Written evidence from Imkaan (COV022)

INTRODUCTION AND BACKGROUND TO IMKAAN

Imkaan is a second-tier support organisation for the Black and minoritised women and girls ending VAWG sector in the UK. We have 41 members in England, Scotland and Wales. We provide capacity building and sustainability support to member organisations. We also undertake research, strategic advocacy and policy work from a Black feminist intersectional perspective. More information about Imkaan is available here

Imkaan's response to this call for evidence is based on the emerging picture that has been documented through weekly members meetings, the COVID core group meetings with CEOs of Black and minoritised women's organisations, and other information gathering and policy analysis that we have done since the start of this crisis.

Our response has been given within the context of **two interconnected pandemics: the World Health Organisation (WHO) recognised Violence Against Women and Girls (VAWG) as a global health pandemic on 30 June 2013[1], and the current COVID-19 pandemic[2].**

Our response to this call for evidence is therefore ***framed* to address wider structural failures to uphold human rights for all on an equal basis.** The pandemic has exposed and perpetuated existing inequalities and cannot be understood or responded to without an intersectional analysis. For Black and minoritised women and girls, the risk of violence and exposure to COVID-19 is also racialised due to the disproportionate impact of COVID-19 on Black and minoritised populations (due to the nature of structural inequalities, not pre-existing health conditions). These structural inequalities are linked to gendered and racial inequalities in housing, access to health and the distribution of health resources,

[1] World Health Organisation: Violence against women: a 'global health problem of epidemic proportions'. Media Release 20th June 2013. (accessed 24/4/20).

[2] Imkaan (2020): The Impact of the Dual Pandemic's: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women & Girls (accessed 17/7/20).

institutional racism and income poverty, amongst others.

In practice this means that the majority of women are likely to provide care, whether paid or unpaid, and the majority of women are likely to be health workers. In addition, women are more likely to be employed in lower income jobs, including being on insecure and zero-hours contracts, and to work within the service sectors. Many may be dependent on welfare benefits, living in insecure housing, including housing in poor conditions, and might be in a relationship where there is violence. These factors also need to be considered within the context of other intersecting issues, such as health, age, disability, class and race[3]. This means that women are more likely to be exposed to COVID-19, and more likely to be affected by the decision to close schools and nurseries, and the need to move non-urgent patients out of hospitals.

We also highlight that the hostile environment against migrant communities generally, but migrant women specifically who continue to face restrictive measures if they report VAWG has not been addressed by the government. It is important that the Joint Committee recognise that the increase of racism, xenophobia, and race hate crimes connected to COVID-19, started well before the "lockdown" across the UK[4]. The increase in racism and race crimes needs to be considered within the context of an environment where there has already been an increase in racism after the UK European Union Membership referendum, which took place on 23/6/16. A study suggests that not only has there been an increase in racism in the UK's diverse areas, but also, racists are feeling increasingly confident in using abuse or discrimination[5].

The British government failed to heed early warnings that domestic violence would soar during the coronavirus lockdown, and even today, after more than four months, is still struggling to adequately respond. For victims trapped with their abusers, the

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[3] Women's Budget Group (19/3/20) Covid-19: Gender and Other Equality Issues (accessed 28/4/20).

[4] Institute of Race Relations (20/4/20): Interview with Suresh Grover and Dorothea Jones from The Monitoring Group (accessed 24/4/20). See also:

- in Sheffield, far right groups placing stickers with racist messages attributing COVID to migration- BBC News (16/04/2020): "Coronavirus: Arrests over 'disgusting' racist Covid-19 stickers (accessed 24/4/20);
- a woman who was punched in the face for defending her friend who is Chinese, Andy Gregory (23/02/20), Independent: "Coronavirus: Man racially abuses woman then knocks her friend unconscious after she confront him" (accessed 24/4/20).
- Allyson Chiu (20/3/20), Washington Post: "Trump as no qualms about calling coronavirus the 'Chinese Virus.' That's a dangerous attitude, experts say", (accessed 24/4/20).

[5] Priya Minhas (21/05/19), Opinium: "Racism rising since Brexit vote" (accessed 24/4/20).

consequences have been catastrophic. At least 26 women and girls have been killed during the coronavirus lockdown, and many others have been trapped (and continue to be trapped) with abusers[6]

Therefore, it is important to also situate this call for evidence from the understanding that the **UK government general response to the COVID-19 crisis was inadequate at a number of levels**. With regards to the gendered impact of COVID-19, the above situation is compounded by the fact that 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 response"[7]. 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.

