



# Hidden Value:

**Demonstrating the  
extraordinary impact of  
women's voluntary and  
community organisations**

# Acknowledgements

**The Women's Resource Centre (WRC)** is a charity which supports women's organisations to be more effective and sustainable. We provide training, information, resources and one-to-one support on a range of organisational development issues. We also lobby decision-makers on behalf of the women's not-for-profit sector for improved representation and funding.

Our members work in a wide range of fields including violence against women, employment, education, rights and equality, the criminal justice system and the environment. They deliver services to and campaign on behalf of some of the most marginalised communities of women.

There are over ten thousand people working or volunteering for our members who support almost half a million individuals each year.

WRC would like to sincerely thank Oliver Kempton, formerly of the new economics foundation, for his expert analysis and one to one support. We are extremely grateful to Oliver for his ongoing involvement in the project and for giving his time and energy so generously.

We would also like to thank the staff, trustees and services users from the five participating organisations in this project that helped to co-conduct this research.

We would like to express warm thanks to:

- Shaminder Ubhi from Ashiana Network
- Anne Wilding and Samira Laib from Heba
- Akima Thomas from Women and Girls Network
- Fiona Elvines from Rape and Sexual Abuse Support Centre
- Elizabeth Ajith from South Sudan Women's Skills Development.

Thank you for your patience, perseverance and friendship throughout this two-year project.

We would also like to sincerely thank WRC Research, Michelle Myall and Sara de Benedictis, for helping to write the report. We greatly appreciate your ongoing support, editing skills and research. We would also like to thank WRC staff who assisted with the proof-reading process and Helen Hill for designing this report.

We would also like to thank members of WRC's Policy Team who have worked on the project over the past two years. Our sincerest thanks go to Charlotte Gage for her outstanding work on the project, as well as Tania Pouwhare, Karen Moore, Helen Johnson, Darlene Corry and Rebecca Veazey. We would also like to thank Natalie Ntim for her hard work in designing graphs and completing the analysis of models.

Finally we would also like to thank Trust for London, the funders of this project, for their financial and personal support in helping to build the capacity of women's organisations to conduct economic impact evaluation.



**Trust for London**

Tackling poverty and inequality

# Hidden Value:

## Demonstrating the extraordinary impact of women's voluntary and community organisations

**November 2011**

Published by the Women's Resource Centre

**Women's Resource Centre**

Ground Floor East, 33-41 Dallington Street, London, EC1V 0BB

**Tel:** 020 7324 3030 **Email:** [info@wrc.org.uk](mailto:info@wrc.org.uk) **Web:** [www.wrc.org.uk](http://www.wrc.org.uk)

Become a fan on facebook: [www.facebook.com/whywomen](http://www.facebook.com/whywomen)

Follow us on Twitter: [www.twitter.com/whywomen](http://www.twitter.com/whywomen)

Join the Women's Café: <http://thewomenscafe.ning.com/>

This report is available in other formats.  
Contact the Women's Resource Centre on  
020 7324 3030 or email [info@wrc.org.uk](mailto:info@wrc.org.uk)

# Contents

## **Page 6**    **Executive summary**

### **Page 9**    **1.    Introduction**

- Page 9    1.1.    The broader context – women’s inequality in the UK
- Page 10    1.2.    The value of women’s services
- Page 11    1.3.    Why specialist women’s services are needed
- Page 12    1.4.    About this project
- Page 13    1.5.    The role of the Women’s Resource Centre

### **Page 14**    **2.    Methodology**

- Page 14    2.1.    Introduction
- Page 14    2.2.    Process of SROI analysis
  - Page 15    2.2.1.    Establishing scope
  - Page 15    2.2.2.    Mapping outcomes
  - Page 15    2.2.3.    Valuing outcomes
  - Page 15    2.2.4.    Attributing impact
  - Page 16    2.2.5.    Calculating the SROI
  - Page 16    2.2.6.    Reporting, using and embedding
- Page 16    2.3.    Challenges in the research

### **Page 18**    **3.    Ashiana Network: Journey towards safety**

- Page 18    3.1.    Background: the need for specialist domestic violence support for Black, Asian, minority ethnic and refugee women
- Page 19    3.2.    About Ashiana Network
- Page 20    3.3.    Data collection process
  - Page 20    3.3.1.    Stakeholder interviews
  - Page 21    3.3.2.    Impact maps
  - Page 24    3.3.3.    Measuring outcomes and indicators
- Page 24    3.4.    Outcomes
- Page 29    3.5.    Conclusion

### **Page 31**    **4.    Heba Women’s Project: Keeping the door open**

- Page 31    4.1.    Background: the need for specialist support to help integration of Black, Asian and minority ethnic women into the local community
- Page 33    4.2.    About Heba Women’s Project
- Page 35    4.3.    Data collection process
  - Page 35    4.3.1.    Stakeholder interviews
  - Page 36    4.3.2.    Impact maps
  - Page 38    4.3.3.    Measuring outcomes and indicators
- Page 39    4.4.    Outcomes
- Page 43    4.5.    Conclusion

### **Page 44**    **5.    Rape Crisis South London (The Rape and Sexual Abuse Support Centre – RASASC): It’s like a lighthouse**

- Page 44    5.1.    Background: the prevalence and impact of sexual violence
- Page 45    5.2.    About Rape Crisis South London (RASASC)
- Page 46    5.3.    Data collection process
  - Page 46    5.3.1    Stakeholder interviews
  - Page 47    5.3.2.    Impact maps
  - Page 48    5.3.3.    Measuring outcomes and indicators

|                |           |   |
|----------------|-----------|---|
| Page 48        | 5.4.      | Outcomes  |
| Page 52        | 5.5.      | Conclusion  |
| <b>Page 54</b> | <b>6.</b> | <b>South Sudan Women’s Skills Development (SSWSD): Inner potentials</b>   |
| Page 54        | 6.1.      | Background: the need for support to aid the social integration of Black, Asian, minority ethnic and refugee women into the UK                                   |
| Page 55        | 6.2.      | About South Sudan Women’s Skills Development  |
| Page 56        | 6.3.      | Data collection process   |
| Page 56        | 6.3.1.    | Stakeholder interviews  |
| Page 57        | 6.3.2.    | Impact map  |
| Page 57        | 6.3.3.    | Measuring outcomes and indicators   |
| Page 58        | 6.4.      | Outcomes  |
| Page 61        | 6.5.      | Conclusion  |
| <b>Page 62</b> | <b>7.</b> | <b>Women and Girls Network: The WGN empowerment model - Redressing negative individual and social impacts of gendered violence through holistic counselling</b> |
| Page 62        | 7.1.      | Background: the need for specialist violence against women and girls services   |
| Page 63        | 7.2.      | About Women and Girls Network   |
| Page 64        | 7.3.      | Data collection process   |
| Page 64        | 7.3.1.    | Stakeholder interviews  |
| Page 64        | 7.3.2.    | Impact map  |
| Page 65        | 7.3.3.    | Measuring outcomes and indicators   |
| Page 66        | 7.4.      | Outcomes  |
| Page 68        | 7.5.      | Conclusion  |
| <b>Page 70</b> | <b>8.</b> | <b>Conclusion</b>   |
| Page 73        | 8.1.      | Recommendations   |
| <b>Page 74</b> |           | <b>Glossary</b>   |
| <b>Page 77</b> |           | <b>Notes</b>  |
| <b>Page 79</b> |           | <b>Bibliography</b>   |

# Executive summary:

Research by the Women's Resource Centre found that on average, over five years, for every £1 invested in women's services, between £5 and £11 worth of social value is generated for women, their families and the State.

## Introduction

Women's organisations "seek to improve the status and situation of women".<sup>1</sup> Embedded in communities, women's organisations work with many of the most marginalised and vulnerable women within society. They have a unique reach within communities and fill essential gaps in statutory provision. As the 'net beneath the net,' women's organisations meet the needs of marginalised women and provide them with a public voice.

This Social Return on Investment (SROI) analysis is the first study of its kind that measures the social value and impact of specialist domestic violence provision and other specialist women's services. The report highlights the far reaching benefits of the services provided by women's organisations and the significant savings they create to the State, local economies and communities. It outlines the important role of the women's voluntary and community sector and draws attention to the need to fund specialist services for women and support the financial sustainability of women's organisations.

The report calls for recognition of the value of women's organisations across a wide range of sectors. The women's organisations featured in this report are drawn from diverse specialisms including education, employment, training and sexual violence support. The report seeks to raise awareness of the value of specialist women's organisations both within and beyond the area of violence against women and girls and highlights the need for women-only services, particularly those that are led by and for ethnic minority women.

*Hidden Value: Demonstrating the extraordinary impact of women's voluntary and community organisations* urges commissioners and policy makers to recognise the value of the women's voluntary sector and understand that **supporting women supports families and wider society.**

With the current economic crisis putting increased pressures on public finances and with funders looking for greater evidence of 'value for money', it is essential that women's organisations are able to demonstrate and communicate the economic, social and environmental value that they generate.

This research seeks to inform commissioners and policy makers about the vital work and diversity of women's organisations and how investment in these services provides an effective way to address some of the most challenging issues in our society.

# Background

## Overlooking value

Women's organisations are currently operating in the most intense period of competition for funding on record. Due to reductions in public spending and shifts from grant giving to commissioning, funding to women's organisations has significantly decreased. Due to increased competition for the funding that is available, it is imperative that organisations can demonstrate their value and social impact.

The economic downturn has exacerbated women's organisations' existing financial vulnerabilities. Between 2004-2007 one in five women's organisations has been forced to close<sup>2</sup> due to a lack of funding and more recently 52% of women's organisations have had to reduce service provision due to funding reductions.<sup>3</sup> While they encounter barriers to funding which are similar to other voluntary and community organisations, such as short term funding, bureaucracy, the rise of competitive tendering and limited capacity for fundraising, women's organisations also face additional challenges including a lack of gender awareness in society; under-representation of women in public bodies and decision-making; and a lack of recognition of what women's organisations do and why they are needed.<sup>4</sup>

## Why women?

Women's organisations play an important role in filling gaps in statutory provision and supporting hard to reach groups. Founded on an ethos of empowerment and shaped by a woman-centred approach, they offer a holistic solution to meet both women's multiple needs and wider societal problems.

Women's organisations' unique reach within communities provides an important gateway for engagement with marginalised groups and their work is central to the Government's community empowerment agenda. Women's organisations provide a valuable opportunity for policy makers to connect with the needs of grassroots women and offer a mechanism for ensuring that women's voices are represented in local decision-making.

Women-only services are often led by and for specific communities of women to provide effective and tailored services to meet the needs of women across the equalities spectrum including disabled women, Black, Asian, minority ethnic and refugee (BAMER) women, young and older women, lesbian, bisexual and trans women and women living in poverty.

The importance of women-only services is demonstrated by organisations providing VAWG services; these are often life saving and have a long term impact on the women and families they support. As demonstrated in this report, the fact that many other services are women-only is also key to the success of their outcomes.

# Methodology

The project was carried out using the Social Return on Investment (SROI) methodology to determine the impact and social value of specialist women's organisations. SROI is a form of cost-benefit analysis that seeks to measure and value the key changes, or outcomes, created by a programme or activity.

This research used the standardised methodology developed by the new economics foundation (nef) and the Office for Civil Society (then the Office for the Third Sector).<sup>5</sup> This involved following specific processes used in SROI evaluation, including producing an impact map to show positive and negative effects of a service or intervention, data collection of financial and other forms of investment in activities and their outcomes and impacts, as well as the calculation of outcomes in monetary terms.

Unlike most SROI studies, which are hosted by a single organisation, this project was carried out with multiple organisations and coordinated by the Women's Resource Centre (WRC), a specialist infrastructure body which supports the sustainability of women's organisations. This unique pilot project was designed to build the capacity of women's organisations to conduct economic impact evaluation and enhance their ability to communicate their economic and social value.

With the support of nef, WRC worked with the following five frontline women's organisations, based in London, to examine the costs and long term benefits associated with their work:

- Ashiana Network
- Heba Women's Project
- Rape Crisis South London (RASASC)
- South Sudan Women's Skills Development (SSWSD)
- Women and Girls Network (WGN).

## Findings

Findings from the SROI demonstrate a range of positive outcomes from the five women's organisations involved and illustrate that investment in women's organisations provides extraordinary benefits to women, families and wider society as well as saving money for the State. These include:

- Increased independence, self confidence and self esteem for ethnic minority migrant women in East London which supports them in to education and training and so increases tax take for the State
- Improved physical and mental health for young women from South Asian, Turkish and Iranian communities who experience domestic violence, reducing long term health spend on state services
- Increased economic independence for female survivors of sexual violence which reduces state benefit spend
- Improvements in social interactions, personal and emotional safety and improved economic activity for Sudanese women
- Improvements in personal well-being, social relationships, independence and reduction in suicide for women and girls attending the WGN counselling service.

The SROI analysis found that:

- For every £1 of investment in services, the social value created by women's organisations ranges between £5 and £11
- The total social value created by women's organisations and specific services within organisations ranges between £1,773,429 and £5,294,226.

## Conclusions and recommendations

This analysis shows that there are enormous benefits from investing in women's voluntary organisations. Even small levels of financial investment create a large social return. Based on this our three key recommendations for action are:

- **An equalities framework must be integrated into commissioning processes to ensure the needs of specific communities can be identified and met**
- **When commissioning services the Government must adopt a broader definition of outcomes and select appropriate funding models that meet the needs of women**
- **Commissioners must recognise the value of holistic specialist services**



# 1. Introduction

*“In many ways, the women’s sector is a model of the Big Society we wish to build. That is a society in which we all work together to address problems, conscious that Government has a role to play but that it does not have all the answers, and recognising the role played by charities, voluntary groups and others...”*

**Theresa May MP, Minister for Women and Equalities<sup>6</sup>**

Just one year after the Minister for Equalities’ comments at the 36th Women’s Aid National Conference, the women’s voluntary and community sector in the UK faces unprecedented uncertainty. With severe cuts to funding, legislative changes which will deprive women of benefits and other proposals such as cuts to legal aid and provision of free English language lessons, the women’s sector faces unparalleled challenges to both its financial sustainability and the future of women’s rights.

In light of the challenges which lie ahead, the work of women’s organisations is crucial and their mission more critical than ever. Enterprising and solution focused, women’s organisations achieve their aims by using a wide range of strategies to meet women’s needs.

## 1.1. The broader context - women’s inequality in the UK

There is a widespread misconception that gender equality has been achieved and discrimination against women has been eliminated. Whilst there have been advances in women’s equality, there remains much to be done.

According to evidence obtained by The Fawcett Society, the low income of mothers is the source of 70% of child poverty.<sup>7</sup> In addition, 40% of Black, Asian and minority ethnic (BAME) women live in poverty<sup>8</sup> and minority ethnic women are more likely to face financial exclusion than minority ethnic men or the general population, with some, for example, not having access to a bank account.<sup>9</sup>

Violence against women and girls (VAWG) is a major problem in the UK. Every minute, an incident of domestic violence (DV) is reported to the police and one in four women experience DV over their lifetimes.<sup>10</sup>

The hidden nature of culturally specific types of violence, such as forced marriage, so called ‘honour’-based violence and female genital mutilation (FGM) make it difficult to ascertain an accurate overview of their prevalence in the UK. However, the Government’s Forced Marriage Unit (FMU) dealt with around 1,600 reported incidents of suspected forced marriage in 2008 and it is estimated that as many as 3,000 women may be forced into marriage in the UK every year.<sup>11</sup> With regard to FGM, it is thought that in England and Wales approximately 22,000 girls under the age of 15 are at risk of this practice, and 66,000 women are currently living with the physical, emotional and sexual consequences of FGM.<sup>12</sup>

## 1.2. The value of women's services

The women's voluntary and community sector is comprised of women's organisations working across a wide variety of areas. From training and education to DV services, women's organisations promote gender equality and seek to provide women with comprehensive needs-led support.

Women's organisations are unique in their ability to support, mobilise and inspire women and seek to establish long term solutions to the challenges they face. Across all sectors, women's organisations remain solution focused and work to advance the position of women by comprehensively supporting their needs.

Women's organisations work with some of the most vulnerable and marginalised women within society and are experts at providing programmes that are appropriate to women's needs. They support women that have been unable to access mainstream services because they have been considered too 'complex or challenging' and offer 'woman-centred' solutions, which take account of the causes and consequences of women's inequality. They help to empower women and provide them with the tools needed to rebuild their lives. For example, organisations providing VAWG services not only offer women-only spaces, where women feel safe, they empower women by helping them to regain control over their lives and bodies, and equip them with the information and support they need to make informed decisions about their future.

Women's organisations provide an important alternative for women who do not wish to access mainstream services. For example, on average just 10% of survivors of sexual abuse who access Rape Crisis Centres report their experiences to the police.<sup>13</sup> The independence of women's organisations enables them to access hard to reach groups and as their services are often led by and for specific communities of women, they provide effective and tailored support to meet the needs of women across the equalities spectrum. Research has shown that women's BAMER organisations are vital as they provide appropriate support to women whose issues are poorly understood in the 'mainstream'.<sup>14</sup> These organisations have been critical in placing issues, such as so called 'honour killings' and FGM, firmly on public and political agendas.

Specialist women's organisations also promote broader benefits to society by tackling social exclusion and promoting community cohesion. Their services help to integrate women into wider society and help to bring women of different faiths and ethnicities together. They are able to overcome cultural barriers and accommodate linguistic diversity, as well as having detailed knowledge about women's cultural identities and their experiences.

Through their preventative work, the women's sector creates significant financial savings to the State, reducing the strain on public services and offering broader benefits for wider society. According to the Home Office the minimum cost to the State of VAWG is £37.6 billion per year.<sup>15</sup> By supporting survivors of domestic abuse, for example, the women's sector can create savings to the State by preventing short and long term physical and mental health problems, such as substance misuse.

Women's organisations also play a vital role in reaching those furthest away from the labour market and help to increase women's skills and self-esteem to enable them to access further education and employment. For example, through volunteering opportunities, women can be empowered to develop their skills and increase their readiness for work. Research has shown that 11% of Chief Executives of women's organisations started out as service users.<sup>16</sup>

## 1.3. Why specialist women's services are needed

This report focuses on the specialisms of VAWG and BAMER women as these are the areas our participatory organisations work in. However, specialist women's organisations provide an incredible range of services, including providing advocacy support, helping women to find employment and raising awareness of issues affecting all groups of women such as health and environmental issues. Specialist women's organisations:

**Provide independent frontline services which directly support the needs of women within their communities:** Specialist organisations have a unique reach within communities, connecting women who may not otherwise access mainstream support. They offer therapeutic support, counselling, peer groups and many services in languages other than English, given within a sensitive framework and a safe environment.<sup>17</sup>

**Are led by and for women:** Safely exploring their experiences with other women who share similar cultural backgrounds and understanding is essential for service users, where they can speak in their own language and be understood.<sup>18</sup> Many staff within these organisations have suffered discrimination and social exclusion themselves and can identify with the problems and discrimination service users face.<sup>19</sup> As a result, specialised non-governmental organisations are essential in aiding those who are dealing with gender and culturally sensitive abuse.<sup>20</sup>

**Act as an important point of access for many BAMER women:** Many new arrivals to the UK have little information about their rights, often relying on women in their families and in their community for support.<sup>21</sup> Many BAMER women would also not access mixed services for cultural and/or safety reasons. Additionally, research suggests that there is a growing reluctance for some communities to seek help and co-operate with local and central Government due to a perceived failure to address socioeconomic disadvantages in the community.<sup>22</sup> Therefore, specialist women's organisations have become a supportive environment for people who have been neglected or distrust statutory services.

**Offer pathways to educational and vocational development:** Women's organisations provide women with the support they need to gain employment or training, including additional support by addressing barriers that women face to accessing mainstream services, for example, providing childcare, paying expenses, taking account of women's caring responsibilities and providing translators/interpreters. Respected grassroots organisations that can build long term relationships with women are in the best position to tackle the barriers to BAMER women's employment, including poor English and numerical skills, a lack of affordable childcare, and low self-confidence. Research on BAME women's access to the labour market found that women-led organisations provide a crucial empowering and representational role for this community *"enabling capacity building, civic engagement, combating social exclusion and tackling issues like discrimination and racism"*.<sup>23</sup>

**Provide life saving support to women who have experienced violence:** The holistic support of VAWG organisations can often have a long term impact on women and their families' lives, reducing incidences of abuse and the damage caused by violence.<sup>24</sup> For example, research on Rape Crisis Centres found a range of positive outcomes reported by survivors who had used their services, including a reduction in self-harming, to an ability to return to work or study.<sup>25</sup> Specialist VAWG services are needed because of the devastation violence and abuse causes to all aspects of women's lives physically, mentally, financially and socially. They allow women the space and time needed to understand and try to overcome what has happened to them.

**Address the causes and consequences of gendered violence:** Specialist women's organisations acknowledge that women may experience repeated instances of abuse throughout their life cycle and acknowledge gendered violence in relation to the context of their lives rather than in relation

to each instance of abuse. Women's organisations, in particular Rape Crisis Centres, focus upon securing justice for survivors rather than securing a conviction and seek to rebuild women's self esteem and equip them with the emotional skills needed to ensure a lasting recovery.

### **The impact of changes in funding on specialist women's services**

The recent shift away from grant giving to commissioning has had a profound impact on women's organisations. Commissioning means that the process of choosing service providers is subject to competitive tendering – 'shopping for services' rather than needs-led grant making.<sup>26</sup> There has been an emphasis on efficiency savings through streamlining the number of contracts and purchasing similar services from a single provider. This has a disproportionate effect on women's organisations, particularly BAME services, as they are typically small providers that do not have the capacity to bid for large generic contracts.<sup>27</sup> In the current climate, there is a lack of understanding of the need for women-only services, with funders favouring larger, generic providers. Increasingly, as Government policy is becoming more gender neutral, specialised women's organisations are finding it increasingly difficult to obtain funding and have to constantly justify their women-only status.<sup>28</sup>

## **1.4. About this project**

In recent years there has been increasing emphasis on the need for voluntary and community organisations to demonstrate their impact. In particular, organisations are being asked to measure and provide evidence of the social, economic and environmental value of the services they provide and activities they generate. While undertaking such evaluations can prove challenging in terms of the capacity and resource restrictions of these organisations, it can also offer an opportunity for the social and environmental value of the impact of their work to be recognised.

In 2009 the Women's Resource Centre (WRC), with the support of the new economics foundation (nef), began a two-year research project to examine the economic value and long term benefits associated with the work of five frontline women's organisations based in London. These organisations work in diverse specialisms including education, employment training and domestic and sexual violence. This unique pilot project was designed to build the capacity of women's organisations to conduct economic impact evaluation and enhance their ability to communicate their economic and social value.

The project used the Social Return on Investment (SROI) model to demonstrate and communicate the contributions of, and the social value created by, equality support providers in England. This approach is a form of cost-benefit analysis used to demonstrate the value of a programme or activity, and to help better understand the **value for money**.

SROI analyses were conducted with five women's organisations:

- **Ashiana Network** which provides support and empowers South Asian, Turkish and Iranian women who are experiencing domestic violence
- **Heba Women's Project** which is a training and enterprise project for Bangladeshi, Pakistani, Somali, Algerian and East African women
- **South Sudan Women's Skills Development** (SSWSD) which supports Sudanese women and children in exile to alleviate their poverty and isolation
- **Rape Crisis South London** (The Rape and Sexual Abuse Support Centre – RASASC) which specialises in advocacy, counselling and helpline support for female survivors of sexual violence
- **Women and Girls Network** (WGN) which is a London-wide counselling and therapy service offering support for any woman who has experienced violence or abuse.

The research was limited to London because of the funder and this was also necessary for convenience because of the intensive one to one support the groups required from WRC, who are also based in London. However, the highest proportion of women's organisations in the UK are based in London, therefore we felt that this was still a representative group.

## 1.5. The role of the Women's Resource Centre

WRC purposely used a participatory action research approach to ensure that participants were involved in all processes of the SROI study and used this opportunity to both promote the work of their organisation and embed data collection practices for the future. The study sought to improve the monitoring and evaluation (M&E) systems of women's organisations and support their communications and marketing by providing a clear evidence base for their work.

In addition to communicating the wider value of women's organisations, WRC facilitated organisations' engagement with service users through the participatory process, to ensure that the report reflected the complexity of the issues that women's organisations address.

Each organisation was engaged in the design, delivery and review cycles of the project and helped write the final report in partnership with WRC. As a result, the participating organisations have developed skills in research and evaluation and have helped to produce valuable data specific to their organisation.

WRC believes that clearly demonstrating to public bodies and funders the monetary rate of return on funding, potential savings to the State and benefit to the local economy is an important way in which women's organisations can better compete in the 'market'. Although they are best placed to provide services to women, they are often unlikely to be able to do so at the lowest price.

WRC designed this report as both a resource for funders and others to illustrate the broad social and economic value that women's organisations provide, and to provide a robust evidence base of the value of the women's voluntary and community sector and the outcomes that women's organisations create for women, their families and wider society.

# 2. Methodology

## 2.1. Introduction

The Social Return on Investment (SROI) approach was used to determine the contributions of, and the social value created by, the women's organisations who participated in the project. SROI is a method for measuring and reporting on the social, environmental and economic value created by an activity or intervention. SROI builds on and challenges traditional financial and economic tools, such as cost-benefit analysis, and seeks to measure and value the key changes, or outcomes, created by a programme or activity. It not only looks at the economic or financial value, but the social value too, therefore giving a truer reflection of the value created.

The foundations of SROI require researchers to find out the issues that matter to stakeholders and to measure those factors. Such factors are often things for which no market values exist, for example, an improvement in quality of life. As such outcomes can be difficult to value in a way that can be measured, more traditional analyses have tended to exclude them, preventing a fully rounded understanding of value being created or lost for society.

SROI is a particularly useful tool for identifying the benefits of women's organisations to the women they support. Benefits include, better mental health and emotional well-being and increased self-worth and confidence. These things are of immense value to the individual women receiving support but also benefit society in terms of reduced need for state services (e.g. GPs, mental health services, A & E, social services) and therefore reduced cost to the public purse. By applying the SROI methodology to value specialist services for women, we aim to offer a truer reflection of both the real costs and the benefits of these services.

## 2.2. Process of SROI analysis

This research used the standardised methodology developed by nef and the Office for Civil Society (then the Office for the Third Sector).<sup>29</sup> This involved following specific processes used in SROI evaluation, including stakeholder engagement and collecting data to show the investment in activities and their outcomes, creating an impact map to show the 'theory of change', and the calculation of outcomes in monetary terms/placing financial values on outcomes.

The process of SROI analysis involves six stages:

1. **Establishing scope:** setting the boundaries of the research and identifying key stakeholders
2. **Mapping outcomes:** creating a 'theory of change' which shows the relationship between what is invested (inputs), what the organisation does (outputs) and the difference it makes (outcomes)
3. **Valuing outcomes:** looking for data that might help in measuring outcomes and how we know that things have changed (indicators) then giving the outcomes a value
4. **Attributing impact:** measuring the impact of the desired changes which include:
  - The proportion of the results that would have happened anyway (deadweight)
  - The proportion that happened because of what someone else did (attribution)
  - The proportion to discount because the problem has been transferred (displacement)
  - Putting a value on the results (financial proxies)
  - How long the changes last (outcome drop-off)
  - How long the organisation's impact lasts (attribution drop-off)
5. **Calculating the SROI:** adding up all the benefits and value of the investment (inputs), looking at the immediate value of the impact (year 1), the long term value of the impact (future years) and comparing the result to the investment (SROI ratio using present values of future returns)
6. **Reporting back:** to the stakeholders and using the results to support what they do and embedding the work.

### 2.2.1. Establishing scope

Each group established clear boundaries for the research, deciding what services would be covered, who would be involved in the process, and how. A literature review was conducted as background to give a context to the services provided by each organisation and the groups of women with whom they work.

### 2.2.2. Mapping outcomes

Stakeholder engagement was used to confirm and build on the organisation's outcomes and to identify an appropriate indicator set. Interest groups, such as volunteers, funders and policy makers, were interviewed and focus groups and interviews were also conducted with service users, their families and staff. These also provided some case study material that has been incorporated into the individual reports. Through interviewing stakeholders each organisation was able to develop an impact map, or 'theory of change'. This shows the relationship between inputs, outputs and outcomes. These form part of the individual organisation's reports.

### 2.2.3. Valuing outcomes

Once the 'theory of change' and indicators for each organisation were decided, data was gathered to provide evidence for these and to search for appropriate indicators and financial proxies. Each organisation looked for data about specific outcomes and then gave them a value. For example, one consequence of a woman learning English and feeling more confident is that she is able to access public services without the need for a translator. Therefore the average cost for translation services was used to calculate the savings this will have for the State and the woman's family.

As many of the indicators were concerned with emotional health and well-being, existing data had to be relied upon to work out longitudinal outcomes and benchmarks and find those that were most similar or comparisons for what was measured. Academic and Government data sources were largely used to generate financial values and proxies. Only those indicators for which data were available were included in the final economic calculations.

Specific financial values were given to key outcomes for all the groups to create financial proxies. For example, in the Heba model the 'increased employability' outcome has the largest value (£292,381) even though the actual change is one of the smallest (see Heba graph 1). This is because the impact on individual women of being employed is very significant therefore the employability proxy used is high and represents the minimum wage for 47 weeks per year, 35 hours per week, minus £759.19 (tax and employees National Insurance contribution at this salary), minus 52 weeks Job Seekers Allowance at £67.50.

To calculate proxies on VAWG various research was used which has analysed the cost of different forms of violence. For example, the value of avoidance of forced marriage, which may include various kinds of DV, to women who access Ashiana Network's services has been valued as £12,404. This comes from a figure in the 2004 Women and Equality Unit report *The Cost of Domestic Violence*,<sup>30</sup> which includes a breakdown and valuation of different types of violence.

The concept of social well-being is challenging to measure, however a proxy based on the average spend on social activities in a year (£520) from *Family Spending 2009 - A report on the 2008 Living Costs and Food Survey*,<sup>31</sup> was identified and used to calculate the value of increased well-being to a woman. This can be seen, for example, for women involved in Women and Girls Network's counselling services.

### 2.2.4. Attributing impact

Once evidence was collected on outcomes and a financial value placed on them, the next step was to eliminate from consideration those aspects of change that would have happened anyway or are a result of other factors. For example, reduced need for mental health services is the result of an organisation's intervention and support as well as a woman's own resilience.

This stage also involved accounting for drop-off over a five-year period. For example, in the first year, reducing a woman's self-harm which resulted from abuse she experienced could be attributed to entering a refuge and receiving extensive personal support. However, if that woman manages to maintain a reduction in self-harm the following year, and in subsequent years, this will increasingly be less as a direct result of the original support received. As such the importance of the original intervention becomes gradually less significant and other factors, for example, the individual's commitment and general well-being, come into play.

### **2.2.5. Calculating the SROI**

This stage involved adding up all the benefits, subtracting any negatives and estimating the 'social return on investment'. This is also where the sensitivity of the results was tested. For example, it may be that some outcomes entail greater savings than others. Support for women experiencing DV, for example, is particularly cost-effective, because the average cost to the State of DV per woman is £12,404.<sup>32</sup>

### **2.2.6. Reporting, using and embedding**

This last step involves sharing the findings with stakeholders and taking forward any learnings from the research process. As well as this main report each participant has an individual report about their organisation, which they can use as evidence of the impact of their service and to share with funders, commissioners and policy makers. This is also a chance for reflection on the work they have done and the skills that they have developed as part of doing the SROI and to embed any M&E practices which they can use in the future to continue to demonstrate their value.

## **2.3. Challenges in the research**

While undertaking the research for this project the research team encountered a number of methodological challenges which we have aimed to overcome.

The variation in the M&E systems of the different organisations led to insufficient data as well as a lack of resources to collect data. As a result, there were challenges for some groups in terms of having sufficient data with which to build the model. For some groups this was more of an issue than for others who already had detailed monitoring systems in place. To overcome these challenges various methods were used to collect data that showed the 'distance travelled' by service users and used existing data, such as a sample of case notes, to ensure that information which was not already being captured was included. This process itself also allowed the groups to revise their M&E methods to ensure this was improved in the future.

The amount of investment in terms of time and resources by the participants was also an issue. Smaller organisations in particular lacked the capacity to collect large amounts of data and to process the data already collected. This had various implications during the research process e.g. gathering evidence, arranging meetings, processing data and providing information etc. During the research we did all that we could to mitigate these problems but it is clear that similar groups would need support with resources and capacity building to follow the SROI process.

Cultural issues around M&E also had to be negotiated. For example, because of the nature of the data being collected the women who were involved in this process may not be representative as they were regular service users with a close relationship to the organisation and more likely to agree to be involved in data collection and to be confident about doing this. Also most of these women would not have completed surveys and questionnaires alone as they may have needed translators or help with reading English and so may have been reluctant to be negative about the organisation and may have over claimed the impact that it had. Bias in questionnaire completion, particularly when they are administered in this way, is an acknowledged disadvantage of this research method. However, in spite of this, valuable data was collected and an advantage of women being well-known to the



organisations was that we could follow their progress more easily. With some of the organisations the client group often changes over time or some women are only short term service users, therefore were hard to follow-up once they had left the service.

As with most SROI research there was a degree of influence and choice in selecting the measurable indicators which reflect the preferences within the organisations. Attempts were made to overcome this by ensuring the indicators initially selected were cross checked with the indicators identified by the stakeholder interviews. However, it is acknowledged that while this limits organisational bias it cannot eradicate it completely.

# 3. Ashiana Network: Journey towards safety

## 3.1. Background: the need for specialist domestic violence support for Black, Asian, minority ethnic and refugee women

BAMER women experience culturally specific forms of VAWG, such as forced marriage, so called 'honour'-based violence or FGM, which are increasingly prevalent within the UK. This violence is a consequence of the intersectionality of multiple types of discrimination and power from the family, communities and wider society. Therefore these women benefit most from services provided by women who understand their needs and are able to provide appropriate support.

Two out of the three of Ashiana Network's safe accommodation schemes aid those fleeing forced marriage. Forced marriage overwhelmingly hinders women. In 2008, the Government's Forced Marriage Unit (FMU) estimated that 85% of their caseload is comprised of women and girls between 13-30.<sup>33</sup> Southall Black Sisters note that estimates of forced marriage vary from 1,000 to 3,000 cases per year in the UK.<sup>34</sup> However, it is likely that these figures are underestimated, due to the underreporting of VAWG crimes generally, the cultural silence surrounding this issue and a systematic failure to record statistics.

