

LOCKED IN ABUSE, LOCKED OUT OF SAFETY

THE PANDEMIC EXPERIENCES
OF MIGRANT WOMEN



ABOUT SAFETY4SISTERS



Safety4Sisters North West is a small frontline feminist Black and minority ethnic led women's charity working with vulnerable migrant women who have experienced gender-based violence and who are subject to immigration control. Primarily from Black and minoritised communities, the women we work with are bound by the no recourse to public funds (NRPF) condition preventing them from accessing most welfare benefits and housing support essential when leaving gender-based violence. We support migrant women's ability to access quality legally aided immigration advice, to ensure they have routes to stabilise their immigration status and simultaneously support them to gain safety and protection away from abuse. We deliver three main frontline services:

- Advocacy project providing high quality casework with individual women who are in crisis because of violence and are facing homelessness.
- Migrant Women's Group Project which delivers group-based support for women dispersed across the North West breaking down marginalisation and isolation.
- Housing support: Women with NRPF are effectively barred from accessing safe accommodation and many of the women we work with are homeless at point of contact or in unsafe and precarious housing. We fundraise to ensure that women are not left homeless and destitute because of NRPF and we advocate on their behalf to statutory and voluntary agencies to get the best outcomes for them.

In addition, we bear witness to and document the human rights violations women are subject to, recording these to ensure that their stories, struggles and experiences are not lost by a system that marginalises their existence in policy, legislation, local and national government narratives and wider media coverage.

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In a year of extreme challenges we have been privileged at Safety4Sisters to work in a team of dedicated staff, volunteers and trustees. Special thanks to Vicky Marsh and Sandhya Sharma for all that they have done to support women and for their inspirational efforts to bring about positive and lasting change. We are grateful to our directors/trustees for their collective support in steering us through this year: Zahra Alijah, Jessica Marie Bull, Lynne Fanthome, Rohina Ghafoor, Rubina Jasani, Halla Akhdar, Lucy Mort and Katie Richards.

We also wish to thank those who have reached out to us offering much needed support. From funders and individual donors who have supported our work, to all the organisations and groups that have been alongside us in this difficult time. A more expansive thank you list can be found at the back of this report. We would like to offer a heartfelt thankw you to Acorn Manchester, whose Coronavirus Community Support volunteers helped us get emergency provision to vulnerable women and children swiftly in a time of great need.

Safety4Sisters would like to thank Becky Clarke and Lucy Mort for offering their time to co-author this report. Finally, we would like to thank Richard Maclean for his generous design work on the report.

Authored by Lucy Mort, Sandhya Sharma, Vicky Marsh and Becky Clarke.

Cover art by woman living in Abonsh House.

KEY FINDINGS

Safety4Sisters have repeatedly warned of the bleak future that awaits many women trapped by the immigration system, by patriarchal systems, and by systems that perpetuate racialised inequalities. In this report, we call again for action for migrant women – but now with even more urgency. We powerfully reveal the impact of the Covid–19 pandemic and how the responses to the virus have further impacted upon the women we support.

- In this short period our referrals and caseload has doubled. The women we support are without recourse to public funds and many are desperately in need of immediate safe accommodation or a refuge space. Yet, **100 per cent per cent of the women referred to us and who wanted a refuge space were initially refused one due to the NRPF condition.**
- The evidence captured here identifies the risks faced by migrant women as a result of this context. **In addition to a need for safety, women are facing worsening physical health, mental health, poverty and racism.**
- **The picture that emerges is of migrant women and their children being left in high risk situations with violent perpetrators, often with inadequate explanations offered as to why accommodation and safety could not be provided by statutory services** – it is our impression that this was as a result of efforts to preserve their budgets, inadequate training and a pervasive hostile environment.
- **While some women receive support from statutory services it is often not enough to get them to safety,** or the inconsistency of the response means that we are not confident that other migrant women requiring protection and support can expect this from those services of the state that are charged with these responsibilities such as the police and social services.
- Safety4Sisters have had to fill the significant gaps in services for migrant women with NRPF. This comes at a financial cost – of over £10,000 on accommodation, subsistence and interpreters – and personal cost. Preventing destitution of women has relied on hope and good will. **Migrant women with NRPF were locked out, at a time when the local policy strategy was ‘everyone in’.**
- It is in this context that **Safety4Sisters has had to increase the material support to the migrant women that we support.** We have delivered, in partnership with others such as Acorn Manchester¹, essential provisions such as uniforms, food, mobile phone top-ups and travel expenses to roughly thirty women a month.

Safety4Sisters are calling for an urgent response based on the findings from this report. The report highlights the inequalities and impact of discriminatory state responses – and sets out the long-term policy changes and immediate responses that government, local government, statutory services and the domestic abuse sector must take to rectify these.

1 <https://acorntheunion.org.uk/corona/>

INTRODUCTION

“If we don’t document what is happening, who will? We know that migrants and people of colour and marginalised women seeking asylum are written out of the lessons learnt and all policies and responses to disasters. How do we know this? Because if we weren’t, we would be at the top of the government response to Covid-19, not the bottom.”