RESPONSES TO COMMITTEE QUESTIONS:

I. Steps to be taken to ensure the measures by the UK Government to address the COVID-19 pandemic are human rights compliant

Failures to control the infection by the UK government not only prior, but also during its peak is at odds with core principles enshrined in the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR), of which the UK is signatory. The crisis and its outcomes could well be read as the failure of the austerity – driven economic regimes prevalent globally and in the UK, with particularly widespread effects in terms of public spending on health. As it has been argued extensively by human rights experts and practitioners[8], the ability of governments to respond to the pandemic has been impeded by diminishing public health budgets and expanding

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[6] Amanda Taub; Jane Bradley (2/07/20), The New York Times: "As Domestic Abuse Rises, U.K. Failings Leave Victims in Peril". (accessed 17/7/20).

[7] Amanda Taub; Jane Bradley (2/07/20) Ibid.

[8] Ignacio Saiz and Allison Corkery (17/04/20) - CESR: "Strategy in the Time of COVID-19" (accessed 17/7/20).
See also:
- Richard Blundell, Robert Joyce, Monica Costa Dias and Xiaowei Xu – Institute for Fiscal Studies (11/06/20): Covid-19: the impacts of the pandemic on inequality. (accessed 17/7/20).
- Isabel Ortiz and Thomas Stubbs (IPS) (23/03/20): Fighting Coronavirus: It's Time to Invest in Universal Public Health (accessed 17/7/20).

privatization. COVID-19 pandemic has laid bare precisely how these failures play out in the UK health sector.

Generally speaking, the steps to be taken to redress all these failures and to ensure human right compliance from the UK government would need to cover a number of interrelated areas, including the **regular scrutiny of the Coronavirus Bill powers** and a careful **oversight of the enhanced police powers and the implementation of lockdown regulations**. Indeed, the coronavirus bill contains significant new powers for the government, which include major changes to the way many public services are being delivered or suspended, and additional options to detain people. At Imkaan we have been raising our concerns since the beginning of the lockdown about these calls for increased policing[9]. This is because we have observed these emergency policing measures continue to be implemented as in pre-crisis times, that is, targeting specific communities and exploiting pre-existing racialised dynamics which are normalised by new emergency legislation. Further, there is a clear danger that the current public health emergency could lead to arbitrary unscrutinised restrictions through emergency laws and heavy handed responses by officials, including the criminal justice agencies. We are particularly concerned, and have seen already evidence indicating that some communities are being targeted for hate speech and crime[10] Special attention should also be given to **monitoring the discriminatory access to, and responses by, public services in the context of the pandemic**. Reports about the disproportionate number of Black and minoritised individuals that have died, and continue to die, as compared to white people are extremely worrying. Those from 'BAME' backgrounds are over represented among deaths by as many as 27%[11]. Similarly, a third of critically ill patients in hospital have been from 'BAME' backgrounds[12], which in itself signals a clear disparity, given that they represent only 13% of the population[13]. For Imkaan it is clear that such inequalities in health are the result of a strongly rooted system of structural racism and discrimination[14]. **These inequalities are in breach of Article 2 of the Human**

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9 Women Against Homelessness and Abuse Initiative & Imkaan (27/4/20): Open Letter to Boris Johnson re: Re: urgent need for government action to support Black and minoritised women victims and survivors of violence during the COVID-19 pandemic (accessed 28/4/20)

10 Priya Minhas (21/05/19), Opinium: "Racism rising since Brexit vote" (accessed 24/4/20).

11 The Guardian (22/04/20): Ethnic minorities dying of Covid-19 at higher rate, analysis shows (accessed 28/4/20)

12 Rianna Croxford – BBC News (12/04/20): Coronavirus: Ethnic minorities 'are a third' of patients (accessed 28/4/20)

13 Office for National Statistics: Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May (accessed 28/6/20)

Rights Act 1988 - the right to life, in that this right cannot be equally accessed by all.

