

**Solace Women's Aid,
Hopscotch Women's Centre**

Mapping of Local Support for Women in London

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WOMEN'S CENTRE

solace

**labyrinth
project**

This report was produced under the Labyrinth Project and delivered by Solace Women's Aid and Hopscotch Women's Centre.

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The Labyrinth Project

Women often have a range of issues in their lives including Violence Against Women & Girls (VAWG), financial, employment and legal issues, but it can be hard for them to access the support they need across multiple agencies. There is a lack of joined-up, holistic, women-centered services despite many groups and organisations doing good work with and for women. The Covid-19 pandemic has increased the impact of these issues. With partners across England, Scotland and Northern Ireland, the Labyrinth Project aims to support women's spaces and services to help them, and the women they support, to emerge stronger from the damage that the pandemic is having on women's lives.

Funded by a grant from the Department for Digital, Culture, Music and Sport, the Labyrinth Project is contributing to system change for women by building capacity and forging stronger networks of support and shared learning locally and nationally. It focuses on education and training, awareness raising, building self-confidence, expansion of choices, increased access to and control over resources, actions to transform the structures and institutions that reinforce and perpetuate gender discrimination and inequality. The Project will also improve access to help with finances, debt and legal rights.

The Labyrinth Project is formed of the three strands below:

- Local Capacity Building – strengthening the women's sector at a local level by mapping the support currently available, building networks and increasing the influence of the women's sector on local strategy and decision making.
- The Empowering Women Fund grants scheme - supporting organisations that are led by and for women to build their capacity and develop innovative ways of empowering women in their local area.
- National Women's Centre for Excellence – building a collection of knowledge, evidence, resources and tools based on experience by and for organisations within and supporting the women's sector.

Hopscotch Women's Centre

<http://www.hopscotchawc.org.uk/>

Hopscotch Women's Centre was established as a Save the Children project to help and support Bangladeshi women and children who had come to join their partners in the UK to settle. Hopscotch seeks to address racial and gender inequity, and empowers women facing this injustice and disadvantage in a culturally sensitive way, so they can be included and equal in society.

Solace Women's Aid

<https://www.solacewomensaid.org/>

Solace Women's Aid offers free advice and support to women and children in London to build safe and strong lives. Futures free from abuse and violence.

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1. Introduction

Purpose of the mapping

The purpose of the mapping exercise is to gather intelligence and better understand the gaps, barriers and needs that women experience in accessing support around VAWG, employment, legal support and financial resilience. It also focused on mapping and understanding the landscape of local services around these areas and examining how COVID-19 has influenced the capacity of services to support women.

What the mapping covers

The mapping exercise focused on 5 London boroughs: Camden, Westminster, Tower Hamlets, Enfield, and Haringey. These boroughs were chosen because of the Solace and Hopscotch services already operating in them and the potential to build on those services as well as create new partnerships.

The mapping exercise aimed to capture barriers and gaps in services for all women, with an emphasis on the services available for women with multiple disadvantages and complex needs, as well as women from minoritized communities.

How the mapping was undertaken

- 75 participants were engaged in this mapping exercise. 72 were professionals and 3 service users.
- Participants represented 26 organisations. Of those 20 were from the voluntary sector, 4 were statutory services staff and 2 were from the private sector.
- 11 organisations specialised in services around VAWG, 15 provided services to women around a variety of issues including community centres, debt and money advice services, children's centres, employment services, legal services, women's groups etc.
- 9 of the participating organisations are specialist services focused on minoritized communities; 3 organisations focus on a variety of complex needs; 1 organisation focuses on the needs of people with learning disabilities.
- Participants were engaged through one on one interviews (38 participants), roundtable group discussions (25 participants) and anonymous questionnaires (12 participants).
- A list of all participating organisations can be found in the Intelligence Report Stakeholder Mapping excel document
- The questions below were put out to participants in the form of free flowing discussion (for interviews and roundtables) or open unlimited text box answers for questionnaires.

What are the main gaps in support?

What barriers prevent women from accessing services?

How well are women's voices represented in the area?

What are the capacity building needs of the sector?

How good is joint working and collaboration?

What impact has COVID-19 had on provision/capacity?

2. Local context

Due to London's size, we decided to focus on the five boroughs below for the mapping exercise. We have found that overall, the gaps and barriers for women didn't vary significantly between boroughs. While service providers varied between boroughs, all the boroughs surveyed in the mapping had various services addressing women's needs around VAWG, employment, financial resilience and legal support. Many of the services covered a few adjacent boroughs and many others were London-wide. A list of services in each borough can be found in the Intelligence Report Stakeholder Mapping excel, which includes all services that have been engaged through mapping as well as the services that have been identified as the most relevant in the areas the project is focused on. Some of the main differences between boroughs lie in the differences between local authorities – their VAWG strategies, resources, and services for survivors, as well as the capacities and knowledge of their different social work and children's services teams. However, since the Labyrinth Project is not focused on statutory services, we did not touch upon these differences in the borough profiles.

Tower Hamlets

- **Mapping feedback:** Many of the professionals we consulted with highlighted the variety of community groups and services in Tower Hamlets. The feedback we received was that although there is always room for improvement, services overall worked well together and supported each other. Professionals highlighted the responsiveness of the VAWG team at the council. Because there are many grassroots organisations and groups serving a variety of different ethnic and local communities, some professionals raised that they lack contact with the smaller groups and women's spaces, who they know exist but don't have a lot of contact with. This can be due to these groups not having a strong online presence, and because some groups may not have survived the pandemic. Another challenge raised was around the high diversity in the borough and the need to develop multiple outreach pathways. This included a need for materials and staff who speak different languages as well as resources for women who are not literate. Respondents highlighted specifically that outreach to the Somali community in Tower Hamlets is needed, due to under-reporting and referrals in this community.
- **Demographic information:** After English, the most spoken languages in Tower Hamlets are Bengali, French, Mandarin and Spanish. Based on census data, Tower Hamlet's child poverty rate is the highest of all the London boroughs, with 57% of children judged to be living in households in poverty, compared to 38% in the typical London borough. While the unemployment rate in the borough fell by 3.8 percentage points between 2014/2017 and 2017/2020 - the fastest of any London borough, it is still higher than average at 6%.
- **VAWG strategy:** Some of the actions included in Tower Hamlet's 2024 VAWG strategy are:

- Supporting and protecting victims by maintaining refuges and sanctuary scheme, implementing trauma-informed social work practice, achieving DAHA accreditation, improving risk assessments and better support for survivors through the CJS.
 - Engaging with communities to raise awareness and challenge misogyny by lobbying the government to make misogyny a hate crime, coordinating a bi-weekly forum for VAWG champions, develop anti-VAWG campaigns in accessible formats, Coordinate VAWG training for professionals, offer schools targeted support around VAWG, promote messaging through faith groups, and deliver training around ACEs.
 - Working to bring perpetrators to justice by Police and Specialist Domestic Abuse Court monitoring their outcomes, agencies signposting VAWG perpetrators to encourage behaviour change, monitoring and addressing hotspots where child sexual exploitation, sexual abuse and prostitution occur, and commission research to identify links between extremism and perpetrators of VAWG.
- Service user consultation: Tower Hamlets council conducted a service user consultation in 2015 around VAWG and included several important findings:
 - More than 70% of respondents knew where to access support around DA, stalking and harassment in general, but less than 50% knew where to find support in the borough. Less than 40% knew about support around HBV and FGM.
 - The main 3 barriers to accessing support around VAWG were: ‘Don’t know where to access support’, ‘Fear of breaking up the family or community’ and ‘Fear of not being believed’.
 - Statutory or voluntary services providing more time to work with service users was the key improvement to the VAWG response in the borough and making perpetrators accountable was the biggest gap mentioned by service users.

Haringey

- Mapping feedback: Haringey has a variety of community-based organisations. The feedback from respondents indicated that services are well connected and work well together. Haringey also has a comprehensive online directory of community-based groups and organisations. A few respondents raised that Haringey has a lack of services focused on the LGBTQI community, and especially on Trans women. VAWG services in Haringey reported a need for more DA services in the borough, and that there is a lack of capacity to work with women who have both high DA and mental health needs. It has also been highlighted that as of October 2021 there will be no provision for perpetrators in Haringey, unless social services provide the funds for a perpetrator to

attend a scheme. Haringey has a VAWG champions scheme, with more than 100 champions based in faith organisations, community centres and other community spaces, who are trained to handle DA disclosures. In addition, 28 safe spaces have been identified in the borough. Another important resource is Solace's Haringey Employment Project, providing peer support to survivors searching for employment.

- **Demographic information:** According to census data, Haringey has a proportion of young people that is higher than both the London and England averages. 65.3% of the Haringey population is made up of non-white-British ethnic groups. After English, the most spoken languages in Haringey are Turkish, Polish, Spanish and Portuguese. Based on information provided by London Councils, Haringey scores worse than the London average on indicators such as homelessness, numbers of schools and both child poverty and in-work poverty. Haringey is in the bottom third of London boroughs in the number of registered businesses in the borough, possibly indicating that much of the employment takes place out of borough.
- **VAWG strategy information:** Haringey's VAWG 2026 strategy focuses on:
 - Coordinated a community response to VAWG by working with various different communities and not colluding with the perceptions that VAWG is less of an issue for some communities in the borough.
 - Promoting prevention by providing educational activities starting from primary age children and working with faith leaders and community leaders to engage with schools and youth spaces.
 - Providing support for survivors that is: Individualised and trauma-informed; Needs focused; Specialist; Short term and long term; Survivor-led.
- **Service user consultation:** The main takeaways from the service user consultation that took place in 2016 in the borough include:
 - The main barriers around people not disclosing abuse are not understanding what constituted abuse or having practical or structural barriers. This means that there needs to be a greater focus on understanding the complex range of survivors in the borough.
 - The main gap that has been identified for professionals is the perceived lack of multi-agency working of some statutory and voluntary organisations in the borough. For survivors it was a need to have survivor led spaces combined with a two-pronged approach of crisis-support and ongoing emotional and practical support as risks reduced.
 - The consultation stressed that there needs to be a coordinated approach across the whole community as well as greater awareness amongst professionals to support perpetrators to change their behaviours.
 - Other identified needs included the delivery of training to professionals on how to support survivors of VAWG with an empathetic approach, more sustainably

funded specialist and tailored support services, short term and long term support aimed at addressing needs across survivors' journeys to recovery, services need to provide opportunities to increase women's confidence and independence and empower them to rebuild their lives after abuse, culturally specific services and for services to be available in different languages.

