Supplementary written evidence submitted by Imkaan (COR0198)

Impact of COVID 19 on Frontline Black and Minoritised Women and Girls Services

Research by Imkaan
March to September 2020

1. Context

At the start of lockdown Imkaan's members transitioned their frontline services to an online environment and established COVID emergency refuge protocols. Imkaan commissioned research to document this process to help us understand the experiences of members and Black and minoritised women and girls using services. We commissioned to better understand how frontline services for Black and minoritised women were coping with the COVID emergency. We also wished to document compound trauma from an intersectional perspective that is, the delivery of trauma-informed approaches in a transitioned working environment and the impact of cumulative trauma of racism on Black and minoritised staff and women and girls using services.

The first research was completed in July 2020 (Stage 1) and documented the first three months of lockdown and focused on the costs of transitioning services, demand and referral data and the establishment of safe pathway to support. The second research was completed in August 2020, approximately six months after lockdown to consider longer-term factors such as sustainability, staff coping and the impact of transitioned services on women and girls. The next research is due in June 2021.

2. Summary of Findings – Stage 1 Research

- 88% of the membership was interviewed for Stage 1 research.
- The pre-existing funding shortfall was 39% due to commissioning, austerity measures which disproportionately targeted women's sector.
- 25% of organisations said they would not survive another 6 months without additional funding.
- 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.
- The sector managed 293 refuge bedspaces. During the period, the sector introduced 25 bedspaces located in London which were self-funded. The sector is planning to introduce a further 35 self-funded bedspaces in the North of England. The bedspace shortfall is 1,172.
- Management capacity was overstretched by 50% and only one-third of organisations had the capacity to undertake fundraising during this period. The majority of management time was dedicated to delivering and enhancing frontline support.
- The full-time staffing equivalency for the sector was 286 staff. The full-time staffing shortfall is 471.

- 50% of members have 10 or fewer staff compared to generic organisations.
- Member organisations were 6 times less likely to obtain funding compared to the generic counterparts. That is, when they were not excluded from funding altogether because they delivered support to specific groups of black and minoritised women.
- The greatest concern for staff during this period was not COVID 19 but rather, the stress caused by delivering trauma-informed support from their homes.

3. Summary of Findings – Stage 2 Research

4. Referrals and Future Surges

- Two weeks into the lockdown, support pathways stabilised for women and self-referring began again. In the pre COVID period, the majority of referrals to the sector were self-referrals. Throughout the emergency period, there was a significant increase from statutory services (Police and safeguarding) and an initial drop-off in self-referrals. Two weeks into the lockdown, self-referrals increased by 2 times and 3 times the normal rate and referrals from statutory agencies continued.
- Responding to future surges, 20% of organisations said they would not have capacity to respond to increased demand, 40% said they would need extra funding, 10% said they would have to refer women elsewhere.

5. Need and Demand

- At the start of lockdown on 23 March 2020 there was a 186% rise in webpage access. While some organisations had no referrals in the first two weeks, by April 2020, referrals increased from 60% for some organisations to 300% for others. There was a 40-60 shift from self-referrals to referrals from statutory services.
- Regarding future lockdowns, members are concerned about the cumulative effect and increasing demand. Easing of restrictions has increased demand for services.
- Referrals from GPs are variable. At the same time, disclosure to GPs risks a report to the Home Office for migrant women.
- The key issues for organisations to meet future needs included addressing multiple complex needs and compound trauma, safely supporting NRPF and other women with insecure immigration status, supporting women subjected to sexual violence which increased during this period and supporting high risk cases requiring trauma informed work.
- Unmet demand in refuges of 4 women per each bedspace available.
- 25% refuge capacity has been reduced which is the equivalent of 3 months due to lack of availability that is, refuges are having difficulty moving women on which means they are unable to offer spaces to women fleeing violence. The refuge system is overloaded.
- Due to local lockdowns and planning for local downs, referrals to refuges are doubling or tripling.
- There has been an increased reliance on B&B to accommodate women fleeing violence.
- Move-in after lockdown was halted for 3 months while referral numbers doubled and tripled.

