marginalised and minoritized women subject to VAWG did not provide adequate protection for those most likely to suffer the greatest disadvantage and inequality in society e.g. funding for services led by and for Black and minoritised women, Deaf and disabled women, and LBT+ survivors.
6. Government funding was too short term and some groups had to wait over 6 months for a decision by which time it had a significant impact on staff recruitment and retention.
7. The negative repercussions of short term and patchy funding was emphasised in the one-year review statement co-produced by Imkaan with partners in the EVAWG sector: "There was no ring-fence on funding for services led by and for Black and minoritised women, deaf and disabled women, and LGBT+ survivors, who face the most severe funding challenges and often required major adaptations in order to work remotely. The Treasury deadline of spending emergency funding by the end of March 2021 has been wholly ineffective. Delays in delivering the funding meant that additional staff have only recently been recruited, but in some cases are now facing notice of redundancy. It also fails to acknowledge that we are still in the midst of the pandemic, and services will not stop facing demand on April 1st 2021".⁴⁰
8. Funding plugged a gap but it did not alleviate the precarious position *by and for* EVAWG organisations were in pre-COVID due to decades of historical and disproportionate 'underfunding'. During COVID-19 this created and exacerbated the challenges Black and minoritised women/girls faced in their access to both timely, appropriate trauma-informed support. Data discussed in point I.I.6 sheds light on this.

II. Anah Project:

1. Anah Project applied for emergency grants but some felt that the grants were too short-term and the needs of the victims during this critical time.
2. One significant issue with the government funding was that it consistently arrived late, leaving them with limited time to allocate and spend the resources effectively before the grant expenditure date. This delayed funding added to the burden of managing services and supporting victims during an already challenging time.
3. While the initial funding was helpful, it proved insufficient to fully meet the escalating demands and challenges posed by the pandemic. As a result, Anah Project proactively sought additional funds from other sources, such as Rosa, Imkaan, Martin Lewis, and Comic Relief. This additional funding allowed Anah Project to address various crucial needs, including hiring more staff, especially helpline staff, securing additional bedding stock, covering housing management costs for the extra bed spaces created to meet the surge in demand,

⁴⁰ <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/2021/03/COVID-19-One-Year-On-Statement-March-2021.pdf>

hiring additional housekeeping staff, and purchasing more devices to support home working capabilities.

4. While the additional funding from the government and other organisation's alleviated some of the problems we faced, it was not enough to fully meet the escalating demands during the pandemic. The timely availability of funds from alternative sources proved vital in ensuring that our organisation could continue providing essential services and support to vulnerable victims.
5. Received emergency funding from MHCLG on April 1st, 2020 (£20,000). The funds were primarily allocated toward covering a range of essential expenses, including salaries for support workers, purchasing IT equipment and computers to facilitate remote work, deep cleaning, providing personal protective equipment (PPE), additional equipment, mobile data, and hiring an additional cleaner.
6. Had the opportunity to apply to MHCLG a second time to cover the period 1.04.2021 to September 2021 (£19,604).
7. In between Anah Project also received smaller grants of £4795 and £2375 from the Ministry of Justice via West Yorkshire Police and Crime Commissioners Office.
8. The funds from central government were not enough and the second grant option was helpful, but without the combined support from various funding sources Anah Project would not have been able to provide the comprehensive and responsive service to that Anah Project had been able to provide to those affected by violence and abuse during the pandemic.
9. The operational expenses to maintain and run Anah Project's lifesaving service during the height of COVID was approximately £110,000 higher than the funding provided by the Central Government.