Enfield

- **Mapping feedback:** Respondents didn't feel that there are enough VAWG services in Enfield, especially given the high rate of DA referrals in the borough. Some VAWG professionals felt that the emphasis on VAWG by the local authority was not sufficient. Others mentioned that there is a lack of multiagency DA hubs representing different service providers in the borough and bringing together professionals with different expertise. A few respondents raised the lack of understanding of DA on the part of social services in the borough and that social workers have not been feeling confident to address DA and complete risk assessments. However, professionals also discussed that Solace has been able to successfully raise concerns around social work and that ongoing training and plans for improved practice are in place. Enfield council runs knowledge building workshops in which professionals from different sectors can come together to learn about each other's work. While this has been identified as a helpful resource, respondents also pointed to a lack of accessible information for community members on what support is available. More generally, respondents raised that there are difficulties for women living in Enfield that arise from the borough's location on the outer boundary of London. This can affect travel time, for example. Some respondents also felt that Enfield is "forgotten" sometimes due to its location and other socioeconomic factors.
- **Demographic information:** Based on census data, Enfield is one of the most diverse areas in the country. After English, the most spoken languages in Enfield are Turkish, Polish, Greek and Somali. Data also shows significant changes in ethnic makeup of the borough between the last two censuses, pointing to migration and changes in local communities. 28% of households in Enfield have one or more adults whose main language is not English and 14% of households have no person whose main language is English. Based on London Councils data, child poverty rate in Enfield is 41%, compared to the London average of 37.5%. In-work poverty is 15% higher than the London average.
- **VAWG strategy information:** Enfield's 2017 VAWG strategy indicated that in Enfield over one-third of violence reported to police is domestic abuse, and that data from the previous year shows that the reports of DA as a proportion of the total population is 0.88% in Enfield, compared to 0.29% across London. The strategy's objectives include:

- Prevent violence from happening by We promoting healthy relationships early by encouraging schools to use the 'Expect Respect' programme from reception year.
 - Provide support and protection where it does occur by publicizing local services, launching a Psychologically Informed Environment (PIE) project to support women with mental health needs, working towards the application of appropriate thresholds of intervention from children's services, effective information sharing and timely intervention.
 - Provide a coordinated community response by training professionals in the community, introducing the IRIS scheme, delivering train-the-trainer workshops in schools, and supporting Solace's peer network in the borough.
 - Hold perpetrators accountable by referring them to behaviour change programs through MARAC and Enfield's multiagency public protection (MAPPA) arrangements.
- Service user consultation: Enfield does not currently have service user consultation available

Camden:

- Mapping feedback: The professionals consulted provided the feedback that there are a lot of activities in the community, that caters for residents from different ethnic backgrounds. The VAWG service of Camden Council was stated to be knowledgeable and efficient. However, services, in particular, housing services including hotels, need to be trauma-informed and aware of the various barriers faced by women fleeing or facing VAWG issues. Although Camden is quite diverse, some of the services offered, especially in terms of counselling service, advice and information related to welfare benefits, housing and legal issues are not accessible to women from diverse backgrounds and to those who have language barriers and are digitally excluded. There is a lot of scope for improved collaborative work in making the services accessible to women experiencing or fleeing VAWG. Cases from certain communities, including Somali community are under-represented and more needs to be done to raise awareness both within the community and in services to create a better referral system that is based on trust.
- Demographic information: The census data highlights Camden to be an ethnically diverse borough of London. According to the 2011 census, 34% of Camden residents were from Black, Asian or other minority ethnic groups. After English, the most common languages spoken in Camden are Bengali, French, Spanish, Italian and Somali. Although the mortality rate in Camden has reduced since 1960s, it still scores significantly worse in certain health indicators, such as: diabetes, sexually transmitted infections (STI), new cases of TB and hospital stays for self-harm.

- VAWG strategy information: Camden currently does not have a separate VAWG strategy.

Westminster:

- Mapping feedback: Respondents were of the view that the VAWG team at Westminster were quite active and efficient, with a focus on multi-agency work. The borough has also started delivering 'Whole Housing Approach', a project developed to improve housing options for families fleeing domestic abuse. Although there are some community groups/organisation supporting women from diverse backgrounds, these do not have proper online presence, due to lack of resources, therefore many women do not know about these community centres. Respondents felt that there needs to be more activities and spaces for women, where they can receive holistic support. They also felt that information need to be in an accessible language and format in order to reach the most vulnerable and hard to reach women and families. More work needs to be done within community groups in order to raise awareness on the various VAWG issues, including a list of organisations they can go to for advice and support.
- Demographic information: According to the 2011 census, Westminster is quite a diverse borough. The most common languages spoken after English are Arabic, French, Spanish, Italian, Portuguese, Bengali, Greek, German and Russian.
- VAWG strategy information: The tri-borough strategy addendum 2019-20 of Hammersmith and Fulham, Kensington and Chelsea and City of Westminster focuses on the following strategic priorities:
 - Ensuring services provided are accessible, flexible and timely.
 - Upholding a non-judgmental, consistent, personalised approach, ensuring both short and longer-term safety of survivors.
 - Ensuring safety of women and girls by focusing on ongoing communication, community engagement, prevention and awareness-raising activities around VAWG issues.
 - Building on culture of good practice through ongoing training provision, specialised support for practitioners within an innovative multiagency context.
 - Working towards preventing VAWG and create provisions for supporting children and young people who may have witnessed violence or abuse, by working closely with Local Safeguarding Children's Board and implementing a multi-agency holistic response to support children.
 - Upholding accountability of perpetrators of VAWG and also providing them with opportunities for reform.

- Ensure justice for survivors and improve their experience of the criminal justice system by developing person centred services.
- Service user consultation: Factors that emerged from service user consultation include:
 - Awareness of the ability of perpetrators to manipulate the system.
 - Survivors preferred to speak to female staff members.
 - More needs to be done to raise awareness around coercive control and economic abuse, as too often professionals do not understand these issues adequately and focus only on physical abuse.
 - Supporting survivors to speak to their children about the abuse they have witnessed.
 - Legal aid has been mentioned as one of the main concerns. Survivors highlighted that they often did not know what civil options were available and how to access them.

3. Findings

Gaps and barriers in legal support

The main themes that were raised by the professionals and service users that were consulted through mapping included difficulties to access free legal advice, difficulties in accessing legal aid and navigating the complexity of the legal systems. These barriers exist for all women, but are exacerbated for women who are survivors of VAWG, whose first language is not English, who are from minoritized communities and more generally, those who are not familiar with navigating the justice system and dealing with legal issues. While women's access to legal services is a broad and multi-faceted topic, we focused in this section on the needs of women around family law and immigration law, with special attention to the needs of survivors of Domestic Abuse (DA). The capacity building needs identified within legal services are discussed in the Capacity Building section.

Gaps and barriers in Family Law

Access to quality legal advice

Feedback from almost all respondents was that quality free legal advice is quite difficult to access. Both service users and advocates fed back that helplines like Rights of Women (ROW) and Citizens Advice Bureau (CAB) are constantly busy and difficult to get through. According to respondents, women often lack legal representation, are unable to get procedural advice from the courts and are sometimes communicated with via the perpetrator's solicitors. Currently, ROW is the only free legal advice service dedicated to women, apart from pro-bono clinics, that offers substantive advice. However, ROW has limited capacity on the national line which is staffed only by volunteers. One of the respondents explained that "sometimes, women don't need to put in an application for court, but just an hour to talk through their issue and get some basic advice and support and this is not always available and can't be achieved for free by approaching a solicitor."

Staff members of women's sector organisations also highlighted the difficulty of finding quality and reliable solicitors to signpost service users to. Advocates explained that staff often rely on knowing individual solicitors whom they can email for advice. However, they noted that this is not a good long-term solution to only rely on the good intentions of professionals. They also highlighted that although there are some solicitors providing pro-bono support, the wait can often take up to a year.

Access to Legal Aid

It has been raised by many of the respondents that women often struggle to navigate around Legal Aid. This includes not always having accurate information around their eligibility and difficulty finding good solicitors who accept legal aid cases as well as have expertise in the area of law needed. Respondents highlighted is not much support available around divorce, as many law firms no longer provide the legal support. Two of the main

reasons for ineligibility for Legal Aid that were mentioned were women's earnings (which may not be high but disqualify them accessing the benefit) and the area of law that they need support in (with some areas not within the scope of Legal Aid). Respondents felt that additional measures need to be put in place for free legal advice and support to enable women who are ineligible to represent themselves in court for NMO, 'Children's Proceedings', divorce and financial disputes. Another circumstance where women disqualify for legal aid is when they are considered as owners of assets that they don't have access to due to economic abuse. This is sometimes the case with older women and legal professionals highlighted that service providers don't always know how to help women challenge their ineligibility in this circumstance.

Lack of VAWG knowledge and trauma informed service

One of the key issues that were raised by both professionals and service users we consulted with was that women felt that they were treated 'unfairly' in court because their history of DA was not considered relevant or not given the proper weight in the proceedings. Most women felt that the consequences for abuse aren't severe enough for perpetrators and that breaches of protection orders are not taken seriously. Although the majority of cases in family courts deal with elements of DA, especially in cases of children proceedings, there is a lack of understanding of DA on the part of Judges and Magistrates. This leads to victim blaming or dismissal of evidence. The risk also increases when Judges disclose survivor's address to perpetrator under the need for child contact. Professionals also highlighted that in general, the court system is not trauma informed. There is a gap in the preparation of survivors to give evidence in court and be ready for an environment that is not set up to be trauma informed. One of the legal professionals we consulted with explained that "Many perpetrators thrive in a court environment while many survivors go into survival mode and are not able to convey their experience and achieve best evidence. Because the court environment has a performative aspect to it, it benefits perpetrators. Judges are not trained to recognise the signs of trauma and the way it can affect a person giving evidence. They aren't trained to understand what trauma does to memory." Other respondents explained that court staff need to be trained on trauma and there should be extensive preparation to support survivors prepare for giving evidence in court. It is also important to ensure that subliminal abuse does not take place, and some legal professionals suggested that this could be done by having DV champions present in court proceedings.