II. Human Rights impact of Government measures to address the COVID-19 pandemic

Three impact areas are of particular importance for the human rights of Black and minoritised women in the UK. The evidence by each particular group as outlined on section III of this submission should be read in light, especially, of the following elements:

a. **Disproportionate health impact of COVID-19 on Black and minoritised communities:** Public Health England published a report in June 2020 that found that COVID-19 replicates existing health inequalities. The report focused on the intersections of socio-economic deprivation and structural discrimination. The recommendations of this report were withheld by government when the report was initially published and an appropriate explanation for this action has not been forthcoming[15]. Imkaan's research in which health inequalities were discussed found that "the narrative expressed in the media is one that targets communities regarding pre-existing health conditions or the so-called biological racism[16] rhetoric that Black and minoritised communities are 'simply' prone to hyper-tension, diabetes and heart conditions among other ailments. In other words, it is their fault that they get sick with coronavirus".[17] The report went on to suggest that "changing the biased narrative is critical to ensuring that inequalities are not reproduced by the current response to the crisis". The Ubele Initiative has called for full-scale independent public inquiry into the disproportionate impact of COVID-19 on the UK's 'BAME' communities.

b. **Data protection, data collection and access to digital resources:** Public bodies such as PHE have a duty to collate and publicly share

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[14] The Guardian (14/06/20): Racism contributed to disproportionate UK BAME coronavirus deaths, inquiry finds

[15] Dr JS Bamrah and Dr Kailash Chand – Inews (04/06/20): "The Government coronavirus BAME review is toothless – but the momentum to investigate cannot be lost" (accessed 28/6/20)

[16] Aina Khan - Aljazeera(07/04/20): "Third of critically ill COVID-19 UK patients from BME background" (accessed 28/4/20)

[17] Imkaan (2020): The Impact of the Dual Pandemics: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women & Girls (accessed 17/7/20).

disaggregated data to inform policy and practice. Without disaggregated and intersectional[18] data, a perspective from the Black and minoritised communities continues to remain invisible, as are the problems experienced, both going forward in this crisis phase and also to monitor the impacts in the longer-term.

On the other hand, it is crucial that data collection is done safely and responsibly, which for us means, unequivocally, avoiding altogether data-sharing between public services and the Home Office for the purposes of immigration controls: Imkaan subscribes that data collected by essential public services (schools, NHS), must be **completely** separated from Home Office immigration enforcement functions, and the exemption in the Data Protection Act 2018 for immigration control should be scrapped[19].

Lastly, access to digital resources has become an increasingly important feature of our individual and collective rights to access information and to be able to function in the context (and with the prospect) of long term lockdowns. From the perspective of Black and minoritised women accessing our services, having these tools and knowing how to use them can make the difference between being able to seek help and escape death, or the opposite. From the perspective of service providers, video and conference call facilities turned out to be the only way in which they could keep providing life-saving services, which meant that, at the start of lockdown, these organisations became cash strapped very quickly as they struggled to meet the needs for reshaped services through digitalisation.

c. **Adult social care duties**: As part of the legislative responses to the COVID-19 crisis, the UK government has introduced some temporary changes to the Care Act 2014 that could impact millions of people with care needs (and their carers), due to disability, older age, or because of other vulnerable situations (such as domestic violence). The provisions ~~establish an exit~~ route for local authorities to suspend wide-scale duties

[18] We say 'intersectional' because at the moment issues linked to gender, ethnicity and other protected characteristics are looked at individually rather than collectively – and this needs to be collated across all public institutions.

[19] G.M. Bradley (2018): Care Don't Share. Hostile Environment Data-Sharing. Why We Need a Firewall between Essential Public Services and Immigration Enforcement. London: Liberty). (accessed 28/6/20)

under the Care Act 2014 to assess people who have (or may have) care and support needs. This could mean that local authorities may no longer be obliged to determine if someone needs help. Whilst there is a provision that nominally speaking would protect people from breaches of their rights under European Convention on Human Rights, as brought into UK law by the Human Rights Act, human rights experts indicate that this approach is 'highly worrying' because a) "There are legal thresholds and tests which must be met when determining if a decision breaches (or may breach) **Article 3 or Article 8**; and b) It is unrealistic to expect local authority staff to be able to make this decision as there is no mandatory human rights training for such staff, and very little integrated and consistent guidance[20]. This is, very likely, a factor that will make even more vulnerable people who are already facing multiple and intersecting inequalities.