Forced marriage cases that are reported mainly involve women from the Indian sub-continent (India, Pakistan and Bangladesh), which reflects the large South Asian population in the UK.<sup>35</sup> Forced marriage is also prevalent within Turkish and Kurdish communities.<sup>36</sup> Reasons that have been identified by the FMU and partner agencies for forced marriage are: controlling unwanted sexuality (e.g. perceived promiscuity and/or being bisexual, lesbian or transsexual) and/or behaviour (e.g. alcohol and/or drug use or behaving in a 'Westernised' way); preventing 'unsuitable' relationships; protecting perceived cultural and/or religious ideals; increasing kinship networks, business links and/or tribal alliances; or assisting UK residence and citizenship claims.<sup>37</sup>

*"Ashiana do a lot of positive work around specialist refuge services and because of their work the media pay more attention."*

**Funder**

Ashiana Network's third safe accommodation scheme aids South Asian, Turkish and Iranian women experiencing DV. Alongside forced marriage, women and girls may experience other forms of violence and develop mental health problems as a result. For example, some girls may have to endure FGM prior to marriage, repeated rape until they conceive and/or perpetual DV from their partner and/or his family.<sup>38</sup>

Many women feel unable to defy their families and seek support when experiencing culturally

specific forms of violence due to entrenched notions of 'honour' and 'shame'. Consequently some women suffer psychological problems, such as self-harm, and suicide, as well as experiencing increased levels of isolation as they are unable to confide in family members and are prevented from socialising.<sup>39</sup> For example, young South Asian women are at a high risk of committing suicide with almost double attempting suicide compared to the general population. The profile of South Asian women who are admitted to hospital from attempted suicide differs from other groups as they are

more likely to be married and less likely to have a previous mental health diagnosis.<sup>40</sup>

There are additional issues acting as barriers for vulnerable women experiencing culturally specific violence in the UK. For example, if a woman is aware of services available (an issue within itself) and she does flee her family she may be at risk of relocation, separation from her children or deportation if she has insecure immigration status.<sup>41</sup> Women with no recourse to public funds also face further barriers to accessing help. They are more likely to need language support such as interpreting and translation. They often face increased risk of harm, are less likely to access the criminal justice system and struggle to access refuge accommodation. The Government has made positive developments in supporting women with no recourse, however, women entering the UK on visas other than a spousal visa do not benefit from these changes. If a woman is attempting to escape violence and claims a place in a refuge these benefits are essential to enable this, therefore the no recourse rule leaves many women trapped in violent relationships and unable to seek help from authorities.<sup>42</sup>

*“If I didn’t find Ashiana Network then I think I would have lost my life, and there are many, many girls who suffer who are actually in my position but they can’t find [a similar service]. I’m a lucky one I found them but there are many Asian women who suffer [and] have to live in terrible positions because of their visas, passports and much more problems.”*

**Client**

Fears of facing racism or stereotyping within wider society may mean there is a lack of confidence in seeking services by women who need help. For example, research indicates that professionals and practitioners can deal inappropriately with South Asian women affected by ongoing domestic abuse due to political correctness and fears of being labelled racist.<sup>43</sup> This often has a significant detrimental impact on addressing these issues and helping vulnerable women.

The cost of aiding those dealing with violence in BAMER communities is on par with domestic and sexual violence within the mainstream community. New Philanthropy Capital estimates the annual cost of violence against BAME women in England and Wales to be £1.5 billion. However, this does not include the costs of forced marriage, FGM, specialised services or that some of these women are without recourse to public funds.<sup>44</sup> It is likely that this cost is vastly underestimated.

In summary the complex nature of the multifaceted issues that some BAMER women face highlights the urgency for specialised services to adequately cater for their needs.

## **3.2. About Ashiana Network**

Established in 1989, Ashiana Network specialises in aiding young women (aged 16-30 years old) from South Asian, Turkish and Iranian communities. It is a multi-award winning project and the only service of its kind in the UK. Ashiana runs three refuges, two of which are targeted at supporting women aged between 16-25 who are fleeing forced marriage. Ashiana Network’s main objective is to build the confidence and self-esteem of women from these communities who are affected by DV. They work from a human rights perspective and tackle the cultural roots of specific forms of DV.

Prior to Ashiana, there were no specialist services for women experiencing violence from the Asian community in the London Borough of Waltham Forest where they are based, and very few in London as a whole. Currently, the organisation receives referrals from within and outside London, therefore Ashiana clearly meets an imperative need for vulnerable women from certain communities.

### Refuge provision

Ashiana offers safe accommodation across three schemes for South Asian, Turkish and Iranian women between the ages of 16-30. Kyra refuge is a seven bed shared house for women who are experiencing domestic violence. The second scheme, Zafina refuge, is an eight bed safe house for women at risk of forced marriage. The third scheme, Saranaya refuge, offers five bed-spaces also to women at risk of forced marriage.

*“Coming into Ashiana changed my life completely.”*

**Client**

Each resident has their own bedroom and shares the kitchen and bathroom facilities. Residents can stay at Ashiana for up to a year. All refuges are places of safety therefore all residents accept conditions of confidentiality - to not allow visitors to the safe house or to disclose the location of the house to anyone.

### Outreach service

Ashiana offers one-to-one outreach for women and young people who are affected by DV to provide support and reduce repeat victimisation.

*“They have contributed to statutory guidance and the practice guidelines which became policy and has gone out widely across the UK. They are a sounding board and consultant and key stakeholders for the FMU [Forced Marriage Unit].”*

**Forced Marriage Unit**

Ashiana also runs a DV support group for women in the wider community and for young people aged 13-21 affected by DV and an end of therapy support group for women. They provide a much-needed space and long term support for women and children who are experiencing or trying to work through the aftermath of DV.

Ashiana Network’s other services include multi-agency forums and training, as well as delivering projects for young people within the community including a DV education programme in schools in East London.

For the purposes of this report the research will focus upon two of Ashiana Network’s key services: the refuge provision and outreach support service.

## 3.3. Data collection process

### 3.3.1 Stakeholder interviews

Stakeholder interviews were set up with current clients, staff and external stakeholders to provide evidence and explore the outcomes of Ashiana’s refuge and outreach services.

External stakeholders were individuals who had worked closely with Ashiana and had a good understanding of their work, particularly around influencing policy and practice and referrals. The organisations have a vested interest in Ashiana and know how successfully they work and how Ashiana has influenced themselves and their organisation.

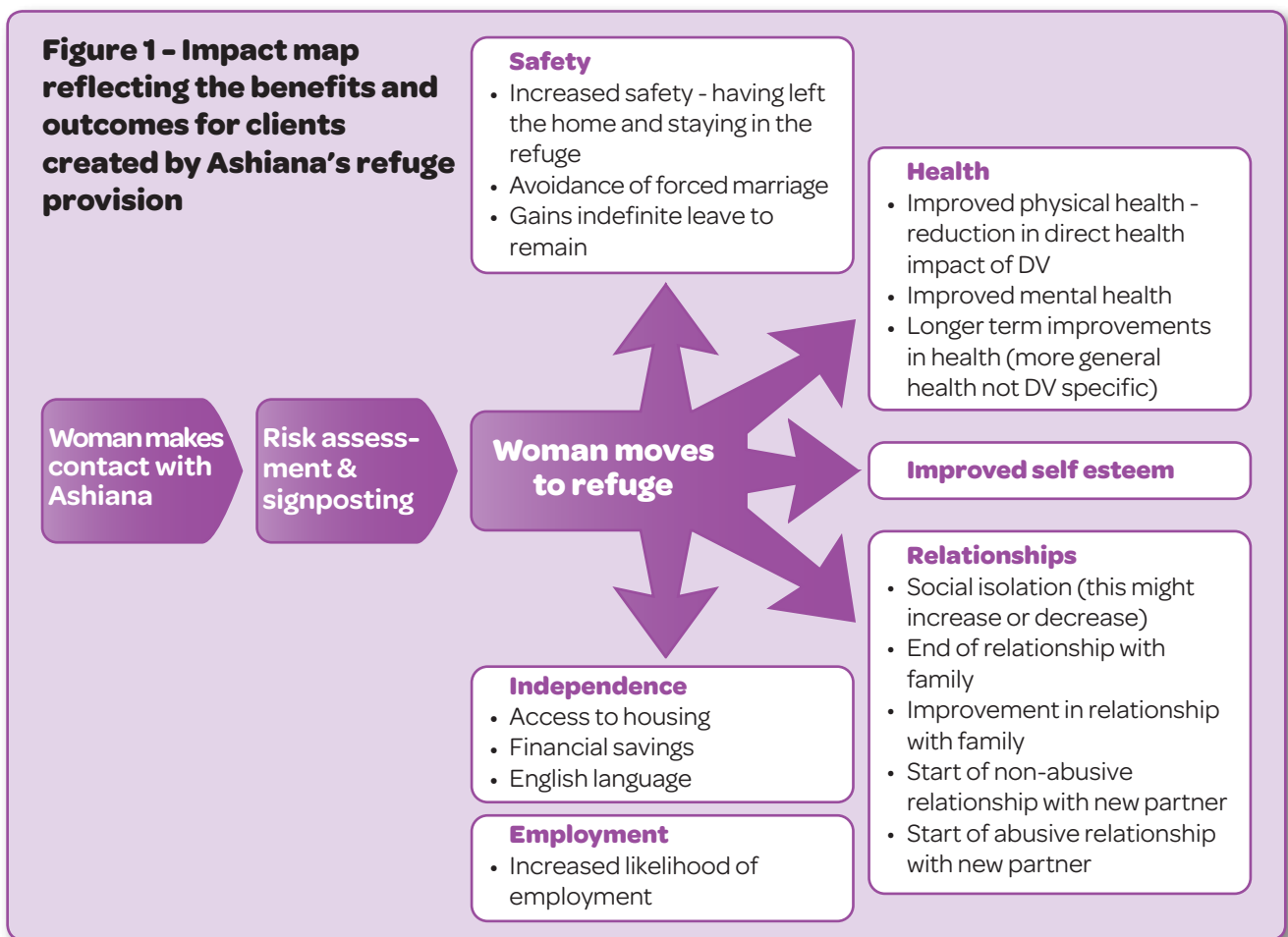
Telephone interviews were conducted with various external stakeholders including a Detective Constable from the Violent Crime Directorate, the Joint Head of the Foreign and Commonwealth Office FMU, the Head of Support and Disabilities at the London Borough of Waltham Forest and the Contracts Manager at East Living, who is the landlord of the refuges.

Focus groups and one-to-one interviews were conducted with clients of both the refuge and outreach service. These women had sought support from Ashiana for a variety of reasons and presented with DV issues as well as issues such as an inability to speak English, substance misuse/ self-harm, no recourse to public funds and homelessness. A focus group with staff also took place. All interviews were recorded and transcribed.

Stakeholder interviews were carried out to create the impact maps and to ensure that the outcomes being measured by the existing data collection methods were accurate. It was found that the data currently collected did reflect these outcomes, therefore no data was gathered using different methods. Quotes from the stakeholder interviews have been used to illustrate the report and to inform the key messages.

### 3.3.2. Impact maps

An impact map was developed for the two services (outputs) with which this SROI research is concerned: the refuge and the outreach support. Some of the ‘theory of change’ and outcomes for these are the same but there are also some key differences.



Ashiana Network’s activities and the benefits of these were linked to the key outcomes which came out of the stakeholder interviews to show the relationship between inputs, outputs and outcomes. Therefore the impact maps illustrate the relationship between what matters to the stakeholders and the indicators of this that were chosen to represent added social value.

Although presented in a linear fashion, the impact maps are not meant to read as a simple cause-and-effect model. It is not easy, for example, to express the outcomes which impact on various parts of women's lives separately. Aspects such as health, family and education are all inter-related. Outputs that relate to Government departmental categorisation have traditionally been used to measure outcomes. However, in this case because outcomes are centred on the person, and their individual stories of change, traditional output measurement fails to capture the complexity of women's lives. Given that the outcomes are inter-related the indicators also overlap with each other as well as across outcomes.

Women's health and emotions will fluctuate during their engagement with the service as this is part of the therapeutic process. Therefore initially there may well be a decrease in mental health when they first engage with Ashiana and begin to deal with their problems.

The main inputs to Ashiana Network's services are both financial (direct costs, staff costs, overheads and expenses) and non-financial (opportunity cost of volunteers' time and unclaimed expenses, as well as the time and energy that clients themselves give).

### Women in refuge (figure 1)

For women accessing refuge provision, their point of entry is making contact with Ashiana or being referred from another agency. There is then a process of risk assessment and signposting to any other appropriate services.

The main outcomes for individual women once they have moved to the refuge are:

- safety
- health
- improved self-esteem
- independence
- employment
- improved or ended relationships.

*"They can save lives."*

**Client**

These benefits will obviously differ depending on the woman's individual circumstances and may also be more short and/or long term.

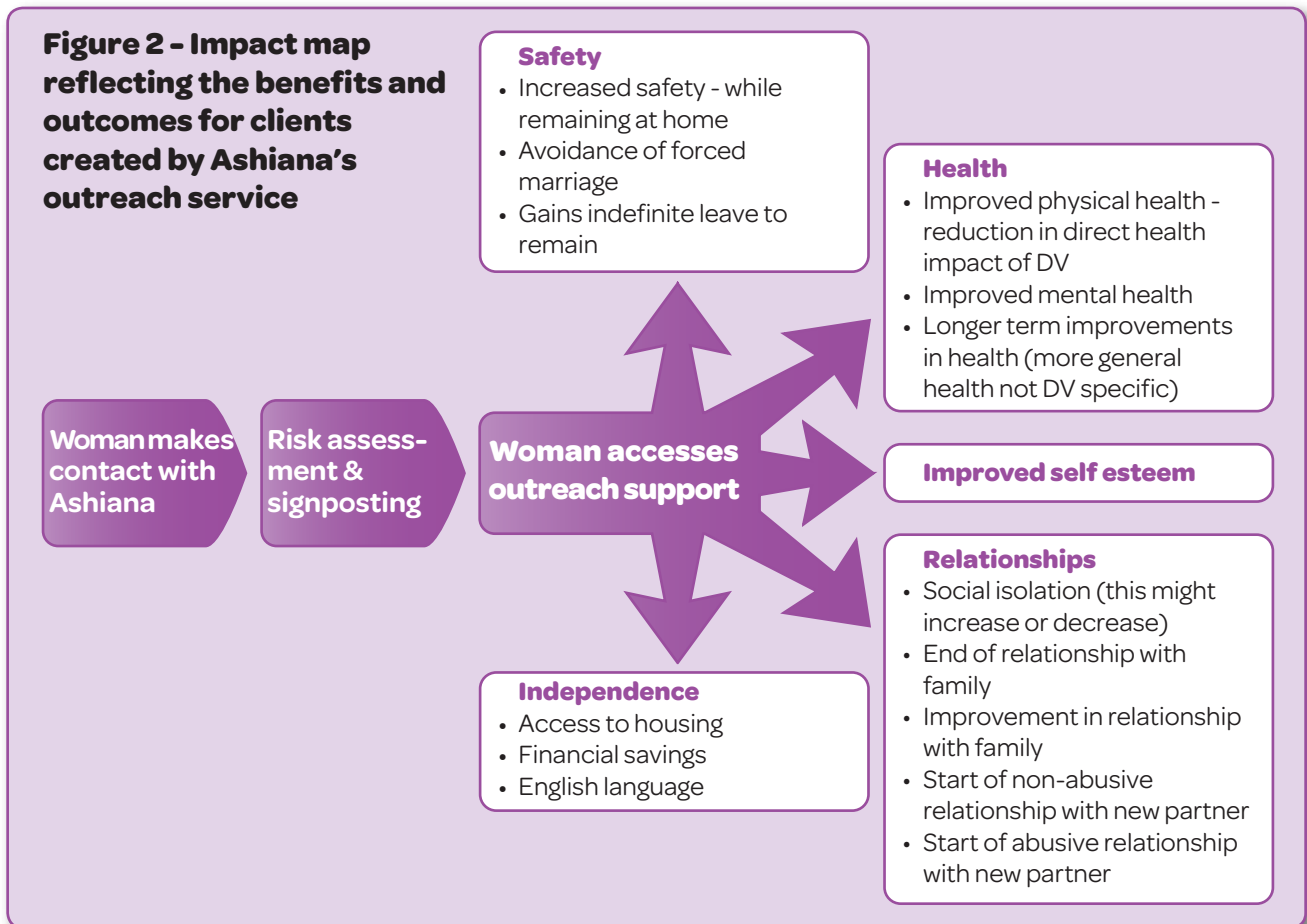
There is an immediate benefit of increased safety once a woman has left the abusive situation and is in the refuge. This may also be connected to an avoidance of forced marriage by leaving the home. In the longer term, through support from Ashiana, a woman may also be able to apply for and gain indefinite leave to remain in the UK while she is in the refuge.

There is an immediate improvement in physical health as the direct impact of DV stops once she is in the refuge. There will also be an improvement in mental health in both the short and longer term.

*"I'm not an angry person any more. I'm very confident in myself. Nothing can knock me over now. I'm just so looking forward to the future and doing my own thing, not worried about my family, not worried about if they want to talk to me or not."*

**Client**

Independence as an outcome includes access to housing for women who were homeless before entering the refuge (and the ability to secure and maintain this in the future), financial savings and her ability to manage her finances in the future, as well as increasing skills in English language for some clients. Linked to this is also an increased likelihood of long term employment. Relationship outcomes will depend on individual circumstances but may include decreasing social isolation, although conversely this could also increase as the woman moves away from her friends and family and must not compromise the safety of the refuge. Similarly, accessing the refuge could mean an end of her relationship with her family which may be positive or negative, or it could also lead to an improved relationship with family members. In the long term, the impact of the refuge may lead to the start of non-abusive relationships with new partners, but abusive relationships may also be started with new partners after leaving the refuge.



**Women accessing outreach (figure 2)**

As with women accessing refuge provision, for women accessing the outreach service, the point of entry is contacting Ashiana or a referral from another agency. There is then a process of risk assessment and signposting to any other appropriate services. The main outcomes for individual women accessing outreach support are the same as for those who have moved into refuge provision (see figure 1). Similarly, these benefits will obviously differ depending on the woman's individual circumstances and may also be short and/or long term.

*"I think my whole life is changed now. I'm happy."*  
**Client with no recourse to public funds**

There is increased safety while the woman remains in the home as she will be better able to manage any abuse and has appropriate support. In the long term, this may be connected to an avoidance of forced marriage and a woman may also be able to apply for and gain indefinite leave to remain through support from Ashiana.

In the same way as women who access the refuge service, the positive or negative aspect of relationship outcomes will depend on individual circumstances. An improvement in self-esteem and confidence is also a key outcome for both services and is the result of the other outcomes.

### 3.3.3. Measuring outcomes and indicators

Data was collected every three months from October 1st 2009 until December 29th 2010. In the final model this was averaged to 12 months. Therefore this covered 38 women in the refuge over a 12 month period and 160 women in the outreach service over the same period.

Ashiana had robust and detailed M&E systems in place for each service, developed with support from the Charities Evaluation Service. Therefore they already had rich data which was collated in a sophisticated way to measure the impact of their services on women. They used monitoring forms for clients and staff every three months and had quarterly/biannual reporting. Staff also report on outcomes every month.

The clients in the refuge are monitored from the time they enter the refuge until they leave. Those accessing the outreach service are monitored from when they make contact with Ashiana until they end this contact. However, outreach support may be short term or result in one outcome, for example being referred to the refuge or another service, so the outcomes data for the outreach clients is not always as detailed as that for the women in the refuge.

## 3.4. Outcomes

**Graph 1** below shows the outcomes created for women as a result of accessing Ashiana Network's refuge. Calculated using data collected through in depth monitoring systems, the research findings show that Ashiana creates a broad range of positive outcomes for women who are in the refuge.

Increased safety is a key outcome as women have left the abusive situation or may no longer be homeless. This is linked to the immediate benefits of improved physical and mental health. The impact on longer term health improvements is also significant and is an ongoing outcome for individual women as well as for the State in terms of healthcare spend (the average cost to the State of DV per woman is £12,404<sup>45</sup>).

Fifty-nine per cent of women moved into employment, education and training while in the refuge.

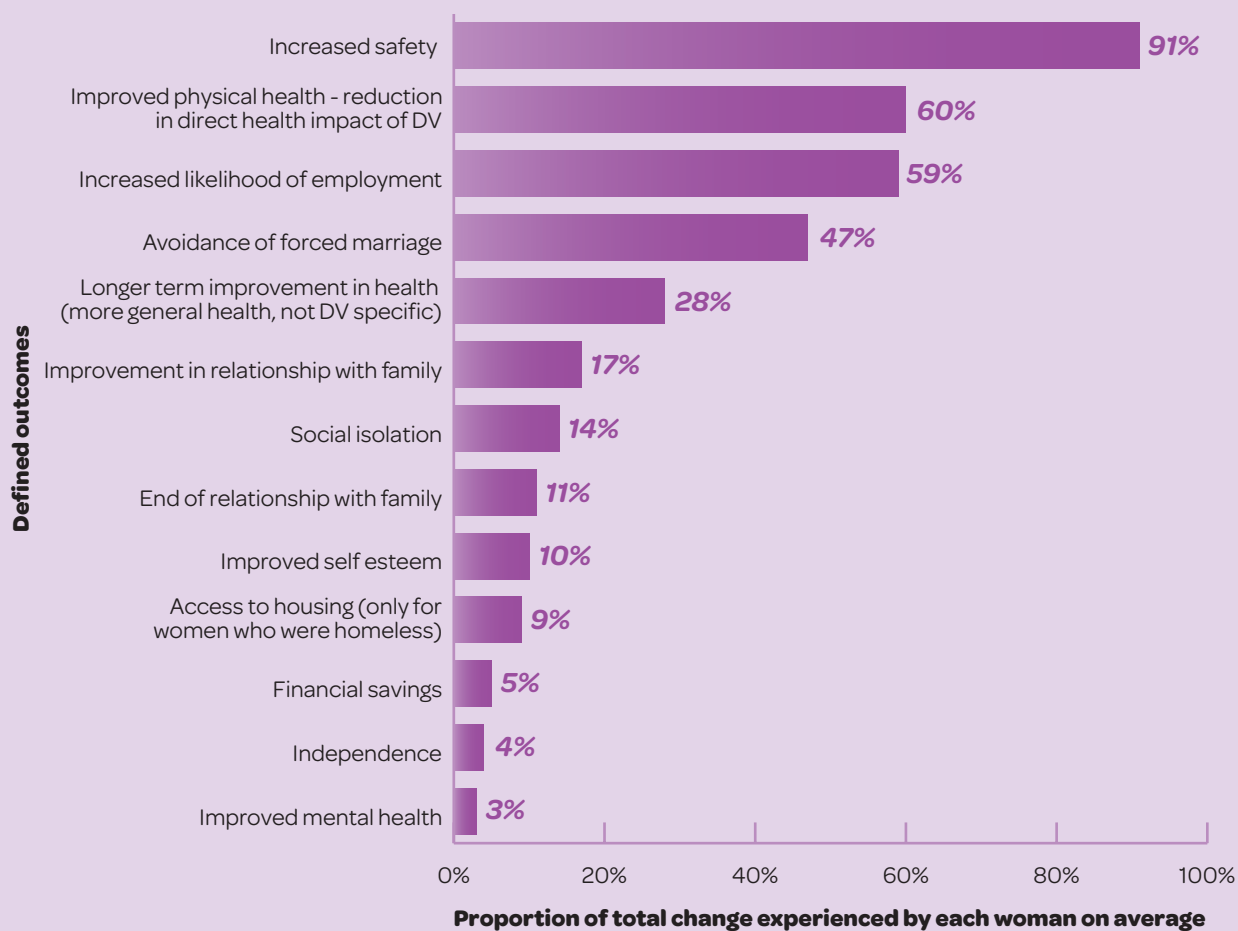
Social isolation may well increase, as demonstrated on graph 1, as a woman moves away from her friends and family and must not compromise the safety of the refuge. Similarly, accessing the refuge could mean the end of her relationship with her family which could increase feelings of isolation. However, in the long term the many other benefits from accessing the refuge outweigh this one negative outcome and the support received can improve relationships in the future.

*"I'm returning home now, I'm going back next week and it's like, the amount of support I've gotten to go back home has been amazing. And even though I'm going back home I'm still going to be coming here to have counselling, which is so great. I never expected that."*

**Client**



**Graph 1: Proportion of total change experienced by women as a result of being in the refuge**



**Graph 2** below shows how Ashiana Network’s outreach support service creates similar positive outcomes to the refuge provision. However, there are some important differences because of the nature of the service.

Data calculated using outreach monitoring forms shows that 18% of women demonstrated financial savings after accessing the service through being able to apply for benefits. Improved economic independence is an important outcome which illustrates the broad impact of Ashiana Network’s services and its contribution to women’s well-being. On average, women’s independence increased by 20% which was demonstrated through budgeting and managing their finances better, looking after themselves and their home, as well as gaining confidence with filling out forms and dealing with officials to help them day to day. The impact of violence and abuse pervades all aspects of women’s lives and can impact on women’s ability to perform daily activities, therefore these outcomes are significant for individual women.

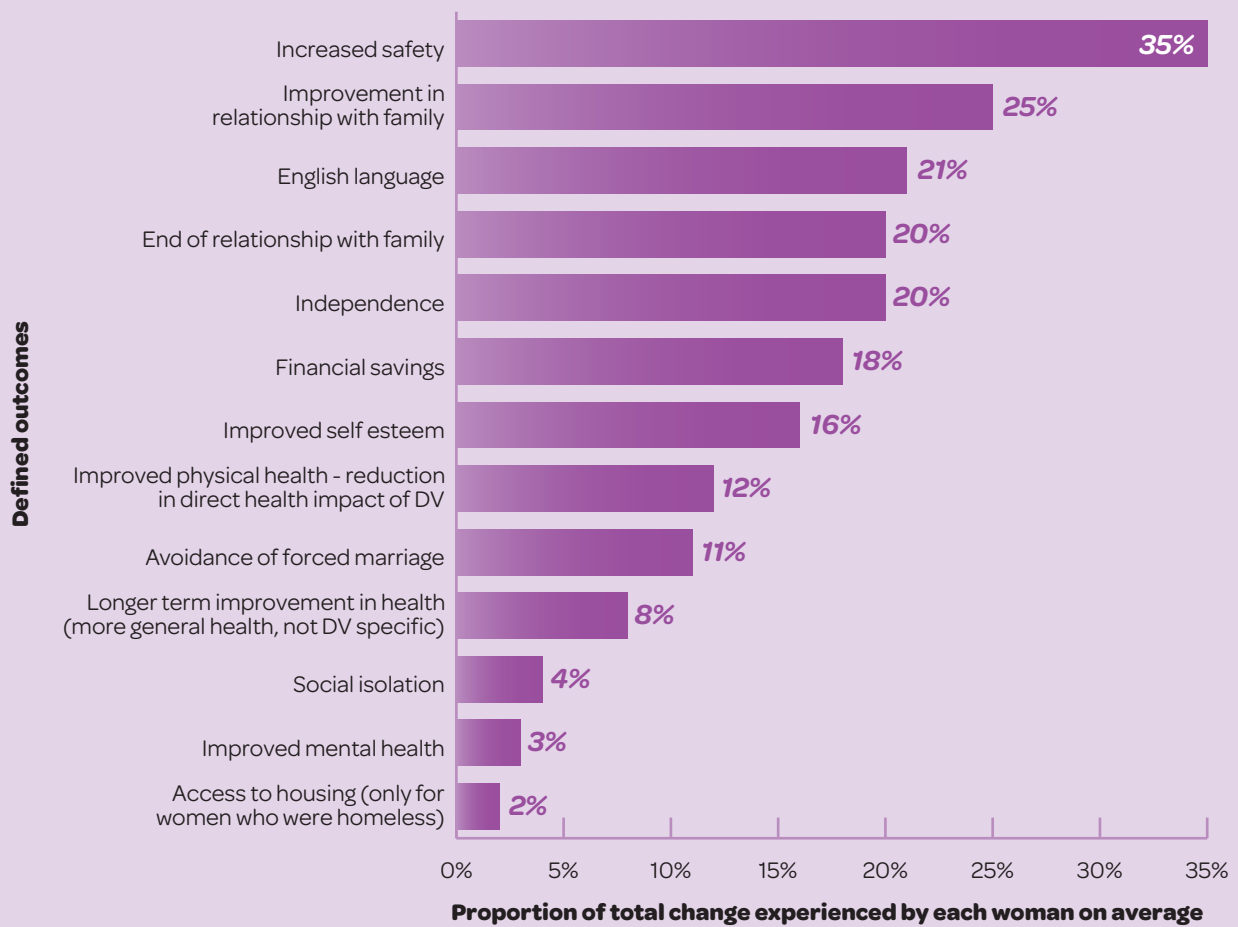
Safety increased by 35% while still in the home as they were better able to manage the abuse and had developed coping mechanisms through the support they received at Ashiana.

Improvement in English language is also a significant outcome for many of Ashiana Network’s clients as this leads to and can support other outcomes such as improved self-esteem, independence and social isolation. Outcomes such as these can have a broader impact in terms of supporting women to integrate in to society.

*“It’s helping women to achieve what they want to achieve in life and get away from a nightmare of a situation.”*

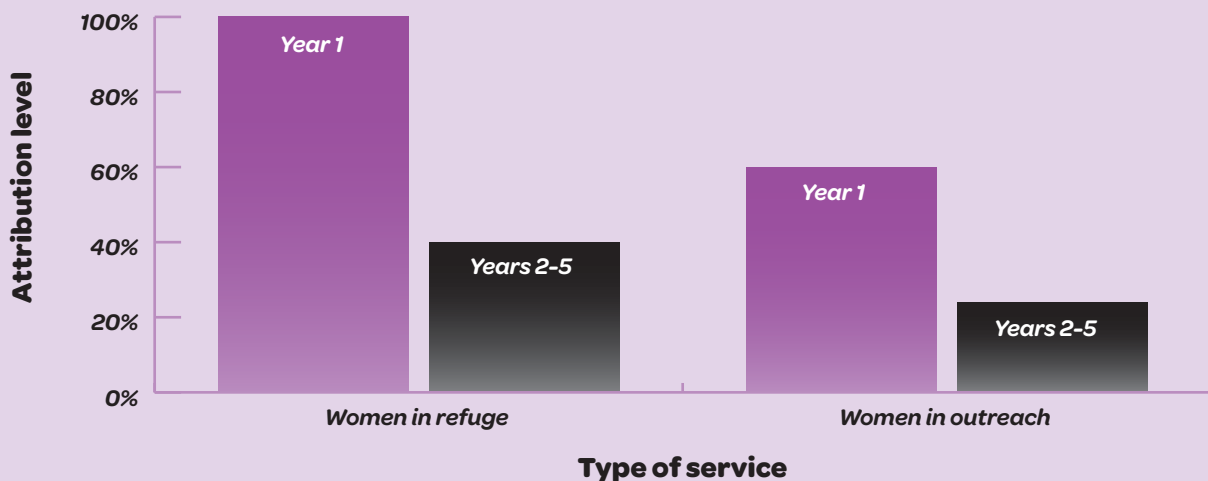
**Client**

**Graph 2: Proportion of total change experienced by women as a result of accessing outreach support**



**Graph 3** highlights the level of attribution awarded to Ashiana for creating outcomes for clients in the first year and in subsequent years. Based upon the feedback of clients and Ashiana staff, 100% of the outcomes illustrated in year one in the graph have been attributed to Ashiana for the refuge service as during this period women are re-housed within the refuge and will receive ongoing face-to-face counselling and support. Sixty per cent of the outcomes have been attributed to Ashiana for the outreach service as this is less intense and there may be other factors which are also supporting women to achieve these outcomes.

**Graph 3: Level of attribution awarded to Ashiana for creating outcomes for clients in year 1 and years 2-5**

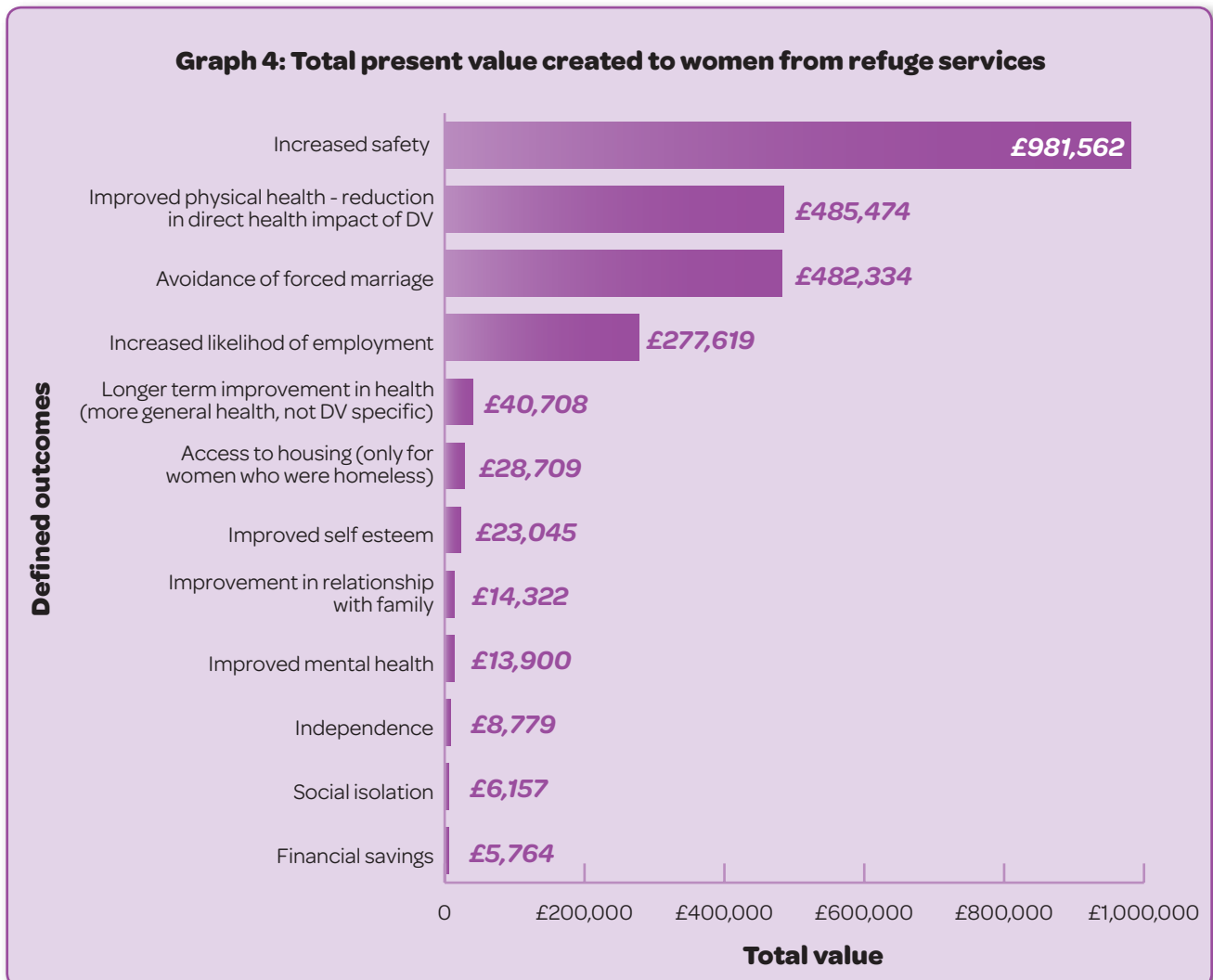


The level of attribution is estimated to significantly reduce in years two to five, as women take the lead in their personal recovery and apply the practical and emotional tools they have learnt. The 40% attribution level for the refuge and 24% for the outreach service shown in year's two to five is reflective of Ashiana Network's ethos of enabling sustainable recovery by empowering women to make positive and appropriate choices for themselves, building confidence, independence and self-determination.