III. BSWA

1. BSWA started to receive funds from late April 2020. BSWA were grateful for the funding which helped their services, but they still had to make decisions to prioritise work and services.
2. BSWA received:
 - i. MOJ: 2 Helpline workers, 1 MARAC, IT stuff including server upgrade, protective barriers, Laptops, phones, 2 FT MARAC, 2 FT Helpline
 - ii. Birmingham City Council: DA packs, Telephone costs
 - iii. Solihull MBC: 2FTE – community outreach, TA support
 - iv. MHCLG: 48 bedspaces – maintaining existing level of service (contract management, deep cleaning, laptops), £66K on additional bedspaces (support)

IV. WRC

1. Were part of the National Infrastructure Group convened by NCVO and The Directory of Social Change, which lobbied government for more funding for the charity sector, the result of which was £750 million cash injection for the voluntary and community sector.
2. In May 2020, WRC wrote to Baroness Diana Barran at the Department for Digital, Culture, Media and Sport about

repurposing the Tampon Tax Fund.⁴¹ This would have been a timely and much-needed diversion of funds to specialist women's charities in the form of unrestricted grants. However, the offer of further discussion was declined.

3. In May, the government announced £10 million of emergency funding for domestic abuse safe accommodation.

V. WAFE

1. Whilst much of the sector received emergency funding from the Government, there were challenges in applying for this, particularly amongst smaller organisations. There remain severe concerns about sustainability going forward and services' ability to recover from the crisis.⁴²
2. It took four months and the creation of four different complex funding streams to deliver emergency funding to frontline VAWG services, which was extremely slow to reach the frontline
3. A joint statement marking a year of the pandemic by Imkaan, WAFE, Women's Aid Federation Northern Ireland, Welsh Women's Aid, Scottish Women's Aid, EVAW in March 2021 stated: "There was no ring-fence on funding for services led by and for Black and minoritised women, deaf and disabled women, and LGBT+ survivors, who face the most severe funding challenges and often required major adaptations in order to work remotely. The Treasury deadline of spending emergency funding by the end of March 2021 has been wholly ineffective. Delays in delivering the funding meant that additional staff have only recently been recruited, but in some cases are now facing notice of redundancy. It also fails to acknowledge that we are still in the midst of the pandemic, and services will not stop facing demand on April 1st 2021".⁴³

VI. EVAW:

1. A joint statement marking a year of the pandemic by Imkaan, WAFE, Women's Aid Federation Northern Ireland, Welsh Women's Aid, Scottish Women's Aid, EVAW in March 2021 stated: "There was no ring-fence on funding for services led by and for Black and minoritised women, deaf and disabled women, and LGBT+ survivors, who face the most severe funding challenges and often required major adaptations in order to work remotely. The Treasury deadline of spending emergency funding by the end of March 2021 has been wholly ineffective. Delays in delivering the funding meant that additional staff have only recently been recruited, but in some cases are now facing notice of redundancy. It also fails to acknowledge that we are still in the midst of the pandemic, and services will not stop facing demand on April 1st 2021".⁴⁴

VII. WRC:

⁴¹ <https://www.wrc.org.uk/blog/urgent-letter-to-baroness-barran-regarding-the-application-process-for-refuge-space-funding>

⁴² https://www.womensaid.org.uk/wp-content/uploads/2021/11/Shadow_Pandemic_Report_FINAL.pdf

⁴³ <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/2021/03/COVID-19-One-Year-On-Statement-March-2021.pdf>

⁴⁴ <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/2021/03/COVID-19-One-Year-On-Statement-March-2021.pdf>