Navigating the system

Respondents highlighted that many women find solicitors very intimidating, especially if they have experienced trauma, explaining that "it is very difficult to go from solicitor to solicitor to ask if they will accept your case. Many solicitors will take the case in the moment of crisis but not to deal with other issues that follow." Professionals and service users explained that even when women do get a Legal Aid funded solicitor, they are

expected to do some of the paperwork themselves, which can prove to be particularly difficult and overwhelming for a person who experienced trauma. One of the solutions that was suggested is to create easy 'How To' document or video guides for the most common applications in different languages. Other respondents also highlighted that the legal system is very complicated, that procedures are often lengthy and that women don't always have enough support while they go through them. Survivors aren't communicated with effectively, aren't always notified prior to the release of the perpetrator from prison or custody, and sometimes are communicated with directly by the perpetrator's solicitor.

Respondents felt that there are many gaps in the way the system addresses DA in the context of child arrangements. For example, some felt that often decisions on parental responsibility are made without proper consideration of DA. Perpetrators still need to give their consent for important decisions in the child's life. Legal professionals felt that ongoing legal proceedings around children serve as a loophole for a perpetrator to continue abusing a survivor. Other practitioners highlighted that sometimes legal issues around children arise at a later phase in a survivor's journey, meaning there is less support available. For example, some practitioners raised the emotional difficulties experienced by women who have to co-parent with a perpetrator, how this situation allows for the perpetrator to continue attempts to control the survivor, and the frustration advocates often feel at not having many options to help in this situation.

Gaps and barriers in Immigration Law

As with Family Law, one of the main issues that were highlighted by most of the respondents included the difficulty women face understanding and navigating the complexity of the immigration system. This is exacerbated by several factors including access to free, good quality immigration advice, and many areas falling outside the scope of Legal Aid. Other, more specific issues include the lack of quality, client-centred interpretation services. This will be discussed more fully in the General Barriers section, although it is especially crucial in service provision for immigrants.

The legal professionals we consulted with highlighted that women can become victimised by private solicitors who are not transparent with them, promise that their immigration application will be accepted in return for extra payment, or use other predatory practices and take advantages of any vulnerabilities. Women often use solicitors they hear about through their community by word of mouth. Some respondents explained that there are survivors who avoid approaching solicitors affiliated with VAWG organisations because they are concerned about being pressured to leave the relationship or further involvement with their family.

Vulnerable groups

Women who have No Recourse to Public Funds (NRPF) have been identified by most respondents as a group that faces significant barriers around legal support, as well as a lack of funding and dedicated services that would address the needs appropriately. Women with NRPF are highly vulnerable because perpetrators often use women's immigration status to intimidate and control them, thereby continuing the abuse for years. Often, unaware of their legal rights and with the provision of false information by perpetrators, women in these situations are fearful of contacting the police. Generally, women with unstable immigration status are apprehensive of coming forward to ask for support because of concerns around data sharing between agencies. Women with insecure immigration status also face threats from perpetrators and their families not to contact professionals for support as this will lead to social workers taking away their children.

Women who come into the UK on spousal visas are another group that often faces barriers to accessing accurate information of legal matters. Perpetrator might threaten these women with deportation if they reach out for support. Respondents explained that it is especially crucial to understand the role of culture in this dynamic and as a factor in the under-reporting of abuse. In some communities for a woman to return to their home country divorced can mean bringing shame to the family and will subject her to abuse, including honour-based abuse.

Lastly, the legal professionals we consulted with highlighted the barriers that asylum seeking women face. The process of seeking asylum is especially anxiety-provoking because it is very long and because of the way service users are treated by the Home Office. Respondents explained that even with the use of translation/interpretation services, women are asked questions they are unable to understand or answer, that the questions are invasive, personal and re-traumatising and that the inability to chase the Home Office for any updates or information causes a lot of stress for service users. This is especially difficult in conjunction with other issues such as NRPF, homelessness and medical conditions. Other legal professionals also noted that women who came into the UK as dependents and would like to claim asylum might need their partner's cooperation in the process, making them more vulnerable to controlling and abusive behaviours.

Gaps and barriers in employment support

There are various barriers that women experience in preparing for, seeking, gaining, and maintaining employment. The women we consulted in the mapping exercise raised many barriers that were general to almost all women but were compounded for women who experienced abuse or multiple disadvantages, as well as some barriers that were more particular these groups.

Barriers to employment

Some of the most significant barriers for women around employment include:

- **Flexibility:** Both survivors and professionals highlighted the lack of flexibility in the workplace as a barrier to women's employment and advancement. Women still carry most household and caring responsibilities and it is still seen as their job to manage their time around it rather than the responsibility of employers to work with employees of both genders to offer a balanced family/work model. Women who try to balance caring responsibilities with work can be seen as less motivated to progress and those who have been out of the workforce for a while for whatever reason (especially older women), find themselves struggling to obtain employment.
- **Childcare:** Women fed back that the logistics and cost of childcare act as disincentivising factors for women who are only able to obtain low-paying work. Women feel that their earnings are cancelled out by the cost of childcare.
- **Benefits:** Similarly, the risk of losing important benefits when earning low wages has been raised as another disincentive to employment.
- **Travel:** travelling to work has also been named as a barrier to employment. Depending on where a woman lives and whether there are employment options in her area, she might have to spend money on travelling to work. The time commuting to work, especially from London's outer boroughs, is also time that a woman needs to arrange childcare for.
- **COVID-19:** while this will be discussed in more detail in the COVID-19 section, data shows that more women than men have been laid off as a result of the pandemic. Many jobs in the retail and service industries have been taken up by people who lost higher paying jobs, creating a shortage for women who would under other circumstances apply for them.

The experiences of survivors

While each survivor has her unique journey to employment, depending on her personal circumstances (age, qualifications, children and immigration status, whether the abuse is current etc), one of the main barriers pointed out to us by respondents is the fear of being out in public spaces, be it physical (e.g. going out for an interview), or virtual (e.g. having an online presence on LinkedIn). A survivor might have an interrupted history of study or work due to the abuse she experienced, leading to a lack of qualifications and gaps in her resume, making her seem less attractive to potential employers. She might experience triggers at work and have difficulties trusting or even interacting with male staff. Some situations, like being interviewed by an all-male panel, workplace confrontations, raised voices and angry body language at work, have been identified during the mapping as especially difficult for some survivors to cope with. Employers might not be aware of particularly stressful or risky times such as holidays or weekends when the survivor's children might be staying with the perpetrator. When it comes to performing at a high level

at work, women explained that the impact of trauma in the context of work means that they might have bad days, when they aren't able to function optimally. For those seeking employment, the effect of trauma can manifest in feeling overwhelmed by the checklist of things needed in order to obtain a job, or by the multiple rejections that are often part of the process.

In line with the concerns of women around losing access to benefits, survivors worry about accessing legal aid while employed. Respondents highlighted that the threshold for legal aid leaves many women with an impossible choice where they are advised to limit their earnings so as to not lose the legal support they need. Both service users and staff felt that this situation hinders survivors' independence and leaves them in a state of dependence on benefits: "all the schemes aiming to get women into employment are not going to help as long as there isn't enough support for working women".

An overarching theme throughout the employment journey has been a lack of confidence stemming from the abuse, as expressed by one of the women we consulted with: "After being abused.. you don't have a chance to grow in your social communication, you are a nervous wreck, or you don't know who you are anymore. For years you are told you are worthless. In order to be successful in the process of getting a job, you have to feel your own worth, put your best foot forward. This is why it's not just about finding work, it's a process of internal change".

The role of employers

A general lack of workplace flexibility has been raised as a barrier. While this applies to all women, it can especially affect women who are parenting alone or are coping with the impact of DA. The need for more flexible employment limits the opportunities offered to women, and we have been told that their additional caring responsibilities are often seen as a lack of motivation to work by agencies, job centres and employers. Women have expressed the need to see much more flexible and aware workplaces, where the needs of women in general and survivors specifically are taken into account, for example by offering a job share model. Women felt overall that employers have little awareness of the barriers survivors face and should be much better trained to identify, respond to, and take on board the needs of survivors. Women also explained that employers aren't aware of the time and space needed to deal with some of the legal and procedural aspects of DA, including flexibility and privacy to go to court or conduct phone calls with the police or with a solicitor. Awareness raising should be done through training, easier access to information, and setting up DA champions in workplaces. Women thought that an especially crucial point of contact is the interaction with HR during induction. Respondents explained that seeing female HR staff, having DA specifically mentioned in the safeguarding policy, seeing a leaflet about DA, and a clear and open invitation to engage in workplace conversations about DA go a long way to making them feel supported and ensuring that they won't feel stigmatized should they decide to disclose about their experience.

Support services

The women we consulted with also fed back on the gaps and barriers they found around services that support women into employment, and especially around the needs of women who have multiple or complex needs. The lack of flexibility and trauma-informed approaches in training, volunteering and employment support services was highlighted alongside the pressure applied on women to get into employment, often without offering proper support around underlying stressors. The main challenge women pointed out was that the timeline set out by employment support services and their funders is not trauma-informed and doesn't take a realistic view of the recovery process. They felt that the need to rebuild self-confidence and develop the internal emotional resources that have been affected by abuse are not recognised as pre-requisite to employment as they should be. Many respondents felt that employment programs are often tacked onto other kinds of group work without consideration for the level of emotional preparedness needed to seek work and without taking into account the barriers women face. Respondents felt that statutory employment professionals were not knowledgeable enough about mental health, DA and the impact of psychological abuse. Advocates explained they have come across the dismissal of abuse that is not physical (with comments like "she seems fine, there's nothing wrong with her") or pressure on women to seek work even when they are temporarily exempt. While respondents fed back that it is challenging to achieve success in supporting women into employment while the abuse is ongoing or the relationship has just ended, there is also a lack of data collection on the long-term employment outcomes of women who accessed VAWG services, which are more likely to be successful. Respondents have also identified that the employment support system is not set up to support the needs of women with insecure immigration status. Staff members we consulted with identified a lack of employment services and support for this latter group of women.