The impact on mothers/carers & girls/children (as survivors) are most severe when direct discrimination and institutional racism is experienced by survivors in their interactions with agencies, such as, for example, children's services. In these cases, women are often surviving food scarcity/destitution, as well as exacerbated risks and vulnerability when exclusions to Section 17 (Children's Act) applies.

III. Groups disproportionately affected by Government measures to address the COVID-19 pandemic

The disproportionate impact of COVID-19 on specific communities in the UK has been documented extensively[21]. Women have disproportionately been affected by the effects of COVID-19 and are subsequently trying to simultaneously survive two pandemics. 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, and the global cost of addressing violence against women was over £2 trillion[22]. In the UK, the cost to society of domestic violence and other forms of VAWG is of £66 billion per year, while an

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[20] British Institute of Human Rights (April 2020): BIHR Explainer- Coronavirus Law & Policy: Changes to Adult Social Care Legislation (England). (accessed 17/7/20).

[21] Caroline Bald (University of Essex) and Dr Sharon Walker (Independent Researcher): COVID-19 and Social Inequalities in Health in the UK. (accessed 17/7/20)

[22] UN Women. 2020: The Shadow Pandemic: Violence and Against Women and Girls and COVID-19. (accessed 17/7/20)

"estimated 1.6 million women aged between 16 and 74 experienced domestic abuse last year in England and Wales"[23].

Restrictive measures such as lockdown have been accompanied by rising levels of various forms of VAWG such as sexual violence, sexual harassment, racial discrimination (racialised VAWG) and others. It is important to note, however, that COVID-19 per se does not cause violence , but rather creates a conducive context for it to develop in pervasive ways"[24]. This means that a greater number of women have been seeking advice, assistance or support from specialist VAWG services in addressing the violence, during a period when organisations have not been able to deliver a full service.

We are aware that the emerging picture includes a deepening of inequality in relation to Black and minoritised women since the start of the lockdown, not only in terms of health and other issues, mentioned above and below, but also in the ability of the sector to respond to the changing demands to the services (for example the vast reduction in availability of refuge spaces), which further exacerbates the disproportionate impact on Black and minoritised women and girls facing violence[25]. With this analysis as the backdrop, Imkaan is concerned about the following groups of women:

(i) Women who use services

(ii) Women who are experiencing violence and are trapped at home

(iii) Women who are currently in refuges

(iv) Health and Care Sector workforce, including women in precarious employment, e.g. women who are on zero-hours contracts,

(v) Disabled women and their carers who have been ignored from a comprehensive government response so far and have deep concerns, as

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[23] Women's Aid (2020) The Domestic Abuse Report 2020: The Annual Audit, Bristol: Women's Aid. (accessed 17/7/20)

[24] End Violence Against Women Coalition – EVAW (April 2020): Briefing on COVID-19 and the Duty to Prevent VAWG. London. (accessed 28/6/20)

[25] See supra (note 17).

mentioned above, about compliance with the Care Act after the implementation of the Coronavirus COVID 19 2020 Act,

(vi) Migrant women, women with NRPF who have been turned away from services even though they are eligible for support, have been granted the 'destitution domestic violence concession' (DDVC), and women with other types of insecure immigration status who continue to face a hostile environment.

i. Women who use services

The Joint Committee must understand demand patterns for services among Black and minoritised women. During the current period, it is believed that need is suppressed as women who are trapped at home have difficulty accessing the support they need[26]. While this may be the case for generic women's services, Black and minoritised specialist organisations have seen very high demand for services through Police and local authority pathways. At the same time, self-referrals which would normally comprise 60% to 70% of all referrals have dropped. This is telling us, and it is evident from the information gathered from members, that women are presenting as high risk with evidence of severe physical violence and other forms of VAWG and are reporting at the point of escalation when they are fearful of their lives. For Black and minoritised organisations, they have not experienced suppression of demand, but rather high levels of emergency need. They have been supporting this need at a time when they have received no emergency funding but have reshaped services to meet government lockdown measures. We will expect to see demand rise when the COVID curve flattens and as the cumulative effect occurs and we will see high demand for services for at least 24 months after the crisis has ended.