1. According to the WRC's survey of 71 organisations: 21% of organisations surveyed by said they had not received any emergency funding during the last year. London-based organisations were more likely to have received emergency funding during the pandemic than organisations elsewhere.⁴⁵
- VIII. Refuge:
1. Emergency funding for the VAWG sector took over four months to be made available and was then distributed via four complex funding streams. This meant money was very slow to reach the frontline, especially for the smallest organisation who lacked the staff capacity to apply for multiple, complex funding streams.
- IX. LAWRS:
1. Money was needed for the transition into the pandemic.
 2. LAWRS got considerable support from private foundations but government support took a long time coming.
 3. Not enough resources to help with capacity and waiting lists increased.
- X. Al-Hasaniya:
1. The COVID-19 pandemic and lockdown also demonstrated how long-standing funding models for specialist women's services like Al-Hasaniya can often leave those services, and consequently women accessing them, vulnerable.
 2. There are limited opportunities for unrestricted funding for organisations like Al-Hasaniya, and the opportunities that do exist are competitive. This often results in the charity applying for funding that is restricted, outcome driven and project based.
 3. Quite often the outcomes are determined by funders, with restrictions on how AlHasaniya can spend the funds and what on.
 4. This inevitably forces the charity to shape services to funder priorities rather than client and community needs. Consequently, the charity becomes vulnerable in that gaps in service provision emerge that funders do not cover.
 5. The charity has to then provide those services with no secured funds, or allocate staff time to funding applications despite staff already being stretched.
 6. The accumulated long-term result is that the growth and development of organisations like Al-Hasaniya becomes inhibited as the charity prioritises service provision within terms dictated by funders, while never being able to allocate staff time to organisational growth and fundraising.
 7. Non-statutory service providers like Al-Hasaniya work alongside statutory services as partners. They are often the preferred first contact for women experiencing domestic violence because of their specialist knowledge and cultural competence. Yet they do not have the same access to decision-making and funding. The dynamic between specialist services and funders has historically contributed to financial vulnerability for Al-Hasaniya.

⁴⁵ <https://www.wrc.org.uk/Handlers/Download.ashx?!DMF=8683fd98-b697-47dc-b387-14ad6e777338>

8. Despite temporary changes to funding models during the COVID-19 pandemic, this vulnerability persisted and continued to create uncertainty for the organisation.

III. Adapting to COVID

I. Remote Operations:

1. BSWA:

- i. The pandemic impacted staff experience, especially new staff and staff shielding also impacted services. Staff had wide variety of needs.
- ii. BSWA did not close any services and adapted a fluid service model to meet needs while prioritising safety of staff and service users.
- iii. Made clear that anyone really struggling with being at home could come in. BSWA's face-to-face services such as their Homelessness Prevention service kept its doors open. This meant quickly installing safety procedures for everyone using the site.
- iv. BSWA acted quickly to protect staff – everyone who could worked from home but had to keep refuge and home options staffed so that women and children could flee. They had to introduce lots of precautions around safety – regularly reviewing risk and adjusting accordingly with new guidance emerging.
- v. Safety implications of not seeing women and children face to face and prompted them to introduce new aspects of service e.g. webchat. BSWA increased capacity on Helpline, webchat and Drop-in including weekends and Bank Holidays to meet demand.
- vi. BSWA had to think about internal communication and support for staff.
- vii. BSWA adapted existing provision to allow for remote working as well as increasing provision to enable a more flexible response (such as webchat).

2. LAWRS:

- i. Providing remote support and working from home constituted a radical departure from the ways in which support is offered and received in normal times. Undoubtedly, support work became more challenging and complex during the pandemic for a multitude of reasons. Support services had to rapidly reshape and shift to online platforms, a process that required great innovation and additional resources, something denied to Black and minoritised organisations through systematic under-investment over several decades. The intensity and complexity of support work undertaken included the need to step up intersectional advocacy to hold mainstream providers to account

and ensure that they responded adequately to the needs of Black and minoritised survivors.⁴⁶

3. Refuge:

- i. Launched Live Chat on the National Domestic Abuse Helpline, which enabled survivors locked down with their perpetrators to contact the helpline silently
- ii. Increased capacity of their technology-facilitated domestic abuse and economic empowerment team to respond to rising demand linked to Covid-19
- iii. Developed and published Covid-19 safety tips for survivors of domestic abuse
- iv. Published National Domestic Abuse Helpline statistics to raise awareness of the impacts of Covid-19 on survivors of domestic abuse and publicise that support services were still open, and support was available.
- v. Conducted primary research on the impact of the Covid-19 pandemic on survivors of economic abuse.