Overall, the women we consulted with felt that the journey into employment lacked opportunities for mentoring and peer support and emphasised the need to get support from women with lived experiences. A need to extend and provide both pre-employment (i.e. confidence and skill building) and post employment services (i.e. support to keep the job) was also raised, as well as the need to create spaces that support women into employment while taking a more holistic lens, incorporating internships, study, and social support all in one.

Gaps and barriers in Financial Resilience Support

Financial inequality and the general power imbalance between men and women is at the source of many of the barriers highlighted by the professionals and service users we consulted with. For example, many men are able to have legal representation whilst their partners rely on Legal Aid or represent themselves. In this section we focused on some of the barriers women face in the intersection of VAWG and finances, including around debt,

benefits and economic abuse, and their experiences in accessing services around those issues.

The Benefits System

Many of the service users and VAWG professionals we spoke with felt that the benefits system does not recognise the impact of abuse and therefore do not take it into account in making decisions around women's entitlements and the service they are provided with. They also felt that there isn't enough capacity within the system to recognise DA and pointed out that economic abuse often surfaces only while other types of abuse are being explored. Other respondents raised that there often isn't enough consideration of the immediate and urgent needs of survivors, potentially making them more vulnerable. For example, there is a gap from when a benefits application is made and when women actually receive these benefits. This leaves women in a critical financial situation, which can be taken advantage of by the perpetrator and their families as they force the woman to go back to the abusive relationship. Other respondents also raised that it is also quite challenging for many survivors to deal with benefits services due to the volume of documentation needed and the difficulties in accessing and communicating with the government and the local authority.

Respondents pointed out that economic abuse can also be carried out by the perpetrator using the benefits system by attempting to take benefits away or making false claims about a survivor. This is especially crucial for women who have low incomes and for whom benefits make up a large portion of their livelihood. Some felt that there isn't enough specialised case management support for women around abuse that takes place through the benefits system or for those who are in complex financial situation. This can include women who have joint businesses with the abuser, or who want to divorce and need to separate mutual assets.

Debt and Money Advice Services

While respondents found that debt and money advice services provide a much needed response to many women's financial needs, many felt that these services aren't always set up to address the complexity of the issues underlying debt, whether they stem from economic abuse, other domestic abuse, substance misuse, mental health problems, or trauma. Although VAWG advocates and debt advisors often work collaboratively to provide wrap-around support, the lack of in-depth understanding of domestic and sexual abuse on the part of financial support services can be a barrier to women's engagement and to the improvement of their financial situation. Issues around the lack of accessibility and flexibility for women with complex needs have been raised as well, including difficulties in keeping appointments, receiving overwhelming amounts of information, needing to produce extensive documentation and disclose many personal details, and lacking support to deal not just with the debt but with its causes. Some debt and money

advisors pointed out that although individual advisors are empathetic and sensitive to these difficulties, the system they work within is not set up to provide support that is holistic flexible, tailored and long term.

Respondents also highlighted the difficulties of women with NRPF within the system and how they may accrue debt when using public services. For example, women with NRPF are sometimes charged by care homes or the NHS for certain procedures like maternity or routine care and need specialist advice and case management in order to address it. As with other needs around NRPF, there is a lack of services that have the capacity and expertise to address the complex nature of these issues.

The experiences of survivors

Respondents felt that overall the avenues to financial resiliency for women are more limited. Some of the factor affecting this were women's employment options, their ability to have access to their assets and to use them and increase their value, their financial knowledge (for example around investing or budgeting) and their confidence and comfort interacting with financial institutions like banks. In financial matters, as with other complex systems, women are disadvantaged when they don't have the space of mind to address their needs, are dealing with abuse or trauma, lack the financial literacy, don't speak English as a first language or have been excluded from practicing and developing their financial knowledge. For example, one of the challenges that have been raised for women is around opening a bank account and transferring benefits to the woman's name. These actions require many documents prepared in addition to proper grasp of the language and an understanding of the process. Many women have no experience handling any of the finances at home and find it very overwhelming to deal with when they have separated from the abuser and have to start interacting with financial systems.

Service users discussed the difficulty in both identifying and disclosing economic abuse. Many women are used to practices like handing over all income to the partner, not having one's name included on the mortgage/tenancy agreements, and not having a say in financial decisions to be normal. Respondents raised that there is not enough awareness of economic abuse both within society in general and within services: "If the problem is financial it is thought of as a spat between a couple". For some vulnerable groups, this is made even harder. For example, respondents raised that women with learning difficulties rarely disclose economic abuse because they will be at risk of becoming subject to a capacity test to see if they can even be in control of their own money.

Gaps and barriers in VAWG support

Gaps in services

Most of the women we consulted with raised the lack of access to therapeutic interventions for women and children as one of the most crucial gaps, with the main barriers to access being the extremely long waiting lists and the high thresholds. While this has been the case even before the pandemic, COVID-19 saw an increase in mental health needs. Respondents described this as a bottleneck effect, making it so that people need to be 'severely unwell' in order to get support. Respondents also felt there is a need for a much more concerted effort to address the widespread effect of trauma on children growing up in homes where they witness abuse and a consideration of the long term mental health outcomes. It was raised that many women who would benefit from long term therapeutic interventions around trauma are only able to access low-level support focused more on behavioural techniques and general wellbeing. Alternatively, they fall between services because they don't meet the threshold for the statutory service but their needs are too high for a service like Mind. Practitioners also raised that because the threshold for various services is too high, women receive the message that their experience isn't "severe enough". This can be hurtful as well as feed into minimization thinking, 'confirming' that some types of experiences or abuse are just not very serious. Respondents identified this entry touchpoint with services as a moment when many women disengage.

Another gap identified was around access to holistic, non-crisis focused services, and complementary or alternative (not necessarily talking) therapies. Respondents felt that there is a shortage of DA groups, as well as a lack of trauma-informed arts, physical, peer support and other activities that promote wellbeing and social connection. They fed back that once the risk has been addressed or in cases that were deemed 'low risk', survivors often felt "left" or passed around by services. Some respondents felt that this issue reflected a biased system where in as much as the focus is justifiably placed on immediate risk reduction, survivors' long-term needs take a backseat. Respondents felt that this imbalance is detrimental because even if risk is reduced successfully, the lack of long-term support around mental health, wellbeing, social support, and independence, increases the likelihood of a survivor returning to the perpetrator. In the same vein, respondents also felt that the lack of focus and funding of long-term support programs once risk has been addressed reflects a lack of understanding of the dynamic and changing nature of risk in DA.

Another gap was identified around the lack of support for women who are dealing with issues around abuse and parenting, including parental alienation and women who parent jointly with the abuser post-separation. The women we consulted with fed back that there is a need for information and advice, for both service users and supporters, on women's rights in this area, as well as more resources for long term emotional support. A lack of dedicated services and expert knowledge was also identified around the abuse of sons to their mothers, a type of abuse that had risen sharply during the pandemic.

Lastly, many of the women we spoke to highlighted the lack of specialist services working with Black and minoritised communities. They explained that it is harder to get funding for these services due to a lack of awareness among policy makers and funders around the intersection of VAWG with culture and with systemic disadvantage. Respondents explained that because women from minoritised communities have less specialised sources of support to turn to, the initial approach to services is delayed, causing survivors to often reach out only when the risk is already very high.

Barriers

Some of the barriers to accessing support that the women we consulted with identified included:

- 1) Not knowing where to get help; lacking the presence of mind to understand where to start.
- 2) Women feeling open to disclosing abuse to local services they use on a regular basis (e.g. a community centre) but feeling that a referral to a specialist DA service is too big a step.
- 3) Women concerned that contact with services will result in Children's Services' intervention; Worry about being penalised for not having left yet or not wanting to leave.
- 4) Fear of consequences by perpetrator; Fear around his ability to access to information systems (if he is in the army, police, or a public position for example).
- 5) Minimization; Not being sure if what she is experiencing is abuse
- 6) Belief held by survivors, family, community and services that DA is only physical abuse
- 7) Normalisation of the abuse by the community or family; Abuse being a taboo subject to discuss.
- 8) Lack of trust in services or authorities; having had bad, insensitive or discriminatory experiences.
- 9) Having immigrated from a country where authorities don't provide safe services around DA; not being familiar with the option to get support or not trusting this support.
- 10) Concerns around the consequences for the perpetrator, being worried he would get in trouble, just wanting him to get help.
- 11) Misconceptions around DA and services available, assuming that she will have to go to refuge.
- 12) Shame and stigma in the community and family around disclosure of DA.

Respondents also discussed barriers to continued engagement with support such as counselling and group work, which included conflicting appointments, feeling overwhelmed by too many tasks, struggling with child care, anxiety, re-living trauma, and cultural or personal beliefs about the benefits of counselling. In addition, respondents stated that some women feel disappointed by their first call to VAWG services and feel a

lack of empathy and trust during their initial call. Language barriers have been brought up repeatedly by almost all respondents and will be addressed in the General Barriers section. Additional gaps and barriers were identified by the respondents around the needs of specific groups:

Women with complex and multiple needs: it has been raised by many respondents that there is a lack of provision for this group, and that most services lack the knowledge and organisational capacity to support this group appropriately around VAWG. Some services use an assertive outreach model, allow for flexible appointments, offer long term engagement, and use a psychologically informed environment approach. However, many women who don't meet the threshold for specialist complex needs services but are also deemed 'too complex' for the standard services, fall between the cracks. On a multi-agency level, while some MARACs have begun to involve a much-needed multiple disadvantages/complex needs MARAC rep, this is not yet a widespread practice.

Women with No Recourse to Public Funds (NRPF): As with the other areas explored, the gaps in VAWG services for women with NRPF have been raised by almost all the professionals we spoke to. Respondents highlighted that women with NRPF face increased risks of exploitation, domestic servitude, and street homelessness, among others. Women with NRPF are less able to access services and are sometimes charged for them (for example for some NHS services). Respondents also highlighted that a lot of data about this group is missing owing partly to women's concerns around their immigration status if they come forward for support.