Before the COVID-19 crisis, the funding shortfall for Black and minoritised women's organisations was 39%.[27] At the start of lockdown, these organisations became cash strapped very quickly as they struggled to meet the needs for reshaped services through digitalisation. 25% of these organisations feared that they would not survive

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[26] Meltem İNCE YENİLMEZ and Onur Burak ÇELİK (26/06/20): Pandemics and Domestic Violence during COVID-19. In: International Journal of Contemporary Economics and Administrative Sciences. Volume: 10, Issue: 1, Year: 2020, pp. 213-234 (accessed 17/7/20).

[27] Data from a report on BME women's refuges by Sheil, F. 2020 as referenced by Banga, B. and Roy, S. 2020. The Impact of the Dual Pandemics: Violence against Women and Girls and COVID-19 on Black and Minoritised Women and Girls. London. Imkaan.

another 6 months[28] because of the pressures on reserve income to meet the needs of reshapes services.

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. This means that the emergency fund will not sufficiently address the historical funding shortfall, or the period of the cumulative effect.

(ii) Women who are experiencing violence and are trapped at home

Our concerns relate to reduced opportunities for women to disclose, and therefore difficulties in accessing assistance and services. When they disclose to local authorities, often their concerns are reduced to medium or low risk and the response they are given is not appropriate to the need they have. Specifically, these will be women who may be reluctant to report to the police or health services in the first place because of the "hostile" environment mentioned earlier. This is an environment where both Imkaan members and the Black and minoritised women who need assistance, are both living and working within. Our members have made the following comments:

> *"Women have had poor police/statutory agency responses and are being excluded from MARAC based on lack of 'threshold', which is informed by either a poor analysis/risk assessment or flagrantly minimising their risks because they are no longer following equalities duties- especially wider concerns such as destitution and harmful practices."*
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> *"Lack of centralised direction from government or local authority have meant a vague housing response e.g. no moratorium on NRPF housing restrictions, lack of commitment to process around migrant women or communication, no specific resourcing of specialist services, and a further exclusion of black and minoritised/migrant women from services that is excused by a lack of resourcing and the pandemic".*
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> *"Wider benefit related issues for migrant women including delays with habitual*

[28] Ibid.

residency tests, DDVC route benefit applications, housing and accommodation (benefits and access to social housing) applications".

The reduced opportunities for women to disclose are also connected to our concerns that under the Coronavirus COVID 19 2020 Act, it is much easier to detain people who have either already had a mental health diagnosis or who have undiagnosed mental health issues. A disproportionate number of people from the Black and minoritised communities are already impacted by mental health issues, and are more likely to be admitted to hospital because of mental health issues. The context of a climate where it is easier for the police to detain people, includes the already difficult pre-COVID-19 situation of Black and minoritised communities being subjected to over policing and surveillance. In addition, it has been reported that generally, people's mental health has been, and continues to be affected by the current quarantine, with the government issuing guidance on how we could look after our mental health and wellbeing during the pandemic[29].

In this pandemic current situation, the need of Black and minoritised women to access services should be balanced against the government's continuing need to police and carry out surveillance on BME communities. One of our members has informed us:

"A client has mental health issues (Adult Social Care is involved). She's already isolated but because of no home visit she disclosed that she's being feeling really low".

In this situation, a lack of community intervention means that some groups are more likely to be detained, or left alone to cope, which means that they are at greater risk of suicide or self-harm.

Schools have been closed since 20/3/20. Even though "vulnerable" children and children whose parents or carers are key workers, had always the opportunity to return to school, there are risks to children who are already vulnerable when their mother continues to experience violence within the home. In addition, there has been an increase of child sexual exploitation in relation to online harm[30]. If children do

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[29] Public Health England: COVID-19: guidance for the public on mental health and wellbeing Published 29 March 2020; Last updated 25 June 2020. (accessed 28/4/20)

[30] See the Independent Inquiry into Child Sexual Abuse (March 2020) The Internet. Investigation Report.

disclose, they would usually disclose at school, which has not been possible since the closure of schools.