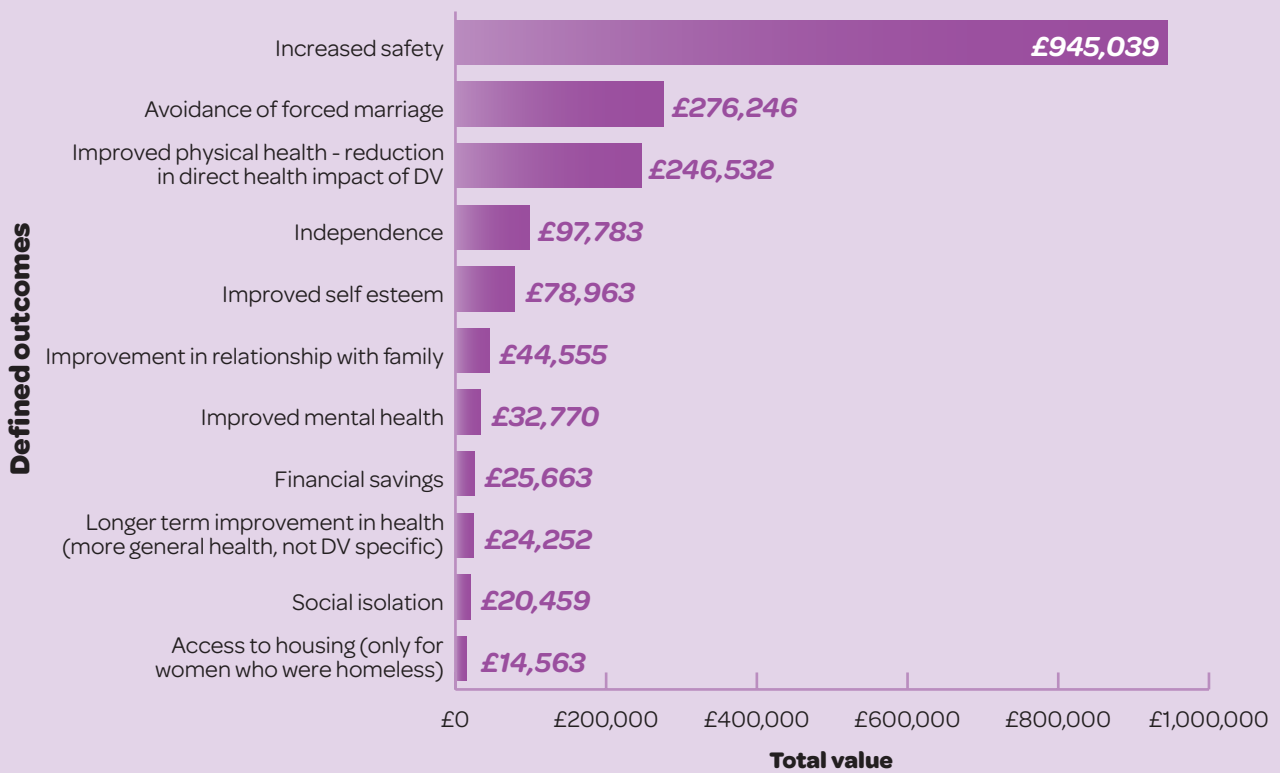
**Graph 4** demonstrates the total present value of the outcomes to Ashiana Network's clients created by the refuge provision. The graph shows the present value to clients to give an accurate account of the value of the benefits in terms of current costs without inflation and a discount rate has been applied so that it demonstrates what is happening now, rather than what will happen in the future.

These calculations were made using a range of financial proxies for the different outcomes which were then divided across specific outcomes for clients and multiplied by attribution levels over a five year period. The graph shows the increase in safety and health from engagement with Ashiana but also places financial value upon improvements in women's independence and improved relationships, which are also key to their well-being.

The graph gives a total value to women of the avoidance of forced marriage of £482,334 for women in the refuge. This value is based on proxies on DV from a 2004 study into the cost of DV<sup>46</sup> which calculated the cost of different types of violence. Although forced marriage is specific to certain groups of women it can include a variety of types of violence and abuse which are experienced by all women who experience DV, which were incorporated to calculate a final proxy. The cultural specificity of this type of violence against women means that specialist services, such as Ashiana, are needed to ensure that an understanding and appropriate support is available for women who have experienced, or are at risk of experiencing, a forced marriage.



**Graph 5: Total present value created to women from outreach services**

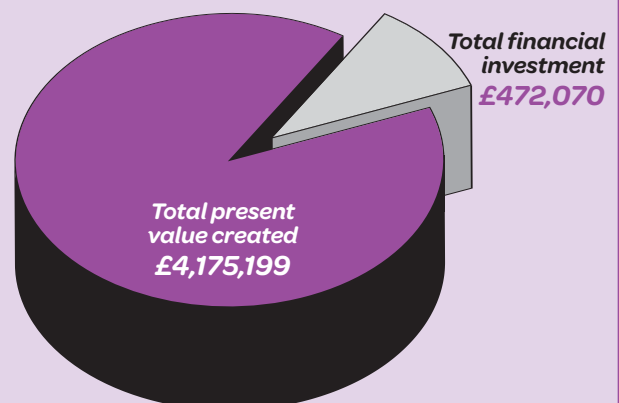


**Graph 5** demonstrates the total present value of the outcomes to Ashiana Network’s clients created by the outreach services. The graph shows the huge value to an individual woman of an increase in safety without leaving their home developed through engagement with Ashiana. This safety comes through support with developing and sustaining coping mechanisms and ways to deal with violence and abuse as well as coping with self-harm and other harmful practices. The graph also shows a financial value placed upon improvements in health related to a reduction in the direct impact of DV on a woman which also impacts on state healthcare spend.

The graph gives a total present value to women of the avoidance of forced marriage of £276,246 for women accessing outreach support based on various proxies as above.

**Graph 6** illustrates the high social return on investment ratio created by Ashiana Network’s refuge and outreach services. For every pound invested, eight pounds worth of social value is created. As indicated by the graph, a comparatively small level of investment yields significant results. Investment in Ashiana creates significant benefits which can mitigate the high financial and emotional costs of experiencing DV and forced marriage.

**Graph 6: Total level of investment and total value created by Ashiana's refuge and outreach services**



*“The FMU [Forced Marriage Unit] refer cases to Ashiana and they would be the first place that we would call. This is because we feel that women are kept in a place of safety and given counselling and support to help rebuild their lives and we know that Ashiana will do this. They provide sessions and a long term plan (e.g. continuing education) and step-by-step guidance.”*

**Forced Marriage Unit**

### 3.5. Conclusion

The total present value created by Ashiana Network’s refuge and outreach services has been calculated as £4,175,199. The total investment into these services has been calculated as £472,070. Therefore the final SROI ratio shows that for every £1 invested into Ashiana £8 of social value is generated to clients over five years.

This analysis confirms that Ashiana is meeting its aims and objectives and achieving positive outcomes with BAMER women at risk of DV, forced marriage and so called ‘honour’-based violence. Ashiana is an organisation that provides value for money.

#### **Key outcomes include:**

- Increased safety
- Improved physical and mental health
- Improved self-esteem and independence
- Increased likelihood of employment.

This research process has enabled Ashiana to understand the value created by its specialist work and communicate these findings to all its stakeholders. The SROI analysis has clearly evidenced the importance and value of specialist provision.

The SROI research findings will be used by Ashiana as a fundraising tool to sustain and develop its services. The findings will also be disseminated and shared across the voluntary and specialist women’s sector to enable other agencies to highlight their value and as a benchmark for specialist provision.

#### **Key messages:**

1. Ashiana is unique in providing a specialist women-only service for survivors of DV with a cultural understanding of the issues clients face, such as forced marriage and so called ‘honour’-based violence.
2. Currently there is no alternative provision that women can access which can give appropriate support for the specific challenges that this group of women face, defined by their age and cultural background.
3. Ashiana is invaluable as it empowers women to make positive and appropriate choices for themselves, building confidence, independence and self-determination.

*“People’s needs are different as well and Ashiana kind of gives you that opportunity. They look at each person’s needs.”*

**Client**

4. Ashiana Network's strength is in providing a range of support which is needs-based and tailored for each individual client, lasting as long as they need it and impacting on both mental and physical health in the short and long term.
5. Ashiana works on prevention as well as 'cure' and has a wider impact on the community, raising awareness of services and creating generational change around harmful practices.
6. BAMER women are held back by other barriers to justice such as lack of English language and racism, which means that they will not access other forms of support, therefore Ashiana is a life line for these women.

*"You learn to become more independent. You learn to do things. You learn to become your own person."*

**Client**

# 4. Heba Women's Project: Keeping the door open

## 4.1. Background: the need for specialist support to help integration of Black, Asian and minority ethnic women into the local community

Heba Women's Project is based in Tower Hamlets, an ethnically diverse borough with almost half of the population comprised of BAMER groups. The largest of these groups (33%) is from the Bangladeshi community,<sup>47</sup> which is the most concentrated and ethnically segregated Muslim community in the UK.<sup>48</sup> Many of these people are women who have moved with or joined their families and husbands, who may speak little English and can become heavily isolated.

A sudden growth in the Bangladeshi community has not encouraged integration, especially for women, who are particularly vulnerable to segregation as they do not have the same opportunities to socialise and gain income independence as their male counterparts.<sup>49</sup>

*"Since coming to Heba my eyes are slowly starting to open."*

**Service user**

Racism, xenophobia, and Islamophobia experienced by some groups, from the community and broader society, plays a significant role in the inequality of BAMER groups. For example, research emphasises that for many Bangladeshi women in London religion remains a fundamental aspect of their identity. However, an emerging racism and Islamophobia exacerbated by events such as 9/11 and anti-terror laws has led to distrust in statutory services from many people, which is often where specialist non-governmental organisations become an essential mediator.<sup>50</sup>

The needs of many of Heba's service users are multidimensional, yet there is very little existing support and outreach to cease the social exclusion of BAMER women. Tower Hamlets has the highest level of unemployment and child poverty in London<sup>51</sup> and as these tend to affect certain demographics disproportionately it is highly likely that this will affect minority ethnic women in the borough most.<sup>52</sup>

*"Heba did help a lot, it helped with my computer skills, my English, I'm still practising my writing and those are keys to higher levels of education so that's really important for me to achieve that before saying OK, I'm confident to take the step now and go to uni."*

**Service user**

Bangladeshis are especially vulnerable to social exclusion and poverty. In 2007, it was thought that in the UK 65% of Bangladeshis and 70% of Bangladeshi children were living in poverty.<sup>53</sup> The Fawcett Society also noted that only 28% of Pakistani and 16% of Bangladeshi women were in employment in 2005 in the UK. Those Pakistani and Bangladeshi women who have dependent children also have very high levels of economic inactivity (around 80%, depending on the age of their youngest child).<sup>54</sup> These levels of inequality are made palpable when compared to other ethnic groups:

*“Forty-two per cent of Pakistani and Bangladeshi women under 35 who have a partner but no dependent children are also not involved in the labour market, compared to only 2% of Black Caribbean women and 4% of White women.”<sup>55</sup>*

Despite their diversity and strengths, many of the women who use Heba’s services have barriers to education, training and employment. A common obstacle (especially for new arrivals) is English language and literacy skills, which is a key determinant of gaining employment<sup>56</sup> and aids integration into UK life. There is a great need for basic ESOL (English for Speaker of Other Languages) and other skills training, which outstrips supply. Many of these women have complex needs that must be assessed and services tailored to suit their individual situation.<sup>57</sup>

Other barriers that affect employment for the women who access Heba’s services are perceived to be a lack of support, employment opportunities and training and encouragement as well as low self-esteem and confidence.<sup>58</sup> The number of BAMER women born between 1960 and 1979 who have no qualifications is less than half of those born between 1940 and 1959, indicating that adult education and training programmes may be helpful in tackling differences.<sup>59</sup> Yet it is still BAMER women who are suffering disproportionately to White women in educational development. In 2005, 40% of Pakistani and Bangladeshi women of working age had no qualifications, compared to 17% of White women.<sup>60</sup> Educational attainment, feeling part of the local community and meeting other local women helps to reduce social isolation and improve social mobility.

Other issues that some immigrant women face that restricts their employment opportunities are a lack of recognition of prior knowledge and experiential learning and difficulty in obtaining UK work experience or references. Furthermore, professional women who enter the UK are faced with qualification recognition barriers. This could be due to a bureaucratic system of recognition, having incorrect documents and/or insufficient language skills, and/or not understanding a foreign system.<sup>61</sup>

When BAMER women are in employment, they tend to be disproportionately represented in certain areas of the labour market. For example, Pakistani and Bangladeshi women are particularly likely to be homeworkers, a vulnerable profession. Homeworkers receive an average of £2.53 per hour, employment law surrounding homeworkers is unclear and they have limited employment rights, paid holidays, maternity leave or redundancy notice and compensation.<sup>62</sup> This issue is compounded by a lack of outreach services and understanding regarding women’s rights and support needs.

Many of the women who access Heba’s services have dependents. Caring for family members and a lack of flexible working time is also a significant factor limiting some women from participating in the community, completing courses and training, or gaining/maintaining employment. Having to care for dependents, irrespective of qualifications, drastically reduces women’s economic activity.<sup>63</sup> BAMER women are less likely than White women to access childcare, be satisfied with the quality of services, or find childcare that is culturally and religiously sensitive.<sup>64</sup> However, where accessible services do exist, with an outreach policy, it has been found that BAMER women will use them.<sup>65</sup>

Where statutory support agencies exist, there is sometimes a bewildering array and much confusion over which agency provides which service. Furthermore, the needs of individuals are frequently very diverse e.g. they may need information on benefits, housing, legal status, employment and education/training.<sup>66</sup> Such organisations do exist but provision is patchy and organisations that help immigrant women specifically suffer from a lack of capacity and funding support.

*“If you want to do something more than Heba [e.g. further education and training] then there’s an open world there that you can access.”*

**Service user**



## 4.2. About Heba Women's Project

Since it was established around 20 years ago, Heba has aided isolated women to build fuller lives through training, educational development and by offering a socially and ethnically diverse, welcoming community space. Based in East London, the award-winning, women-led project's objectives are to improve skill-building and social inclusion.

Heba was established at a time when women wanted to find a space to practice their English and sewing skills. The demand for Heba has grown continuously since then and the organisation now has over 350 women service users from 15 different nationalities. Additionally, Heba has a sister project, 'Poetry in Wood', that provides woodwork and other craft training for people with learning difficulties.

*"It was something I had been dreaming about before but things happened that stopped me from achieving it but now I can still get there."*

**Service user**

*"I feel more confident, I'm looking for jobs as well...I'm happy to look for jobs, I'm searching the internet, I'm starting to mix with people."*

**Service user**

Heba benefits women from across the world. In 2010, 64% of service users were Bangladeshi, 6% were Pakistani, 6% were Somali, 4% were Algerian, 4% were Moroccan, 9% were from other African countries (mainly East Africa) and the remaining 7% were from various other countries around the world. Eighty-eight per cent are Tower Hamlets residents.

Heba was established at a time when women were isolated in the home and did not support each other as a community. Brick Lane was dominated by men and women did not have

a space to socialise or learn, and this problem continues for many women today. Therefore, Heba is beneficiary-led, providing training and other opportunities in response to local women's needs. Service users are heavily involved in the planning and day-to-day running of the project, which also makes it more cost-effective.

### Training and educational development

Heba runs a diverse array of training and developmental courses to aid the social inclusion of isolated women. During the research there were six language classes (ESOL Pre-Entry to Level 2, which is equivalent to GCSE), five sewing classes, two computer (ICT) classes and courses subject to demand, such as a parenting course. These classes meet an imperative need for women who have had no previous education, or with family commitments that prevent them from accessing adult education, to interact and develop their skills and potential.

*"At Heba, we are all different women from different countries and we get to know each other. When we go on a trip with our kids or see them playing in the crèche, we can see them all playing together and making friends from other countries."*

**Service user**

*“You say what you know and they said what they know and you feel like [it opens your] mind and you mix with different religions as well.”*

**Service user**

### **Employment advice**

The organisation offers informal employment advice and guidance for the women who access the project. Advice is personalised, coming from a member of staff who personally knows the service user and understands her situation. Heba fills an essential void that statutory organisations may not efficiently meet by providing support that is not available elsewhere.

### **Crèche**

Heba has a crèche for 30 children. This provides mothers who would otherwise be unable to access the project with affordable and culturally sensitive childcare. It also allows mothers and children to interact in a multicultural and diverse environment.

### **Clubs**

Heba runs a recipe exchange club and reading club. This encourages a communal atmosphere, offers a space for women and allows important social bonds to be created. This is an important aspect of Heba's work as many of the women the organisation supports are isolated from the wider community and mainstream society.

### **Social enterprise, volunteering and work experience**

Heba contains a social enterprise and production unit, heba@bricklane, which provides enterprise opportunities and subsidised machining rates to start-up designers. This is complemented by five subsidised workspaces and two shops, which Heba lets to women starting out in business.

Heba also has a work experience programme for approximately 30 women at any one time. This allows the women to put the English, sewing and ICT skills that they have acquired through Heba's training into practice and encourages a greater understanding of the employment world.

The sewing classes are often a way to make Heba accessible to the most isolated women, those who would initially be intimidated by the prospect of joining an ESOL class. The sewing class is an opportunity for informal learning of English and about other support and services. This informal and peer to peer knowledge exchange is a key part of the added value that Heba generates.

The main issue Heba as an organisation faces is a lack of funding and the impact of relying on funders, who may restrict services by imposing specific outcomes that must be administered and evaluated. There is little funding to cover the core costs of the organisation or the administration needed to evaluate services. It can also be challenging working with a service user group who need such a personal approach and often one to one support which is a capacity and time issue for staff.

Heba has also had to counteract negative reactions to them being a women-only service and have attempted to set up a men's project, however this was not accessed as there is not the same need for

*“Mixing with people who have a lot of ideas ... you feel like, yeah, I like to be like them I like to learn educated language and I want to learn more you know? And you're thinking is further.”*

**Service user**

such a service among men. For this research Heba Women’s Project as a whole and all the services they provide were evaluated.

### 4.3. Data collection process

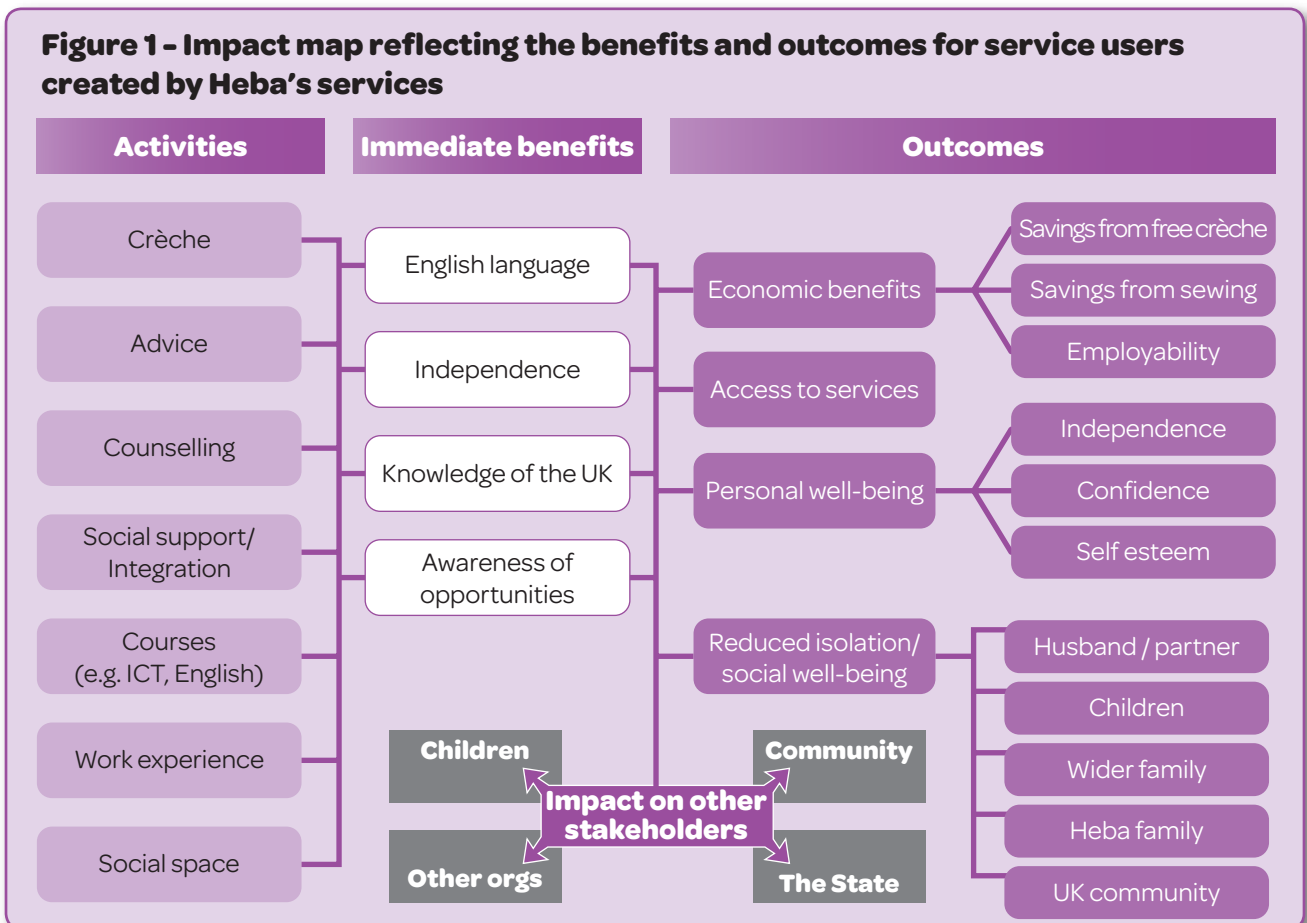
#### 4.3.1. Stakeholder Interviews

Stakeholder interviews were set up with current service users, staff and also various external stakeholders who had worked closely with Heba to provide evidence and explore the outcomes of the services that Heba provides.

Telephone interviews were conducted with previous and current funders, including the London Borough of Tower Hamlets. An interview was also undertaken with a contact at Account3, a training and enterprise organisation that provides cover for the Heba crèche and Heba provide crèche work placements for their trainees. The author Rachel Lichtenstein was interviewed regarding her book *On Brick Lane* which included a chapter on Heba. There were also interviews with tenants and designers who were using the production unit.

Focus groups and one-to-one interviews, including one with a translator, were conducted with seven service users and ex-service users. The women who took part represented a range of women, from long term service users who had accessed various types of training and services to one-off users of the project. These women were facing various issues such as depression, isolation and poor English language or lack of other skills. Some of the children of service users were also interviewed to ask them about the impact on them and their mothers from their engagement with Heba. A focus group was also carried out with staff and volunteers as well as individual interviews with some teachers and women who worked in the crèche. All interviews were recorded and transcribed.

The stakeholder interviews were used to create the impact maps (see figures 1, 2 and 3) and to



ensure that the right outcomes were measured by the data collection methods. Quotes from the stakeholder interviews have been used to illustrate the report and and develop the key messages.

### 4.3.2. Impact maps

An impact map was developed for three main stakeholder groups describing the flow of change for:

- the individual service users
- the children of service users
- wider society, including tenants and designers who use Heba, the local community, other organisations who have a relationship with Heba and the State.

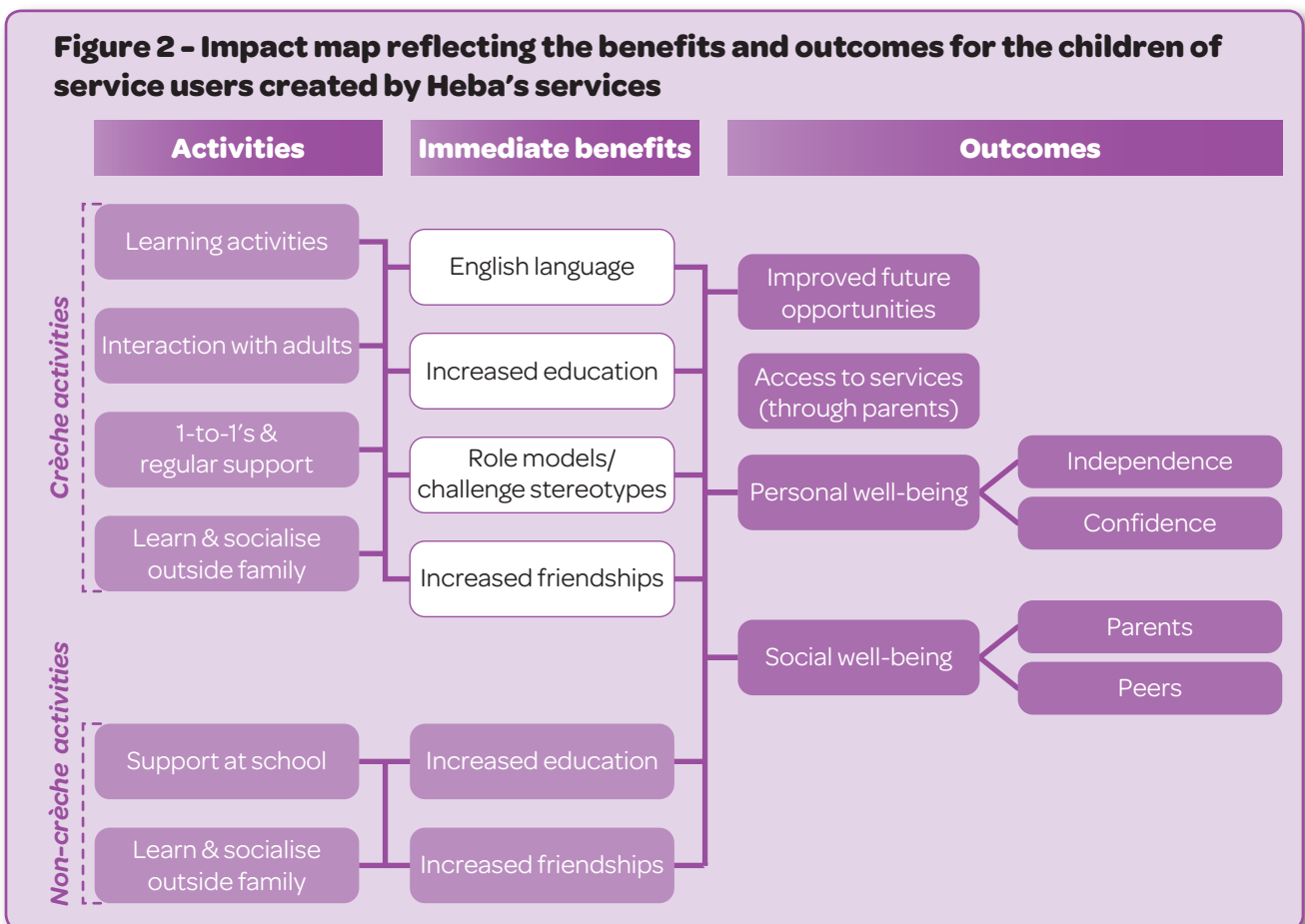
Heba’s activities and the benefits of these were linked to the key outcomes which came out of the stakeholder interviews to show the relationship between inputs, outputs and outcomes. Therefore the impact maps illustrates the relationship between what matters to the stakeholders and the indicators of this that were chosen to represent added social value.

The main inputs to Heba’s services are both financial (direct costs, staff costs, overheads and expenses) and non-financial (opportunity cost of volunteers’ time and unclaimed expenses, as well as the time and energy that service users themselves give).

### Service users (figure 1)

The main outputs are the activities that Heba offers - courses (e.g. English, sewing, ICT), the crèche, advice/counselling, work experience, social support, and interaction and a social space - and the number of service users.

Immediate benefits for women are learning and improving skills such as English language, independence, awareness of opportunities and life skills for living in the UK. These immediate benefits then lead to ones for other groups (children, the wider community, other organisations and the State).



The main outcomes for individual women are economic benefits (savings from the free crèche, savings from sewing and increased employability), increased access to other services, personal well-being (increased independence, confidence and self-esteem) and reduced social isolation or increased social well-being. This then also has a wider effect on the other stakeholders and contributes to an improved relationship with husbands, children, wider family members, other Heba service users and the wider community.

**Children of service users (figure 2)**

Activities which benefit the children of Heba’s service users are those provided by the crèche, including learning activities, interaction with other adults, regular support and learning to socialise outside of the family. Older children also benefit from support at school, as well as friendships and socialisation outside the family through Heba.

The immediate benefits of these activities are around language, education and increased friendships. The main outcomes in the long term are improved future educational and employment opportunities as well as the benefit of access to services through their parents such as healthcare. Personal well-being (increased independence and confidence) and social well-being (improved relationships with parents and peers) are also key outcomes.

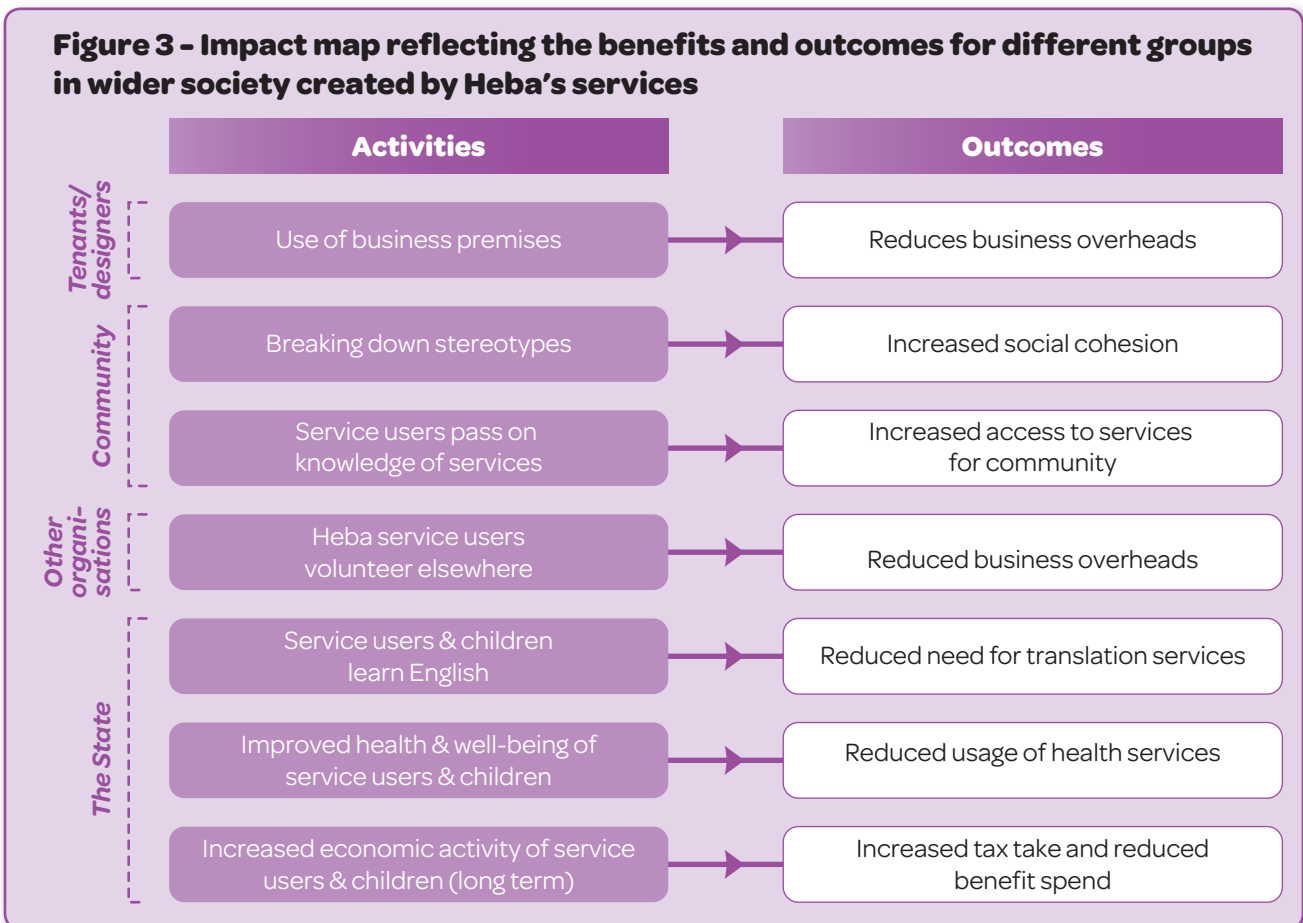
*“Before I found [it] difficult to share with my son about his homework, maths, English and science, now I’m more free, I can explain [to] him in English.”*

**Service user**

**Wider society (figure 3)**

The impact of Heba on other stakeholders is dependent on the types of activities they undertake with them. For tenants and designers who use Heba’s premises for their business and employ service

**Figure 3 - Impact map reflecting the benefits and outcomes for different groups in wider society created by Heba’s services**



users, the outcome is a reduction in business overheads from the subsidised rent and a relationship to Heba.

In the local community of Tower Hamlets, Heba service users pass on knowledge about Heba and other services, and the impact of seeing women from different cultures and faiths socialising together can also be a way to break down stereotypes. This leads to increased social cohesion and an increased access to services for the community which has far reaching consequences.