- There had been a reduction of disclosures due to the reduction of face to contact and the reduction of third-party disclosure such as by health during GP visits. For example, 22% of disclosures of migrant women are made to health services and as health appointments have declined, third-party disclosures have also reduced. There is concern generally that abuse is not being picked up during this time by health and MARACs.
- Regarding the September surge, 40% of members have the capacity to take on more cases, 20% said they were at capacity, 10% said they would have to extend staffing hours to meet demand, 10% said they would need to recruit more staff and 10% were not sure if they would be able to meet the surge.
- More staff were carrying increased caseloads because they were unable to close cases in an online.
- There was an increase in isolation and abuse, self-harm, sexual abuse and mental health issues including increased anxiety and fear.
- Perpetrators also misinformed women about services available to them and in cases where there was an immigration issues, perpetrators used the fear of Home Office detention to control women.
- Health information was mostly provided in English which was not accessible.
- There were delays in regulations and processes by the Home Office which meant decision were taking longer. For women, this meant prolonged exclusion from services and this gap in provision contributes to compound trauma.
- An under realised fact is the link between VAWG and COVID 19 as the health risks are higher where the dual pandemic exists. This means that the risk to COVID is higher where VAWG exists.
- Support networks (informal, family and community) diminished for women which increased demand for services.

6. Changing Patterns of Abuse

- During the lockdown perpetrators used strategies to exhaust women's coping mechanisms, to isolate women and erode their agency. The issues women presented included perpetrators using coercion to increase power over them and abusing them without cessation. The frequency and severity of violence increased. The escalation of violence was fed by uncertainty of the COVID situation and the restrictive measures that were introduced resulting in women feeling of loss of control during lockdown.
- For Black minoritised women, socioeconomic factors were also present including Intergenerational living, income loss for precarious employment and loss of wider support networks.

7. Changes to Services

- Increased hours of working and more flexible hours which could see women work into the night.
- Hours spent per case increased 50% as services compensated for failures and delays in the systems: delays in Home Office processes, accessing Universal Credit, and accessing housing support among other delays.
- Supporting women with multiple relocations to other areas for safe housing.
- Supporting women placed in B&B without adequate support services which had to be provided by the specialist organisation.

- Addressing health issues of women accessing support.
- Supporting the impact of parenting and home schooling during the emergency which meant that women's support networks were disrupted. Women called services late into the night when they were free from family responsibilities which meant that services and staff had to be accessible during longer hours.
- Increased anxiety and isolation for women receiving support and for staff.
- Service adaptations focused on IT priorities such as implementing cross cutting systems like case management and data collection (which are still in progress, creating remote working policies and protocols, and introducing diverse platforms like web chats and ensuring safe digital access measures were in place.
- There have been amendments to risk assessment and new questions have been added to include assessing women's ability to isolate herself in her home and to receive calls in the home, identifying new safety tactics in the home, creating new coping mechanisms which may change quickly, creating ways to shield children from abuse in the home and revised exit plans for women.
- Scheduled appointments have not worked during this period, so services have had to be flexible to support women as presentations and disclosures are made.
- There has been an impact of staff supporting trauma from home. Staff are available during longer hours and must deal with complex disclosures such as suicide from their homes and then deal with their own families and their needs.
- Online refuge services mean longer hours in refuges due to the holistic nature of provision, support to children, and continuity of provision where support from external agencies has evaporated.
- Women leaving violent homes to refuges often do so after working hours or at weekends and require staff to be available.
- Outreach cases have increased from 30 (normal) to 45 cases per staff.
- Calls to Universal Credit take 3 times more time.
- Move-on cases are more complex due to the lack of appropriate housing options.
- Staff are going the extra mile for example, one staff member took culturally specific food to a woman in B&B. the woman had not eaten since her placement in B&B.
- Staff have found it harder to co-work a case while working remotely and therefore have worked on cases in isolation of case conferencing and sharing expertise that occurs naturally in a face-to-face environment. To address this, managers have increased weekly check-in with staff.
- It has been challenging for some services to access translators, signatories, and undertake evidence gathering for court cases.
- Closing a case is complicated during the pandemic because of limited onward routes, delayed response from agencies, and increased anxiety and isolation which impacts a woman's engagement levels for example, one former service user experienced high levels of anxiety and depression because she was unable to see her 5 children due to delays in courts.

8. Issues Related to Digital and Alternative Working

- Phone and digital services have been running successfully but there is a reduced ability to identify red flags and complete a risk assessment. This means that staff cannot close cases. In one case, a staff member saw her caseload increase by 150% because she was unable to close cases.