Young women who need assistance and need to leave home because they are experiencing violence are also at particular risk. Imkaan is aware that some young women have become homeless after being asked to leave their lodgings by an older residential landlord who needed to self-isolate. These young women originally left home as they were experiencing violence and managed to secure a refuge space. They were then moved into private rented accommodation with a residential landlord. Many of these young women may have had to return home when they became homeless, thereby leaving them in a vulnerable situation.

iii) Women who are currently in refuges

Before COVID-19, there were already major concerns about local authority responses to addressing women's housing and homelessness needs under the Homelessness Reduction Act 2017. For example, many women moving from refuges often found it difficult to secure affordable housing in suitable areas and the situation for Black and minoritised women was more difficult because of "patterns of systemic and institutional failures and discrimination by public authorities" [31]

Housing department gatekeeping practices resulted in the rejection of homelessness applications based on local connection. During the COVID-19 crisis, government addressed some of the shortfalls in the Act by changing the rules on 'priority need', which has enabled all women fleeing domestic violence to be considered 'priority need' for housing. However, the change in policy did not go far enough to protect women trapped in their homes under the emergency measures.

The two pandemics highlight the need for a review of housing policy that continues to place responsibility for homelessness on women fleeing domestic violence. While the temporary change in the definition of priority need is welcome, there are deeper

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(accessed 28/4/20).

[31] Latin American Women's Aid and London Black Women's Project (2019) A Roof Not a Home: the housing experiences of black and minoritised women survivors of gender-based violence in London. A project of the Women Against Homelessness and Abuse (WAHA) initiative, supported by the OYA consortium. (accessed 28/4/20).

structural and institutional concerns that require redress because the housing crisis women face requires longer-term intervention and the barriers are systemic.

For women already in refuges when the lockdown happened, the risk of returning to perpetrators is higher because of the lack of income and other resources available to them during the emergency. COVID-19 crisis has had a devastating impact on economic growth and development, but it has disproportionately impacted women in precarious and insecure employment. Some women living in refuges may have been employed in zero hours contracts or held other precarious and insecure jobs which disappeared as lockdown was introduced. Due to the nature of their employment, these women did not benefit from the government furlough scheme as employers were reluctant to apply for the benefit.

Consequently, the furlough scheme exacerbated existing gendered and racial inequalities by excluding this segment of the working population from the benefit. The other avenue available to women when they lost employment was Universal Credit; however, making an application through the system that was near collapse due to over demand was difficult. This meant that when the lockdown happened, women in refuges immediately lost their source of income and struggled to register on the benefits system.

Once women register on the system, the waiting period for Universal Credit (before COVID-19) is five weeks. The delay in receiving Universal Credit has become a large barrier for women aiming to flee domestic violence as many women have little income reserves to begin with. COVID-19 has significantly increased pressures on the system and infrastructure. This has left women with no cash to purchase goods such as food, cleaning and sanitary products, in order to support children's needs and meet other necessities. Ultimately, the crisis has impacted women's decision making. The socio-economic circumstances of women in refuges increased their exposure to poverty which has been weaponised by perpetrators. For example, women in refuges considered returning to the perpetrator due to the situation of destitution they faced. Many perpetrators contacted women in refuges and pressured them to return by saying the situation of destitution would worsen during the crisis leaving them in poverty and their longer-term housing in jeopardy.

(iv) Health and Care Sector workforce, including women in precarious

employment

Economic inequality and gendered poverty impact Black and minoritised women disproportionately. A report by the Women's Budget Group suggests that BME women are three times more likely to be in precarious and insecure work often on zero hours contracts (Women's Budget Group, 2020). As also mentioned above, this makes them less likely to qualify for furlough or Statutory Sick Pay. They are also more likely to be in low paid work, have lower (if any savings) and are already living in poverty. We know from our members that perpetrators aware of socio-economic conditions affecting women in refuges, such as the slowdown of the Universal Credit system that leaves women cash strapped, are putting pressure on them to leave the refuge and return home.

The situation of racial inequality before COVID-19 in the Black and minoritised women's sector was described as under-resourced, silencing, marginalising and squeezed out of strategic spaces. During the COVID-19 crisis, this situation is exacerbated not alleviated.

Racialised inequalities are also evident in how the health sector workforce is impacted by COVID-19. BME nurses feel particularly targeted to work on COVID-19 wards highlighting the inequities of the whole of the healthcare system (Bambra et all, 2020) where socio-economic status, health and employment conditions intersect. One in 5 staff employed by the health service are Black and minoritised, as well as 44% of medical staff (Siddique, 2020). The first medical staff to die from COVID-19 were all Black and minoritised. BME healthcare workers at all levels are disproportionately at risk being overrepresented as a percentage of the population in the workforce and in deaths due to COVID-19.