*“Heba is well networked with other organisations and in touch with the community. It targets women from hard to reach communities and who are socially excluded.”*

**Funder**

Other organisations benefit from Heba service users volunteering with them and vice versa, working together to increase opportunities for women. This leads to reduced business overheads as well as increasing the profile of other organisations locally.

For the State, Heba’s activities lead to positive economic outcomes in terms of a reduced need for translation services, reduced spend on benefits and other services such as healthcare and an increased tax take from increased income.

#### **4.3.3 Measuring outcomes and indicators**

Registration details and any qualifications achieved was the only data originally being collected by Heba therefore during the project various data collection methods were used to measure the outcomes for service users.

On average 350 women come to Heba every year with approximately 150 women attending every week. In depth interviews were conducted with 20 women in September 2009 and seven of these women were interviewed again in September 2010 to show the ‘distance travelled’.

In addition, a survey was carried out with 32 women with all data collected by March 2011. The survey looked at key changes and ‘distance travelled’ as well as to what extent these changes could be attributed to Heba. Exam results and qualifications achieved were also used as quantitative data.

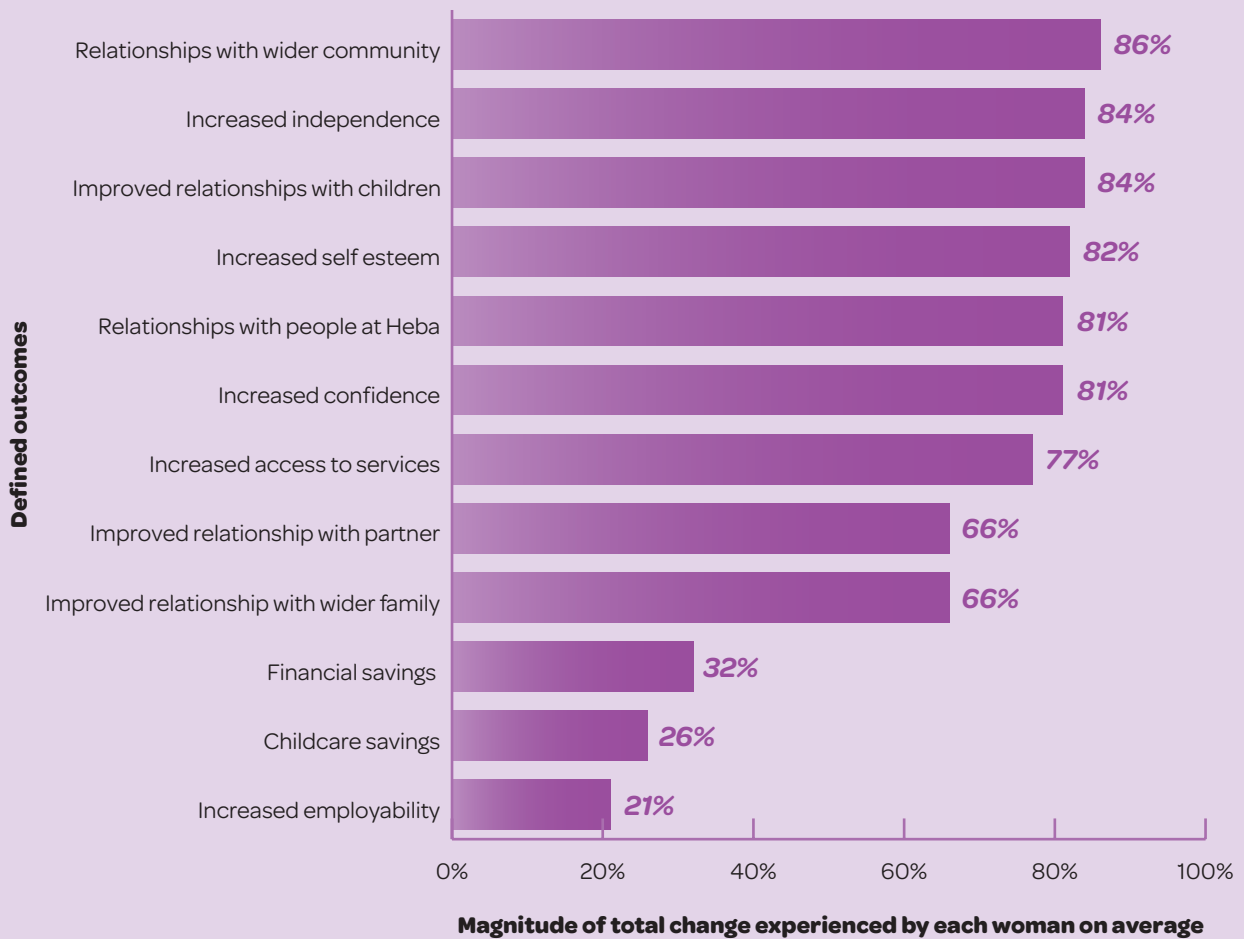
There were various challenges with collecting this data and the data collection methods - interviews and questionnaires - were very time consuming. Although Heba understand that data collection is hugely important, the way they are operating now with funding restraints and little staff capacity means it is considered extra work and is hard to embed. Funders also still tend to ask for more quantitative data so there is less of an incentive to collect different types of M&E data.

However, Heba hope to conduct entry interviews with new service users and then follow these up six months later to collect data on change and ‘distance travelled’. They would like to involve volunteers in this to enable long term data collection following the model created during the SROI project as this will be valuable to the organisation in the future.

*“Now I can do the shopping, I can do the money, I can manage the house to be honest, I feel like now I’m a mum, I’m a woman.”*

**Service user**

**Graph 1: Magnitude of total change experienced by women at Heba**



## 4.4. Outcomes

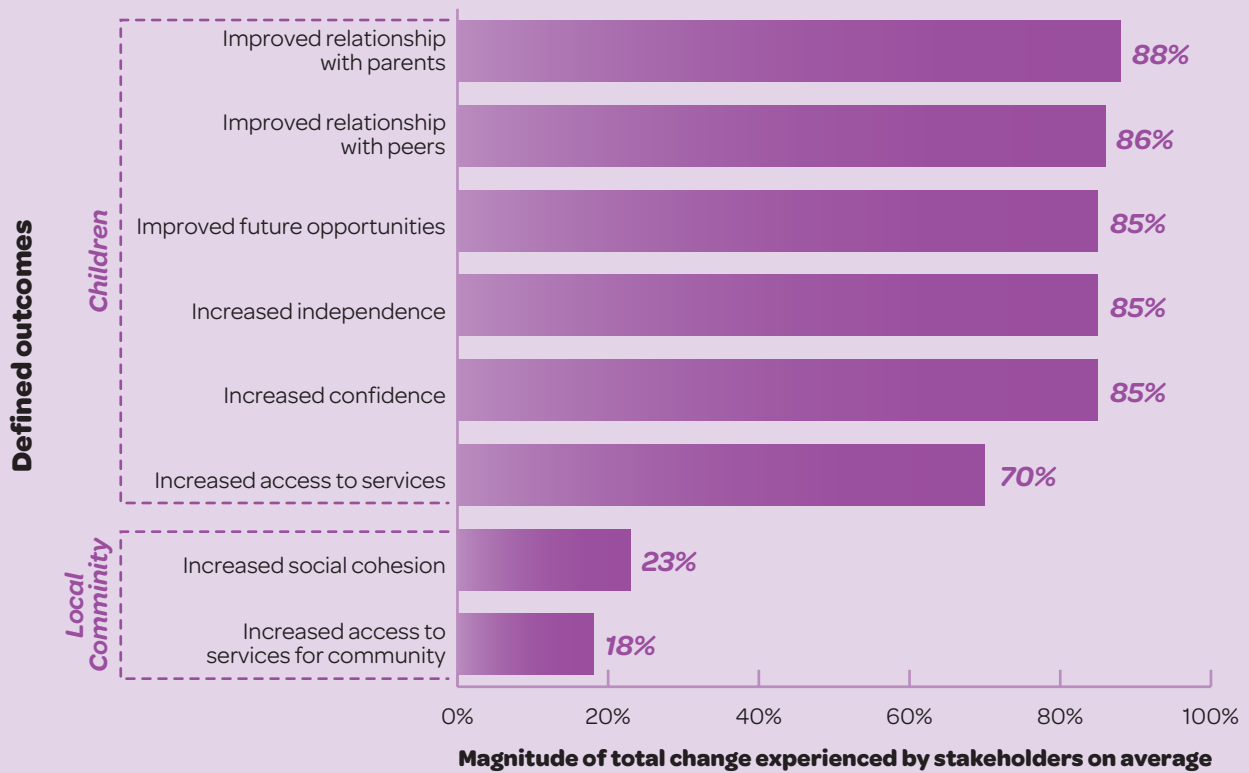
**Graph 1** shows the outcomes created for women as a result of accessing Heba’s services. The research findings show that Heba creates a broad range of positive outcomes for women.

Women experienced most changes on a personal level, for example they reported feeling increased independence which was demonstrated in various ways such as being able to access services without a translator, being able to go out alone and being able to access further educational opportunities and employment.

Two thirds of changes related to relationships, with women feeling that their relationships in the wider community had improved helping to reduce isolation and meaning that women felt more able to participate in society. For example, they were able to talk to neighbours, make new friends and share information and advice with others.

Women also reported being able to make personal financial savings, such as 32% saving money on clothing for themselves and their family after learning how to make their own clothes through the sewing courses. The childcare savings created by the free crèche at Heba are also significant for service users and have a huge impact on whether women are able to access Heba’s services at all.

**Graph 2: Magnitude of social benefits experienced by children and the local community**



**Graph 2** shows the outcomes created by Heba for other main stakeholders – the children of service users and the wider local community. As a community organisation, Heba’s social benefits go far beyond the service users and have an impact locally.

The outcomes and social benefits for these groups vary. For service users’ children the outcomes are similar to their mothers, with an average 85% increase in confidence as well as an 88% improvement in relationships with their parents and peers (86%). A mother’s relationship to Heba also has an important affect on their children’s future in terms of education and employment and access to services which will provide increased opportunities.

*“When my mum started to learn English she was the one who taught me how to use stuff on the computer.”*

**Child of service user**

**Graph 3** below shows the outcomes created by Heba for other main stakeholders –the local business tenants and fashion designers who use Heba’s subsidised space and work with service users to produce their garments, other organisations that work with Heba, and the State.

The outcomes and economic benefits for these groups vary. With the tenants, designers and other organisations, the reduction in business overheads is the key outcome which enables them to survive as a local business.

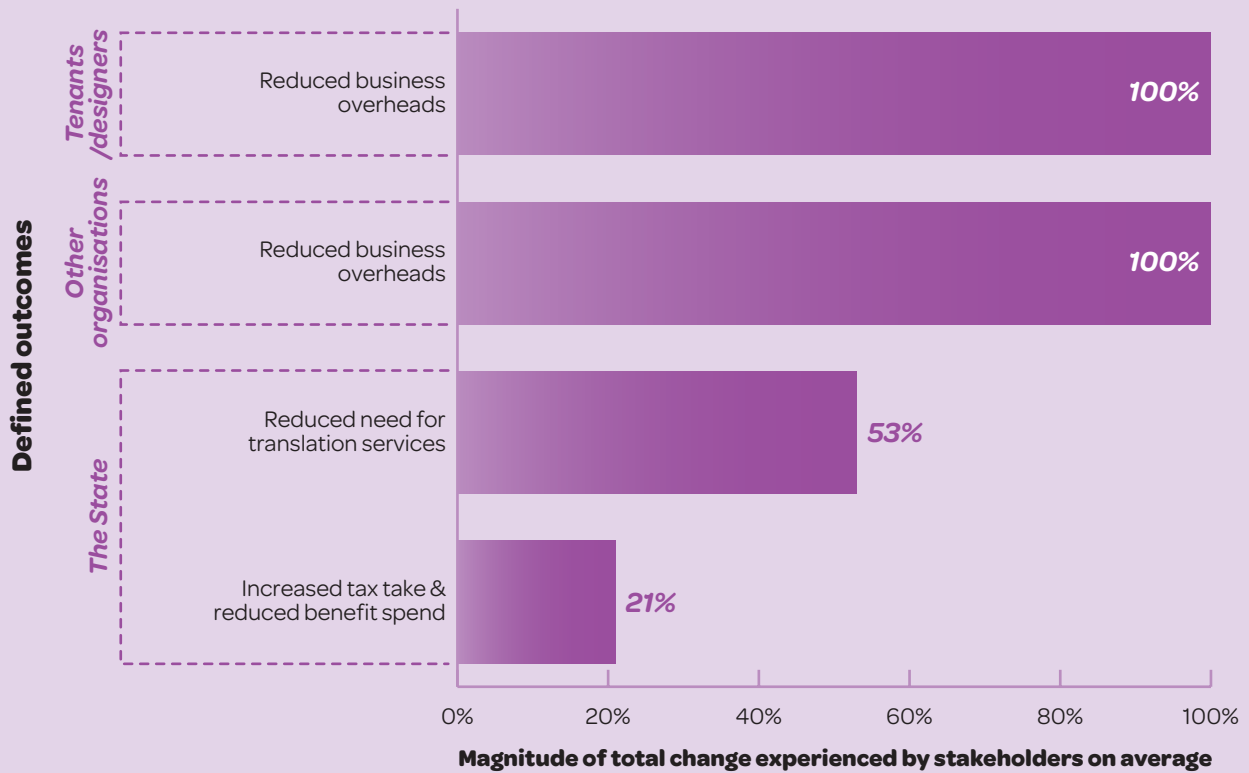
Impacts on the State include reduced need for translation services for women who have accessed Heba – overall costs of translation services for immigrants in the UK were £140 million in 2010.<sup>67</sup> The State also benefit from an increase in taxes and reduced benefits for women who go into employment.

*“My husband noticed that I’m more confident now, that I don’t ask him that much anymore.”*

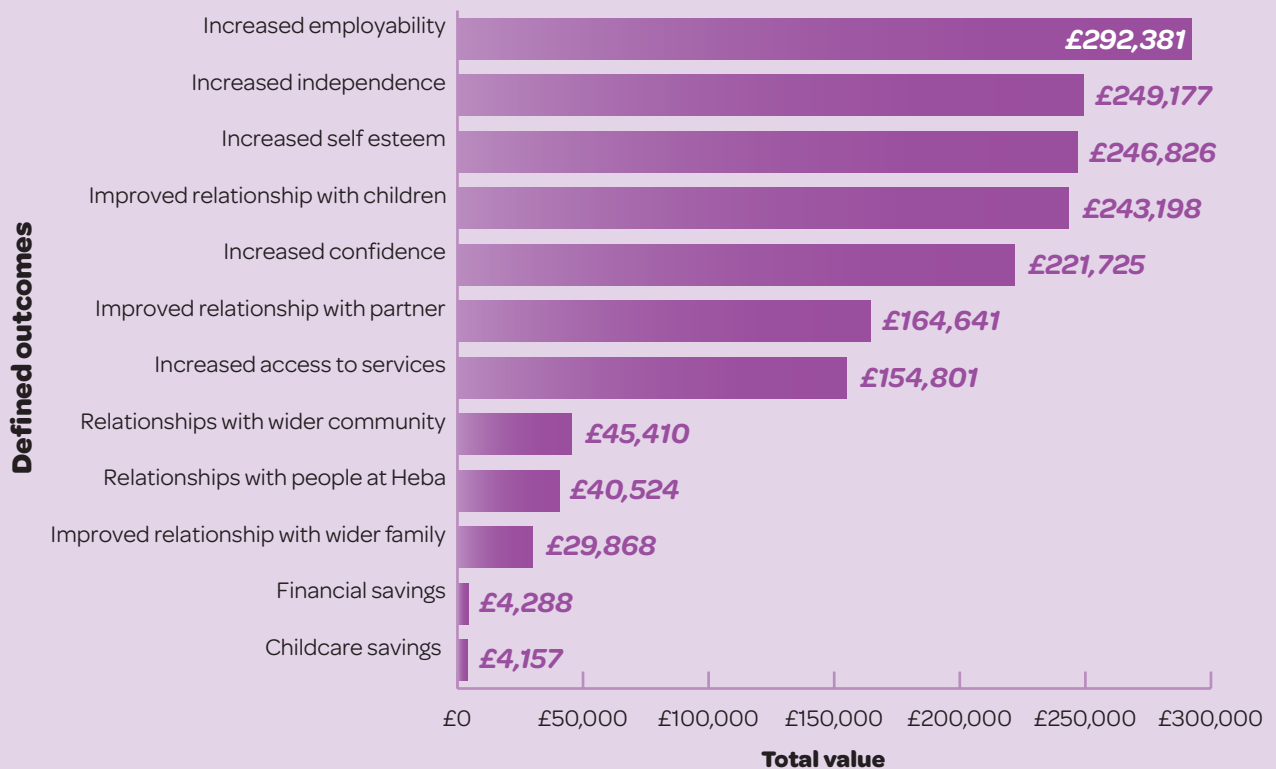
**Service user**



**Graph 3: Magnitude of economic benefits experienced by other stakeholders**



**Graph 4: Total value created for Heba service users**



*"It's unlike anything else I've heard about. It's a charitable organisation that helps a wide spectrum of people."*

**Tenant**

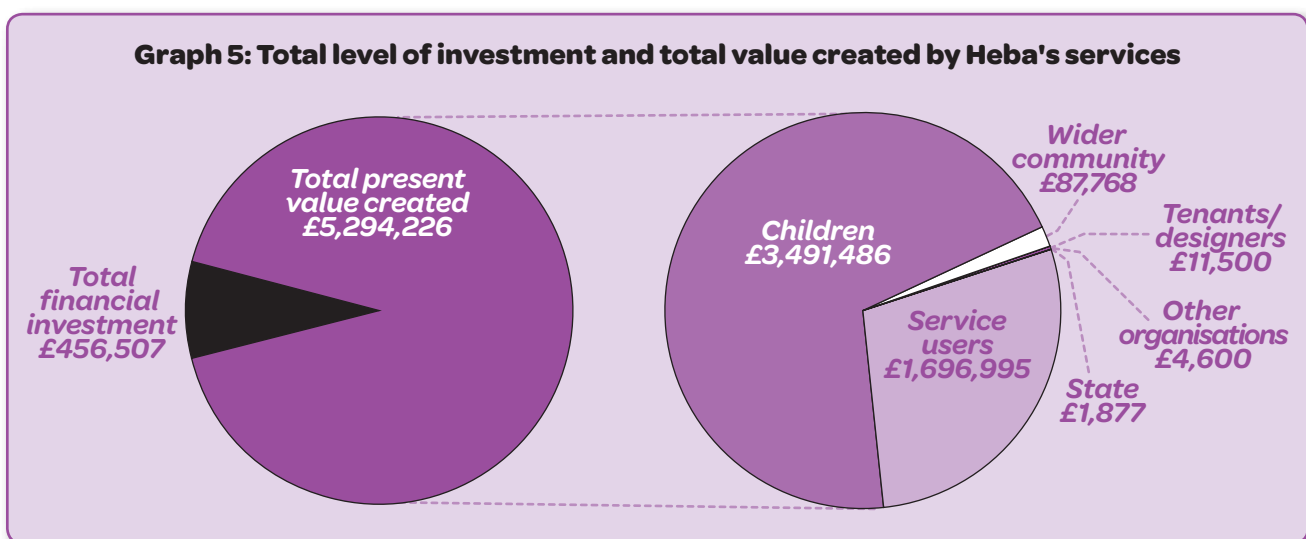
**Graph 4** above demonstrates the total present value of the outcomes to Heba's service users created by Heba's range of services. The graph shows the present value to service users to give an accurate account of the value of the benefits in terms of current costs without inflation and a discount rate has been applied so that it demonstrates the current or present value of benefits that accrue in the future.

These calculations were made using a range of financial proxies for the different outcomes which were then divided across specific outcomes for service users and multiplied by attribution levels over a five year period. The proxies value what is important to the service users in terms of the outcomes and then use economic valuation techniques to put a financial value on them.

The graph shows the increase in employability and financial savings from engagement with Heba but also places financial value upon improvements in women's social relationships and self-esteem which are also key to their progression.

The 'increased employability' outcome can be seen to have the largest value even though the actual change is one of the smallest (see graph 1). This is because the impact on individual women of being employed is very significant. Not all service users will go in to education and employment directly from Heba and this may be more of a long term outcome for many of the women. However, the increase in opportunities that Heba creates is of great value.

**Graph 5: Total level of investment and total value created by Heba's services**



**Graph 5** illustrates the high social return on investment ratio created by Heba's services. The data shows that the benefit to children is both significant and long term as Heba's service users have large families (each woman has an average of three children) therefore a larger number of children than women are impacted and the benefit is even greater.

For every pound invested in Heba Women's Project, 11 pounds worth of social value is created for service users, their families and other groups using Heba, as well as for the wider community and the State. As indicated by the graph above, a comparatively small level of investment yields significant results.

Funding Heba creates significant benefits not only for the women who use their services, but their children and the wider community. Their services enable women to access a range of educational and employment opportunities which would otherwise be out of reach.

## 4.5. Conclusion

The total value created by Heba has been calculated as £5,294,226. The total investment into these services has been calculated as £456,507. Therefore the final SROI ratio shows that for every £1 invested into Heba £11 of social value is generated to service users, their families, wider society and the State over five years.

### Key outcomes include:

- Economic savings and increased employability
- Reduced isolation and social well-being
- Improved future opportunities for service users' children
- Reduced business spend for other organisations and stakeholders
- Reduced long term usage of state services.

Heba plans to start conducting entry interviews with all new service users and then follow these up six months later to collect data on change and 'distance travelled', following the model created during the SROI. They will use this report to raise their profile and highlight and explain the nature of their work as well as to enable them to raise awareness about the services they provide and why these are needed to potential funders and other stakeholders.

This report has clearly highlighted the immense benefit of Heba Women's Project to the women who access the services as well as to a much wider group of stakeholders. Funding services such as Heba is cost-effective, creates long term outcomes and has wide reaching impacts.

### Key messages:

1. Heba is a unique multi-cultural and multi-faith space which benefits from being holistic and specialist, providing a range of support which is needs-based and accessible by being women-only and culturally appropriate.
2. Heba's support with English language and cultural understanding has far reaching consequences for the most isolated immigrant women who would not access other services, from reducing isolation and increasing confidence to supporting them to live in the UK and progress into education and employment.
3. The impact of Heba on the wider community is also marked by providing community understanding and having a profound effect on children and families as well as the local economy.
4. Heba is value for money, facilitating a space for invaluable peer support and practical knowledge which builds trust and confidence, enabling women who have benefited from Heba's services to 'reinvest' their skills and knowledge for others' benefit.

*"I learned a lot, I gained experience, I have many opportunities from Heba, I have to give back now. This is my chance to give it back."*

**Service user**

*"I've done something that's good for me now and it's good for them [children] in the future"*

**Service user**

# 5. Rape Crisis South London (the rape and sexual abuse support centre - RASASC): It's like a lighthouse

## 5.1. Background: the prevalence and impact of sexual violence

Rape Crisis South London (RASASC) supports survivors of any form of sexual violence regardless of when it happened. This includes: Recent rape, historic rape, child sexual abuse, rape within relationships, incest, ritual abuse and multi-perpetrator rape. Recent data from the British Crime Survey (2009/10) suggests that in the UK each week 10,000 women are sexually assaulted and 2,000 women are raped.<sup>68</sup> However, the actual prevalence of rape or other sexual offences is difficult to estimate as only one in seven rapes is reported to the police.<sup>69</sup> The reasons for not disclosing vary, but often relate to the stigma of sexual violence including fear of not being believed, and feelings of blame and embarrassment.<sup>70</sup>

Rape and sexual violence is overwhelmingly perpetrated by men against women – more than 92% of those who have experienced rape are women.<sup>71</sup> The issue cuts across age, social class, race, and nationality. In the vast majority of cases the perpetrator is known to the woman, with only 11% of serious sexual assaults committed by strangers.<sup>72</sup>

Many of the women that RASASC supports are survivors of sexual crimes committed by family members. Rape and sexual abuse offences against children have long term impacts and much of the time these crimes are perpetrated by the people that are meant to care, nurture and protect them. In 2010/2011, 32% of all sexual crimes were against children under the age of 16 in England and Wales and the majority of these were perpetrated against girls.<sup>73</sup> Other estimates believe that around one in five girls have experienced some form of child sexual abuse.<sup>74</sup> Due to the hidden nature of the crime many girls do not disclose the abuse that they are experiencing, for example 65% of women who contact Rape Crisis Centres are adult survivors of childhood sexual abuse.<sup>75</sup>

Rape and other forms of sexual violence have a lasting impact on women's lives. Research has documented a range of consequences from immediate effects such as physical injuries to more long term issues including difficulties with intimacy and trust, depression or personality disorders.<sup>76</sup>

As well as the effects on survivors, sexual abuse also impacts on the State. According to the Government each rape costs over £96,000,<sup>77</sup> and in 2003–2004 alone the cost of sexual violence to society was £8.5 billion.<sup>78</sup>

Evidence has shown there is a need for specialised VAWG services as these are essential for enabling women to name their experience as violence and they provide the added value of offering a safe, supportive and empowering environment.<sup>79</sup>

## 5.2. About Rape Crisis South London (RASASC)

RASASC is a Rape Crisis Centre which specialises in advocacy, counselling and helpline support for female survivors of sexual violence 14 years old and over. RASASC has been providing specialist sexual violence services in London for 25 years and are known leaders in the field of support for survivors.

The objective of the organisation is to provide survivors with impartial, professional support which empowers them to move their life in the direction they choose. RASASC seeks to equip women with practical and emotional skills and tailor their support according to each woman's needs.

Founded on an ethos of empowerment, RASASC provides survivors with enduring support which promotes better mental and emotional health enabling survivors to make positive life choices.

RASASC provides a wide range of services, not only for female survivors but also to their friends and family, other statutory agencies and short term support for male survivors. The organisation seeks to tackle gender inequality as the cause and consequence of sexual violence. It leads preventative action by providing specialist training on sexual violence to public bodies, awareness raising workshops with young people, teacher training and also offers advocacy support for women and girls who need information on or support through the criminal justice system.

For the purposes of this report the research will focus upon two of RASASC's key services: The one to one counselling service and the telephone helpline.

*"You're making yourself vulnerable for that person and you're trusting them, you're saying OK, and every experience I've had whether it's been years ago on the telephone line or face-to-face counselling I've trusted them, there is this kind of common bond that draws you together, absolutely, so I do feel very safe here."*

**Survivor**

### **Counselling**

RASASC provides free face-to-face counselling for women and girls, aged 14 and above, who have been raped or sexually abused at any time in their lives and who are able to commute to their Croydon premises.

RASASC's counselling is a specialist service provided by highly qualified and experienced female therapists. Every effort is made to provide a safe contained space where clients will always be believed, they are offered respect, honesty and empathy.

After speaking with the Counselling Coordinator, who will discuss their fears and concerns, women will be sent a self assessment form to complete. They are then invited into the centre for a consultation where the counselling process will be explained in more detail.

If the client decides to access RASASC's counselling, her sessions are held each week for 50 minutes, for up to 12 months to work with her to overcome and recover from the sexual violence she has experienced. Counselling provides the key to recovery from sexual violence and it is important that the woman feels in control of the process. RASASC provides a safe women-only space which is crucial to developing a feeling of safety and speaking about experiences of sexual violence.

The organisation also offers trauma counselling for clients going through the criminal justice system

as it is not recommended for women to access full counselling before a trial.

### Telephone helpline

RASASC runs the Rape Crisis National Helpline for survivors of sexual violence. The helpline is accessible 365 days a year, between 12-2.30pm and 7-9.30pm. The helpline offers highly specialised professional, emotional help to female survivors of rape and sexual abuse. It provides confidential immediate support, information and referrals to longer term support for families, partners or friends of survivors and male survivors of sexual violence.

The helpline is staffed by a fully trained team of female workers who have successfully completed RASASC's three month in house accredited sexual violence training. To encourage survivors to access support, and ensure their safety, calls from landline telephones and major UK mobile phone networks are free and will not appear on telephone bills.

RASASC works with survivors using a therapeutic model of empowerment through goal setting, giving information, support and recognition with the belief in every individual's power to make their own choices. RASASC offers survivors other services when available such as counselling, advocacy, support groups and workshops.

Helpline staff offer informative literature on issues related to sexual violence to anyone requiring it with an aim to educate and enable them to support survivors in the best possible way.

## 5.3. Data collection process

### 5.3.1. Stakeholder interviews

As the first step of the data collection process participants conducted stakeholder interviews with staff, service users and trustees to capture the outcomes created for women as a result of accessing the service. Each group of stakeholders were selected to provide a different perspective on the impact of the service and offer a holistic view of any change it may create.

The recurring theme that arose from the initial research was the principle of 'rebuilding the self'. This concept was integral to the principles of RASASC's work, and was different for women who were adult survivors of incest/other kinds of child sexual abuse, than it was for women experiencing an attack as an adult. This provided the central theme for RASASC's impact map or 'theory of change'.

Following stakeholder interviews, RASASC and WRC staff met to identify and brainstorm the other multiple key outcomes and range of indicators identified within the interview process.

To ensure that the outcomes identified were correct, RASASC additionally conducted a focus group with the RASASC Advisory Group, a group of women service users. Staff then used the outcomes to reflect and communicate women's experiences in the impact map (see figure 1).

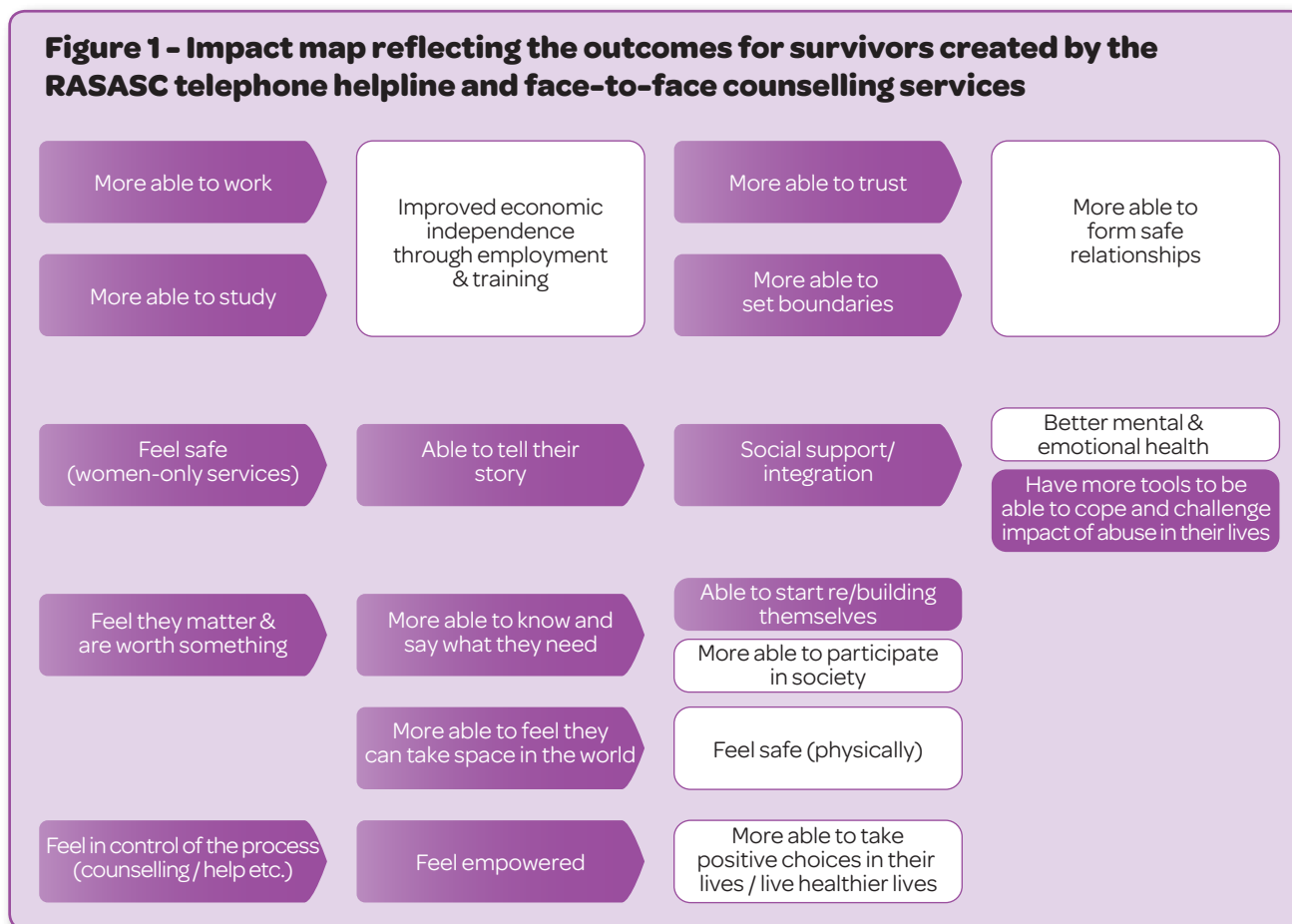
*"What you did for me was brilliant, I'm not sure you'd recognise me now! I have been described as being assertive along with confident, I have practiced so much it's become second nature! All the flashbacks have now stopped, I rarely get nightmares and I feel good!"*

**Survivor**

*"It's like a lighthouse, a safe haven. You know you're in a safe place and not going to be judged"*

**Survivor**

**Figure 1 - Impact map reflecting the outcomes for survivors created by the RASASC telephone helpline and face-to-face counselling services**



### 5.3.2. Impact maps

The purple arrows illustrated in figure 1 signify indicators, which show change created by RASASC’s services. The series of arrows show the sequences of change which contribute towards each final outcome (highlighted in white boxes).

As part of the data collection process participants identified six key outcomes created by the service:

- Improved economic independence through employment and training
- More able to form safe relationships
- Better mental and emotional health
- More able to participate in society
- Feel safe (physically)
- More able to make positive choices in their lives and lead healthier lives.