Women with learning disabilities and Autism Spectrum Disorders (ASD): Respondents highlighted a recent increase in the number of cases of survivors who are diagnosed with ASD and a general lack of knowledge within the VAWG sector about the intersection of neurodiversity and VAWG. For example, one practitioner noted that women with ASD have a special difficulty dealing with emotional abuse as well as in co-parenting with an abusive partner. Others noted that many women with learning disabilities are likely to never before have had a conversation with anyone about VAWG until they approach a specialist service. Practitioners noted that systems in general are not set up to work sensitively and collaboratively to meet the needs of this group. For example, they noted that women with additional needs might not want to disclose financial abuse because then they will be subjected to a capacity test to see if they should have access to their own money.

Systemic gaps and barriers

Many of the gaps raised by participants focused on the systemic response to VAWG, both around the culture of organisations and around the way it translates into practice. While the statutory response to VAWG is not the focus of the Labyrinth Project (and therefore is not reviewed in-depth in this report), many of the respondents highlighted it as the most significant challenge in their work. The main gaps identified around the organisational culture of statutory agencies were a) a lack of understanding of trauma and a lack of trauma informed practice b) a lack of in-depth understanding of the dynamics and underpinnings of DA and c) a lack of cultural competence.

More specifically, respondents highlighted behaviours such as taking a report from a survivor while the AP is in the room, incidents where an interpreter has been used but no thought has been given to the correct dialect, causing a loss of evidence, or cases in which the perpetrator is arrested but the survivor is sent back home where she lives with her in-laws, misjudging possible risk. Other practitioners highlighted a general lack of empathy and willingness on behalf of the police to learn about DA, with statements such as “we are not social workers” and a general perception that DA is not “real crime”, especially if no physical abuse is involved. A gap was also identified around the lack of understanding of the statutory duty and response to women in situations that have been deemed low-medium risk, including a lack of understanding of how risk in DA can quickly change. Respondents fed back that this attitude and the procedures it informs result in many survivors having to wait for abuse to escalate in order to get the appropriate support.

The point in which police attend an incident has been identified by a few practitioners as both a weak point in the DA journey as well as an opportunity. Respondents fed back that sometimes referrals to a DA service will only be made if there is physical abuse involved. Otherwise, the survivor will only be signposted. Legal professionals identified the initial home call as crucial, explaining that when officers are not DA trained and don't handle this initial interaction properly, this can influence the entire process and limit what the solicitor then has to work with. Suggestions were made about involving specialist DA services much earlier in the process by liaising with an IDVA on the phone as soon as the police attend an incident.

Almost all practitioners also raised the lack of trauma informed practice within mental health services. The need for more training for counsellors and administrators around trauma and VAWG was raised, highlighting that currently the focus is on the clinical aspects of mental health rather than the underlying trauma many women have experienced. Many of the women we consulted with said there is a significant need for VAWG-specific counselling services. Respondents also brought up the lack of knowledge around the dynamics of DA and the lack of support available in mental health services for the perpetrator. Practitioners explained that they felt that mental health services' perspective on risk focuses primarily on suicidality, rather than on the harm a person may pose to others. They also discussed the lack of actions for perpetrators in the MARAC as there is no one to take them on and provide APs with consistent support in the community

and manage risk mitigation. Respondents highlighted a general lack of provision for perpetrators, alerting that survivors are often left unsupported to manage the perpetrator's behaviour, medication, treatment and safety by themselves. Alternatively, this task of supporting the perpetrator's welfare sometimes falls to the IDVA who is supporting the survivor.

Lastly, the women we spoke to discussed some of the challenges around embedding trauma informed and VAWG-aware attitudes within statutory organisations. They raised that while training on these subjects is needed, there is still a gap between the training which is usually offered to frontline staff, to their ability to implement their learning into ongoing practice, especially if the organisational culture and procedures aren't conducive to it. This is also evident in many respondents stating that getting a good response from statutory services is often a matter of luck, and that there is a high degree of variance within statutory organisations around the quality, sensitivity and knowledge of staff. Some of the women we spoke to suggested that training should be offered to middle and senior management as well as frontline staff. They also felt that training to statutory organisations should provide tools for the translation of VAWG-awareness and trauma-awareness into concrete and sustainable organisational change.

General gaps and barriers

The professionals and service users we spoke to identified several gaps and barriers that need to be addressed across all project areas:

- Language Barrier has been the most common issue, raised repeatedly by respondents across all fields. Some of the main points raised around this problem included:
 - Some organisations do not have enough funding for interpretation services and must therefore rely on staff who speak various languages. However, some respondents expressed that there is a lack of case workers who speak the languages. For example, with Tower Hamlets being a very diverse borough, it is difficult for organisations to include all the languages used by service users among their staff members.
 - Respondents explained that when phone interpretation isn't available some services use automated interpretation over the phone. They expressed that while this is a helpful tech solution, it is often very inappropriate to disclosures of abuse and other very personal content that the service user needs to convey.
 - Both services users and staff expressed that when using a phone interpretation service there is often a long waiting time to get an interpreter.
 - Respondents advised that they have come across informal, controlling, or over-involved interpreting. In this instances interpreters engaged in victim-blaming, gave advice, did not convey all the information between the parties or showed a lack of sensitivity to the situation the survivor was facing. Staff expressed frustration at the inability to quality-control interpretation.

- While some women prefer to be supported by an advocate who is able to work with them in their language, other don't trust interpreters because they don't want information to be spread within their community.
 - While some organisations are able to provide services using interpretation, they don't always have written material in various languages.
 - Respondents highlighted that there is a lack of cultural awareness within services around the use of language. For example, women may be provided an interpreter who speaks their language but not their dialect. As a result, the information provided is inaccurate.
 - Staff members expressed that they received feedback from interpreters who were sometimes triggered by the content of the conversations they were interpreting. Respondents raised the issue of appropriate support and tools for interpreters working on VAWG-related content. Overall, respondents felt that there is a strong need for extensive training for interpreters around VAWG.
- **Need for more BME groups and services:** Respondents expressed that there aren't enough dedicated services focusing on minoritized communities. Similarly, there aren't enough groups for BME survivors or for those who aren't English speakers. Staff raised that the groups that do exist are and are run in languages usually serve speakers of the most common languages, excluding many women whose language is not very common. Respondents also explained that women who attend groups with an interpreter don't usually get much out of their participation in the group and have difficulties communicating and connecting with others.
 - **Digital exclusion:** Many different systems are transitioning to online only services, which excludes many older women, women who face a language barriers and women who lack digital literacy skills. Women who do not know how to access their emails, manage their passwords and create online accounts may then be subject to late fees, lose contact with their support network and not be able to fully utilise the services and benefits they are eligible for. While the advocates we spoke explained that they take on much of the support in this area, they are not always able to help because of issues around access to devices and personal information.
 - **Support women with NRPf:** Across the legal, employment, finances and VAWG areas, women with NRPf have been identified repeatedly by respondents as an especially vulnerable group, for whom all the barriers that women experience are compounded. There are few dedicated services for this group, and women are often very wary of approaching services. While the practitioners we spoke to expressed frustration at their limited ability to help women with NRPf, they also explained that there is a general misconception among both women and professionals that there are absolutely no resources available for this group. Due to this perception, women miss out on the little support that is available.

Gaps and barriers around complex needs:

Almost all the respondents we consulted with were of the view that more needs to be done to adequately support the needs of women who have complex needs and are fleeing DA and violence across employment, legal support and finances. Respondents advised specialist BME services providing tailored support to the needs of BME women are especially lacking. Often, projects supporting women with complex needs have very limited and short-term funding. Funders themselves need to first understand the complex issues faced by women and the practical aspects of resources required, including time, in order to effectively support women to restart their lives.

Significant reframing of service provision is needed around mental health support for women with complex needs. Respondents gave as an example the cases of women who are blocked from accessing the mental health services they need because of their substance use. Even where mental health services do provide some flexibility, there can be additional requirements such as the service user having a Care-Coordinator. Respondents also explained that mental health services have inflexible appointments, location, and presence of male patients in waiting rooms, and gave examples of service users who have panic attacks when they think of having to attend appointments. While practitioners understand the clinical and logistical reasoning behind this, they explained that the highly structured nature of the care, which many see as rigid, leaves women with complex needs without the support they need. Respondents from the Wiser project explained that as a result, advocates end up supporting women with long term mental health conditions, although they are not the experts in mental health field.

Women's voices and representation

Opportunities for representation

Many women's sector organisations offer co-production activities, focus groups, experts by experience forums, or consultations such as this mapping exercise in order to amplify women's voices and capture their thoughts on VAWG and the response to it. Many respondents thought, however, that there is a gap between the number of these opportunities available within the women's sector and outside it and expressed that the way women's voices are heard within the safe spaces provided by women's groups is not echoed in the wider society. While local authorities run consultations and community meetings on VAWG for the public occasionally, there are fewer opportunities to influence decision making on an ongoing basis. VAWG working groups and forums that work with statutory services are often for professionals and information about them is not easily accessible. For example, while some Met Police Basic Command Units might run residents' Independent Advisory Forums around hate crime or youth violence, this is not the case with VAWG. Many of the women we consulted with spoke about barriers to participation

as well as the difficulties in translating women's voices into meaningful action, both in the context of individual advocacy and in policy.

Barriers to participation

The barriers to women's participation that were discussed by participants are similar to the barriers experienced around accessing and engaging with services. They included language barriers, not having the time, not wanting to discuss their experience, lacking trust in services and authorities and not believing that feedback could make a difference. Some of the women we consulted with expressed that women aren't always able to speak up due to the impact of the abuse, as well as because of family and community norms: "women are told their whole lives to stay quiet, to not speak up. If they are able to reach out and find the courage to leave an abusive relationship, the message they receive from the system is not to ask for too much and not to hope for too much." Respondents felt overall that there is a need to support and train women as community ambassadors and in train-the-trainer capacities, in order to speak effectively with other women about VAWG. They also felt that there is a need for rights and advocacy training in order to support women in advocating for themselves with services. Another pathway for the inclusion of women's voices, which some respondents felt was underutilised, is through supporting ex-service users to work and volunteer in the sector by providing certification and resources. Other respondents linked raising women's voices with activities and support around empowerment, including confidence building, and even home DIY classes to help women feel more independent and less likely to turn to the perpetrator for help or have to pay for house repairs.