Black and minoritised staff are whitewashed in media coverage that focuses on white healthcare workers. Doctors and health staff are reluctant to ask for PPE and less likely to complain about what they need as part of responding on the frontline in the health service, is one way in which institutional forms of racism manifest within this context[32]. The gendered inequalities for BME women are shown by overrepresentation in the health service where they face increased exposure and

[32] The Guardian (10/04/20): "UK government urged to investigate coronavirus deaths of BAME doctors. (accessed 28/4/20).

shortages of or unsuitable PPE (Women's Budget Group, 2020).

When we talk about the health sector, we must move beyond the doctors and nurses and look at those who work as cleaners in hospitals, provide services in the hospitality industries that keep hospitals running, ambulatory care, and people who work in a range of occupations that are in high need during this time of crisis.

We have direct first-hand experience from one of our members indicating that their service users in the cleaning and hospitality sector have been routinely forced to continue working under unsafe conditions, and denied personal protective equipment, exposing themselves to the risk of becoming ill and facing loss of income. This includes domestic workers who have been asked to continue working throughout this period, in some cases even when displaying symptoms of infection or when workers had serious underlying health conditions. Many of them have been required to move in with the families employing them or otherwise threatened with dismissal[33].

Imkaan is concerned that new research has emerged indicating that doctors from minority ethnic backgrounds reported they were being disproportionately affected by lack of PPE and that they are more likely to be reprimanded when they raise concerns about it[34]

For BME women working in frontline specialist ending-VAWG services it was incredibly challenging to be able to effectively monitor the health of staff and of the women/children being supported. The lack of testing raises the level of anxiety women and girls who are already impacted by trauma of domestic and sexual violence as well as the staff who support them.

We are aware that the issues in relation to women being in a state of insecurity, not knowing whether symptoms being experienced are Covid-19 connected, also affect women who are carers or who are being cared for; women who are currently ill; women who have underlying conditions. The inequalities in access to PPE and other

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[33] Information gathered by the Latin American Women's Rights Service programme on employment rights. More information at: http://www.lawrs.org.uk (accessed 17/7/20).

[34] Darshna Soni – Channel 4 (11/07/20): "Black and Asian doctors more likely to face discrimination when raising concerns about PPE shortages, a new survey has shown". (accessed 17/07/20).

resources to support the health and wellbeing of vulnerable women and children living in refuges or being supported to leave their abusers is evident as it is in other parts of the social care sector.

(v) Disabled women and their carers

The Joint Committee should know that Imkaan is also specially concerned with the situation of older BME women who have to stay at home and who are being cared for at home; as well as other Black and minoritised women and particularly vulnerable such as disabled women and any other woman in need of social care[35]. Our main concern as expressed above is that women who need services and support, including women in need of mental health services, disabled women[36] and their carers', women's general access to health services and other situations will not get the support they need if appropriate accountability mechanisms are not put in place during this contingency. The human rights exception in the Coronavirus bill will not be workable in practice in any real sense as the operational conditions of local authorities would not enable this (staff shortages, lack of training, institutional bias and prejudices, etc.). Therefore, a contingency plan to support women should be devised that incorporates these assurances. The lack of care and support has a knock effect for example, disabled women reliant upon carers will be subjected to food and care insecurity, violence and abuse. Mental health issues will escalate and we know from members' feedback that rates of chronic anxiety and self-harm are increasing.

(vi) Women subject to immigration controls

For migrant women, women with No Recourse to Public Funds (NRPF) and other insecure immigration status access to healthcare remains restricted. Even though there is a moratorium for women among these groups to have free access to healthcare if showing signs of COVID-19, the hostile environment continues to deter women from accessing the system. This is because data sharing practices between the health sector and the Home Office continue during the crisis. The deterrent is evident in other ways as well. For example, these women face barriers accessing services for support when approaching generic providers. Some women in need of

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[35] Women's Budget Group (16/04/20) Briefing: Social Care and Covid-19. (Accessed 28/04/20).

[36] Sisters of Frida (April 2020): The Impact of COVID 19 on Disabled Women from Sisters of Frida. (accessed 21/07/20).

housing support have fallen off the radar and are exposed to unintended consequences such as sexual violence, prostitution, exploitation and trafficking.

Before COVID-19, (EVAW, 2018)[37] documented 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 DDVC – created a two-tier system applying only to women who entered the UK on UK spousal visas. This created a hierarchy of support for women fleeing domestic violence.