- It is also taking longer in an online environment to ensure the assessment are accurate and complete.
- Lack of face-to-face contact means it has been harder to observe indicators such as body language, health issues, weight and others. The exception is when women use video calls.
- Waiting lists for counselling services, that were already long (equating to 3 months) have become longer and the cases are more high risk.
- 69% of members offered counselling and therapeutic support and demand increased due to the need for human contact during lockdown. Organisations are picking up calls that should be addressed by the NHS. One woman called 15 to 16 times a day for support with depression and she still did not meet the NHS threshold. Cultural competence in MH support is also needed which members can deliver but for some organisation who do not deliver these services the feeling is that they are operating 'beyond their remit'.
- Group work has become very important during this period. Regarding therapeutic support, members delivered non-evasive group work online, held more regular counselling appointments, increased check-in calls, and increased all forms of sustained engagement.
- Short regular contact to deliver therapeutic support has worked during lockdown due to the nature of restrictions.
- Wifi and digital access in refuges increased and was funded through initial emergency grant funds.
- There have been some digital challenges for example, risk assessment can take up to 2.5 hours to complete online.
- Safety online is a barrier as some platforms like What'sUp are unsafe but are used because they are easy to access.
- Community development approach is integral to the way the sector works and this has become destabilised during this period. The closure of places of worship, community centres, and local amenities because of the lack of deep community outreach has meant that women's pathways to services are disrupted.
- Encouraging channel shift for example using Facebook one time and other channel another time to ensure safety.

9. Staffing

- At the start of the lockdown, managers increased their hours by 50% which was the equivalent of round the clock working. At end of lockdown, the increase was 30% which equates to an increase of 1.5 extra days per week.
- Flexible working by staff at all levels has meant longer hours of working for example, therapeutic sessions are offered for 30 minutes at a time rather than for one slot for 50 minutes. This means that staff have to be available throughout the day to complete the delivery of sessions.
- Agency staff and volunteers have been used to make up for the staffing shortfalls. Regarding volunteers, women's labour must be paid as we operate in a gendered economy made up of women, this labour must be recognised and valued.
- There has been an increase in individual clinical supervision and in group supervision. Most organisations have an external clinical supervisor and/or employee support programme in place to meet additional needs.

- There is an increase in manager supervision as these are occurring more regularly to meet staff needs.
- The long-term impact of carrying out trauma informed work from home and the impact of working longer and more flexible hours is not known by organisations. organisations are concerned about sudden staff burnout. 20% of staff said they are sufficiently coping, 60% said they were partially prepared for extended emergency measures and 20% said they were exhausted.
- Key issues for managers include dealing with understaffing and addressing capacity and skills issues. Turbulent funding situation during this time was a major concern along with HR capacity.
- There were issues regarding confidence expressed by staff using the online environment to deliver support given the pressures under which they are working.
- Some organisations have found that flexible staffing arrangements including flexibility in the hours worked and responsibilities have proven effective in this period but are not long-term proposals.
- Casework hours have increased because women have need longer hours of support and more regular support during the week.
- Cases that have required support from statutory agencies but are unable to receive support from them have increased caseload hours by 50%.
- Women have welcomed short and more frequent calls rather than a longer call of 50 minutes because they have to navigate their home environments where the perpetrator is present.
- During eased restrictions, staff returned to the office however communal spaces like waiting rooms, consultation rooms and space in refuges is still being done on a rota system and dependent upon the availability of PPE.
- Disruption to services has triggered streamlining and highlighted areas for further investment and systems development.
- A quarter of BME led organisations had 1 member of staff and 15% were run by volunteers entirely.
- Workloads increased for all non-furloughed staff.
- On average staff working hours increased 4 hours per day. Managers worked 50% extra hours at the start of the pandemic and is now 30% (1.5 extra days). Managers are taking on casework. There is no strategic planning during this period as they become non reliant. There is increased need for mentoring, coaching, supervision, clinical supervision and other support.
- Workloads in BME organisations are 25% higher due to underfunding and under resourcing.
- Recruiting for future surges: 56% said they were not confident they could recruit staff in the next two weeks, 22% said they might be able to recruit staff, 11% said they would be able to recruit, and 11% said they could recruit but they needed more than 2 weeks.
- Staff have resilience and wellbeing: 60% said there is some coping, 20% are at point of exhaustion and 20% said staff were ok.
- Key issues for staff: managing work-life balance, affecting development opportunities, projects that had just started before lockdown coming to a pause, and managing limitations on the online environment.
- Crash and burn is a real threat. There is an accumulation of leave and lack of time to take TOIL.
- Managing through chaos rather than a planned approach.