Some of the professionals we spoke with discussed some of the organisational challenges in lifting women's voices, primarily having the capacity, as well as concerns around confidentiality and safety. They also felt that there were groups of women who have even less access to spaces of influence and decision making around VAWG. These groups included Black and minoritized women with a special emphasis on the Somalian community, women with NRPF, women from the traveller community, women who have a learning or physical disabilities, LBTQI+ women, women who don't speak English as a first language, older women, women with mental health needs, women with complex needs and women from alternative cultures.

The impact of women's voices

Many of the women we consulted with expressed that while every opportunity for women to speak up on VAWG is important, women's opinions are sometimes sought but not followed up with action or feedback. Some respondents expressed that women should be more involved in planning the service rather than providing feedback on it. Others felt that the information sought through consultations, mapping, focus groups etc is already well established and that there is a lot of duplication in this area. This creates an undue burden

and may even be exploitative to both the service users and staff who are being consulted (especially if they work for a small organisation with limited capacity). It was suggested that there is a need for more effective coordination and sharing of learning from service user and staff consultations between VAWG sector organisations.

Many of the women we spoke with felt that while women's voices are amplified by the women's sector, they are not listened to. On an individual level, they noted that women's voices are only heard if they make a formal complaint with services, and that not many women have the capacity to see such a process through. On the organisational level, some noted that authorities are not interested enough in the work done by women's sector organisations. For example, professionals fed back that authorities approach them asking for help to educate the community they serve about the importance of COVID-19 vaccinations, but do not take an interest in the increase of DA during the pandemic.

Lastly, many of the VAWG sector professionals we have spoken to expressed that they feel a disconnect between stated policies around VAWG and their execution, owing to statutory services lacking understanding and knowledge of VAWG. Respondents overall felt that systems are not victim focused and that professionals fail to understand the barriers and limitations to personal agency when one is in an abusive relationship. Respondents discussed the punitive nature of the systems' approach to survivors around accessing services, describing it as somewhat of a test of worthiness ("What have you contributed, what have you done in order to leave the relationship, how are you protecting your child?") rather than focusing on addressing the abuser's behaviour. They also noted that the inability or unwillingness to access support around DA is used by statutory services against the survivor. They explained for example that pressure is applied on survivors to attend group work and that there can be consequences for them if they refuse to do so. Others noted that a survivor can be portrayed in court as a perpetrator of abuse against her children because she does not leave the abuser. While placing the utmost importance on the need to safeguard children, many of the women we spoke to felt nonetheless that this situation calls for a paradigm shift in the way services understand the options, or lack thereof, available to women in abusive relationships.

Capacity building needs

Resources and funding model

When discussing capacity building needs of the sector with the staff members we consulted with, funding has been overwhelmingly the main need that was identified. While most agreed that the women's sector operates without the appropriate level of funding needed, many participants also pointed to issues in the current funding frameworks they operate within. One of the main concerns was around the short timelines attached to funding. Respondents gave examples of projects and programs that are funded for one or two years, even though they were set up in order to address complex issues or support

women with complex needs. Other examples were of programs that have been in operation for several years but whose funding is renewed on a yearly basis, leaving staff wondering every year whether they will be keeping their jobs and contributing to turnover and loss of talent and knowledge. Respondents explained that this short term funding model doesn't allow to build programmes' resilience, and that the frequent launching and closing of programs hinders the ability to create trust within local communities ("when we say that one of the barriers to accessing services is that women don't know where to go, this is partly because projects, and sometimes providers, change every few years"). In addition, respondents felt that timeframes are not reflective of survivor's journeys, both in terms of the time needed for any form of psychological healing as well as the practical aspects of beginning a new life after leaving an abusive relationship. This is even more challenging for women facing multiple disadvantages or dealing with bureaucratic hurdles, for example if they have NRPF. Some staff felt that this funding framework shows a lack of faith by funders in their organisation and their work: "it feels like charity, like they're not sure this is important or worthwhile enough to fund it in a way that actually allows us to do our job". Others felt that the funding framework causes the sector to be burdened with targets that hinder its ability to provide person-centred, trauma-informed support to survivors, even when organisations do have the knowledge and motivation to do so.

Specialist organisations

While the lack of resources has been raised as a problem in the sector across the board, specific challenges were identified for smaller organisations, such as community-based groups or specialist services. It was raised that BME specialist organisations have to cope with a lack of staff capacity and resources, making it more difficult for them to take part in multi-agency hubs and fora. This means that the first point of contact for survivors (i.e. hubs, helplines, triage) is staffed by the larger, non-specialised services, which then result in them taking on the cases coming through. On the other hand, specialist BME organisations sometimes don't have the capacity to support the cases referred to them because of a lack of resources. While BME specialist organisations will make referrals to MARAC, they are not always able to send a staff member to sit on the panel, meaning that they miss out on opportunities for joint working, networking and referrals, while the wider forum is missing out on their expertise. Because specialist organisations may be the main point of contact for a specific community, they are often approached by women from various parts of the UK, even outside of their remit. Their staff might not always have the resources and connections to offer advice over such an extensive geographical area. Smaller, community-based organisations also expressed a need for office space, as well as more information on how to access free training. Local authority staff raised the issue that capacity building in BME or other specialist services is sometimes made difficult because of the short timeframes local authorities work within as well. They explained that when a local authority is provided funding to dispense to voluntary VAWG providers, it is often passed on to a mainstream, rather than specialist service provider, because of the need to

dispense and spend the funds within a short timeframe, and larger organisations have the capacity to manage this process faster.

Investing in staff

Following from these overarching issues around capacity building, the women we spoke to also mentioned the need for investment in women's sector staff's personal growth, knowledge building and wellbeing. One participant explained that "we need investment in the staff, nourishment of the sector. Staff is very thinly stretched and we have no time for reflection, to research, to analyse trends, to identify best practices. We keep contributing to these forums (i.e. Labyrinth mapping exercise) but we don't have any time to sit down and really analyse our own work. A lot falls through the gaps and a lot of good work is being missed because we have to constantly move on to the next target or the next funding outcome. There are always a lot of training opportunities, but staff don't have the time and space to pursue them". Other respondents added that the needs to build knowledge, get accredited and upskill is felt more in smaller, specialised organisations due to a lack of resources. They felt that this type of capacity building contributes directly to the sustainability and health of the women's sector and that the lack thereof contributes to attrition and burnout. Staff felt that these needs are not taken into account by funders and programme designers. They also pointed out that funders don't always cover clinical supervision, which respondents felt was a testament to the lack of understanding of the nature of the work they do. Some respondents also added that while trainings are always needed and welcome, there should be a more flexible variety of ways to upskill staff that would better fit with different learning styles, workloads and schedules. For example, having more videos, guides, independent learning and guided discussions.

Building knowledge

Many of the women we spoke to expressed that there is a need to build more expert knowledge within the women's sector and highlighted several themes:

- A better understanding of economic abuse, the benefits system and how abuse can be carried out through financial and benefits systems; Building more knowledge about the remedies available and women's rights around debt. Respondents raised that economic abuse is rarely the presenting issue and uncovering it depends on the level of skill of the case worker.
- Building stronger effective advocacy skills in order to challenge services within the housing, financial, legal and benefits systems on behalf of women.
- Establishing a framework for ongoing upskilling around legal issues. For example, having regular workshops with solicitors to enhance practice around protective orders and legal aid; supporting advocates in being better able to understand what kind of support is needed around intersections of different areas of law in complex cases (i.e. is it family law, housing or debt? Who to approach first and how to triage)

- More understanding and awareness of the impacts of childhood abuse, and how to work with adults who have been abused as children.
- Building more awareness and knowledge around the needs of women with learning disabilities; understanding their experiences with services and institutions, better understanding of communication styles of people with learning disabilities; Better understanding the overlap of VAWG, hate crime and human rights.
- A better understanding around the barriers that women face around child contact issues and what can be done to support women facing psychological and emotional abuse that is carried out through family court and the child contact process.
- More awareness and understanding of the intersectionality in women's situations (i.e. being a woman, being of a minoritised community, possibly having unsecure immigration status, experiencing DA)
- Capacity to be up to date developments and changes in different areas of law and the benefits system; Service users and professionals alike are sometimes told the wrong information, either by word of mouth or by solicitors and advisors who don't specialise in VAWG. For example, professionals might assume that service users aren't eligible for legal aid or cannot access their trapped capital, but they may not be aware of the ways that the thresholds can be challenged or that they have been changed.
- Building better capacity to gather quality feedback from service users. While many organisations are eager to learn and improve, the sector has a limited understanding of the barriers because we only consult with women who do engage with the service. There is a need to try and reach out to women who disengaged completely or who decided not to come back to a certain organisation and consult with them in order to get the full picture.
- Creating Psychologically Informed Environments within the women's sector, consideration of language and how it can affect a survivor. As an example the use of the term "perpetrator" in front of the survivor or her children.

Respondents also raised a few capacity building needs within women's spaces which don't provide specialised support around VAWG but may touch upon it in their work. These included:

- The need to build knowledge about VAWG and the impact of trauma within Children's Centres, community centres, employment services, debt services, legal services and health services. This is also the case for organisations that are not traditionally women-sector organisations but have recently established a project or team that provides services to women. These kinds of teams need better connections to the women's sector in order to tap into expertise and advice.
- Ensuring that staff of organisations that are not VAWG specialists but provide VAWG-related services have clinical supervision. There isn't enough awareness of the vicarious trauma experienced by frontline staff of women's spaces and services. Within some

organisations there is culture of minimisation of the impact of VAWG-related work (“if there is no incident report the trauma to the staff isn’t a priority”).