4. WAFE:

- i. The domestic abuse sector demonstrated significant innovation and adaptability in reshaping services in response to restrictions and government guidelines.
 - A. For example, the sector adapted services to provide support remotely to survivors, and reported that the expansion of digital support options has had a positive impact for many survivors – including to reduce the impact of travel-related barriers to services and increase flexibility.
- ii. WAFE measures:
 - A. Expanded a 'Live Chat' helpline to provide support through instant messenger for survivors of domestic abuse.
 - B. Published safety and support information for survivors in all major languages spoken in the UK, including British Sign Language.
 - C. Undertook and published primary research on the impact of COVID 19 on women experiencing domestic abuse and the services that support them.
 - D. Convened regular coordination meetings with wider domestic abuse and violence against women and girls (VAWG) organisations, to improve collaboration and joint working on the issues impacting the sector.

5. Imkaan:

- i. Some elements of service provision adapt less well to digital modes of working.

⁴⁶ LAWRS, 2020

- A. For example, the ability to flag risks without face-to-face contact was more challenging so groups held cases for much longer which also significantly impacted their internal capacity.
- B. The ability to deliver therapeutic work that responds to the nuanced complexities of VAWG related trauma was more compromised which meant groups tended to do more holding and containment work online.
- C. Imkaan's data highlighted high levels of digital inequality and the disproportionate impact of this on Black and minoritised women/girls and this inequality was mirrored in the by and for sector themselves. For example, Imkaan data shows:
 - 1. For instance, one member told Imkaan that they only had 9 laptops and 3 mobile phones across 21 members of staff.
- D. A significant number of by and for organisations spoke about a lack of internal IT and digital infrastructure. However, emergency funding did support some members to strengthen their internal digital infrastructure and transform some of their provision effectively through the use of different platforms. For instance:
 - 1. Regular short check in calls with women to maintain engagement
 - 2. Online non-invasive forms of group work strengthening digital/online access to counter the isolation women feel in refuge provision or when accessing support from home
 - 3. Online routes for initial referral.
- ii. Organisations in the sector held regular weekly joint VAWG sector calls to help expedite key sector concerns rapidly and in a coordinated way to Government officials through joint letters, petitions, statements, liaison with the DAC Commissioner, strategic meetings.
- iii. In the sector, Imkaan Co-ordinated a core-COVID working group with CEO's across our membership to share government updates, develop monitoring framework, rapid 'ongoing' needs assessments and strategic thinking. We set up systems to monitor the intersectional impacts of COVID-19 and identifying where discrimination or exclusion is occurring to hold the state to account.

II. Emergency Provisions and Impact on Staff

- 1. Imkaan:
 - i. In response to the rising demand, Imkaan members provided emergency loans, established mobile food banks and offered foodbank vouchers, distributed

phones and phone credits to welfare benefits support, identifying accommodation, emergency medicine, cleaning products, household supplies. This type of support was critical for women/girls at risk of serious harm and homicide who otherwise would have not had access to everyday basics for survival or indeed pathways to escape.

2. BSWA:

- i. BSWA Introduced a new Webchat facility to support women who could no longer talk freely. Web Chat is particularly useful for deaf women. BSWA also use text relay on Helpline.
- ii. Home starter packs for women and children: Move-on home starter packs for women in refuge and temporary accommodation provided practical, tangible, essential items.
- iii. Introduced learning support worker for children in refuge, to support development and missed learning during lockdowns.
- iv. There was impact on skill and knowledge sharing by staff in the sector.

3. WAFE:

- i. Expanded WAFE's 'Rail to Refuge' scheme to provide free train travel for survivors travelling to access refuge services.