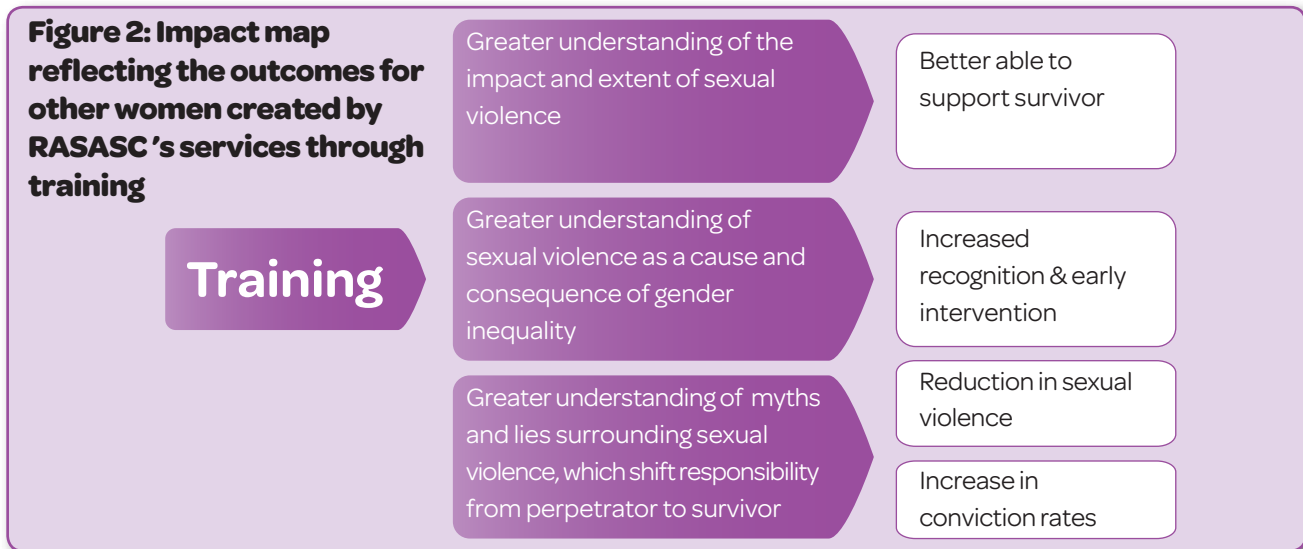
These outcomes illustrate the extensive impact of RASASC’s services on multiple aspects of women’s lives: their personal well-being, self esteem, assertiveness and relationships with others, social interaction, financial independence and sense of personal safety.

In instances where two arrows point to the same outcome, this shows where multiple factors contribute to an outcome. For example, being more able to trust people and set boundaries helps to develop better relationships.

An impact map was also created to show the impact that RASASC’s services have on women

*“When I come out of it [counselling session] I always feel like a phoenix, when I go really right down I think, “well no, up you go girl, go to the top”, because... it’s the journey and you’re learning lessons as you go along.”*

**Survivor**



and others more widely (see figure 2). This demonstrates how the training and information that the helpline provides has a much wider affect in terms of a greater understanding and awareness of sexual violence through dispelling myths and linking VAWG to gender inequality.

This leads to three main outcomes which in turn have their own wider implications. This includes other women and wider society having a greater awareness of what constitutes sexual violence and what services are available and so will be able to support others to access the support they need more quickly. In the long term this increase in awareness and understanding should also lead to actually reducing the prevalence and incidence of sexual violence as more people are informed and able to speak out about this and will not tolerate it.

### 5.3.3. Measuring outcomes and indicators

Research participants looked at general feedback forms to identify the outcomes and indicators. A sample of 70 counselling feedback forms and 62 telephone line feedback forms were scrutinised to calculate the average improvements in women's well-being as a result of accessing RASASC's services. Participants matched the key indicators they were measuring with indicators listed on feedback forms and calculated the level of change created by examining changes in women's reported well-being both before and after receiving support.

In addition, participants also analysed data from CORE forms, therapy assessment and end of therapy forms which grade a survivor's mental health and well-being and 'distance travelled'. This also provided information regarding change measurement for three specific outcomes: emotional health, physical safety and levels of social interaction.

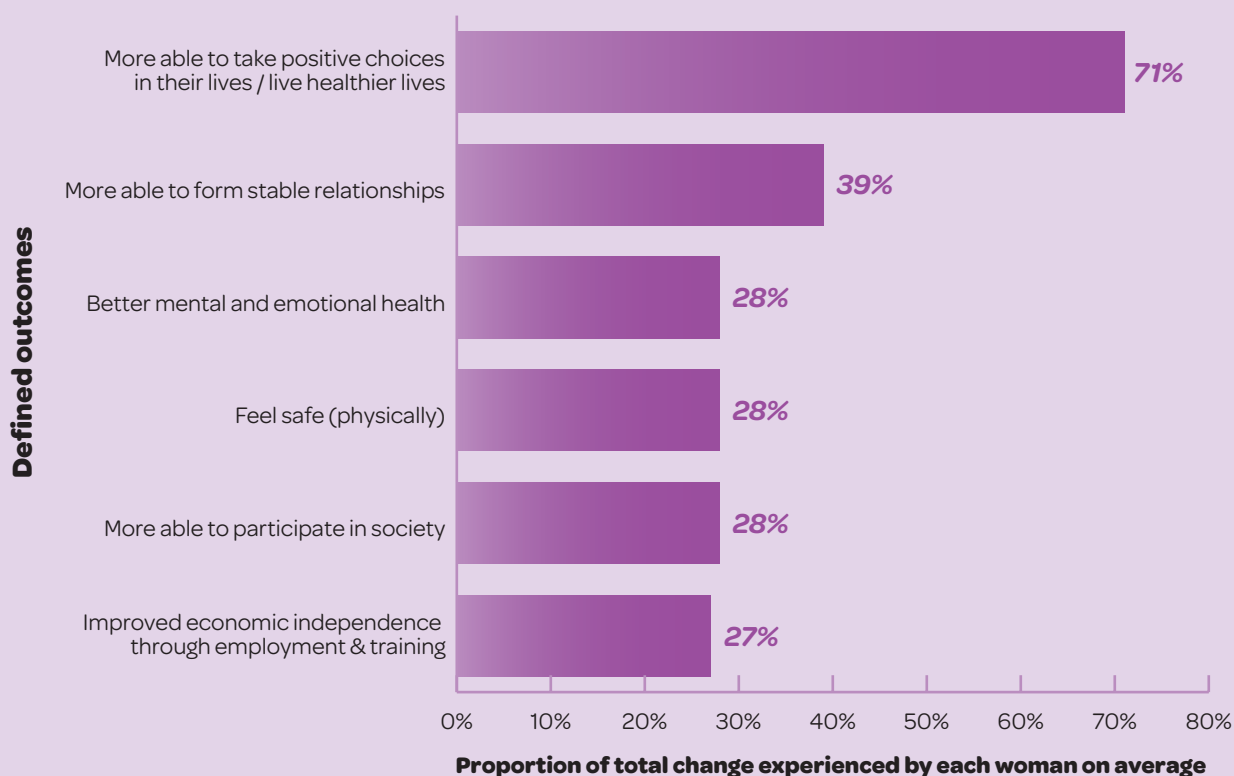
## 5.4. Outcomes

**Graph 1** below shows the average level of improvement for individuals who access RASASC's face-to-face counselling. Calculated using primary data collected from counselling service feedback forms, research findings show that face-to-face counselling creates a broad range of positive outcomes for women. Rated using a sliding scale reflecting improvements, with 100% representing full recovery and 0% representing no change at all, findings show that even 'small changes' in areas such as safety, represent significant changes for women in practice.

The above findings reflect improved personal relationships as an outcome of accessing the service, as well as an increased sense of autonomy and personal control. This interlinks with RASASC's ethos of empowering individuals to support their own recovery and shape the direction of their lives. An additional outcome linked with RASASC's unique counselling services are reports of improved physical and emotional safety. This is indicative of broader research regarding the outcomes of



**Graph 1: Average level of improvement experienced by women who access RASASC's face-to-face counselling**



women-only settings and adds to the evidence base of the value of specialist sexual violence organisations.<sup>80</sup>

On average, 71% of women who received face-to-face counselling reported feeling 'more in control', and therefore more able to make positive choices and live healthier lives. Furthermore, 39% of survivors felt more positive about forming relationships and therefore more able to form stable relationships. RASASC also uses the CORE monitoring system, which uses a range of indicators to determine changes in mental and emotional health and well-being. This showed that the average magnitude of improvement for all women using the face-to-face counselling was 28% by the end of their counselling course. The stakeholder engagement showed that this was reflected in three distinct outcomes; feeling safe, more able to participate in society, and better overall mental and emotional health.

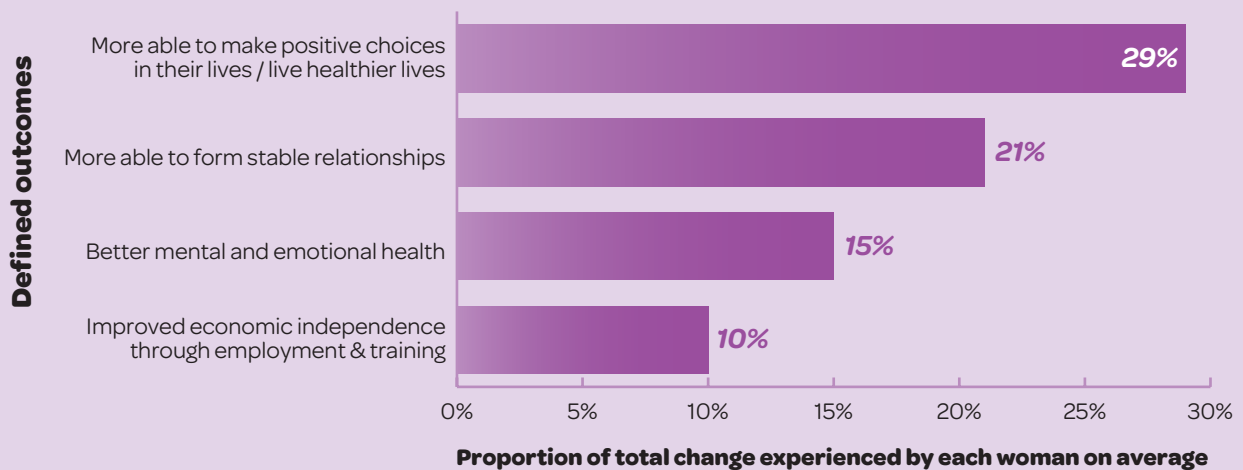
*"I do feel empowered, strengthened, it's difficult to deal with the past."*

**Survivor**

*"I think it has definitely given me the tools to get through those difficult moments. I kind of describe it as having the Tsunami just hit you, you see the water coming in and you try to run, you know it's going to take over but [then] not letting it"*

**Survivor**

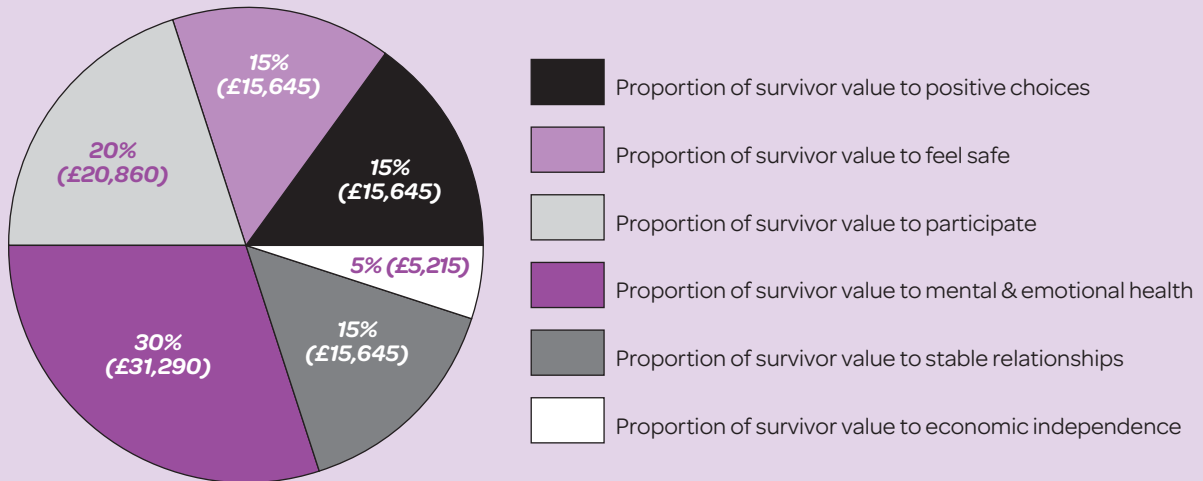
**Graph 2: Average level of improvement experienced by women who access RASASC's telephone helpline**



**Graph 2** below shows that 29% of women felt more able to make positive life choices after accessing the telephone helpline service and 21% felt more able to form stable relationships. Fifteen per cent of women reported better mental and emotional health, whilst 10% felt that accessing the service had improved their economic independence as accessing support enabled them to continue in or re-enter employment and training.

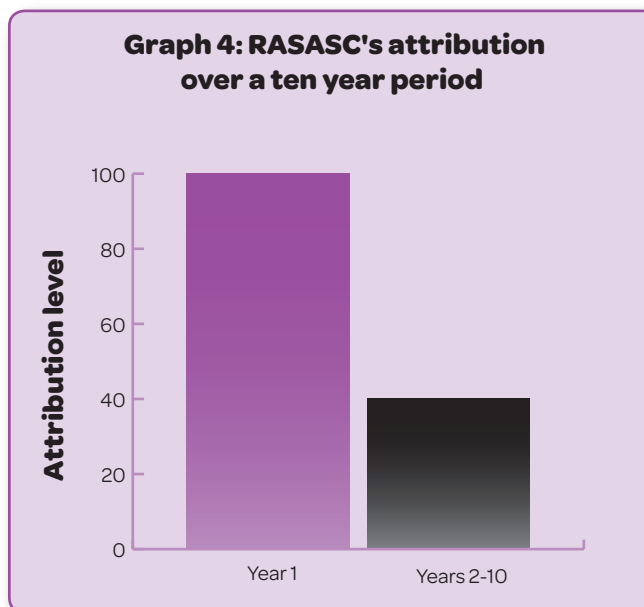
Improved economic independence is an important outcome which illustrates the broad impact of RASASC's services and its contribution to women's economic activity, as well as supporting women's well-being. The impact of rape and sexual abuse pervades all aspects of women's lives and can impact on women's ability to remain in paid employment or perform daily activities.

**Graph 3: The impact of sexual abuse & incest illustrated according to outcomes for survivors**

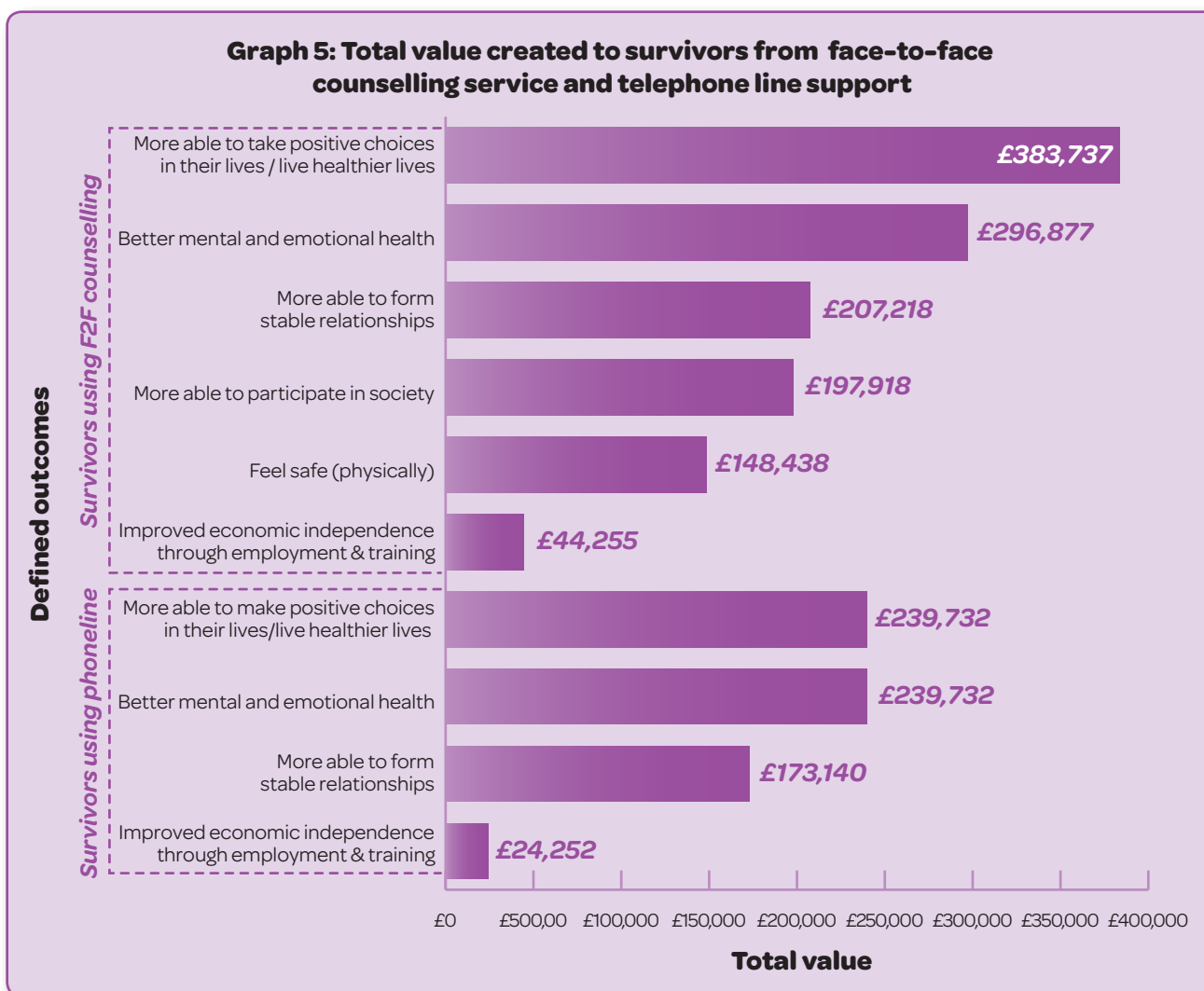


**Graph 3** illustrates the financial and social impact of childhood sexual abuse and the impact of RASASC's services on overcoming this. Divided according to six key outcomes, the graph shows how the personal and financial costs of abuse are spread across different aspects of women's lives. Calculated using the overall proxy for the human and emotional cost of sexual abuse, graph 3 divides the impact of violence across multiple outcomes based on data from RASASC staff and service users.

**Graph 4** highlights the level of attribution awarded to RASASC for creating outcomes for service users over a ten year period. Based upon the feedback of survivors and RASASC staff, 100% of the outcomes illustrated in year one in the graph have been attributed to RASASC, as during this period women will receive ongoing face-to-face counselling or telephone support. The level of attribution is then estimated to significantly reduce in years two to ten, as women take the lead in their personal recovery and apply the practical and emotional tools they have learnt. The 40% attribution level shown in years two to ten is reflective of the Feminist ethos of the organisation and the principle that sustainable recovery is centred upon the survivor.



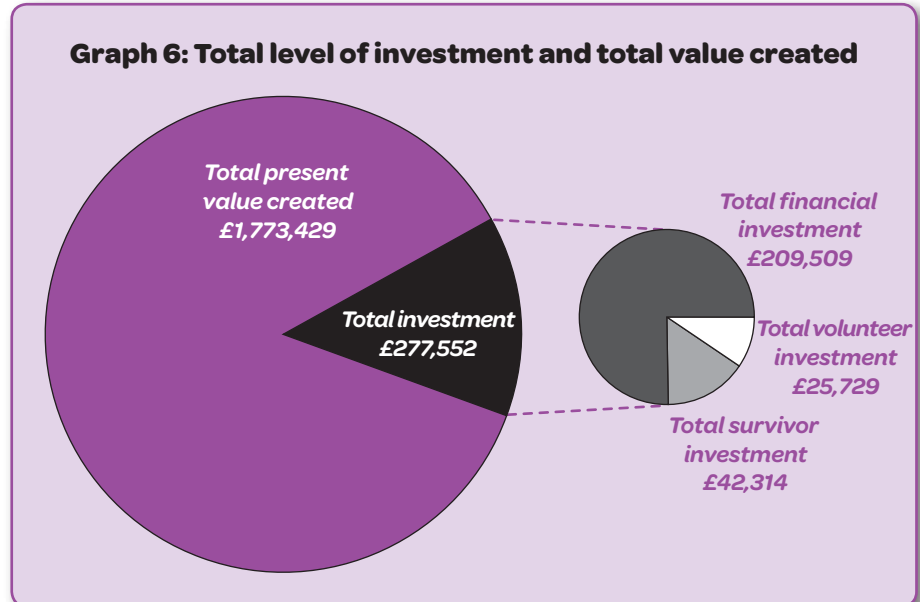
**Graph 5** shows the total value of the outcomes to survivors created by face-to-face counselling and telephone support. These calculations were made using a proxy for sexual abuse, which was then divided across specific outcomes for survivors' and multiplied by attribution levels over a ten year period. Graph 5 again shows survivors ability to make positive choices as a result of the service but also places financial value upon improvements in women's social relationships, personal and emotional safety and improved economic activity. Most importantly it highlights the superior outcomes and high level of financial value as a result of long term face-to-face counselling.



For example, the outcome 'better mental and emotional health' highlights the differentials between long term counselling and telephone support received over a shorter period.

**Graph 6** illustrates the high social return on investment ratio created by RASASC's services as a comparatively small level of investment yields significant results. Investment in RASASC's counselling and helpline services creates significant benefits for survivors which

can mitigate the significant financial, physical and emotional costs to the State and to individuals of rape and sexual abuse. For every pound invested in face-to-face counselling and telephone support services, six pounds worth of social value is created for survivors, their families, wider society and the state.



*"It's almost like you can feel the panic coming in and you have to kind of be able to have the tools to shut it down and not let it take over"*

**Survivor**

## 5.5. Conclusion

The total value created by RASASC's telephone helpline and face-to-face counselling services has been calculated as £1,773,429. The total investment into these services has been calculated as £277,552. Therefore the final SROI ratio shows that for every £1 invested into RASASC £6 of social value is generated to survivors, their families, wider society and the State over ten years.

### Key outcomes include:

- More able to make positive choices and live healthier lives
- More able to form safe relationships
- Improved economic independence through employment and training
- Increased recognition and early intervention to reduce sexual violence.

RASASC plans to build upon the M&E analysis conducted as part of the SROI and explore ways to enhance and improve its M&E systems. They intend to share their learnings with other Rape Crisis Centres in the Rape Crisis (England and Wales) network and build upon best practice in demonstrating impact.

RASASC plan to use this report to highlight and explain the essential nature of their work. They hope it will enable them to raise awareness about the services they provide and inform potential funders and other stakeholders about why they are needed.

This report has clearly highlighted the immense benefit of RASASC to the women who access the services provided as well as to a much wider group of stakeholders. Funding services such as RASASC has been shown to be cost effective, creates long term outcomes and has wide reaching impacts.

**Key messages:**

1. RASASC is a specialist sexual violence support organisation which offers high quality support for survivors. Women who access their services report significant benefits, particularly those who receive long term counselling support (for up to 12 months).

2. RASASC is a Feminist organisation which uses an empowerment model to support women to address and overcome experiences of sexual violence. The organisation assists women to 'rebuild the self' by providing them with practical and emotional tools and highlighting their pathway to recovery.

3. Women-only spaces produce unique outcomes and support women's physical and emotional recovery from experiences of sexual violence. Women who access RASASC's services strongly benefit from attending a women-only, Feminist, specialist sexual violence organisation.

4. Rape and childhood sexual abuse has a devastating impact and presents significant financial and social costs both to an individual woman's life and to society.

*"It's a shelter ... that's how I feel here. It's a nurturing point, you know and somewhere that you can feed from"*

**Survivor**

*"RASASC gave me tools and tips and skills to deal with the future, you store that information up and you pull on it for a lifetime afterwards, you keep drinking from that well."*

**Survivor**

# 6. South Sudan Women's Skills Development (SSWSD): Inner potentials

## 6.1. Background: the need for support to aid the social integration of Black, Asian, minority ethnic and refugee women into the UK

The Sudanese community is one of a more recent group of migrants that have joined the kaleidoscope of cultures that form London's capital. The International Organisation for Migration's latest mapping of the Sudanese population in the UK estimates that up to 25,000 Sudanese people live in the UK.<sup>81</sup>

Whilst the needs of South Sudan Women's Skills Development's (SSWSD) service users are diverse, there is very little existing support aiding the social integration of BAMER women into local communities. Social exclusion is a cause and consequence of poverty and SSWSD is situated in Camden, the 13th most deprived borough in London.<sup>82</sup> Research regarding poverty shows that deprivation disproportionately impacts on ethnic minority groups, in particular women and children;<sup>83</sup> a 2007 study found that "50% of non-retired Black African women in aged 25 and over [were] not in paid work".<sup>84</sup> Women's poverty and educational attainment are shown to have a strong influence upon the quality of life of their children, their educational achievements<sup>85</sup> and social mobility in later life.<sup>86</sup>

Black African women who are in paid employment are over-represented in low skilled employment and low paid jobs,<sup>87</sup> are disproportionately more likely to be lone mothers and often experience greater difficulty in finding flexible and culturally appropriate childcare.<sup>88</sup> This issue is particularly pertinent for Sudanese women as the average number of children in a rural Sudanese household is between five and eight per family.<sup>89</sup> Many women who access SSWSD's services head lone parent households and often experience difficulty in finding suitable employment which can fit around their caring responsibilities. Employment offers migrant women an opportunity to earn their own income, enhance their personal confidence and supports the integration process.<sup>90</sup>

Whilst Sudanese women have a broad range of skills and experiences, the majority of women also experience barriers to education, training and employment. Education is a particularly important issue for the Sudanese community; civil war and constant displacement of people in Sudan has "created a 'lost generation' of young adults in southern Sudan who have had little or no chance of education".<sup>91</sup> Education rates are particularly low amongst women, as in some areas of Sudan girls are traditionally expected to work at home and continue this role following marriage.<sup>92</sup> In Sudan 50% of women are literate<sup>93</sup> however the newly acceded country South Sudan has a female illiteracy rate of over 80%.<sup>94</sup> Whilst many Sudanese refugees in the UK are literate, difficulties speaking a first language can increase difficulties in learning English and impact on individual's confidence and ability to communicate.

Many immigrants would benefit from information about living in the UK. This includes support with education, information on and how to access existing statutory services, as well as rights and obligations according to UK law and culture. Like many women from other migrant groups, Sudanese women experience difficulty in integrating into a new society and navigating practical barriers such as learning new languages and adapting to a new culture.<sup>95</sup> Many migrant women find this unfamiliar

environment intimidating and lack the confidence and language skills needed to communicate their needs or experiences.<sup>96</sup>

The social isolation experienced by migrant women can often be compounded by experiences of racism and negative perceptions of immigration. Feeling part of a community can often be an important stepping stone into employment and can allow migrant women to connect with each other.

At present there is a lack of specialist service provision which specifically supports ethnic minority migrant women to integrate into the British community. Due to language and cultural difficulties Sudanese women particularly congregate in their own communities and are often reluctant to access generic public services. Whilst the Government provides general support in areas such as skills and employment, the level of uptake by Sudanese women is often limited as services do not address their specific social and cultural needs.

One key issue which has considerable impact upon women within the Sudanese community is the practice of FGM, which is a form of VAWG. This procedure is prevalent in Sudan and is illegally practiced within the UK by some families within the Sudanese community.

Recent statistics estimate that over 20,000 girls under the age of 15 are at high risk of FGM in the UK each year and that 66,000 women in the UK are living with the consequences of this practice.<sup>97</sup> However, it is difficult for public authorities to know the full extent of these crimes due to their hidden nature. FGM is not openly discussed within practicing communities and incorrectly interpreted as an action taken in a girl's best interests, therefore perpetuating problems of under reporting.<sup>98</sup>

FGM is practiced by families for a variety of complex reasons but it is commonly justified as being a beneficial cultural tradition. Families assert control over women and girls' sexual and reproductive rights believing that this will promote morality, avert sexual promiscuity and enhance physical cleanliness. In some communities a family's 'honour' is often associated with the sexual fidelity of its female members therefore FGM is performed to maintain social respect. Whilst practicing communities may believe FGM promotes women's well-being, it presents harmful physical and psychological effects.<sup>99</sup>

Although it is an illegal offence to carry out FGM in the UK or assist someone to conduct FGM overseas, there have been no police prosecutions on FGM to date. There is limited specialist FGM provision locally and despite a national commitment to tackling FGM; in March 2011 the Government abolished the only Whitehall position dedicated to preventing FGM.<sup>100</sup> Voluntary sector organisations are concerned that problems in tackling FGM will be perpetuated due to a lack of funds caused by the economic downturn and a lack of national oversight which would ensure specialist local provision.<sup>101</sup>

## **6.2. About South Sudan Women's Skills Development**

South Sudan Women's Skills Development (formerly Sudan Women's Association) is a specialist women's organisation established primarily to serve Sudanese women and children in exile. Their aim is to relieve poverty, overcome isolation, preserve culture and improve the opportunities and future prospects of Sudanese women and children, through literacy and ESOL classes, and to effectively promote integration into the host community through offering a range of services. SSWSD also teaches Sudanese languages to young people who do not have knowledge of the language and culture, especially those born in the UK.

The organisation was established in 1991 by Sudanese women in Camden, in response to an increased flow of refugees to London following the Sudanese political conflict. The community that arrived from Sudan was very much women-led and the organisation was created to meet the direct needs of women, many of whom were leading single headed households.

The primary challenge for Sudanese women was trying to simultaneously earn a living, gain qualifications, raise a family, and adjust to life in a new society. The goal of SSWSD is to enable Sudanese women in exile to realise and effectively use their potential and make a positive contribution to the social and economic development of the areas where they live. Another key purpose of the organisation is to bring together the Sudanese communities and provide a space for Sudanese women to meet to reduce the anxiety of refugees and asylum seekers.

SSWSD fulfills an important role as a point of access to other statutory services, as well as helping women to build their self confidence and alleviating isolation. This specialist provision is imperative as they have a unique reach within the Sudanese community and work with many of the most marginalised and vulnerable women. They provide culturally appropriate services and communicate and raise awareness about key issues affecting Sudanese women and children.

SSWSD offers a range of activities such as:

### **Social and cultural events**

SSWSD holds a range of events to recognise and celebrate Sudanese culture. The organisation plans weekly and monthly social events for their members and children, as well as celebrations on days that are important for the community, such as the peace agreement ending the war between Northern and Southern Sudan in January 2005. The organisation also holds workshops for children and young people so they become more familiar with the history and culture of Sudan by means of storytelling and role-play.

### **Professional and educational development**

SSWSD teaches ESOL and computer (ICT) classes for their members and holds awareness training and workshops to increase employability. This enables the women to improve their language skills, career prospects, increase confidence and to engage socially. The organisation also holds educational seminars around topics of interest to the community, such as FGM.

### **Awareness raising and creating social change**

SSWSD plays an important role in the Sudanese community by raising awareness about the legal and health implications of practices such as FGM, and signposting women to practical support. SSWSD seeks to create social change within the Sudanese community by providing both men and women with training on FGM to ensure that girls and women affected by this issue receive appropriate support. For the purposes of this report the whole of SSWSD and all the services they provide were evaluated.

## **6.3. Data collection process**

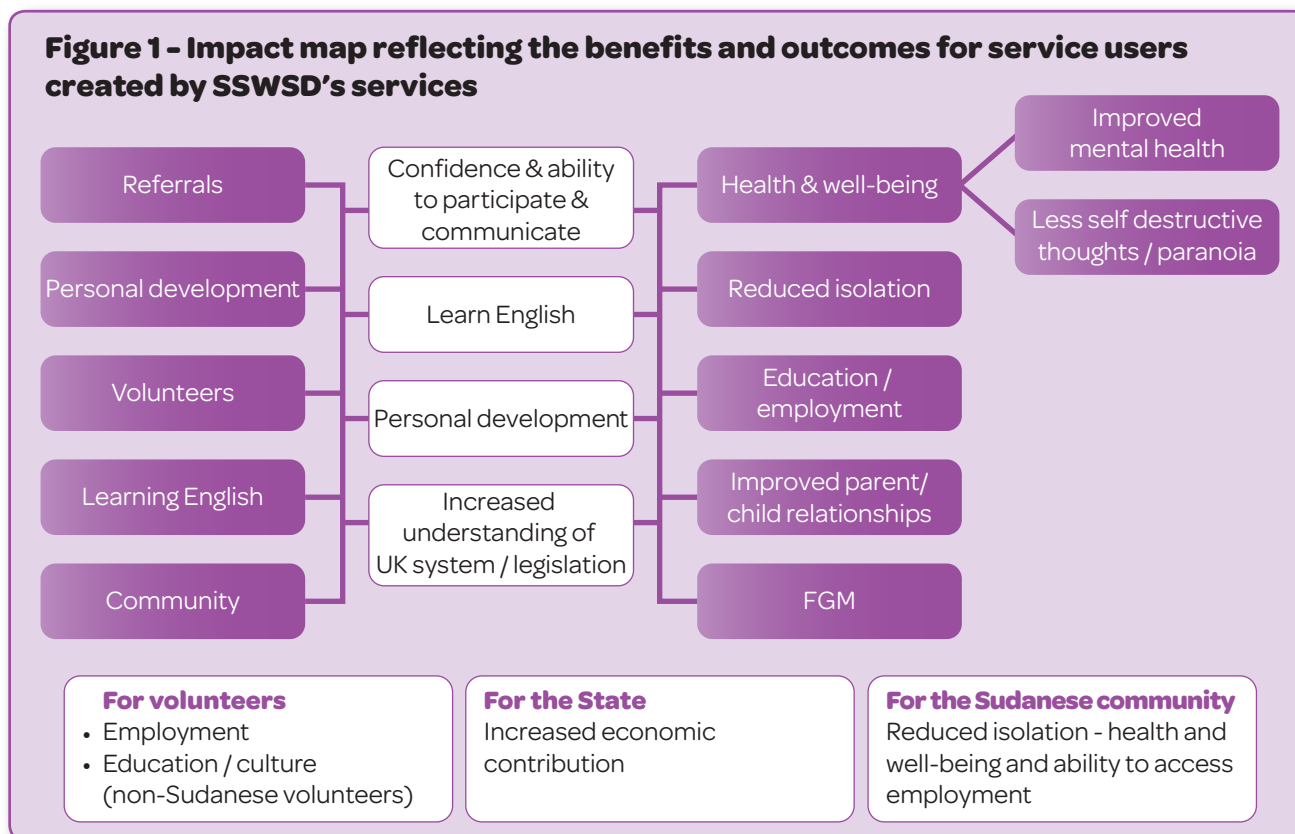
### **6.3.1. Stakeholder interviews**

As the first step of the data collection process, SSWSD distributed questionnaires to service users to capture the outcomes created as a result of accessing its services. Staff also specifically designed and distributed a questionnaire to volunteers to examine the outcomes created as a result of volunteering with the organisation. The questionnaires aimed to unpick the impact of the service upon women and their families, women's self-esteem, relationships, social interactions and skills.