- Expected change in case number capacity: 10% said there would be no reduction, 10% were not sure, 20% expected a 75% reduction, 20% expected a 50% reduction and 40% expected a 25% reduction.

10. Racism

- There has been increased street racism, both verbal and physical that has been exacerbated in the hostile environment. For women leaving violence, they are confronted with the real threat of violence outside the home. For Black and minoritised communities, they are singled out and blamed for local lockdowns.

11. Recovery

- There has been delays in women's independence and recovery. Move on from refuges has been blocked during lockdown and this has delayed women's trajectory to independence. 25% of bedspaces in BME refuges have been unavailable because women have not been able to move-on.
- Women unable to move into refuge means that other women are trapped in an abusive context or access temporary B&B or other insecure situations where there is no support.

12. Housing

- Allocations made to unsafe racist neighbourhoods. In one example, two South Asian women with DDVC were placed by Council Safe Housing in a racist neighbourhood. They didn't leave the building for three months and when they did were intimidated. During this time one was given food parcels containing pasta, ham, sausages. One of the women developed such anxiety she was hospitalised. Another member said women are 'being placed anywhere [even racist neighbourhoods] and being moved from one traumatic situation to another'
- Getting women with NFPR supported has been the most persistent and exhausting challenge. One member has to work through the Head of Housing to get anything signed off. Working with all-White housing teams and 'luck of the draw if the housing officer understands'
- Local authorities have been so hard to engage that in at least one instance, this led to women ready to move on from refuge being delayed needlessly by one week while the refuge attempted to make contact
- Teams have restructured and are dealing specifically with move on - which is adding a new team and layer who aren't necessarily working well together
- At least one local authority have waived the limitations around NRPF. However this only applies to placements made within the borough, and therefore not to moves to external refuge
- A lot of time explaining rights and responsibilities to local authorities. This was eased when Government made clear victims should always be able to move on: 'this helped unblock it'
- Local authorities have been aware that move-on from refuge has 'been a struggle. It has been one of main areas during Covid which both local authorities [the member works with] have been keeping an eye on'
- This all occurs within the context of long-standing challenges in the system

- In many cases the full agreed amount of HB is not being paid for refuge beds. Members are having to write letters of appeal. Local authorities claim not to receive the letters.
- As an example of time spent, in three week's a member's housing officer has spent 20 hours trying to resolve outstanding payment issues on three cases, and only achieved payment on one of these

13. Future Lockdown

- 75% of organisations said that they are partially ready for a future lockdown but would need to invest in digital systems.
- 12% of organisations said they were ready now for another lockdown.
- The cost estimate to meet needs of a future lockdown is between £3,000 to £12,000.
- Training on digital platforms and culture shift in organsations to ensure effective use.

14. Funding and Costing

- Members entered the lockdown with 39% reduction in funding due to austerity cuts. The impact of this reduction is as follows: one-third reduced staffing capacity, unsafe resident to keyworker ratio at 8:1 (safe levels suggest 4:1), and overstretched management, back office and overheads.
- It is important that a false assumption is not made about the funding situation for Black and minoritised women's organisations. Fears of under funding has meant that back office functions and overheads have not been adequately supported through funding.
- Black and minoritised women and girls' organisations have also been disproportionately impacted by tendering for refuges.
- The question – are there savings during lockdown – must take account of the operating environment for women's organisations since austerity.
- Since the lockdown, services have moved online and staff began working from home however office rent, utilities, insurance, audit and professional fees and all other costs associated with running offices have had to be paid. There has been no moratorium on these costs.
- Additional costs have had to be met such as increased need for clinical supervision for staff, increased investment in the digital environment, PPE and cleaning supplies which require replenishment in refuges, adjustments for staff working from home including increased mobile costs, and many other costs.
- Considering the existing funding shortfall, the continuation of office-related costs and the addition of COVID-related costs, Black and minoritised women's organisations are not operating in surplus as there is no real savings during this period. While staff transport costs may be at 'nil' value during lockdown, other costs have increased more than exponentially such as mobile phone use.
- 75% of membership entered the pandemic with less than 3 months reserves.
- Long-term funding is a major concern especially given the short attention span regarding the wider issues being raised by the sector.

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