4. Anah Project:

- i. Proactively raised awareness of our service's availability through local radio broadcasts, NHS podcasts, and regular communication with collaborative referral partners such as the police, housing advice offices, and other VAWG sector organizations.
- ii. Regular COVID updates were translated into various languages to ensure better understanding.
- iii. Facilitated free COVID testing and emphasised COVID-safe practices through the distribution of booklets, leaflets, and educational sessions.
- iv. An immediate COVID risk management strategy was put in place for service users and staff to reduce transmission risks and prepare for potential cases within our facilities.
- v. Supported service users in applying for emergency grants to address financial hardships related to food, service charges, and internet access.
- vi. To facilitate educational and improved social interaction opportunities, provided service users with laptops.
- vii. Food, clothing, and toiletries donations were distributed to support those in need.
- viii. In-house opportunities for physical and emotional well-being were enhanced through distraction packs, COVID-conscious art therapy sessions, walking sessions, free internet access, and free access to TV packages.
- ix. Unlimited free PPE, cleaning products, additional cleaning in the refuge, and air purifying equipment were provided in communal areas to ensure safety.

- x. Offered alternative methods of support, working primarily via telephone.
 - xi. Service users had access to 24-hour on-call support.
 - xii. Implemented additional health and safety and risk assessment procedures that were consistently updated in line with national guidance.
 - xiii. COVID-safe service user feedback sessions were conducted to ensure their involvement and contribution to improving services based on lived experiences.
 - xiv. Provided useful training links to service users, enabling them to access resources in their personal space.
 - xv. Support for service users in achieving their support plan outcomes continued, adapted to COVID-safe methods.
 - xvi. Ensured that all service users were well-informed and confident in responding to any COVID symptoms through booklets, leaflets, and COVID-safe sessions.
 - xvii. Key workers supported service users in accessing external agencies, such as solicitors, health services, and welfare, in a COVID-safe manner.
 - xviii. Staff were equipped with work mobiles and laptops to facilitate communication and remote work.
 - xix. Employed additional front line and helpline staff.
 - xx. Staff rota was amended to include home working days, allowing for structured staffing in the refuge while maintaining access for service users and promoting social distancing.
 - xxi. Casual staff were available to cover sickness at short notice, ensuring continuous support.
 - xxii. IT procedures were adapted to maintain cyber security and data protection.
 - xxiii. Staff roles were adjusted to meet the evolving needs of service users and the organisation.
 - xxiv. Additional health and safety tasks were undertaken by staff to ensure a safe environment for all.
 - xxv. A comprehensive home working policy was developed to sustain support for service users.
 - xxvi. Some staff roles were adapted to better meet the needs of service users.
 - xxvii. Attending all relevant local forums and platforms where Anah Project could advocate on the experiences and challenges of our service users
 - xxviii. Staff embraced additional health and safety tasks to safeguard service users effectively.
 - xxix. Trustee and staff meetings were continued virtually to maintain resilience and business continuity.
5. LAWRS:
- i. LAWRS only had 2 case-workers during the first lockdown. One staff member got covid and was off.
 - ii. Thus, for a long time LAWRS essentially 1 person in-charge of the whole services.
 - iii. It is important to speak about the human cost of working in the VAWG sector. Several women left the sector completely burnt out after COVID and lots of these women came from the by and for sector.

6. Al-Hasaniya

- i. Al-Hasaniya staff and volunteers were also adversely impacted by the COVID-19 pandemic and lockdown. Like many frontline workers, the charity's staff and volunteers adapted to continue normal services under extraordinary circumstances.
- ii. Perhaps the most significant impact of COVID-19 reported by Al-Hasaniya staff and volunteers is the immediate and anticipated long-term impacts of the pandemic on the mental health of charity clients and users.
 - i. Staff and volunteers reported immediate mental health impacts amongst clients and users, including increased anxiety, depression, loneliness and bereavement. The potential for those mental health impacts to become enduring mental health needs remains a concern for staff and volunteers. While staff were able to adapt services to lockdown measures, they also experienced increased anxiety and fears both personally and professionally.
 - ii. These anxieties revolved around their own physical and mental health and around new and existing clients.
 - iii. Lockdown meant contact with clients accessing services became harder, with additional risks to women. Despite adapting safety plans with women around when and how to contact the charity, staff were left with additional anxieties about the women and whether abuse had escalated unmonitored, often with no way of communicating until women contacted them.
 - iv. Staff also experienced bereavement for clients who passed away during the pandemic, with no way of participating in mourning rituals that may help process grief.