Following on from this initial stage the information provided in the questionnaires and surveys was analysed to identify key outcomes and indicators as a result of accessing SSWSD's services. In addition, participants also designed and distributed a survey regarding FGM to examine the impact that the FGM training had on both women service users and members of the wider Sudanese community.



**Figure 1 - Impact map reflecting the benefits and outcomes for service users created by SSWS's services**



### 6.3.2. Impact map

Following feedback from stakeholders an impact map was created which visually illustrated five key areas where SSWS's services created change. The service areas focused upon were:

- Referrals (signposting women to other services)
- Personal development (enhancing personal and professional skills)
- Volunteering (women being offered volunteering opportunities at SSWS)
- Learning English (undertaking ESOL classes)
- Community based work (such as community trainings and cultural based activities).

As highlighted by the impact map (figure 1), participants also identified a series of indicators which illustrate a shift in women's knowledge and social attitudes as a result of accessing SSWS's services. These included improvements in personal confidence and levels of social interaction, improved language, personal and professional skills, as well as increased legal awareness surrounding the issue of FGM.

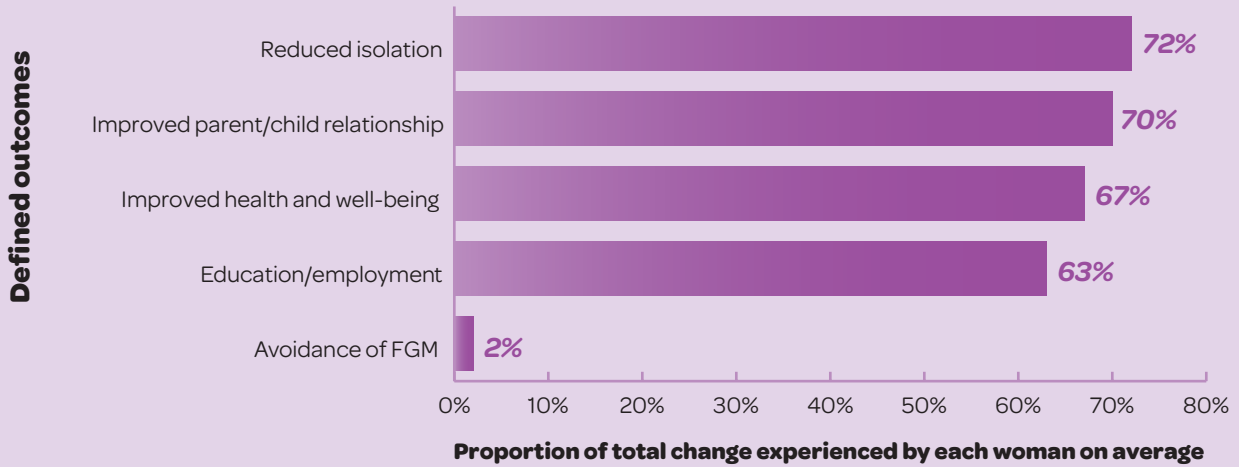
### 6.3.3. Measuring outcomes and indicators

Having examined the link between services and indicators of change, participants next outlined a series of outcomes created for different stakeholders. Specific outcomes for Sudanese women, their children, volunteers, the Sudanese community and the State.

The outcomes were then measured using the statistical analysis from questionnaires and qualitative information collected from discussions with professional women within the Sudanese community.

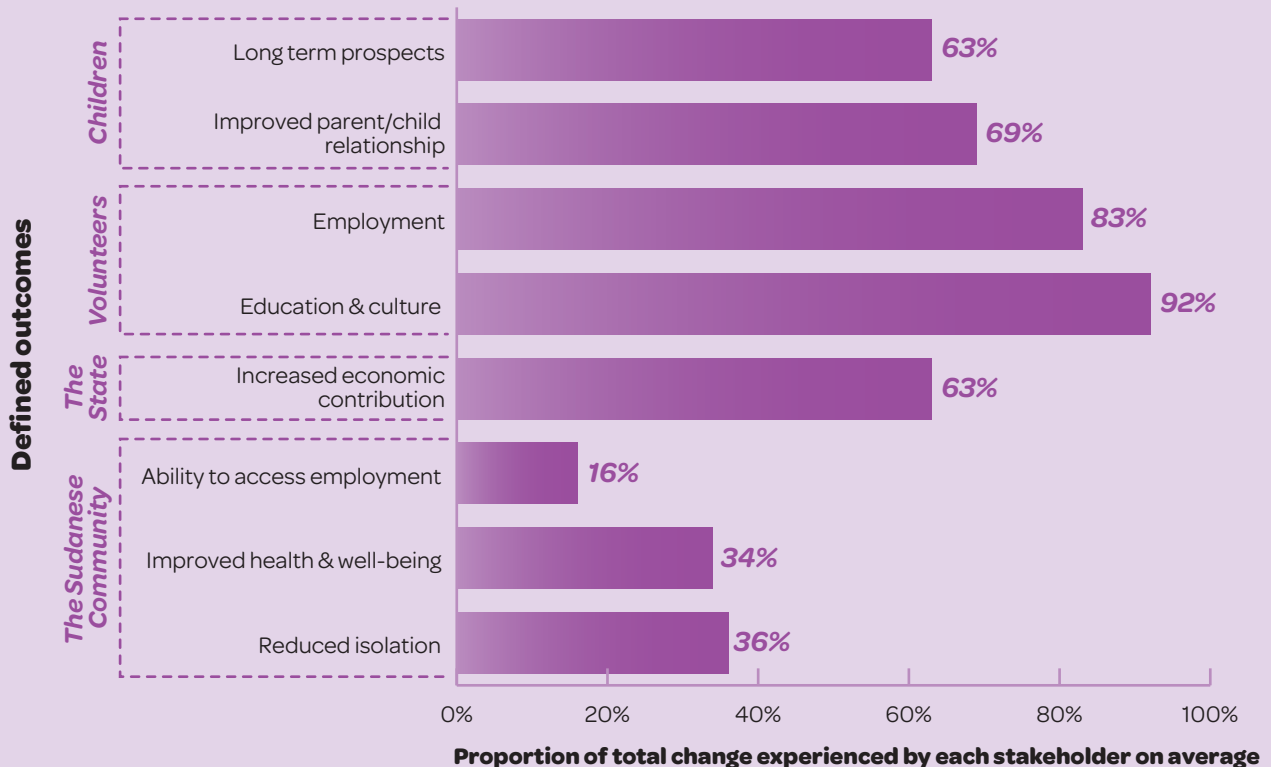
## 6.4. Outcomes

**Graph 1: Proportion of total change experienced by women according to defined outcomes**



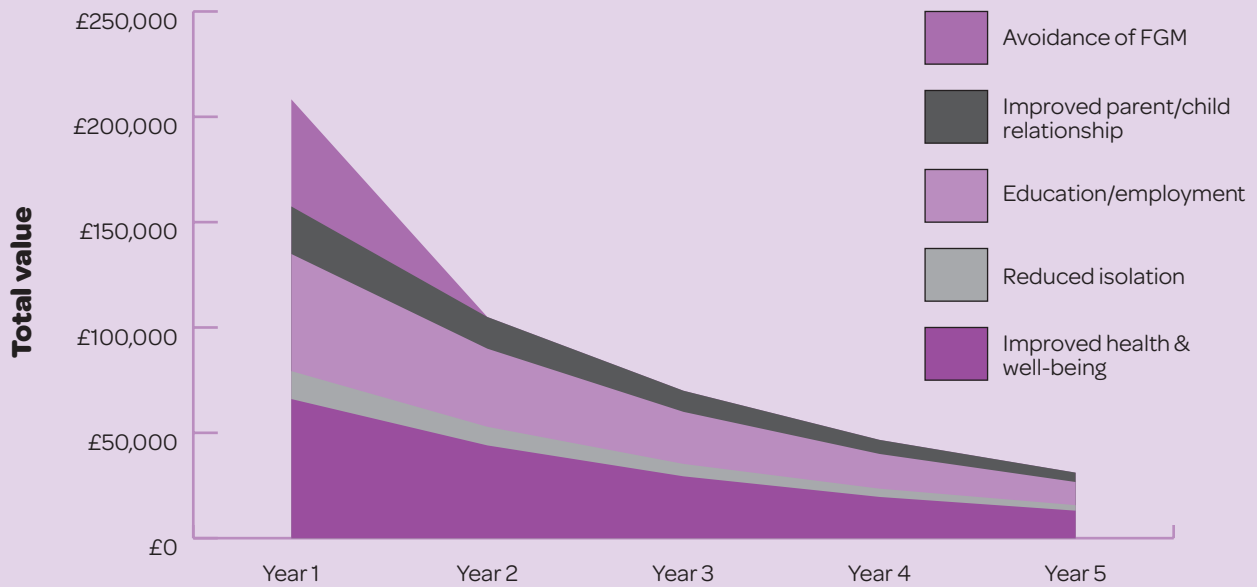
**Graph 1** shows the outcomes created for women as a result of accessing SSWSD’s services. Calculated using primary data collected from surveys, research findings show that SSWSD’s specialist support creates a broad range of positive outcomes for women. On average, 72% of women reported reduced isolation and 67% reported improved health and well-being. Findings also show improvements in women’s personal lives, for example 70% of women reported improved parent/children relationships. Service users also reported improvements in their personal career prospects; 63% of women reported improved ability to enter education and employment. The final outcome, avoidance of FGM, also highlights the role of SSWSD in the prevention of VAWG.

**Graph 2: Proportion of total change experienced by different stakeholders according to defined outcomes**



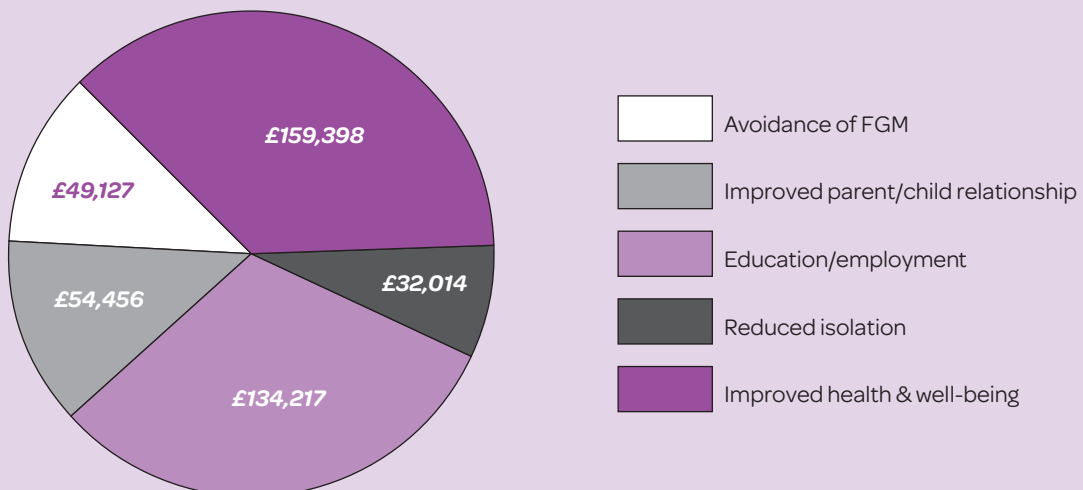
**Graph 2** above shows the broad range of outcomes created for other stakeholders as a result of the services provided by SSWSD. Children whose parents access the service benefit from improved parenting relationships and improved educational prospects. On average, 63% of children whose parents access the service experience improvements in their future employment opportunities. Results show that SSWSD’s services also promote positive outcomes for the State, as improvements in women’s employment skills and well-being increase their economic contribution. Findings also show broader outcomes created for the Sudanese community, relating to improved health and well-being, reductions in social exclusion and enhanced ability to access employment.

**Graph 3: Total value created for women over a five year period**

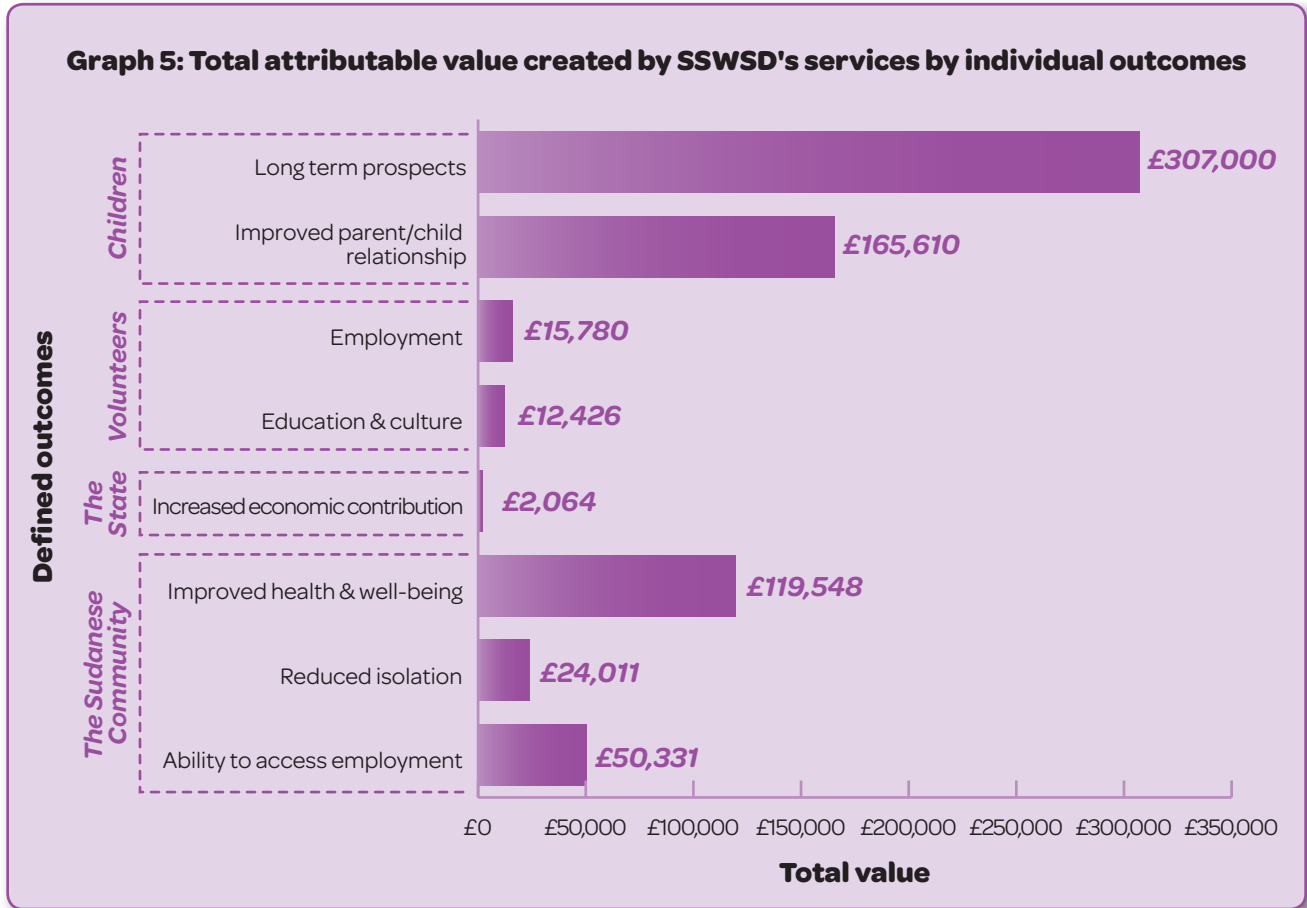


**Graph 3** shows the total value of the outcomes to survivors created by SSWSD’s services. Spread over a five year period, the graph illustrates how the value of SSWSD slowly decreases over time but creates long term improvements in five key outcomes for women. The graph places financial value on the following outcomes: improvements in health and well-being, parental relationships and avoidance of FGM, reduced isolation and engagement in education and employment. The total value attributable to SSWSD is highest in year one, where improvements in women’s health and well-being are valued at £66,033 and the level attributable to women’s education and employment is £55,601.

**Graph 4: Present value for women shown according to outcomes**

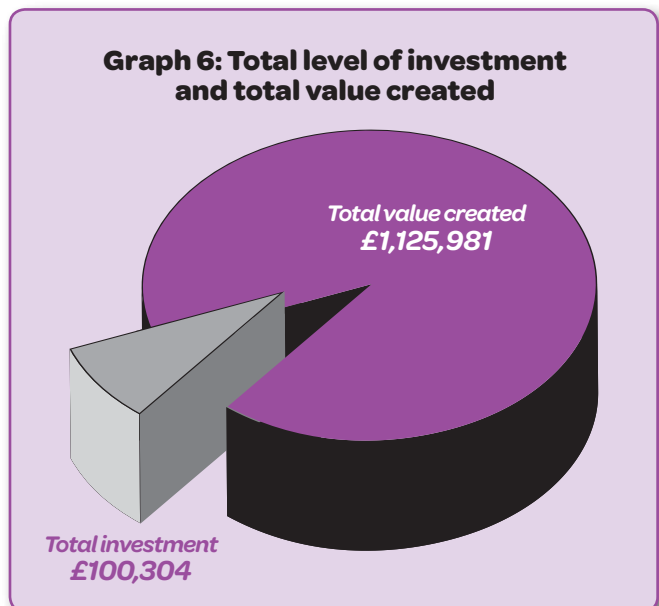


**Graph 4** above shows the present value for women created by SSWSD and illustrates SSWSD's success in creating positive change in women's lives. Divided according to outcomes, this graph highlights the importance of the service in improving women's health and well-being as well as enhancing women's education and employment opportunities. The graph also illustrates how accessing the service creates improvements in parental and social relationships and helps avoid FGM. Whilst the number of incidences of FGM is small, it is still assigned a large proportion of value as the impact of FGM on women and girl's lives is so large.



**Graph 5** shows the total attributable value and benefits for other stakeholders created by SSWSD's services, including children, volunteers and the wider Sudanese community. This graph shows that the largest outcome for other stakeholder groups is improved longer term prospects for service user's children. A mother's relationship to SSWSD also has an important affect on their children's future in terms of education, employment and access to services which will provide increased opportunities.

**Graph 6** illustrates the high social return on investment ratio created by SSWSD's services. For every pound invested in SSWSD 11 pounds worth of social value is created for Sudanese women, their children, the Sudanese community, wider society and the State. As indicated in graph 6, a comparatively small level of investment yields significant results. SSWSD creates a broad range of outcomes for women and their families, as well as supporting women's economic activity and improvements in their well-being.



## 6.5. Conclusion

The total value created by SSWSD has been calculated as £1,125,981. The total investment into these services has been calculated as £100,304. Therefore the final SROI ratio shows that for every £1 invested into SSWSD £11 of social value is generated to service users, their families, wider society and the State over five years.

### Key outcomes include:

- Reduced isolation and improved mental health for women service users
- Reduced isolation, improved health and well-being and ability to access employment for the wider community
- Increased awareness of and avoidance of FGM.

Through their involvement in this project SSWSD have an increased understanding of their economic, social and socio-economic impact. This report will act as a key fundraising tool and will enable SSWSD to raise awareness about their work both across London and within their local community.

SSWSD hope to use this report to highlight and explain the role of their organisation to potential funders and other stakeholders and to build strong working relationships with councillors at a local level.

SSWSD is a small charity operating on a fragile budget yet they still manage to create significant outcomes. This report highlights the immense benefit of SSWSD to the women who access the services that are provided as well as to a much wider group of stakeholders. This is a clear example of how a little investment can go a long way and how voluntary and community organisations are able to support marginalised communities to come together and participate in wider society with very little resources. Funding services such as SSWSD is cost-effective, creates long term outcomes and creates wide reaching impacts and opportunities.

### Key messages:

1. The social, environmental and economic value that is created by SSWSD far outweighs the financial investment that is made in the organisation.
3. Participation of individual service users in various activities has empowered them to be confident and motivated and increased the knowledge and skills that they need to make changes in their lives.
4. SSWSD highlights the value of volunteering, either through the experience women gain by being a volunteer or the knowledge and skills that volunteers bring to the organisation.
5. Service user's involvement in the organisation allows women to take responsibility for their own actions and how these affect others, particularly in relation to harmful traditional practices.
6. SSWSD is a valuable place where women are able to access the amenities and services that they and their families need.
7. We urge funders to understand the real value of the work that SSWSD does and realise the full economic potential and positive changes made by the organisation to service users, their children and the wider community.
8. Funders must take advantage of the real value of the work that SSWSD does and realise the full economic potential and positive changes made by the organisation to service users, their children and the wider community.

# 7. Women and Girls Network: The WGN empowerment model - Redressing negative individual and social impacts of gendered violence through holistic counselling

## 7.1. Background: the need for specialist violence against women and girls services

*“Each year across the UK three million women experience violence”<sup>102</sup> while “two women are killed by a current or former partner, each week”.<sup>103</sup> WGN supports those affected by and recovering from VAWG in its multitude forms. VAWG can include DV, rape and sexual assault, so called ‘honour’ crimes, forced marriages, FGM, violence against women in prostitution and human trafficking.*

Many of the women who access WGN’s services who have been affected by VAWG suffer short and long term health issues. The trauma caused by gendered violence can result in post-traumatic stress and other mental health problems.<sup>104</sup> Women’s experiences of violence often impair their ability to form relationships, damages their self esteem and many survivors often experience difficulties in maintaining their jobs.<sup>105</sup> *“Even when women escape abuse, it takes a long time to recover, and in some instances some women never do”.*<sup>106</sup>

Other more severe outcomes of sexual violence include drug or alcohol problems, self-harm and suicide, as women resort to these mechanisms to cope with the severe anguish they have experienced.<sup>107</sup> According to the Government’s 2007 Sexual Violence and Abuse Action Plan (SVAAP) *“over two thirds of women with alcohol and drug addiction problems are survivors of sexual abuse”.*<sup>108</sup>

*“I can’t believe it affected me so much – it had to come out of my system. So many years I’d held it and I erupted like a volcano. Every [counselling] session there was always something new.”*

**Client**

It is impossible to quantify the devastating impact that VAWG has on each individual. The Government has attempted to calculate the cost of long term effects of VAWG to the State and has estimated that violence against women costs British society £37.6 billion each year<sup>109</sup> and that *“each adult rape costs more than £96,000 in its emotional and physical impact on the victims, lost economic output due to convalescence, treatment costs to health services and costs incurred in the criminal justice system.”*<sup>110</sup>

VAWG is both a social and criminal issue, which negatively impacts on communities as a whole.<sup>111</sup> Abuse leaves a lasting legacy on future

generations with children exposed to DV at “greater risk of substance abuse, juvenile pregnancy and criminal behaviour than those raised in homes without violence”.<sup>112</sup> Men who are violent to their partners are likely to be violent to their children and children are more likely to suffer from poor mental health, experience suicidal tendencies or repeat the cycle of violence that they have seen.<sup>113</sup>

Sexual violence is often treated as a social taboo. Women are reluctant to speak about their experiences for fear of not being believed and social stigma. Research shows that this is especially the case for many BAME women. BAME women are placed at risk by ‘traditional practices’ such as forced marriage, FGM and so called ‘honour killings’ whereby women are subjected to violence in the name of cultural traditions.<sup>114</sup> In many of these cases family violence is considered to be private and women may be scared to speak out about their experiences for fear of being ostracised or isolated from their communities.<sup>115</sup>

*“Women who have insecure immigration status, for example, students, asylum seekers, trafficked women, and women who have come to the UK on their spouses’ visas, are particularly vulnerable to violence or its consequences”.*<sup>116</sup> These women often have no recourse to public funds which limits their access to safety.

*“This place [WGN] saved me and I would recommend it to everyone.”*

**Client**

## 7.2. About Women and Girls Network

Since its inception 24 years ago, Women and Girls Network (WGN) has developed a unique, specialised clinical model of counselling that promotes a range of holistic therapeutic techniques encouraging self-agency and lifelong personal development. This helps women to achieve a complete and sustainable recovery from gender based violence and empowers them to overcome the legacy of their experiences. WGN is founded upon the principle of inclusivity and their services are available to all women, regardless of their geographical location or the type of violence they have experienced.

WGN fully supports women who have been affected by gendered violence and are experiencing mental health difficulties (as defined by themselves or their counsellor) throughout their counselling journey. The organisation also offers specialist projects for women at risk (e.g. women who have been trafficked or those exiting prostitution) and caters for women across all equalities strands in the UK. Additionally, WGN is a powerful advocate and educator on gendered violence, aspiring to create social change through public debate and informing social policy.

The focus of this report is to evaluate the face-to-face counselling support that WGN provides and the added value that this creates.

### Counselling

WGN offers three core counselling services: crisis counselling, short term, and longer term clinical contracts. WGN assesses the needs of each woman and suggests an appropriate form of counselling support and length tailored to meet their needs. The organisation uses the latest innovations in trauma therapy and Cognitive Behavioural Therapy and an integration of person-centred and Feminist counselling practice to provide a safe and empowering space for survivors. WGN provides culturally sensitive and appropriate therapeutic interventions and has a range of counsellors from different multicultural backgrounds. This enables the organisation to provide women with the option

*“They [WGN] made me feel like I was worth something. No one had ever said that. I had 20 years of [being told] I was useless, worthless.”*

**Client**

of seeking support from someone who speaks their own language or who is from a similar cultural background.

### **Telephone Helpline**

As well as WGN's core counselling services, the organisation offers telephone support. The service is staffed by women who are specially trained in providing advice, support and information about gendered violence. They also host a number of satellites in other venues across London which also provide face-to-face counselling.

### **Body therapies**

WGN offers body therapies to complement the counselling that the women receive on their journey towards recovery. WGN's holistic integrated model includes a range of body therapies to ensure a positive connection with women's bodies, to heal the physical injuries of violent assaults and increase women's confidence and safety by establishing appropriate touch.

### **Group programmes**

The women WGN support receive an 'ending group session' subsequent to completing their individual counselling sessions. This is an eight week programme aimed at self-empowerment and self-advocacy. Women are invited to reflect on insights from individual therapy and develop strategies for recovery and moving on. This is also an opportunity for connection with other survivors to help reduce isolation and share strengths.

### **Projects**

WGN also runs specialist support projects for women at risk. The organisation has developed specifically tailored projects for women who are exiting prostitution and those who have been globally trafficked into the sex industry. The organisation is also involved in training, advocating and educating around gendered violence and is currently developing a nationally recognised counselling training qualification for women from refugee communities to support other women in their community and recover from their experiences of violence. WGN has a specialist Young Women's Advocate working with young women at risk of sexual violence and exploitation.

## **7.3. Data collection process**

The data collected from this research was used to develop an impact map (figure 1) which reflects the diverse outcomes that WGN's services create for both women and wider society.

### **7.3.1. Stakeholder interviews**

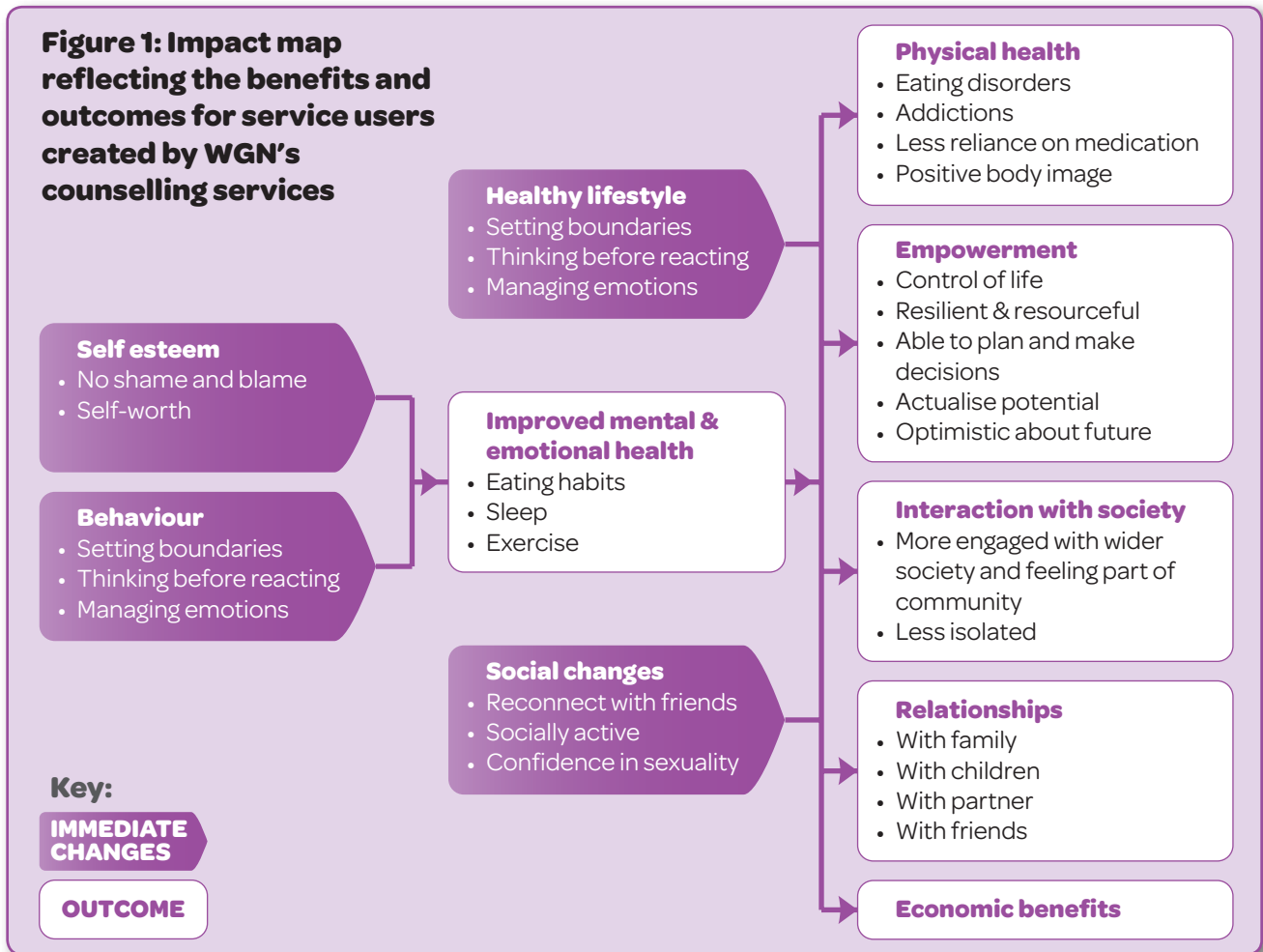
In January 2010 WGN conducted 17 stakeholder interviews with ex and current clients, paid staff, counsellors and volunteers. The objective of the interview process was to identify the outcomes of WGN's support for women using the counselling service. As part of the interviews, WGN staff examined the issues women presented with and explored their mental health and emotional well-being both before and after accessing support.

Staff also interviewed clients about support they had received from other agencies in order to assess levels of attribution (the amount of difference the WGN service had made).

### **7.3.2. Impact map**

Figure 1 provides a visual illustration of the benefits and outcomes for service users created by WGN's counselling services. The purple arrows signify indicators which illustrate the immediate changes created by WGN's services and contribute towards each final outcome (highlighted in the white boxes).





As part of the data collection process participants identified six key outcomes created by the service:

- Economic benefits (improved ability to engage in education and work)
- Improved relationships (with family, friends, partners and children)
- Improved physical health
- Improved mental and emotional health
- Increased interaction within society (e.g. improved social interaction with men, colleagues and others)
- Increased sense of personal autonomy (empowerment).

These outcomes illustrate the extensive impact of WGN's services on multiple aspects of women's lives, such as their self esteem, social interaction, assertiveness and relationships with others. Whilst a broad range of outcomes were identified as part of the mapping exercise, due to limited capacity, WGN decided to focus on outcomes reflected in their existing monitoring and evaluation data. These were: autonomy, personal relationships, well-being, day to day functioning and physical safety (risk of self-harm and suicide).

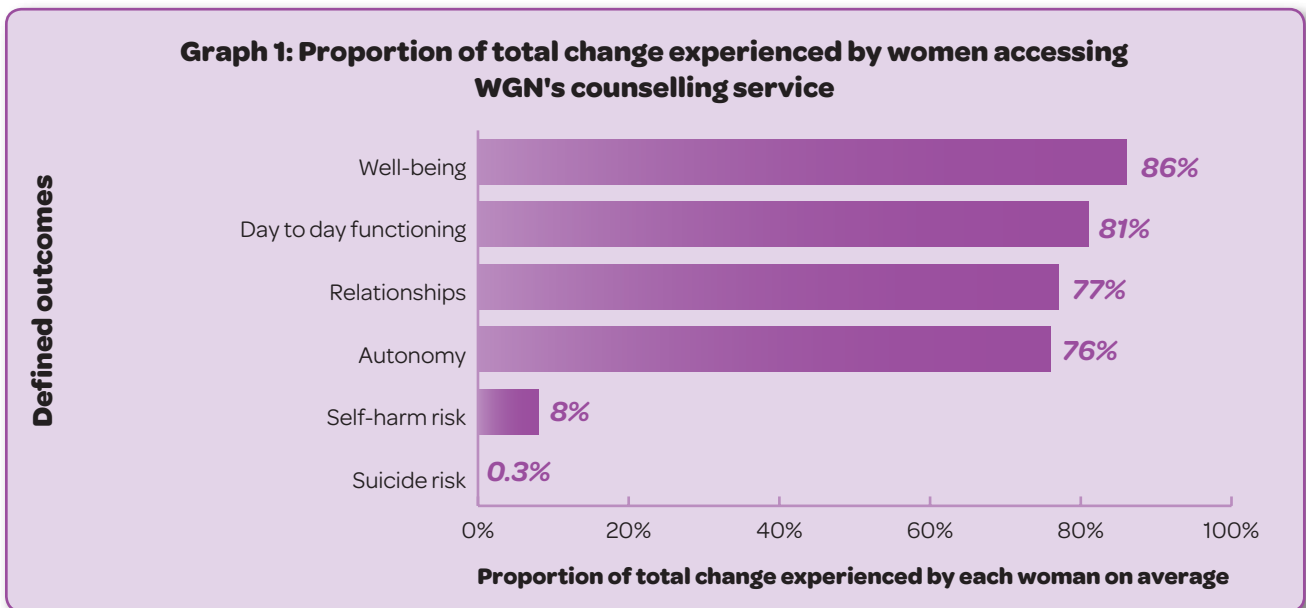
### 7.3.3. Measuring outcomes and indicators

WGN used their existing M&E systems to capture the 'distance travelled' by women as part of the therapeutic journey. WGN used a series of CORE forms to identify different indicators of women's progress both before and after accessing their services.