During COVID-19, the hostile environment has continued (EVAW, 2018). There is still no firewall to protect women's access to services during this time of crisis (and beyond). Women's access to public services are restricted because of the triple threat they face – reporting, detention and deportation. NRPF rules are still in force and the DDVC has only been minimally extended to cover the initial period of crisis. The hostile environment and the two pandemics means that migrant women and Black and minoritised women who are subjected to VAWG including so-called honour-based violence, forced marriage, and trafficking, will continue to experience barriers in access to services as inequalities are exacerbated. This is an issue of rights and protections that has never been addressed in UK law.

Lastly, it is questioned whether enough is 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 ending VAWG Black and minoritised sector should be resourced to publicise and promote our services to women/girls when moving online and during the pandemic should have been resourced specifically to produce resources that were accessible – this should be a longer-term priority, rather than being considered as part of a core funding approach.

RECOMMENDATIONS

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[37] End Violence Against Women Coalition (EVAW), 2018: Women Living in a Hostile Environment. London. (Accessed 28/04/20).

Imkaan believes that in order to be compliant with human rights principles and legislation in the COVID-19 context, the UK government **must**:

1. **Introduce** as a matter of priority in the Domestic Abuse Bill currently under parliamentary review a principle of non-discrimination in line with Article 4(3) of the Istanbul Convention to ensure all victims of domestic abuse have equal access to protection and support regardless of immigration status;
2. **Strengthen** the public sector equality duty by requiring all public authorities to address the key race inequalities identified in this submission. The government could do this by setting specific race equality objectives for particular public services. This will act as a driver for concerted action on race equality at a local level. We urge the Joint Committee to consider having discussion about holding local authorities accountable for the decisions officers have made. It is essential that specialist VAWG organisations that work with Black and minoritised women who have experienced violence are able to present concerns to the government effectively during the current public health situation.
3. **Eradicate** the 'no recourse to public funds'[38] condition that prevents women experiencing VAWG to escape without fear of destitution. This will include women who are affected by asylum and immigration procedure[39]. "Similar measure has already been implemented elsewhere, guaranteeing all migrants and asylum seekers currently living in this country are to be treated as permanent residents. Portugal has proved that giving migrants access to public funds and live-saving services is not only possible but urgently necessary".[40]
4. **End** data-sharing between public services and the Home Office and provide safe reporting mechanisms for survivors with insecure immigration status.

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[38] See supra (note 14) - an open letter urging the Prime Minister to abolish with immediate effect, the no recourse to public funds rule; and also:
- a letter from 20 organisations sking the Secretary of State for the Home Department to suspend immediately the no recourse to public funds system in its entirety during the public health emergency (accessed 28/4/20).
- NRPF Network (20/4/20) Factsheet to Local Authorities in Supporting People with No Recourse to Public Funds during the Coronavirus (Covid-19) Pandemic , (accessed 28/4/20).

[39] Victoria Mleya - *Huffpost* (20/4/20): Personal "Coronavirus is leaving asylum seekers like me more vulnerable than ever", (accessed 24/4/20). See also:
- Women for Refugee Women (17/4/20) "Women for Refugee Women Submit Evidence to eh Home Affairs Committee Enquiry into Home Office Preparedness for Covid-19", (accessed 24/4/20). In their evidence, Women for Refugee Women focus on who are in detention and asylum-seeking women who are living in destitution.

[40] See supra (note 17).

These agreements bar survivors with insecure status from accessing the services they need for fear of detention and deportation. This should also include suspension of the NHS Charging Regulations 2015 and 2017 and associated immigration checks and data-sharing as this prevents migrants and refugees – including women survivors of VAWG – from accessing healthcare.

5. **Implement** a ring-fenced funding solution for specialist BME 'by and for' ending VAWG organisations working with Black and minoritised women and girls that meets longer term demand and ensure sustainability for all specialist VAWG services.

In addition, Imkaan subscribes to all the recommendations set out by the VAWG sector[41] to the Government in response to their recently published Hidden Harms Action plan

22/07/2020

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[41] End Violence Against Women Coalition, Imkaan and others: Covid-19 pandemic and violence against women and girls Recommendations for the 'Hidden Harms' Action Plan. (accessed 17/07/20).