III. Future Lessons

I. Refuge:

- i. Survivors of domestic abuse and other forms of VAWG must be considered when developing policy and making decisions. 1 in 4 women in the UK experience domestic abuse in their lifetimes and two women a week are killed by a current or former partner. Covid-19 policy making, most notably lockdowns, kept survivors trapped with perpetrators and reduced their opportunities to seek help. This had a clear and obvious impact on survivors, but the needs of this group rarely factored in policy development and decision making. The overall picture was of government responding to advocacy from some VAWG sector organisations but failing to take into account the needs of survivors in policy making or taking any proactive steps to prevent VAWG during the pandemic. In our view, had survivors been considered when making decisions and had VAWG experts been included in any of the key decision-making groups or processes, many of the problems

listed in response to question 5 above could have been avoided. In the event of another pandemic the Domestic Abuse Commissioner should play a key role in policy development and decision making and VAWG sector experts should be consulted wherever possible. In addition, how to prevent violence against women and girls during a pandemic and ensure support services remain available should form part of pandemic preparedness and planning.

- ii. Specialist VAWG services are essential in a pandemic and must be funded adequately. The importance of specialist VAWG services was highlighted during the Covid-19 pandemic. Calls and contacts to the National Domestic Abuse Helpline increased significantly and both specialist accommodation and community-based services were relied upon to support women and children locked down with their abusers. Specialist VAWG services have been underfunded for decades and there were not sufficient services to meet demand prior to the pandemic. Further, many VAWG services were insecurely funded, with multiple short-term contracts and funding streams commonplace. While the specialist VAWG sector demonstrated enormous resilience and innovation to adapt their services and respond to increased demand, they had to do this from a position of years of underfunding and investment. The Covid-19 pandemic demonstrates that specialist VAWG services are part of an essential network of services which are relied upon by government to help people be safe. They therefore must be funded in a way that enables them to meet demand as well as adapt to ensure they can continue to provide their essential services in a pandemic or other national crisis.

II. WAFE:

- i. WAFE consider that the primary lesson for the UK government to learn from this period is the importance of strategic and meaningful engagement with domestic abuse and VAWG experts in preparing for, and responding to a pandemic.
- ii. There were also a range of significant impacts during this period which we feel are critical lessons to learn in preparing for a future pandemic. In particular, the 'Shadow Pandemic' report⁴⁷ found that there were:
- iii. Impacts on the criminal justice and family court systems are leaving survivors at risk, with delays in trials, acceptance of guilty pleas for lesser crimes, more out-of-court disposals, a fall in the use of Domestic Violence Protection Orders and Domestic Violence Protection Notices, and issues around the investigation of violence against women.
- iv. Concerns raised about the barriers faced by Black and minoritised victim-survivors, such as racialised police responses and the use of fines for breaking lockdown restrictions for safety reasons
- v. The continued impacts of the hostile environment as a barrier for accessing services (including, but not limited to, health, police, and local authority) for migrant women, or women who

⁴⁷ https://www.womensaid.org.uk/wp-content/uploads/2021/11/Shadow_Pandemic_Report_FINAL.pdf