CORE forms are therapy assessment and end of therapy forms which indicate a client's mental health and well-being and 'distance travelled'. This M&E system grades the client's well-being and illustrates change management around a series of outcomes using a scoring system. With these forms the client is rating their own experience so that this can be compared with the therapist's experience of the client. They also collect nationally validated clinical information and supplementary

'distance travelled' information to try to capture emerging trends.

Classified according to risk assessments and therapy benefits, the CORE data used by WGN illustrated a range of outcomes including improvements in client's personal autonomy and levels of risk of self-harm.



## 7.4. Outcomes

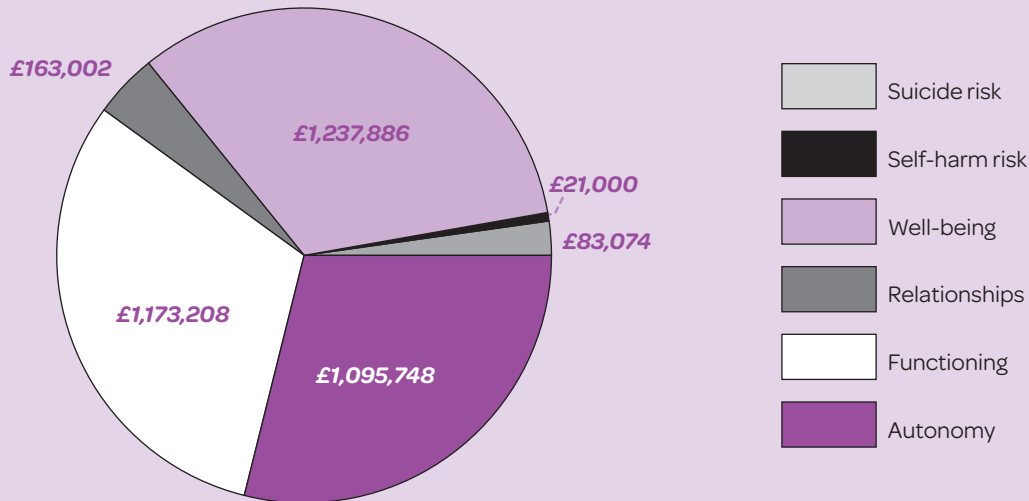
**Graph 1** illustrates the outcomes created for women as a result of accessing WGN's face-to-face counselling service. Calculated using primary data collected from CORE monitoring forms, research findings show that face-to-face counselling creates a broad range of positive outcomes for women. On average, 81% of women who received face-to-face counselling reported improved ability to function and perform daily tasks, furthermore, 76% of clients experienced a greater sense of autonomy and self independence. Eighty-six per cent of women reported improvements in their well-being and 77% experienced improvements in their relationships. The improvement in personal relationships as an outcome of accessing the service, as well as an increased sense of autonomy and personal control, interlinks with WGN's ethos of empowering individuals to support their own recovery and shape the direction of their lives.

An additional outcome linked with WGN's unique counselling therapies is a reduction in the risk of self-harm and suicide. There is a substantial reduction in the risk of self-harm and suicide for clients (for example the proportion of women with mild, moderate or severe risk of suicide drops from 30% to 7.8%). This of course is likely to reduce the number of suicides, and based on this data we have estimated that the overall impact is to prevent one suicide a year. These findings are reflective of WGN's role in supporting the most vulnerable and marginalised women and the essential life saving nature of the services they provide.

*"If you have an experience like this [support from WGN], it's a stepping stone. You are responsive to other things because it helps you make sense of things."*

**Client**

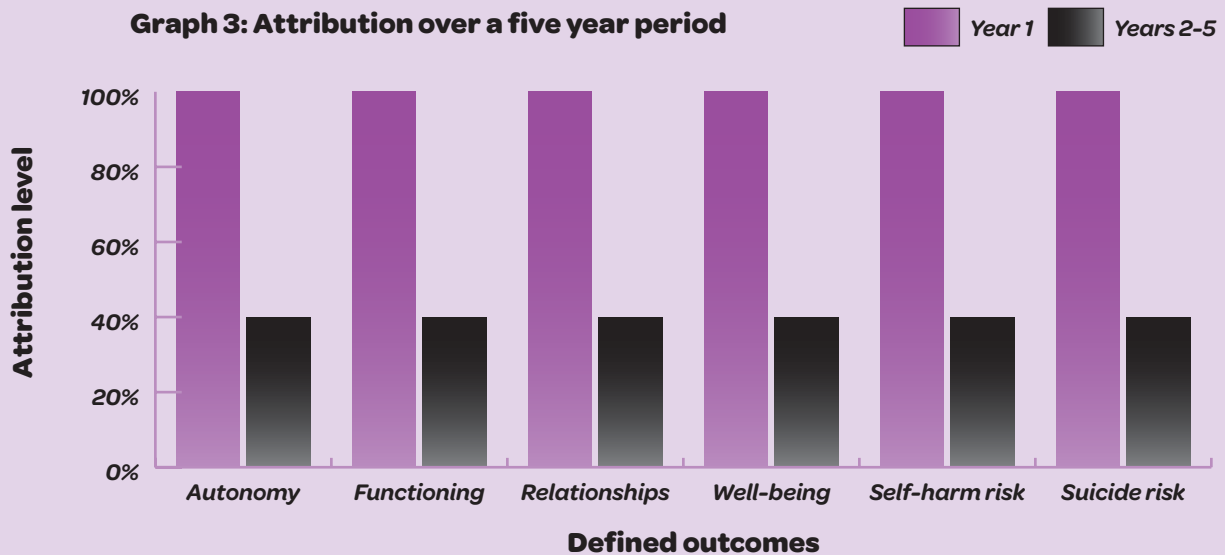
**Graph 2: Total impact of violence against women on WGN's clients**



**Graph 2** shows the present value of the outcomes to clients created by face-to-face counselling. On average this equates to over £10,000 of value per client.

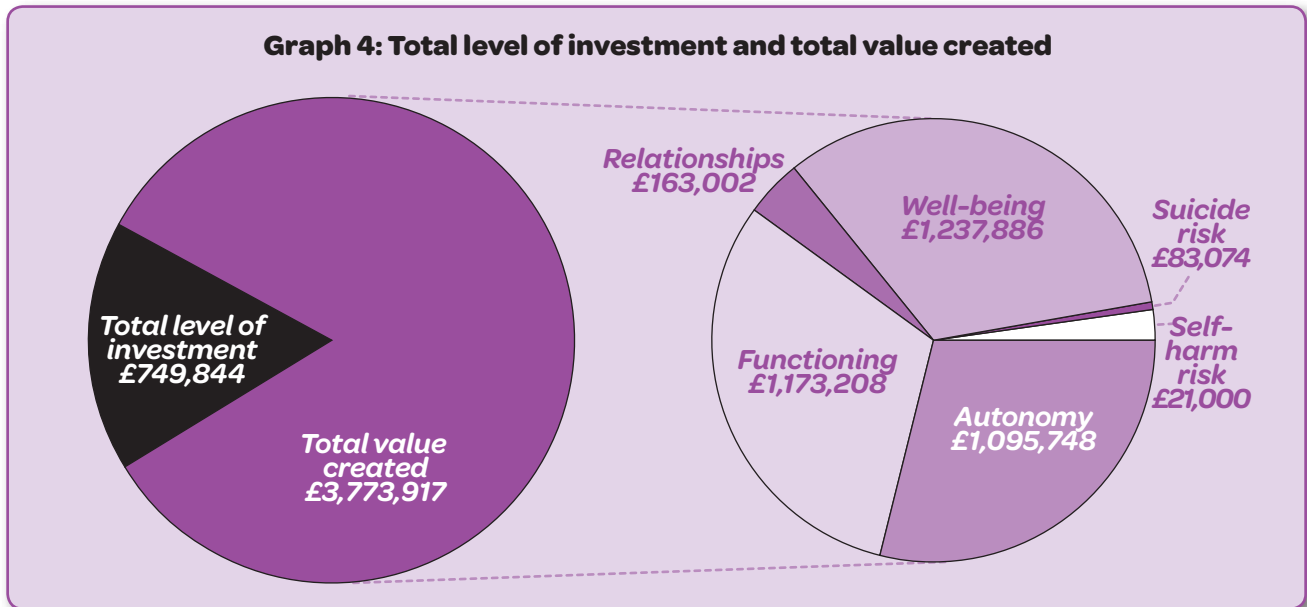
Most of the value (other than reduction in suicide and self-harm) comes through well-being outcomes (well-being, functioning and autonomy). Well-being is harder to value than economic benefits, but the Centre for Mental Health has attempted to put a cost on mental illness through the use of QALYs (Quality Adjusted Life Years).<sup>117</sup> Equating well-being with mental health allows a valuation of overall well-being of £10,560.<sup>118</sup> The result is divided between the different well-being outcomes. Improved relationships is calculated by looking at the average spend on social activities in a year.<sup>119</sup>

**Graph 3: Attribution over a five year period**



**Graph 3** highlights the level of attribution awarded to WGN for creating outcomes for clients over a five year period. One hundred per cent of the outcomes illustrated in year one in the graph have been attributed to WGN, as during this period women will receive ongoing face-to-face counselling or telephone support. The level of attribution is then estimated to significantly reduce in years two to five, as this is when women often exit the service and take the lead in their own personal recovery.

**Graph 4** illustrates the high social return on investment ratio created by WGN’s services. For every pound invested in face-to-face counselling services, five pounds worth of social value is created to clients, their families, wider society and the State. As indicated by the statistics, a comparatively small level of investment yields significant results. Investment in WGN’s counselling and helpline services creates significant benefits for clients which can mitigate the high financial, physical and emotional costs to the State and to individuals of gender based violence.



## 7.5. Conclusion

The total value created by Women and Girls Network has been calculated as £3,773,917. The total investment into these services has been calculated as £749,844. Therefore the final SROI ratio shows that for every £1 invested into WGN, £5 of social value is generated to service users, their families, wider society and the State over five years.

### Key outcomes include:

- Improved physical health and less reliance on medication
- More engaged with wider society and feeling part of community
- Increased empowerment and control of life
- Improved relationships with others.

Through their involvement in the SROI project WGN have been able to place values on the outcomes that their services create for individual women and the impact that this has on their lives. WGN will use the findings to highlight to funders and other stakeholders the essential, life saving services they provide to women and girls who have experienced violence and abuse.

WGN hopes to use this report as a fundraising tool which will raise awareness about their organisation amongst potential funders and other stakeholders. They intend to use the document to demonstrate their impact at a local level and support national research regarding the importance of specialist VAWG services.

WGN intend to share their learnings from the SROI project with other women’s organisations and plan to use this opportunity to further build upon and improve their M&E systems.

**Key messages:**

1. WGN provides a lifesaving service by reducing suicide and self-harm and transforming survivors to thrivers, promoting total and sustainable recovery
2. WGN uses an integrated holistic service delivery based on a strengths-based approach to therapeutic services
3. A gynocentric approach is used by WGN featuring and inspired by holistic healing models and contemporary innovations in evidence based treatment protocols
4. WGN has empowerment focused therapeutic aims which provide women with individualised choices and consider women as active and responsible partners in the therapeutic journey/ experience
5. The organisation uses Feminist constructs to contextualise gendered violence moving women from individual shame and blame and addressing and challenging societal norms which condone and legitimise gender based violence. This is achieved through innovative training programmes and research.

# 8. Conclusion

In 2009 the Women’s Resource Centre (WRC), with the support of the new economics foundation (nef), undertook research to examine the costs and long term benefits associated with the work of five frontline women’s organisations based in London.

The project was carried out using the Social Return on Investment (SROI) approach. This is a form of cost-benefit analysis used to demonstrate the value created by a programme or activity, and to better understand the value for money.

Findings from the SROI process demonstrated a number of positive outcomes from the work of the five women’s organisations, illustrating the benefits of investing in specialist women’s organisations to women, families and wider society, as well as the savings they create for the State. These include:

- Increased independence, self-confidence and self esteem for ethnic minority migrant women in East London
- Improved physical and mental health for young women from South Asian, Turkish and Iranian communities who have experienced domestic violence
- Increased economic independence for female survivors of sexual violence
- Improvements in social interactions, personal and emotional safety and economic activity for Sudanese women
- Improvements in personal well-being, social relationships, independence and a reduction in suicide for women and girls attending the WGN counselling service.

**Table 1: Summary of outcomes, social value created and SROI ratio**

|   | <b>Ashiana Network</b>  | <b>Heba Women’s Project</b>  | <b>Rape Crisis South London</b>   | <b>South Sudan Women’s Skills Development</b>  | <b>Women and Girls Network</b>  |
|---|---|--|---|--|---|
| <b>Positive Outcomes</b>                      | Refuge provision<br>Increased safety<br><br>Improved physical and mental health<br><br>Increase in likelihood of employment<br><br>Outreach support<br>Improved economic independence<br><br>Increase in safety at home<br><br>Improvement in English language leading to improved self esteem, independence and reduced social isolation | Increased independence, self-confidence and self esteem<br><br>Reduced isolation and increased societal participation<br><br>Improved relationship of service users’ children with their parents<br><br>Reduced business overheads for tenants/designers and other organisations<br><br>Increased tax take and reduced benefit spend and reduced need for translation services for the State | Face-to-face counselling<br>More able to make positive life choices<br><br>Improved personal relationships<br><br>Increase in autonomy and personal control<br><br>Improved physical and emotional safety<br><br>Telephone counselling<br>Improved economic independence<br><br>Improved mental and emotional health<br><br>More able to form stable relationships<br><br>More able to make positive life choices/ live healthier lives | Reduced isolation<br><br>Improved personal well-being<br><br>Improved child-parent relationships<br><br>Improved ability to enter education and employment<br><br>Increase in awareness of FGM issues<br><br>Increase in economic contribution | Improved personal relationships<br><br>Increased sense of autonomy and personal control<br><br>Reduction in self-harm and suicide<br><br>Improved ability to function and perform daily tasks<br><br>Improved personal well-being |
| <b>Total Social Value Created</b>             | £4,175,199  | £5,294,226   | £1,773,429  | £1,125,981   | £3,773,917  |
| <b>SROI ratio</b>                             | 8:1   | 11:1   | 6:1   | 11:1   | 5:1   |
| <b>Social Value created per £1 investment</b> | £8 for every £1 invested  | £11 for every £1 invested  | £6 for every £1 invested  | £11 for every £1 invested  | £5 for every £1 invested  |

The key benefits and investment to outcome ratios are summarised in Table 1, which shows that for every £1 of investment, the social value created by women's organisations ranges between £5 and £11.

The women's voluntary sector is comprised of women's organisations working in a range of areas to advance and meet the needs of women. From training and education to domestic and sexual violence services, women's organisations promote gender equality and seek to provide women with comprehensive needs-led support.

The ethos of women-only organisations is based on the premise that in order for fairness to be achieved it is essential to use the concept and language of substantive equality rather than formal equality. Substantive equality highlights significant social obstacles (particularly discrimination based on social characteristics) which may limit access to, for example, education and employment.<sup>120</sup> Substantive equality acknowledges that where policy is tailored to the majority group, other people with different needs and circumstances are not considered and need specific support to enable them to achieve the same aims.

Specialist women's organisations provide broader benefits to society by tackling social exclusion and promoting community cohesion. Their services help to integrate women into wider society and bring women of different faiths and the ethnicities together. Therefore, women's organisations can be seen as a great example of a model to develop the 'Big Society'.

Much of the value demonstrated in this report is created through the provision of vital services to vulnerable and marginalised women who are not reached by mainstream organisations. For example:

- Ashiana Network provides essential support to young women from South Asian, Turkish and Iranian communities experiencing domestic and sexual violence. Without Ashiana many of these women would not receive help. There are no specialist violence against women services for Black, Asian and minority ethnic women in the borough, despite costs of violence against minority ethnic women in England and Wales being estimated at £1.5 billion every year.<sup>121</sup>
- Heba Women's Project supports isolated women in East London to build fuller lives through training, educational development, and by offering a socially and ethnically diverse community space. The services they provide are in response to local women's needs and offer opportunities to help them participate in the local and wider community.
- Rape Crisis South London (RASASC) provides impartial, professional support to women aged 14 years and over who have experienced rape or sexual assault. Unlike many statutory agencies they provide advice to survivors no matter when the abuse took place. Their women-centred approach means they often work with women who are not accessing other services.
- South Sudan Women's Skills Development (SSWSD) serves primarily Sudanese women and children in exile and aims to alleviate poverty, preserve culture, improve their opportunities, and promote integration into the local community through a range of services. Their specialist provision is essential; they have a unique reach within the Sudanese community and there is little existing support to aid ethnic minority migrant women integrate into British society.
- Women and Girls Network offers a unique counselling service, promoting a range of holistic therapeutic techniques to empower and help women achieve a sustainable recovery from gender based violence.

The work carried out by women's organisations is built on a foundation of years of experience and knowledge, along with an understanding of the issues facing women and how their needs can be met. After extensive cuts to the funding of essential women-only services, organisations are being forced to reduce the provision they offer or in some cases close altogether. In the short term, this will result in the loss of specialist knowledge which cannot be easily replaced. In the long term, dwindling sources of funding will lead to a lack of provision of services and support for women in desperate need. Findings from this research draw attention to the need to fund specialist women-only services and support the financial sustainability of existing women's organisations.

Through their participation in the SROI evaluation, the five women's organisations featured in this report have been able to demonstrate the social and economic impact of the services they provide and activities they generate. While undertaking such projects offers an opportunity for the value of their work to be recognised, this evaluation revealed the inherent challenges involved. For example, there were variations in the M&E systems of the organisations which meant for some there was little existing data available for analysis. While organisations recognise the importance of collecting M&E data, funding constraints and lack of capacity mean that it is not a priority for them and therefore is a process that remains hard to embed. Furthermore, funders tend to request predominantly quantitative data for their evaluation, which provides little incentive for organisations to collect the different types of M&E data which is often required for SROI analysis. The focus of funders on quantitative data as an indicator of success is problematic. As this research shows, the impact that organisations have on an individual woman's life is in fact huge; using an SROI analysis is one way to demonstrate this hidden value.

Findings from the report also highlight the importance of capturing 'softer outcomes'. Soft outcomes, such as improved self esteem, are vital stepping stones which enable women to recover, (re)build their sense of self and participate in society. With the increased allocation of funding using a payment by results system, it is vital that 'results' are defined in partnership with service providers to ensure that they are reflective of women's needs. As part of this process it is important to know what truly makes a difference to individuals in the short and long term – and to acknowledge that there are no quick fixes.

Participating in a SROI analysis requires a significant commitment from organisations in terms of time and resources. This can also be problematic, particularly for smaller organisations where both are in short supply. In addition, the methodologies used in SROI are often too complex for organisations to undertake on their own, and require the support of other bodies to ensure they are able to demonstrate their impact effectively and are not left at a funding disadvantage.

The challenges encountered during this study highlight a number of important issues to be addressed. If women's organisations continue to be required to demonstrate their value, the need to fund them to ensure they have the capacity to both improve their M&E processes and participate in outcomes-based evaluations, such as SROI, is paramount. In addition, consideration needs to be given to the way existing M&E data collected by organisations can be better utilised and whether there are alternative ways in which they can demonstrate their value.



## 8.1. Recommendations

Based on the research findings, this report makes a number of recommendations for action which will help to ensure that essential women's services are supported and that their expertise and value is utilised.

### **An equalities framework must be integrated into commissioning processes to ensure the needs of specific communities can be identified and met**

Commissioners must ensure that equalities issues are considered at all stages of the commissioning process and examine the impact of their funding decisions on different equalities groups. When evaluating the cost and quality of services, commissioners should consider the social value created by equalities organisations and the broad range of benefits they provide.

Investment should be understood in a broader context to include other considerations such as long term outcomes and social and environmental impact. To realise its vision for 'best value' the Government must ensure that the true value of services is acknowledged in commissioning processes. Gender analysis must be viewed as an essential part of commissioners' assessment of the social, economic and environmental value that a service can provide.

### **When commissioning services the Government must adopt a broader definition of outcomes and select appropriate funding models that meet the needs of women**

When commissioning services, commissioners should work closely with women's organisations to ensure that the needs of women are met. Outcomes should be defined in partnership with specialists within each field to ensure they reflect the needs of service users. Whilst project objectives often seek to create larger outcomes, seemingly small steps can represent a significant change for individuals. For example, an important first step in supporting socially excluded women into work is raising their self esteem and providing them with the confidence to interact socially.

Government funders must select appropriate funding models which support the sustainable provision of services that reflect the needs of women. The emphasis on short term financial investment and social enterprise as a way to support voluntary and community sector organisations needs to be reconsidered. For organisations, such as those in this report, this funding is unsustainable, inappropriate and does not allow them to continue to provide a service that appropriately meets women's needs.

In addition the focus on quantitative data and numerical outcomes in relation to services that directly support the most vulnerable and marginalised communities is also hugely problematic. The understanding of success indicators must be revised and the complex impact of any changes on individuals' lives must be understood so that the true value of interventions can be appreciated.

### **Commissioners must recognise the value of holistic specialist services**

With an increasing focus on a localised commissioning model, it is essential that commissioners have an understanding of local need and the broader value presented by holistic specialist services. By addressing the causes and consequences of discrimination against women, women's organisations also tackle broader social issues and create economic and social benefits for a range of stakeholders including wider society and the State. When making commissioning decisions, commissioners should consider the broader value provided by holistic specialist providers and seek to establish strong working relationships with equalities organisations in their local area.

# Glossary

## Attribution

When a benefit is assigned to a particular cause or source.

## BAME

The term refers to Black, Asian and minority ethnic groups and communities. Both this term and BAMER have been used throughout the report as sometimes this group does not include refugee women.

## BAMER

The term refers to Black, Asian, minority ethnic and refugee groups and communities.

## Body therapies

Treating a disorder through the use of physical rehabilitative methods, such as massage, yoga or acupuncture.

## Cognitive Behavioural Therapy

A talking therapy that concentrates on thought processes and behaviour.

## Competitive tendering

A situation in which there is more than one potential service provider available and a commissioner may use this competitive market to request bids for a contract, accepting the lowest bid available to save money. This may lead to organisations undervaluing their project and core costs in order to secure the contract.

## CORE forms

CORE forms are therapy assessment and end of therapy forms which indicate a survivor's mental health and well-being and 'distance travelled' while engaging with the service.

## Cost-benefit analysis

A method of reaching economic decisions by comparing the cost of doing something with its benefits. The concept is relatively simple, but difficulty often arises in decisions about which costs and which benefits to include in the analysis. This is especially so when relevant costs and benefits do not have a price. Cost-benefit analysis usually looks at returns to one stakeholder – the State.

## Deadweight

The difference between outcomes and impacts, i.e. what would have happened anyway. Outcomes - deadweight = impacts.

## Disabled

Refers to a person who has a physical or mental impairment that has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities. This includes people with: HIV, multiple sclerosis, who are blind, as well as those with mental health and learning difficulties.

## Discount rate

As part of the SROI calculations, a discount rate was applied to each group to reflect changes to costs and benefits that have happened since the relevant activities had taken place.

## Displacement

This describes the negative effects of a policy which can occur when the benefits claimed by a programme participant are at the expense of others outside the programme. For example, while introducing street lighting may reduce crime in an area it is likely to displace it elsewhere leading to no overall net reduction.

## 'Distance travelled'

'Distance travelled' is a measurement term that refers to the progress that a person makes towards harder outcomes like employment or ceasing reoffending. This can include differences in feelings, attitudes, perceptions or skills over time, using self-reporting and observation methods.

## Domestic violence (DV)

Domestic violence is defined as physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so called 'honour crimes'. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently 'violent'.<sup>122</sup>

## Drop-off

Drop-off is a measure which recognises that outcomes may not continue to last year on year and in future years may be less, or if the same, will more likely be influenced by other factors. The drop-off rate indicates by what percentage the value of the outcome declines each year. For example, if an outcome related to employment lasts for three years, how much does the impact in years two and three drop-off compared to the first year?

## English for Speakers of Other Languages (ESOL)

English for Speakers of Other Languages is an educational programme used to teach English to people whose first language is not English.

## Female genital mutilation (FGM)

Female genital mutilation also known as female circumcision, describes "the partial or complete removal or modification of the female genitalia for cultural or religious reasons".<sup>123</sup> It includes all other injuries to the female genital organs for non-medical reasons.

## Focus groups

A qualitative research method where a group of identified participants are encouraged by a researcher to present their views on a certain issue. These views are then analysed as research data.

## Forced marriage

The Home Office defines forced marriage as "a marriage conducted without the valid consent of two parties, where duress is a factor".<sup>124</sup> Duress is considered to be where "the mind of the [victim] has in fact been overborne, howsoever that was caused,"<sup>125</sup> which can include physical, psychological, financial, sexual and emotional pressure.

## Formal equality

An understanding of equality which incorrectly maintains that equality is achieved when everyone is treated in exactly the same way, disregarding social obstacles that exist for different groups.

### Gender awareness

A comprehensive understanding of the differences between men and women, the influence of prescribed gender roles and the forms of discrimination both genders face.

### Gynocentric

An approach that places women's rights, views and victimisation as its primary focus.

### Human trafficking

The recruitment or transportation of persons, by means of the threat or use of force or other forms of coercion, for the purpose of exploitation. Exploitation includes prostitution of others or other forms of sexual exploitation, forced labour or services and the removal of organs.<sup>126</sup>

### ICT

Information and communication technology including skills with computers and the internet.

### Immigrant

A person who leaves one country to settle permanently in another.

### Impact map

A tool that can be used to illustrate the work that a person or organisation does and help them to think about how these activities bring about social, economic or environmental change.

### Incest

In England and Wales (the definition is slightly different in Scotland), incest is an act of sexual relations, whether heterosexual or homosexual, between a person and their adoptive, biological, foster or step-parent, grandparent, sibling, half-sibling, uncle, aunt, nephew or niece, as well as those who have lived in the same household or acted as a carer to that person.<sup>127</sup>

### Indicators

An indicator is a piece of information that helps to determine whether or not change has taken place. Indicators matter because they are a way of knowing if an outcome has taken place. There can be indicators of outcomes and outputs but only outcomes indicators are appropriate to measure change.

### Inputs

The resources that an intervention uses to carry out its activities and operations. These include: funding, premises, goods-in-kind and time donated by volunteers.

### Intersectionality

The term has no definitive definition and its meaning is contested across various sites and disciplines. For this report, intersectionality refers to the meeting point of a variety of overlapping identities (such as being a black, lesbian, woman) where multiple types of discrimination occurs simultaneously.

### Islamophobia

The Runnymede Trust<sup>128</sup> defines Islamophobia as having eight characteristics:

1. Islam is seen as a monolithic bloc, static and unresponsive to change
2. Islam is seen as separate and 'other'. It does not have values in common with other cultures, is not

3. Islam is seen as inferior to the West. It is seen as barbaric, irrational, primitive and sexist
4. Islam is seen as violent, aggressive, threatening, supportive of terrorism and engaged in a 'clash of civilisations'
5. Islam is seen as a political ideology and is used for political or military advantage
6. Criticisms made of the West by Islam are rejected out of hand
7. Hostility towards Islam is used to justify discriminatory practices towards Muslims and exclusion of Muslims from mainstream society
8. Anti-Muslim hostility is seen as natural or normal.

### Longitudinal outcomes

Measuring the change that results from an organisation's activity at regular intervals over a set period of time e.g. five years.

### Monitoring and evaluation (M&E)

A process of systematically collecting data that is relevant to a project or activity, then analysing this data to make judgements on the success of the project and make changes or improvements.

### Outcomes

The change that results from an organisation's activity – for people, communities, the economy, or aspects of the natural or built environment. They come either wholly or in part as a result of the organisation's actions. Outcomes can be negative as well as positive and measuring them is the only way that you can be certain that the change has taken place.

### Outputs

A policy intervention that usually results in something demonstrable or countable right afterwards. Outputs are usually finite; items created (such as jobs) or people trained. While outputs are often the first step in creating the longer term change at which policy is aimed, they are not enough by themselves to create that change.

### Outreach service

A service that provides support to women who are not resident at the service, for example, providing support for abused women who have chosen to stay at home or have moved to new accommodation rather than staying at a refuge. Outreach services also provide support within their local community, such as through training for statutory services or awareness raising activities in schools.

### Proxies

In selecting indicators there is a trade-off between data availability and accuracy. When data is unavailable or difficult to obtain, proxies can be used. A proxy is a value that is deemed to be close to the desired indicator. For example, the overall regional unemployment rate may be used as a proxy for the local unemployment rate if the required data is unavailable.

### Public body

An organisation that carries out an area of Government policy. Public bodies can include local authorities and primary care trusts in the NHS.

## **Racism**

Hatred or intolerance of another race or other races.

## **'Rebuilding the self'**

This term describes RASASC's empowering approach which supported women to improve their mental and emotional health and take steps to address and recover from their experiences.

## **So called 'honour'-based violence**

So called 'honour'-based violence is a crime or incident, which has or may have been committed to protect or defend the perceived honour of the family and/or community.

## **Social Return on Investment (SROI)**

A method which measures the social, environmental and economic value created by an activity or intervention. This measurement is made in relation to the resources invested into the activity or organisation.

## **Stakeholders**

Those people or groups who are either affected by or who can affect policy. This can include customers, service users, trustees, community groups, employees, funders/ investors, statutory bodies, suppliers, staff, or volunteers.

## **Statutory services/agencies**

Support services provided by public bodies, such as counsellors provided by the NHS.

## **The Forced Marriage Unit (FMU)**

The Forced Marriage Unit is a joint-initiative with the Home Office and the Foreign and Commonwealth Office to cease the practice of forced marriage.

## **'Theory of change'**

Defines all building blocks required to bring about a given long term goal. This set of connected building blocks interchangeably referred to as outcomes, results, accomplishments, or preconditions – is depicted on a map sometimes referred to as an impact map. This is a graphic representation of the journey of change, and the model has been developed by the Aspen Institute.<sup>129</sup>

## **Trauma therapy/counselling**

Using therapeutic methods to address the after-effects of a traumatic experience.

## **Violence against women and girls (VAWG)**

The term violence against women and girls describes: *"any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".*<sup>130</sup>

## **Voluntary and community organisation (VCOs)**

A voluntary and community organisation is one whose main focus is to deliver social benefit in a variety of forms to the community, rather than to generate profit for distribution to its members. It will usually be independent of Government.

## **Well-being**

A positive state of existence characterised by happiness, satisfaction, personal development, fulfilment and engagement with the 'community'.<sup>131</sup>

## **Women with no recourse to public funds/insecure immigration status**

If a woman comes to the UK on a Spousal Visa, she becomes dependent on her husband for her right to remain in the UK. She is also reliant on her husband as her 'sponsor' to apply within two years for her own right to remain. At this time she has 'no recourse to public funds' and she is completely financially dependent on him. Women who enter the UK on student and work visas, or those who have become over-stayers, also have no recourse to public funds and so are vulnerable if they experience violence but are not yet covered by the Home Office funded Sojourner Project scheme.<sup>132</sup>

## **Xenophobia**

Intense or irrational dislike or fear of people from other countries.