- Building better connections to resources and consultancy for organisations that are not VAWG specialists. These organisations may not always know where to go for different VAWG-related issues. “The key workers end up learning to be a jack of all trades, but are not necessarily highly trained in how to do different tasks well when it comes to VAWG. VAWG is not our speciality and while we have training we would like someone we can approach for advice”.
- The establishment of VAWG or DA champions within social care as well as business organisations in order to serve as a resource and promote accountability within teams. Where VAWG Community Champions schemes are in place there is a need for continuous learning and support in order for them to feel confident to identify signs and handle disclosures appropriately.
- Building knowledge about the impact of DA on children witnessing it. It has been fed back that professionals in various services do not always fully understand the impact of witnessing DA, leading to a lack of appropriate support for young people and families. (“social workers might know about abuse happening at home but say ‘but he hasn’t hurt the children’, not understanding the impact on them if they witness it”).
- Supporting women’s spaces staff in better understanding referral pathways to specialist VAWG organisations; Women’s spaces staff fed back that they come across VAWG in their work but would like to feel more confident to broach the subject, ensure their risk assessments are robust and support service users through the referral to a specialist organisation. Staff fed back that sometimes service users will disclose abuse to them but not want an onward referral to a specialist organisation to be made for a variety of reasons. Staff felt that support is needed in helping them bridge the gap between the service user and the VAWG organisation and for staff to feel more confident and comfortable having conversations with service users about VAWG, ask the right questions and ensuring that the onward referral is not just made but is successful.
- Specific issues flagged around the capacity of children and adult services teams: Many of the women we spoke to raised that training is needed for Children Services and Adult Services around VAWG. While social work teams might have a team member that is a DA specialist, cases will only be brought to them for advice if the DA is recognised and flagged. They also raised that many social workers aren’t confident to complete a DA risk assessment and engage with the subject when working with women. Respondent felt that DA knowledge should be embedded across social work teams given the sensitive and intense nature of their engagement with this area of practice.

Joint working

Within and outside the sector

Many of the women we spoke to praised the effective joint working that they see in the VAWG sector and felt that joint working is most effective through partnerships and consortiums. However, they also felt that there is a lack of partnerships or steering groups led by BME specialist organisations, and that having more of those would help capture and spread the knowledge that exists in specialist organisations. A few respondents mentioned that many organisations that support women around legal, financial, and employment needs are usually happy to work collaboratively with advocates from the sector and learn more about VAWG. Respondents raised that joint working is most effective when organisations share a common ethos and priorities in their understanding of VAWG and trauma. While most professionals in the VAWG sector felt that professionals are well informed about most other services, they sometimes don't have contacts with smaller, grassroots community-based groups who don't have an online presence. Women's spaces such as community centres, children's centres and other family services aren't always connected to VAWG services, might not know who to refer to or don't have a contact person there to liaise with during the referral process. Service directories have been suggested as a good solution but those that are available are often not up to date and vary in quality from borough to borough.

Referral Pathways

In exploring referral pathways, the main gap that respondents brought up was around the need for an expansion of referral sources. While this need took different forms for different organisations and projects, respondents overall felt that referrals could come more from children's centres, smaller grassroots and community organisations, schools and GPs (apart from those working with an IRIS advocate). With organisations outside the sector, respondents felt that too often the referrals depend on a very involved and active person in the organisation rather than a policy. Respondents also felt that many organisations will signpost service users to DA services rather than send in a referral. While for some service users this can be empowering, it means that many don't make the call. It also means that women need to repeat their story and that information sharing is lacking. Another issue around joint working is the delay in referrals pick up by different VAWG services. While this is understandable given the high workload, waiting to be contacted has been identified as a point in which service users disengage. This can be made more difficult when the referrer doesn't have a single point of contact in the organisation to chase up or liaise with.

While there might be various VAWG services available for service users, some respondents explained that the police and statutory agencies have fed back to them that it isn't convenient to work with a long list of service providers. This is because police are stretched thin and don't always have the capacity training to understand the presenting VAWG issues deeply and decide which specialist service should be contacted. Police fed back that they would rather send all survivors to a generic helpline. While this is conducive

to the work of bigger VAWG organisations, it could mean that less referrals reach smaller organisations. Conversely, if onward referrals are then made from larger to more specialist organisations, a woman may feel passed around and have to retell her story.

Respondents also raised the issue of inappropriate referrals. Some of them pointed to statutory services sending referrals to VAWG services without first taking steps to support the service user or doing their due diligence around the risk assessment (“passing the buck”). Others said that a common problem is with service users being referred into support groups by statutory or voluntary services when they are not ready to attend a group. Some women are told that they must attend groups in order for their child to not be put on a Child Protection Plan. Under these conditions the benefit that a service user can get out of group participation is limited.

Joint working with statutory organisations

Apart from the issues mentioned above in regards the joint working of VAWG organisations with statutory services, one of the main challenges that were raised is the difficulty in supporting survivors who flee abuse to different local authorities. Professionals raised that when women move boroughs it falls to the voluntary organisation supporting them to coordinate between the service user’s previous and current local authority. Respondents said that there is often a lack of connectivity and effective handover between social work and children’s services teams from different boroughs. They raised that from the service user’s point of view, it can be very unclear why the communication is so convoluted and confusing. It falls to voluntary service, which is more flexible in working across boroughs, to pick up support tasks that may be outside of their remit, because they are the ones who accompany the service user from the onset.

The VAWG professionals we consulted with also felt that the working relationship with statutory staff (especially Children’s Services and the police) is often fraught. They stated that they often feel not taken seriously by statutory organisations and that their expertise is not acknowledged. VAWG sector staff felt that there is a hierarchy between statutory and voluntary professionals, with the latter seen as “do-gooders” or “hand holders” rather than the specialists that they are.

Joint working between VAWG and non-VAWG specific organisations

Speaking to both VAWG professionals and professionals who support women in a variety of services around legal, employment and financial needs, we found that there is a need for more collaboration between the VAWG sector and non-VAWG-specific organisations. In addition to the need to build more knowledge around VAWG, which has been discussed in the capacity building section, respondents felt that there is a need for non-VAWG organisations that serve women to have more access to VAWG specialists for consultancy and smoother referral pathways. A few respondents from non-VAWG services felt that networking with the VAWG sector is difficult and that there isn’t a clear pathway to get

support and advice on best practices. Professionals explained that the disclosure of DA will often be made while a woman is accessing help around debt, medical needs, or needs to do with her child. They felt that all professionals in these fields should feel that they can reach out to a VAWG organisation to get advice and support during the referral process. Others felt that non-VAWG organisations should all have VAWG champions who are part of a wider network that provides ongoing learning and connection to the VAWG sector.

Joint working in the legal sector

Out of the different areas explored in the mapping, legal professionals we spoke to highlighted especially the need for more joint working in the legal sector around VAWG. They felt that while partnerships and working groups do exist, there isn't a lot of actual joint collaborative work as a way of everyday work in the legal sector. They felt that it would be good for more chambers and firms to provide pro bono work and that while some pro bono work does take place, it is quite ad hoc and not reliable. For example, Rights of Women staff explained that the organisation doesn't have a way of recommending solicitors to service users or a way of referring them directly to a solicitor who is guaranteed to take on their case. Instead, service users are signposting to different solicitors, leaving them to go from person to person to check who can take on their case. Respondents also felt that more One Stop Shops managed by multi-disciplinary teams are needed, where a survivor can access triage support, review the issues and understand what type of solicitor they need to see, and where to access them.

Additionally, legal professionals felt that there is a gap in the flow of information between institutions like the Law Society and Legal Aid to smaller organisations providing legal advice around VAWG or supporting survivors in general. Respondents felt that while information about support, developments, and changes in the field is available, it is often not publicised and circulated in a way that reaches all practitioners, potentially causing delays and inaccuracies in their practice.

Other opportunities for joint working

Other suggestions that were made around the need to improve joint working included:

- There is a need for a space in which VAWG and non VAWG professionals can come together for consultation and review of best practice, especially when poor practice has been identified. Professionals felt that MARAC doesn't always offer this because it is very focused on individual cases, and that other kinds of steering groups don't cover this either as they focus on broader strategic themes.
- One of the respondents noted that MARAC came into force around 20 years ago and that she thought it is a wonderful resource and a very helpful way of joint working. However, she felt that the model hasn't evolved over time to reflect the learning and development in the field and correct any shortcomings of the model. Aspects that need to evolve include how often MARACs meet, who attends, who else needs to be

included, specialist reps, what actions are taken, how actions are monitored following the meeting and more. “We are waiting for the next phase of how MARAC can work better and this is still lacking”.

- Respondents felt that co-locations are an effective way of facilitating joint working and that there should be more opportunities for this. They also felt that more working in interdisciplinary teams is another constructive way of facilitating better joint working and more quality service provision in general.
- Some respondents felt that there is a need for more collaboration in the area of group work for survivors. They felt there should be more integrated groups for survivors who usually attend separate groups, for example: women with learning disabilities or any additional needs with women who don't have them.

The impact of COVID-19

The pandemic has exacerbated women's situation on all fronts, from an increase in DA and scarcity of refuge spaces to losses of jobs and mental health presenting issues being more severe. Most practitioners agreed that the pandemic enhanced existing vulnerabilities, demarcated existing social gaps and inequalities and raised the baseline level of risk in all areas of practice. On the other hand, respondents also noted that many women were able to cope remarkably well with the changes. For example, practitioners working with women with complex needs explained that service users have been managing quite well as they are used to unsettled environments and isolation. The pandemic also allowed for some levels of flexibility that were not previously possible: phone appointments, less restrictions on schedule etc.