- have NRPF, and delays to the Home Office processing of asylum claims.
 - vi. The suspension of local authority's duty of care raised concerns about the safety of disabled survivors during the pandemic.
 - vii. Increased demand on the benefits system and perpetrators were able to reduce or stop child maintenance payments without providing evidence of a reduced income.
 - viii. A negative impact on housing options for victim-survivors, with high demand and barriers for accessing refuge and move-on accommodation (which was heightened for Black and minoritised victim-survivors) and increases in mortgage or rent arrears for women.
 - ix. Increasing demand on specialist domestic abuse support services as a result of the pandemic - in particular, an increasingly complex level of need for women and children requiring support, impacting on service capacity. Practitioners were found to have had to keep cases open longer to respond to the complexity of need and gaps in the system response, such as court delays. Capacity was also affected by availability of certain services, with the shortage of refuge space coming into clear focus during the pandemic.
 - x. Increasing caseloads and case complexity during the pandemic, alongside the erosion of work-life boundaries, had a severe impact on frontline worker mental health. The impact of the pandemic has been highly gendered, with women taking on more caring responsibilities in the home and being more likely to be in low paid keyworker roles or insecurely employed. These pre-existing inequalities have been intensified by the pandemic and are relevant to the largely female workforce of the sector.
 - xi. There remain severe concerns about sustainability going forward and services' ability to recover from the crisis. The pandemic has highlighted the need for sustainable, long-term funding for specialist services, and ringfenced funding for 'by and for' services supporting minoritised survivors, to ensure this sector can cope with these kind of challenges.
- III. Surviving Economic Abuse:
- i. SEA joins organisations across the women and girls' sector in advocating for a long term funding package for frontline specialist domestic abuse services, as well as organisations operating in the debt and money advice sector for emergency financial support measures.
- IV. Glitch and EVAW⁴⁸
- i. The government needs to implement a comprehensive public health approach to tackling online abuse, including providing clear recommendations to employers on how to keep their employees safe online, publishing national guidance on digital safety, particularly when working from home.
 - ii. There is an urgent need for greater financial investment from government, tech companies and employers in digital education programmes and research. More research is

⁴⁸ <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Glitch-and-EVAW-The-Ripple-Effect-Online-abuse-during-COVID-19-Sept-2020.pdf>

needed into gender-based and intersectional abuse, as well as the impact of online abuse on Black and minoritised communities.

- iii. Content moderation on social media platforms needs to be more effective and transparent and give more control to users over their online experiences. Content moderation efforts need to take into account the ever-evolving context.

V. Anah Project:

- i. Looking forward, we hope that the government will take into account the importance of providing more substantial and timely funding to organizations in the VAWG sector to ensure they can effectively respond to crises like COVID-19. A more proactive approach to funding allocation and at times of emergency including the most vulnerable, can go a long way in safeguarding the well-being and safety of those affected by violence and abuse, especially during challenging times.
- ii. It is crucial for the government to address the needs of all victims of domestic abuse comprehensively and inclusively. By prioritizing and supporting the most vulnerable individuals, the government can create a more effective and equitable support system to combat domestic abuse and violence against women and girls.

VI. Al-Hasaniya Moroccan Women's Centre (AMWC)

- i. Funding models for non-statutory specialist domestic abuse services should be restructured to allow for greater autonomy over the use of those funds. Traditional funding models of limited access to unrestricted funding, and project funding geared towards certain outcomes, leave such charities unable to cover all costs of service provision while competing against each other for funding, despite limited capacity.
- ii. Al-Hasaniya is positioned to identify the long-term impacts of the pandemic and lockdown, such as long-lasting community mental health needs, and should be supported to identify those long-term impacts and provide appropriate services in response. The mental health needs of frontline workers, such as Al-Hasaniya staff and volunteers, should be incorporated into responses.
- iii. Al-Hasaniya staff and volunteers should be supported to strengthen and harness their innovative capacity, demonstrated by their responses to the pandemic and lockdown. Sustainable integration of hybrid ways of working may benefit both the charity and its clients. Al-Hasaniya should be supported to identify lessons learned from the pandemic and to adjust its ways of working accordingly.
- iv. The COVID-19 pandemic demonstrated the vital role organisations like Al-Hasaniya play in offering specialist services to women who face additional barriers to support and in alleviating pressure on statutory services. Local and national decision-making processes around violence against women and girls must be more inclusive of charities that provide specialist support to women, so that the needs of those women and non-statutory service providers are included in policy and resource allocation.