# Notes

1. Riordan (1999) *Women's organisations in the UK voluntary sector*. Centre for Institute Studies, University of East London: London.
2. Women's Resource Centre (2009) *Not Just Bread, But Roses, Too: Funding to the women's voluntary and community sector in England 2004-07*. WRC: London.
3. Women's Resource Centre (2011) *Survey on women's organisations and funding*. Unpublished WRC: London.
4. Women's Resource Centre (2007) *Why women-only? The value and benefit of by women, for women services*. WRC: London.
5. Office of the Third Sector (2009) *A Guide to Social Return on Investment*. Cabinet Office: London.
6. Theresa May MP (2010) *Key note speech given at the 36th Annual Women's Aid National Conference*. Taken from Women's Aid. 15/09/2011: <http://www.womensaid.org.uk/page.asp?section=000100010015000800040002&sectionTitle=Theresa+May%27s+Speech>
7. *Fawcett launches new campaign: Keeping Mum*. Taken from The Fawcett Society. 15/09/2011: <http://www.fawcettsociety.org.uk/index.asp?PageID=658>
8. Zhora Moosa and Jessica Woodroffe (2009) *Poverty Pathways: Ethnic minority women's livelihoods*. The Fawcett Society and Oxfam: London.
9. Ibid.
10. *Statistics taken from Women's Aid Federation of England*. 15/09/2011: [http://www.womensaid.org.uk/domestic\\_violence\\_topic.asp?section=0001000100220036&sectionTitle=Statistics](http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220036&sectionTitle=Statistics)
11. *3,000 Women a Year Forced into Marriage in the UK, Study Finds*. Taken from The Guardian. 21/09/2011: <http://www.guardian.co.uk/politics/2008/mar/08/religion>
12. HM Government (2011) *Multi Agency Practice Guidelines: Female Genital Mutilation*. FCO: London.
13. Women's Resource Centre and Rape Crisis (England & Wales) (2008) *The Crisis in Rape Crisis: A survey of Rape Crisis (England and Wales) Centres*. WRC: London.
14. Home Office (2005) *Tackling domestic violence: Providing advocacy and support to survivors from Black and other minority ethnic communities, Development and Practice Report No.35*. Home Office: London.
15. HM Government (2007) *Cross Government Action Plan on Sexual Violence and Abuse*. Home Office: London.
16. Women's Resource Centre (2006) *Why Women? The women's voluntary and community sector: changing lives, changing communities, changing society*. WRC: London.
17. Shamyia Izzidien (2008) *"I can't tell people what is happening at home": Domestic Violence within South Asian Communities: The specific needs of women, children and young people*. NSPCC: London.
18. Women's Resource Centre (2007) *Why Women-Only? The value and benefit of by women, for women services*. WRC: London.
19. Shamyia Izzidien (2008) *"I can't tell people what is happening at home": Domestic Violence within South Asian Communities: The specific needs of women, children and young people*. NSPCC: London.
20. James Brandon and Salam Hafez (2010) *Crimes of the community: Honour Based Violence in the UK*. Centre for Social Cohesion/The Cromwell Press: Towbridge.
21. Change Institute (2009) *The Bangladeshi Muslim Community in England: Understanding Muslim Ethnic Communities*. Communities and Local Government: London. p49.
22. Ibid. p10.
23. Becon (2004) in Bernadette Stiell and Ning Tang (2006) *Ethnic Minority Women and Access to the Labour Market in Newcastle*. Centre for Social Inclusion: Newcastle. p11.
24. Women's Resource Centre (2007) *Why women-only? The value and benefit of by women, for women services*. WRC: London.
25. Women's Resource Centre and Rape Crisis (England and Wales) (2008) *The Crisis in Rape Crisis: A survey of Rape Crisis (England and Wales) Centres*. WRC: London. p.36-37.
26. Women's Resource Centre (2008) *The State of the Women's NGO Sector Shadow Report submitted to the CEDAW Committee in response to the United Kingdom's 6th Periodic Report*. WRC: London.
27. Anjum Mouj (2008) *A Right to Exist – A paper looking at the eradication of specialist services to BAMER women and children fleeing violence*. Imkaan: London.
28. Women's Resource Centre (2007) *Why Women-Only? The value and benefit of by women, for women services*. WRC: London. p.86.
29. Office of the Third Sector (2009) *A Guide to Social Return on Investment*. Cabinet Office: London.
30. Sylvia Walby (2009) *The Cost of Domestic Violence: Update*. Lancaster University: Lancaster.
31. Taken from: <http://thesroidatabase.org.websserver2.ukdnp.com/proxyinformation.aspx?id=2326&from=1609>
32. Taken from Sylvia Walby (2004) *The Cost of Domestic Violence*. Women and Equality Unit: Leeds.
33. UNICEF (2005) *Early Marriage: A Harmful Traditional Practice*. UNICEF: New York.
34. Southall Black Sisters (2001) *Forced Marriage: An abuse of human rights one year after "A Choice by Right"* – Interim report. Southall Black Sisters: London.
35. Foreign and Commonwealth Office, Home Office and NHS (2007) in Refuge (2010) *Forced Marriage in the UK: A scoping study on the experience of women from Middle Eastern and North East African communities*. Refuge: London.
36. Brandon and Hafez (2008) in Refuge (2010) *Forced Marriage in the UK: A scoping study on the experience of women from Middle Eastern and North East African communities*. Refuge: London.
37. HM Government (2009) *Multi-agency Practice Guidelines: Handling Cases of Forced Marriage*. HM Government: London.
38. Ibid.
39. James Brandon and Salam Hafez (2010) *Crimes of the Community: Honour Based Violence in the UK*. Centre for Social Cohesion/The Cromwell Press: Towbridge.
40. Emily Britton et al. (2005) *Black and Minority Ethnic Women in the UK*. The Fawcett Society: London.
41. Ibid.
42. *Women with no recourse to public funds*. Taken from Women's Resource Centre 22/09/2011: [http://www.wrc.org.uk/what\\_we\\_do/campaigns/women\\_with\\_no\\_recourse\\_to\\_public\\_funds/default.aspx](http://www.wrc.org.uk/what_we_do/campaigns/women_with_no_recourse_to_public_funds/default.aspx)
43. Shamyia Izzidien (2008) *"I can't tell people what is happening at home": Domestic Violence within South Asian Communities: The specific needs of women, children and young people*. NSPCC: London.
44. Justine Järvinen et al. (2008) *Hard Knock Life: Violence against women, a guide for donors and funders*. New Philanthropy Capital: London.
45. Taken from Sylvia Walby (2004) *The Cost of Domestic Violence*. Women and Equality Unit: Leeds.
46. Ibid.
47. Tower Hamlets Partnership (2011) *Tower Hamlets Community Plan: Consultation Draft Summary*. Tower Hamlets Council's Communications Unit: London.
48. Change Institute (2009) *The Bangladeshi Muslim Community in England: Understanding Muslim ethnic communities*. Communities and Local Government: London.
49. Angela Dale (2008) *Migration, marriage and employment amongst Indian, Pakistani and Bangladeshi residents in the UK*. The University of Manchester: Manchester.
50. Change Institute (2009) *The Bangladeshi Muslim Community in England: Understanding Muslim ethnic communities*. Communities and Local Government: London. p48.
51. Tower Hamlets Partnership (2011) *Tower Hamlets Community Plan: Consultation Draft Summary*. Tower Hamlets Council's Communications Unit: London.
52. Zhora Moosa and Jessica Woodroffe (2009) *Poverty Pathways: Ethnic minority women's livelihoods*. The Fawcett Society and Oxfam: London.
53. Peter Genway and Guy Palmer (2007) *Poverty Amongst Ethnic Groups: How and Why Does it Differ?* Joseph Rowntree Foundation/New Policy Institute: York.
54. Emily Britton et al. (2005) *Black and Ethnic minority Women in the UK*. The Fawcett Society: London.
55. Ibid.
56. Refugee Council (2011) *English for Speakers of Other Languages (ESOL): A Briefing Paper issued by the Refugee*

Council. Refugee Council: London. p4.

<sup>57</sup> University of Glasgow (2001) *Hidden Treasure: The development of European concepts for the use of qualifications and competences of women immigrants for their vocational training*. Conference proceedings, 21st March 2001, UEL: London.

<sup>58</sup> Eileen Green et al. (2004) *Barriers to women's employment and progression in the labour market in the North East of England*. University of Teeside: Middlesbrough.

<sup>59</sup> Emily Britton et al. (2005) *Black and Ethnic minority Women in the UK*. The Fawcett Society: London.

<sup>60</sup> Ibid.

<sup>61</sup> Women's Resource Centre (2004) *United Nations Convention on the Elimination of all forms of Discrimination against Women: Shadow Report to CEDAW in Response to the United Kingdom Government's 5th Periodic Report*. WRC: London.

<sup>62</sup> Emily Britton et al. (2005) *Black and Ethnic minority Women in the UK*. The Fawcett Society: London.

<sup>63</sup> Equal Opportunities Commission (2006) *Moving on up? Bangladeshi, Pakistani and Black Caribbean women and work*. EOC: Manchester. p16.

<sup>64</sup> Emily Britton et al. (2005) *Black and Ethnic minority Women in the UK*. The Fawcett Society: London.

<sup>65</sup> University of Glasgow (2001) *Hidden Treasure: The development of European concepts for the use of qualifications and competences of women immigrants for their vocational training*. Conference proceedings, 21st March 2001, UEL: London.

<sup>66</sup> Ibid.

<sup>67</sup> Taken from *Global Voices blog* 16/12/10: <http://www.globalvoices.co.uk/blog/2010/12/costs-oftranslation-services-in-the-uk-for-immigrants-soars-by-40/>

<sup>68</sup> George Alberti (2010) *Responding to Violence Against Women and Children - The role of the NHS: The report on the taskforce on the health aspects of violence against women and children*. Department of Health: London. p9.

<sup>69</sup> Justine Järvinen et al. (2008) *Hard Knock Life: Violence against women, a guide for donors and funders*. New Philanthropy Capital: London.

<sup>70</sup> See for example RASASC (2011) *Reporting sex offences, RASASC Research and Policy Bulletin*. 07/08/11: <http://www.londoncouncils.gov.uk/London%20Councils/RASASCResearch2011CarolMcNaughtonNicholls.pdf>

<sup>71</sup> HM Government (2007) *Cross Government Action Plan on Sexual Violence and Abuse*. Home Office: London.

<sup>72</sup> Ibid.

<sup>73</sup> *Statistics on sexual abuse*. Taken from NSPCC. 27/09/2011: [http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexual\\_abuse\\_statistics\\_wda80204.html](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexual_abuse_statistics_wda80204.html)

<sup>74</sup> HM Government (2007) *Cross Government Action Plan on Sexual Violence and Abuse*. Home Office: London.

<sup>75</sup> Rape Crisis (England and Wales) (2011) *Childhood Sexual Abuse*. Rape Crisis: London. <http://www.rapecrisis.org.uk/childsexualabuse2.php>

<sup>76</sup> Maddy Coy et al. (2007) *Map of Gaps: The postcode lottery of violence against women services*. End Violence Against Women in partnership with the Equality and Human Rights Commission: London.

<sup>77</sup> Home Office (2005) *The economic and social costs of crime against individuals and households 2003/04*. Figures from this report were up-rated to 2009 prices in the Government Response to the Stern Review (2011) as follows: The physical and emotional cost component of this estimate was up-rated to account for growth in nominal income - this reflects changes in prices and evidence that health quality is a normal good and hence the costs of negative health impacts rise with real income. Other costs were up-rated for inflation only using the GDP deflator series published by HMT. See <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/government-stern-review?view=Binary>

<sup>78</sup> HM Government (2007) *Cross Government Action Plan on Sexual Violence and Abuse*. Home Office: London.

<sup>79</sup> Women's Resource Centre (2007) *Why Women-Only? The value and benefit of by women, for women services*. WRC: London.

<sup>80</sup> See for example Women's Resource Centre (2007) *Why Women-Only? The value and benefit of by women, for women services*. WRC: London.

<sup>81</sup> International Organisation for Migration (2006) *Sudan:*

*Mapping Exercise*. IOM UK: London. [http://www.iomlondon.org/doc/mapping/IOM\\_SUDAN.pdf](http://www.iomlondon.org/doc/mapping/IOM_SUDAN.pdf)

<sup>82</sup> NHS and Camden Council (2010) *Camden's Joint Strategic Needs Assessment*. NHS/Camden Council: London.

<sup>83</sup> Zhora Moosa and Jessica Woodroffe (2009) *Poverty Pathways: Ethnic minority women's livelihoods*. The Fawcett Society and Oxfam: London.

<sup>84</sup> Peter Genway and Guy Palmer (2007) *Poverty Amongst Ethnic Groups: How and Why Does it Differ?* Joseph Rowntree Foundation/New Policy Institute: York.

<sup>85</sup> Women's Budget Group (2005) *Women and Children's Poverty: Making the links*. Women's Budget Group: London.

<sup>86</sup> HM Government (2011) *Opening Doors Breaking Barriers: A strategy for social mobility*. Cabinet Office: London.

<sup>87</sup> Ibid.

<sup>88</sup> Zhora Moosa and Jessica Woodroffe (2009) *Poverty Pathways: Ethnic minority women's livelihoods*. The Fawcett Society and Oxfam: London.

<sup>89</sup> Penny McLean (2005) *A guide to Sudanese cultural and social norms*. Refugee Council/Resettlement Inter Agency Team: London.

<sup>90</sup> Ibid.

<sup>91</sup> Penny McLean (2005) *A guide to Sudanese cultural and social norms*. Refugee Council/Resettlement Inter Agency Team: London.

<sup>92</sup> *2011 UNHCR country operations profile - Sudan*. Taken from UNHCR. 20/09/2011: <http://www.unhcr.org/pages/49e483b76.html>

<sup>93</sup> *The World Fact Book: Sudan*. Taken from CIA. 20/09/2011: <https://www.cia.gov/library/publications/the-world-factbook/geos/su.html>

<sup>94</sup> *South Sudan will need strong partnerships to tackle challenges ahead - Ban*. Taken from UN News Centre.

<sup>95</sup> Penny McLean (2005) *A guide to Sudanese cultural and social norms*. Refugee Council/Resettlement Inter Agency Team: London.

<sup>96</sup> Bernadette Stiell and Ning Tang (2006) *Ethnic Minority Women and Access to the Labour Market in Newcastle*. Centre for Social Inclusion: Newcastle.

<sup>97</sup> HM Government (2011) *Multi Agency Practice Guidelines: Female Genital Mutilation*. FCO: London.

<sup>98</sup> Ibid.

<sup>99</sup> Ibid.

<sup>100</sup> *Female circumcision prevention post abolished by government*. Taken from The Guardian. 29/07/2011: <http://www.guardian.co.uk/society/2011/mar/30/female-circumcision-prevention-post-abolished>

<sup>101</sup> Ibid.

<sup>102</sup> *The Facts*. Taken from End Violence Against Women. 27/09/2011: [http://www.endViolenceagainstwomen.org.uk/pages/the\\_facts.html](http://www.endViolenceagainstwomen.org.uk/pages/the_facts.html)

<sup>103</sup> *Domestic Violence - The Facts*. Take from Refuge. 27/09/2011: <http://refuge.org.uk/get-help-now/what-is-domestic-violence/domestic-violence-the-facts>

<sup>104</sup> Justine Järvinen et al. (2008) *Hard Knock Life: Violence against women, a guide for donors and funders*. New Philanthropy Capital: London.

<sup>105</sup> Ibid.

<sup>106</sup> Ibid.

<sup>107</sup> Ibid.

<sup>108</sup> HM Government (2007) *Cross Government Action Plan on Sexual Violence and Abuse*. Home Office: London.

<sup>109</sup> Ibid.

<sup>110</sup> *The economic and social costs of crime against individuals and households 2003/04*. Taken from the Home Office. 20/09/2011: <http://webarchive.nationalarchives.gov.uk/20100413151441/http://crimereduction.homeoffice.gov.uk/statistics/statistics39.htm>. Figures from this report were up-rated to 2009 prices as follows: The physical and emotional cost component of this estimate was up-rated to account for growth in nominal income - this reflects changes in prices and evidence that health quality is a normal good and hence the costs of negative health impacts rise with real income. Other costs were up-rated for inflation only using the GDP deflator series published by HMT.

<sup>111</sup> Justine Järvinen et al. (2008) *Hard Knock Life: Violence against women, a guide for donors and funders*. New Philanthropy Capital: London.

- <sup>112</sup> UNICEF (2006) *The Impact of Domestic Violence Behind Closed Doors*. UNICEF: New York.
- <sup>113</sup> Justine Järvinen et al. (2008) *Hard Knock Life: Violence against women, a guide for donors and funders*. New Philanthropy Capital: London.
- <sup>114</sup> Ibid.
- <sup>115</sup> Ibid.
- <sup>116</sup> Ibid.
- <sup>117</sup> Centre for Mental Health (2003) *The economic and social costs of mental illness, Policy Paper 3, updated October 2010*. The Sainsbury Centre for Mental Health: London.
- <sup>118</sup> The report looks at the average loss of health status in QALYs from a level 3 mental health problem, i.e. severe problem, (0.352 QALYs) and values this by using the NICE (National Institute for Health and Clinical Excellence) cost effectiveness threshold of £30,000 per QALY.
- <sup>119</sup> *Family Spending 2009 - A report on the 2008 Living Costs and Food Survey 2008*. Taken from: <http://thesroidatabase.org/webserver2.ukdnp.com/proxy-information.aspx?id=2326&from=1609>
- <sup>120</sup> *EU Charter of Fundamental Rights*. Taken from EU charter. 20/09/2011: [http://www.eucharter.org/home.php?page\\_id=95](http://www.eucharter.org/home.php?page_id=95)
- <sup>121</sup> Justine Järvinen et al. (2008) *Hard Knock Life: Violence against women, a guide for donors and funders*. New Philanthropy Capital: London.
- <sup>122</sup> *Women's Aid definition* available online at: <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200410001&itemid=1272>
- <sup>123</sup> James Brandon and Salem Halfez (2010) *Crimes of the Community: Honour based violence in the UK*. Centre for Social Cohesion/The Cromwell Press: Towbridge.
- <sup>124</sup> Home Office (2000) *A Choice by Right: The Report of the Working Group on Forced Marriage* in Refuge (2010) *Forced Marriage in the UK: A scoping study on the experience of women from Middle Eastern and North East African communities*. Refuge: London.
- <sup>125</sup> Ibid.
- <sup>126</sup> *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organised Crime (2000)*. Taken from United Nations Office on Drugs and Crime. 03/10/2011: <http://www.unodc.org/documents/treaties/UNTOC/Publications/TOC%20Convention/TOCebook-e.pdf>
- <sup>127</sup> *Sexual Offences Act 2003*. Taken from: <http://www.legislation.gov.uk/ukpga/2003/42/part/1/crossheading/familial-child-sex-offences>
- <sup>128</sup> Taken from: <http://www.runnymedetrust.org>
- <sup>129</sup> See [www.theoryofchange.org](http://www.theoryofchange.org)
- <sup>130</sup> *UN Declaration on Violence Against Women (1993)* Taken from United Nations. 27/09/2011: <http://www.un.org/documents/ga/res/48/a48r104.htm>
- <sup>131</sup> For more on well-being see: <http://www.neweconomics.org/programmes/well-being>
- <sup>132</sup> *The Sojourner Project*. Taken from Eaves Housing for Women. 26/09/2011: <http://www.eaves4women.co.uk/Sojourner/Sojourner.php>

# Bibliography

- 2011 UNHCR country operations profile – Sudan*. Taken from UNHCR 20/09/2011: <http://www.unhcr.org/pages/49e483b76.html>
- 3,000 Women a Year Forced into Marriage in the UK, Study Finds*. Taken from The Guardian 21/09/2011: <http://www.guardian.co.uk/politics/2008/mar/08/religion>
- Alberti, G. (2010) Responding to violence against women and children- the role of the NHS: The report on the taskforce on the health aspects of violence against women and children*. Department of Health: London. [http://www.health.org.uk/media\\_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf](http://www.health.org.uk/media_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf)
- Brandon, J. and Halfez, S. (2010) Crimes of the community: Honour Based Violence in the UK*. Centre for Social Cohesion/The Cromwell Press: Towbridge. [www.londonscb.gov.uk/files/resources/cpp/crimes\\_of\\_the\\_community.pdf](http://www.londonscb.gov.uk/files/resources/cpp/crimes_of_the_community.pdf)
- Britton, E. et al. (2005) Black and Ethnic Minority Women in the UK*. The Fawcett Society: London. <http://www.fawcettsociety.org.uk/documents/BME%20Women%20in%20the%20UK.pdf>
- Change Institute (2009) The Bangladeshi Muslim Community in England: Understanding Muslim Ethnic Communities*. Communities and Local Government: London. <http://www.communities.gov.uk/documents/communities/pdf/1203189.pdf>
- Childhood Sexual Abuse*. Taken from Rape Crisis (England and Wales) 27/09/2011: <http://www.rapecrisis.org.uk/childsexualabuse2.php>
- Coleman, K. et al. (2007) Homicides, Firearm Offences and Intimate Violence 2005/2006*. Supplementary Volume 1 to Crime in England and Wales 2005/2006. Home Office: London. <http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs07/hosb0207.pdf>
- Corry, D. et al (2009) The Crisis in Rape Crisis. Women's Resource Centre and Rape Crisis: London*. [http://www.wrc.org.uk/includes/documents/cm\\_docs/2008/t/the\\_crisis\\_in\\_rape\\_crisis\\_exec\\_summary.pdf](http://www.wrc.org.uk/includes/documents/cm_docs/2008/t/the_crisis_in_rape_crisis_exec_summary.pdf)
- Costs of Translation Services in the UK for Immigrants Soars by 40%*. Taken from Global Voices 20/09/2011: <http://www.globalvoices.co.uk/blog/2010/12/costs-of-translation-services-in-the-uk-for-immigrants-soars-by-40/>
- Coy, M. et al. (2007) Map of Gaps: The postcode lottery of violence against women services*. End Violence Against Women in partnership with the Equality and Human Rights Commission: London. [http://www.endviolenceagainstwomen.org.uk/data/files/map\\_of\\_gaps2.pdf](http://www.endviolenceagainstwomen.org.uk/data/files/map_of_gaps2.pdf)
- Dale, A. (2008) Migration, marriage and employment amongst Indian, Pakistani and Bangladeshi residents in the UK*. The University of Manchester: Manchester. <http://www.ccsr.ac.uk/publications/working/2008-02.pdf>
- Department of Health (2002). Women's Mental Health: Into the Mainstream: Strategic Development of Mental Health Care for Women*. Department of Health: London. <http://www.nmhdu.org.uk/silo/files/into-the-mainstream.pdf>
- Domestic Violence - The Facts*. Taken from Refuge 27/09/2011: <http://refuge.org.uk/get-help-now/what-is-domestic-violence/domestic-violence-the-facts/>
- Equal Opportunities Commission (2006) Moving on up? Bangladeshi, Pakistani and Black Caribbean women and work*. EOC: Manchester. <http://www.nmhdu.org.uk/silo/files/into-the-mainstream.pdf>
- EU Charter of Fundamental Rights*. Taken from EU charter 20/09/2011. [http://www.eucharter.org/home.php?page\\_id=95](http://www.eucharter.org/home.php?page_id=95)
- Fawcett launches new campaign: Keeping Mum*. Taken from The Fawcett Society. 27/09/2011: <http://www.fawcettsociety.org.uk/index.asp?PageID=658>
- The Fawcett Society (2008) Ethnic Minority, Women and Poverty*. The Fawcett Society: London
- Female circumcision prevention post abolished by*

- Government.** Taken from The Guardian 29/07/2011: <http://www.guardian.co.uk/society/2011/mar/30/female-circumcision-prevention-post-abolished>
- Finney, A. (2006) Domestic violence, sexual assault, and stalking: Findings from the 2004-2005 British Crime Survey.** Home Office: London. <http://library.npia.police.uk/docs/hordsolr/rdsolr1206.pdf>
- Genway, P. and Palmer, G. (2007) Poverty Among Ethnic Groups: How and Why Does it Differ?** Joseph Rowntree Foundation/New Policy Institute: York. <http://www.jrf.org.uk/sites/files/jrf/2042-ethnicity-relative-poverty.pdf>
- Green, E. et al. (2004) Barriers to women's employment and progression in the labour market in the North East of England.** University of Teeside: Middlesbrough. <http://www.tees.ac.uk/docs/DocRepo/Social%20Futures%20Institute/Barriers%20to%20Women.pdf>
- HM Government (2007) Cross Government Action Plan on Sexual Violence and Abuse.** Crown Copyright: London. <http://webarchive.nationalarchives.gov.uk/20100413151441/http://crimereduction.homeoffice.gov.uk/violentcrime/finalsvaap.pdf>
- HM Government (2009) Multi-agency Practice Guidelines: Handling Cases of Forced Marriage.** HM Government: London. <http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf>
- HM Government (2011) Multi Agency Practice Guidelines: Female Genital Mutilation.** FCO: London. [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_124588.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124588.pdf)
- HM Government (2011) Opening Doors Breaking Barriers: A Strategy for Social Mobility.** Cabinet Office: London. <http://download.cabinetoffice.gov.uk/social-mobility/opening-doors-breaking-barriers.pdf>
- Home Office (2005) Tackling Domestic Violence: Providing advocacy and support to survivors from Black and other minority ethnic communities, Development and Practice Report No.35.** Home Office: London. <http://www.aqvx59.dsl.pipex.com/Advocacy%20Domestic%20Violence%20BME.pdf>
- Imkaan (2008). Celebrating Herstory: Voices from BAMER women's refuge movement.** Imkaan: London.
- International Organisation for Migration (2006) Mapping Exercise.** IOM UK: London. [http://www.iomuk.org/doc/mapping/IOM\\_IRAN.pdf](http://www.iomuk.org/doc/mapping/IOM_IRAN.pdf)
- Izzidien, S. (2008) "I can't tell people what is happening at home": Domestic Violence within South Asian Communities: The specific needs of women, children and young people.** NSPCC: London. [http://www.nspcc.org.uk/Inform/research/findings/icanntellfullreport\\_wdf57889.pdf](http://www.nspcc.org.uk/Inform/research/findings/icanntellfullreport_wdf57889.pdf)
- Järvinen, J. et al. (2008) Hard Knock Life: Violence against women, a guide for donors and funders.** New Philanthropy Capital: London. [http://www.endviolenceagainstwomen.org.uk/data/files/hard\\_knock\\_life.pdf](http://www.endviolenceagainstwomen.org.uk/data/files/hard_knock_life.pdf)
- Li, Y. et al. (2008) Equality group inequalities in education, employment and earnings: A research review and analysis of trends over time.** EHRC: Manchester. <http://www.bath.ac.uk/universitysecretary/equalities/groups/gender/InequalitiesinEducationEmploymentEarnings.pdf>
- Map of Gaps.** Taken from Equality and Human Rights Commission 27/09/2011: <http://www.mapofgaps.org/>
- Mariathanan, J. (2009) Children Talking to Childline about Sexual Abuse.** NSPCC: London. [http://www.nspcc.org.uk/Inform/publications/casenotes/clcasenotessexualabuse2\\_wdf69493.pdf](http://www.nspcc.org.uk/Inform/publications/casenotes/clcasenotessexualabuse2_wdf69493.pdf)
- May, T. (2010) Key note speech given at the 36th Annual Women's Aid National Conference.** Taken from Women's Aid 20/09/2011: <http://www.womensaid.org.uk/page.asp?section=000100010015000800040002&sectionTitle=Theresa+May%27s+Speech>
- McLean, P. (2005) A guide to Sudanese cultural and social norms.** Refugee Council/Resettlement Inter Agency Team: London. <http://www.refugeecouncil.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=2C077294-18C9-49B8-9ECF-C31DB222B0C0&mode=link>
- Moosa, Z. and Woodroffe, J. (2009) Poverty Pathways: Ethnic minority women's livelihoods.** The Fawcett Society and Oxfam: London. <http://www.fawcettsociety.org.uk/documents/PovertyPathways.pdf>
- Mouj, A. (2008) A Right to Exist – A paper looking at the eradication of specialist services to BAMER women and children fleeing violence.** Imkaan: London. [http://www.imkaan.org.uk/index\\_htm\\_files/A%20Right%20to%20Exist.pdf](http://www.imkaan.org.uk/index_htm_files/A%20Right%20to%20Exist.pdf)
- New Research Cites Domestic Violence as Biggest Trigger of Women's Homelessness.** Taken from Crisis 27/09/2011: <http://www.crisis.org.uk/pressreleases.php/58/new-research-cities-domestic-violence-asbiggest-trigger-of-womens-homelessness>
- NHS and Camden Council (2010) Camden's Joint Strategic Needs Assessment.** NHS/Camden Council: London. <http://camden.gov.uk/ccm/content/social-care-and-health/health-in-camden/joint-strategic-needs-analysis.en;jsessionid=353AC4D2CE00EA2293D196558D96DEB8>
- Office of the Third Sector (2009) A Guide to Social Return on Investment.** Cabinet Office: London. [http://www.neweconomics.org/sites/neweconomics.org/files/A\\_guide\\_to\\_Social\\_Return\\_on\\_Investment\\_1.pdf](http://www.neweconomics.org/sites/neweconomics.org/files/A_guide_to_Social_Return_on_Investment_1.pdf)
- Perfect, D. (2011) Gender Pay Gaps: Briefing Paper 2.** Equality and Human Rights Commission: London. [http://www.equalityhumanrights.com/uploaded\\_files/research/gender\\_pay\\_gap\\_briefing\\_paper2.pdf](http://www.equalityhumanrights.com/uploaded_files/research/gender_pay_gap_briefing_paper2.pdf)
- Refuge (2010) Forced Marriage in the UK: A scoping study on the experience of women from Middle Eastern and North East African communities.** Refuge: London. <http://refuge.org.uk/files/1001-Forced-Marriage-Middle-East-North-East-Africa.pdf>
- Refugee Council (2011) English for Speakers of Other Languages (ESOL): A Briefing Paper issued by the Refugee Council.** Refugee Council: London. <http://www.refugeecouncil.org.uk/Resources/Refugee%20Council/downloads/briefings/ESOL%20update%20March%202011.pdf>
- Riordan, S. (1999) Women's organisations in the UK voluntary sector.** Centre for Institute Studies. University of East London: London.
- Saheli Asian Women's Project (2007) Domestic Violence and Mental Health: Experiences of South Asian women in Manchester.** Saheli Asian Women's Project: Manchester. [http://help.northwest.nhs.uk/storage/library/community\\_engagement\\_Saheli.pdf](http://help.northwest.nhs.uk/storage/library/community_engagement_Saheli.pdf)
- South Sudan will need strong partnerships to tackle challenges ahead – Ban.** Taken from UN News Centre 27/09/2011: <http://www.un.org/apps/news/story.asp?NewsID=38976&Cr=south+sudan&Cr1>
- Southall Black Sisters (2001) Forced Marriage: an Abuse of Human Rights One Year after "A Choice by Right" – Interim Report.** Southall Black Sisters: London
- Southall Black Sisters (2010) Safe and Sane: A Model of Intervention on Domestic Violence and Mental Health.** Southall Black Sisters: London
- Statistics on sexual abuse.** Taken from NSPCC 27/09/2011: [http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexual\\_abuse\\_statistics\\_wda80204.html](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexual_abuse_statistics_wda80204.html)
- Statistics.** Taken from Women's Aid Federation of England 27/09/2011: [http://www.womensaid.org.uk/domestic\\_violence\\_topic.asp?section=0001000100220036&sectionTitle=Statistics](http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220036&sectionTitle=Statistics)
- Stiell, B. and Tang, N. (2006) Ethnic Minority Women and Access to the Labour Market in Newcastle.** Centre for Social Inclusion: Newcastle. [http://www.leeds.ac.uk/sociology/research/circle/documents/Series4/S4BMEWomenNewcastle\\_180706.pdf](http://www.leeds.ac.uk/sociology/research/circle/documents/Series4/S4BMEWomenNewcastle_180706.pdf)
- The economic and social costs of crime against individuals and households 2003/04.** Taken from the Home Office 20/09/2011: <http://webarchive.nationalarchives.gov.uk/20100413151441/http://crimereduction.homeoffice.gov.uk/statistics/statistics39.htm>
- The Facts.** Taken from End Violence Against Women 27/09/2011: [http://www.endviolenceagainstwomen.org.uk/pages/the\\_facts.html](http://www.endviolenceagainstwomen.org.uk/pages/the_facts.html)
- The Sojourner Project.** Taken from Eaves Housing for Women 26/09/2011: <http://www.eaves4women.co.uk/Sojourner/>



Sojourners.php

**The World Fact Book: Sudan.** Taken from CIA 20/09/2011: <https://www.cia.gov/library/publications/the-world-factbook/geos/su.html>

**Tower Hamlets Partnership (2011) Tower Hamlets Community Plan: Consultation Draft Summary.** Tower Hamlets Council's Communications Unit: London.

**UN Declaration on Violence Against Women (1993)** Taken from United Nations 27/09/2011: <http://www.un.org/documents/ga/res/48/a48r104.htm>

**UNICEF (2005) Early Marriage: A Harmful Traditional Practice.** UNICEF: New York. [http://www.unicef.org/publications/files/Early\\_Marriage\\_12.lo.pdf](http://www.unicef.org/publications/files/Early_Marriage_12.lo.pdf)

**UNICEF (2006) Behind Closed Doors: The Impact of Domestic Violence Behind Closed Doors.** UNICEF: New York.

**U-turn on ESOL funding causes enrolment mayhem for colleges.** Taken from The Guardian 27/09/2011: <http://www.guardian.co.uk/education/2011/sep/12/esol-funding-Government-u-turn>

**Violence against women and girls.** Taken from Home Office. 20/09/2011: <http://www.homeoffice.gov.uk/crime/violence-against-women-girls/>

**Walby, S. (2004) The Cost of Domestic Violence.** Women and Equality Unit: Leeds. [http://www.devon.gov.uk/cost\\_of\\_dv\\_report\\_sept04.pdf](http://www.devon.gov.uk/cost_of_dv_report_sept04.pdf)

**Walby, S. (2009). The Cost of Domestic Violence: Up-date.** Lancaster University: Lancaster.

**Warburton, C. (2011) Exploring BME Maternal Poverty: The financial lives of ethnic minority mothers in Tyne and Wear.** Oxfam: Oxford. <http://policy-practice.oxfam.org.uk/publications/download?id=421647&dl=http://oxfamilibrary.openrepository.com/oxfam/bitstream/10546/120665/1/rr-exploring-bme-maternal-poverty-uk-280111-en.pdf>

**Women with no recourse to public funds.** Taken from Women's Resource Centre 22/09/2011: [http://www.wrc.org.uk/what\\_we\\_do/campaigns/women\\_with\\_no\\_recourse\\_to\\_public\\_funds/default.aspx](http://www.wrc.org.uk/what_we_do/campaigns/women_with_no_recourse_to_public_funds/default.aspx)

**Women's Budget Group (2005) Women and children's poverty: Making the links.** Women's Budget Group: London. <http://www.wbg.org.uk/documents/WBGWomensandchildrenspoverty.pdf>

**Women's Resource Centre (2004) United Nations Convention on the Elimination of all forms of Discrimination against Women: Shadow Report to CEDAW in Response to the United Kingdom Government's 5th Periodic Report.** WRC: London. [http://www.wrc.org.uk/includes/documents/cm\\_docs/2008/w/wrc\\_cedaw\\_shadow\\_report\\_dec\\_04.pdf](http://www.wrc.org.uk/includes/documents/cm_docs/2008/w/wrc_cedaw_shadow_report_dec_04.pdf)

**Women's Resource Centre (2006). Why Women? The women's voluntary and community sector: Changing lives, changing communities, changing society.** WRC: London. [http://www.wrc.org.uk/includes/documents/cm\\_docs/2008/w/wrcwhywomenreport.pdf](http://www.wrc.org.uk/includes/documents/cm_docs/2008/w/wrcwhywomenreport.pdf)

**Women's Resource Centre (2007) Why Women-Only?: The value and benefits of by women for women services.** WRC: London. [http://www.wrc.org.uk/includes/documents/cm\\_docs/2008/w/whywomenonly.pdf](http://www.wrc.org.uk/includes/documents/cm_docs/2008/w/whywomenonly.pdf)

**Women's Resource Centre (2008) The State of the Women's NGO Sector Shadow Report submitted to the CEDAW Committee in response to the United Kingdom's 6th Periodic Report.** WRC: London. [http://www.wrc.org.uk/includes/documents/cm\\_docs/2010/w/1\\_wrc\\_cedaw\\_shadow\\_report\\_april\\_08.pdf](http://www.wrc.org.uk/includes/documents/cm_docs/2010/w/1_wrc_cedaw_shadow_report_april_08.pdf)

**Women's Resource Centre (2011) The Source. Spring Edition.** WRC: London.

**Women's Resource Centre (2011). Survey on women's organisations and funding.** Unpublished Women's Resource Centre: London. [http://www.wrc.org.uk/includes/documents/cm\\_docs/2011/m/microsoft\\_word\\_women\\_and\\_the\\_cuts\\_factsheet\\_omnes.pdf](http://www.wrc.org.uk/includes/documents/cm_docs/2011/m/microsoft_word_women_and_the_cuts_factsheet_omnes.pdf)

**Women's Resource Centre and Rape Crisis (England & Wales) (2008) The Crisis in Rape Crisis: A survey of Rape Crisis (England and Wales) Centres.** WRC: London. [http://www.wrc.org.uk/includes/documents/cm\\_docs/2008/t/the\\_crisis\\_in\\_rape\\_crisis\\_full\\_report.pdf](http://www.wrc.org.uk/includes/documents/cm_docs/2008/t/the_crisis_in_rape_crisis_full_report.pdf)

Ashiana  
NETWORK

Stopping violence in our lives  
and in our communities

HEBA



is a member of

**RAPECRISIS**  
ENGLAND AND WALES