Both professionals and survivors we consulted with, identified the following issues they have had to face as a result of Covid-19:

- **Service provision:** The inability to meet service users face to face has been detrimental to support provision. Most service users did not have laptops and many struggled to pay their phone and internet bills. This led to increased isolation and worsened their mental health. With libraries closed, many service users who used to access internet from there, could no longer do so. Since face to face drug and alcohol services were suspended, women in recovery became more vulnerable to abuse and exploitation. Women accessing homelessness services were one of the most affected, due to the unavailability of face to face service. Women who decided to separate from their partner during this time faced difficulties as they were not able to view alternative properties in person. Many women fed back that they were unable to reach statutory services by phone as the lines were always busy. There were long delays and provision of miscommunication, especially affecting those who did not speak English.
- **Employment:** Many women have lost jobs during COVID-19. For others, tech abilities became an essential skill, leaving behind women who struggled to adjust to online

working. People with complex needs or mental health needs have fallen even more behind due to Covid-19. As many people who used to have white collar jobs were forced to find jobs in retail, women with additional needs who would have normally been recruited for those jobs are being overlooked. With childcare and home responsibilities already falling disproportionately on women, many women had to balance multiple responsibilities around remote school, work or looking for jobs. For survivors of DA, the difficulties around finding work have exacerbated the fears around leaving the relationship. Practitioners also raised that in their estimation, many women who worked before the pandemic and lost their jobs will not be going back to work following COVID-19 due to the increase in coercive control that they experienced during the pandemic.

- **Financial:** Closely tied to employment, Covid-19 has particularly impacted finances, with survivors becoming more dependent on perpetrators for financial support and perpetrators using Covid-19 as an excuse to take money from survivors. Financial difficulties also increased stress at home. The pandemic brought on unprecedented levels of financial destitution, including many cases of children and families going hungry. Respondents noted that action taken by the local authority was very slow, due to the need to carry out of needs assessments, which took a long time. Many organisations are struggling as we transition out of restrictions because while the pandemic had brought pots of funding with it for financial relief for service users, it has only been for 3-6 months. Respondents fed back that there is a lack of understanding by funders around the long-term financial implications of the pandemic and that the financial support will be needed throughout the recovery period and beyond the pandemic.
- **Legal support:** Respondents raised difficulties around capacity of legal firms due to an increase in women needing support during the pandemic. Covid-19 has caused massive delays in court proceedings, leading to increased risk and a deterioration of survivor's mental health and well-being. During the pandemic there has been an inability to enforce the breaches of protective orders that were reported by women. Because of the backlog in court, the police were notified of the breach but could not take any meaningful action. Solicitors we spoke to during the mapping exercise identified that there have been advantages and disadvantages to women attending proceedings from home over video-call. On one hand it mitigated the difficulty of the experience of going to court, but on the other it brought court into a survivor's home.

VAWG: While the increase in DA cases during the pandemic is well-documented, respondents also raised several issues that increased risk and distress for survivors during the pandemic. For example, many women had to send children to stay with partners during the lockdowns because they had better settings. This increased parental alienation and made proceedings more difficult. Interestingly, some statutory partners reported that during Covid-19 there has been a sharp decrease in use of public services in certain boroughs and a lack of women coming forward for support from the

local authority around DA. While there was expected there to be an increase when the lockdown eased, this has not happened. However, specialist BME services did report an increase in self referrals. Respondents also recorded an increase in the number of children being victims of abuse by witnessing DA. The ability to safeguard children and vulnerable people has been diminished during the pandemic with the lack of opportunities for teachers, GPs and other professionals to interact face to face and flag concerning signs and behaviours. Practitioners identified that this has been especially significant around harmful practices and child exploitation. The lack of ability to spend time in communal safe spaces like schools, GP surgeries and community centres also meant that women what was often the only space and time where they could make private phone calls or access support.

- **Impact on organisations:** The main difficulty raised by respondents has been that services were stretched beyond capacity during the pandemic. Staff expressed that all tasks, from securing housing to finding solicitors, took longer. As so many organisations have reduced their services during the pandemic, it has come to a point where services still operating are holding many more cases without being able to move forward with the support.

Voluntary sector professionals expressed the difficulties in working with statutory services during the pandemic. For example, respondents explained that it has been very hard for voluntary services to advocate with statutory services around housing during the pandemic. It has felt like a lottery and like it depended on luck to see what response you might get. It has been very hard to manage the expectations of women around their housing options. The pandemic also made it very difficult to continue co-locating and damaged joint working. Staff explained that initially it was a struggle to adjust to remote joint working because many statutory services did not function as usual. Over time, some services went back to normal operation or found new ways of operating, while other services still maintain that they cannot offer help to residents because of COVID-19.

Staff mental health and wellbeing has been greatly affected due to the rise in demand in services and lack of resources. Staff are also concerned about the sustainability of the new and emergency programs developed during the pandemic where the funding for it is not guaranteed. There is a lot of uncertainty about what services will look like going forward. Respondents stressed that it is important to understand how some of the ad hoc resources, groups, forums and programs that were created because of the pandemic could be levelled up and sustained beyond the pandemic.

- **Long term impact:** Some of the long-term impacts of the pandemic that respondents identified centred around the impact on children's education and mental health, the entrenchment of social isolation on women and families who were already isolated and the erosion of women's trust in the system and how it works. Another of the long-term

effects of COVID-19 would be the need to safely and slowly ease people back into in-person activities, as they may have increased anxieties around travel and socialising.

Positive Outcomes

However, despite all these, there have been many successes that resulted from Covid-19, for example, achieving crisis accommodations has been a huge accomplishment. In addition to this, the temporary changes ensuring protection to those who could not be evicted when they could not make payments, was of immense help to single women with children.

Many services began working in a more flexible manner. For example, GP appointments were provided on the phone which was better for any women who would get nervous or forget to go to these appointments. Also, drug and alcohol services would deliver scripts to the chemists, which was helpful for a lot of women.

Overall, Covid-19 provided an opportunity to develop new services and adapt to modern, more flexible ways of working. The pandemic has allowed to recruit staff and volunteers from across the country, as opposed to local recruitment pre-pandemic. The pandemic has led to a need for adjusting to communicating in many different ways, through WhatsApp, Google Hangout, MS Teams and Zoom. To a certain extent Covid-19 tried to bridge the gap in digital literacy as services, statutory bodies and charity organisations started getting laptops for women and families, thereby facilitating for them to the use of IT. The pandemic provided a platform of unity by enabling professionals to interact and work jointly, irrespective of their locations. It initiated a new culture of partnership working by developing projects involving organisation all across the UK.

One of the most important takeaways respondents identified in the impact of the pandemic is the hope that as services transition back into pre-pandemic ways of working, they are able to retain the flexibility applied in service provision during COVID. While there has been much discussion about offering hybrid models of working for staff, respondents felt that it is important to keep offering tailored and flexible support to service users as well. For example, while services will eventually go back to providing face to face support, they should also retain the ability to provide zoom appointments to the service users who would prefer to have them.

Identifying best practices

The professionals we consulted with identified a range of good resources and practices that they use in their daily work. Some examples of good resources of knowledge included: Trainings provided by the Centre for Women's Justice, Women's Resource Centre, The Prince's Responsible Business Network (guidance for employers around DA), Project 17 (resources around NRPF), councils community directories, resources provided by Labyrinth training partners, and more. Overall, respondents felt that there is no shortage of good and

reliable information. The issue lies more with the access, dissemination and ability to embed learning through all levels of service provision, as well as ensure that staff have time to build expertise.

Women also mentioned many examples of good practices, organisations that they work closely with and professionals they know are providing excellent support. With so much good work taking place in the sector, we decided to include the following examples in the non-exhaustive list below because they were raised by respondents in relation to some of the gaps and barriers that were identified.

- A few respondents highlighted that there is a need for women's spaces which combine VAWG services with other activities around arts, health and social support. Some of the services in the boroughs we surveyed who provide this combination include Maa Shanti, Women's Inclusion Team and Hopscotch Women's Centre among others. Respondents felt that these kinds of services allow to provide more holistic support, manage changes in risk effectively and allow for the successful provision of 'step down' services if needed.
- In response to many of the challenges around joint working and the lack of appropriate services for women facing multiple disadvantages/complex needs, the borough of Camden in collaboration with St. Mungo's recently launched a new therapeutic service which allows women to walk in for a session, with no commitment or appointment. Several professionals also mentioned that some boroughs have trialled the new role of complex needs rep in MARAC meetings in order to ensure that this perspective is being heard and that joint working is effective.
- In response to the difficulties in providing services during the pandemic, many organisations employed various ways of communication and engagement. For example: Women's centres like Maa Shanti and Boundary Women's Project carried out some of their activities over whatsapp, while others, like Forgotten Women and Solace, took some of their services outside and started wellness walking groups.
- Recognising the need to continuously build legal knowledge among staff, some solicitors' firms such as Bowling and Co and Beck Fitzgerald work closely with the VAWG sector to provide resources to IDVAs through information on their website or by running free trainings.
- To address some of the cultural barriers around speaking about DA, many community-based organisations broach the subject in the form of informal conversations, coffee mornings, and workshops framed around family and childcare. Many of the professionals we spoke to identified this as a more appropriate and effective approach to engage communities in conversation rather than a direct approach which can shut down the conversation.
- Safe Spaces and community champions have been established in some boroughs. We learned that in Haringey for example, 28 safe spaces have been identified.

These are spaces in which women can come forward and more than 100 staff members of community organisations have been trained as DA champions and trained to handle disclosures. The champions selected are parts of teams in faith organisations, schools and community centres.

4. Implications of the mapping for project development

There are many themes that were raised during the mapping exercise by various different respondents. These will be explored more in-depth in the delivery plan. However, some of the main areas of work we believe the project can focus on include:

- **Training and upskilling:** working with partners from both the women's sector and organisations outside it to provide tailored training opportunities. This will be achieved by ensuring that as many organisations and groups as possible are included in the training opportunities provided by the training partners. In addition, other opportunities for training and guided discussions will be explored.
- The mapping showed a need for better connection between VAWG sector organisations and organisations outside the sector, who provide support around employment, legal support, benefits and financial resiliency and more, to women in the community.
- **Language support:** the theme of language support and better infrastructure around translation has been raised by various respondents. The project can explore how this area of work can be improved on through outreach, training and better connections between organisations.
- **Connecting organisations:** While many professionals that participated in the mapping were very knowledgeable about the services available for women, the need to map and connect smaller, grassroots organisation has been raised. Fostering connections between smaller and bigger organisations could be explored throughout the project by using training opportunities, establishing referral pathways and improving joint working.

Appendix A

Journey Mapping – Employment



Adobe Acrobat
Document



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