Safety4Sisters survivors group member

Through advocacy and groupwork Safety4Sisters supports and promotes the human rights of migrant women with no recourse to public funds (NRPF) that have experienced domestic abuse and gender-based violence. We are, unfortunately, well accustomed to doing this work in incredibly challenging and hostile political and social contexts. However, the outbreak of the coronavirus pandemic earlier this year, and the subsequent lockdown measures announced since late March, have marked some of our organisations greatest struggles to date.

For many of the women that we work with the pandemic and resulting lockdown have been terrifying. Meanwhile, the small team at Safety4Sisters has worked tirelessly to ensure that migrant women, made vulnerable by their NRPF status as well as their abusers, have the protection, housing, food and care that is so often denied to them.

This report shares our experiences, and the experiences of the women that we support, through this unprecedented period. The experiences of migrant women with NRPF are framed within an intersectional lens – fundamental to understanding the experiences of women marginalised by their immigration status and oppressed by gender, race, class and disability inequalities (among others). The report highlights how our service has responded to a sharp increase in demand, in relation to the local and national responses and we foreground the voices of the women that we support. It is a document of the struggles of migrant women who are marginalised by the state and who are surviving under the pressing weight of gender-based violence, destitution, homelessness – and now, a global pandemic.

It is worth noting that Safety4Sisters, along with others campaigning for migrant women survivors of domestic abuse including Southall Black Sisters (2020) and Latin American Women’s Rights Service (McIlwaine et al., 2019) have been warning of the grave effects of the marginalisation of migrant women for a long time before this pandemic. In 2016, in our pilot project report, we wrote that:

“Women with insecure immigration status are excluded, disadvantaged, and increasingly unpopular. Their existence in society has been considered illegitimate, and accordingly the violence against them has been disregarded and their access to justice and safety denied.”

(Safety4Sisters, 2016)

We warned then of the bleak future that awaits many trapped by the immigration system, by patriarchal systems, and by systems that perpetuate racialised inequalities. We warn again of this – but now with more urgency. The coronavirus pandemic exposes, without doubt, the things that were not right to begin with. As one woman from our survivors group explained – the stress that the Home Office put many migrant women under, is untenable when combined with the pandemic:

“[The Home Office] make the people sick. They are taking hopeful people and giving them stress. When I had an interview, I told them I had anxiety and I’m on medication for this. During lockdown we are worried about our health, and during coronavirus we need our health – but they are making our health bad... I’m checking my email, my phone every day.”

Safety4Sisters survivors group member

METHODOLOGY AND STRUCTURE OF THE REPORT

This report draws on a range of evidence gathered and collated within Safety4Sisters, including referral and case file data. Our groupwork coordinator conducted a survey with 15 members of the Safety4Sisters survivors group, and the report includes quotes, with permission, from members of the survivors group. Case studies provide a snapshot of the complex and vital casework undertaken by our advocacy worker. From this evidence, we identify the risks faced by migrant women as a result of the pandemic and the state response to manage the spread of the virus, and expose the lack of service response to migrant women in Greater Manchester in the first months of the pandemic.

Prior to outlining these findings, we share some information to indicate both the experiences of women we support in relation to the immigration system and also the increasing pressure and demand for services from Safety4Sisters. This contextual information will assist the reader to understand the challenges we are facing and urgency with which we publish this report.

SAFETY4SISTERS – INCREASING DEMAND FOR SUPPORT

Since March and the start of the pandemic and resulting lockdown, there has been increasing pressure and demand on Safety4Sisters, with demand roughly doubling between March and September². This is in line with broader trends in the sector, with Refuge reported a 77% increase in calls to the National Domestic Abuse Helpline in June (Davies, 2020). Our advocacy worker and group worker have supported new women, adapted the support offered to women already accessing the service in light of social distancing restrictions, as well as advised professionals supporting migrant women.

We have seen a deepening of the complexity of cases since the outbreak of the coronavirus pandemic, demonstrating the new and amplified challenges women are facing at this time. Of 35 referrals to Safety4Sisters, 14 were taken on as full cases, receiving ongoing advocacy and/or support to access – and in some cases the actual provision of – emergency accommodation, subsistence, emotional support and signposting to legally aided immigration advice. This is in addition to 6 cases brought forward from the previous quarter for whom the advocacy worker continues to provide full support. This means that our one advocacy worker – employed on a part-time basis – provided ongoing support to 20 women during the 3-month period, as well as offering high-quality advice and assistance to 21 agencies and self-referring migrant women. This is a considerable overreach given the moderate size of our organisation.

² Due to changes in our recording it is not possible to accurately quantify by how much demand has grown – this is an estimate that takes this into account.

The following charts indicate the breadth and complexity of the work that our advocacy worker undertakes. Women are referred from a range of agencies (Fig 1), with diverse, but often insecure, immigration statuses (Fig 2) and they are supported to regularise their status by our advocacy worker and legally aided immigration solicitors (Fig 3).

Figure 1: Referral agency

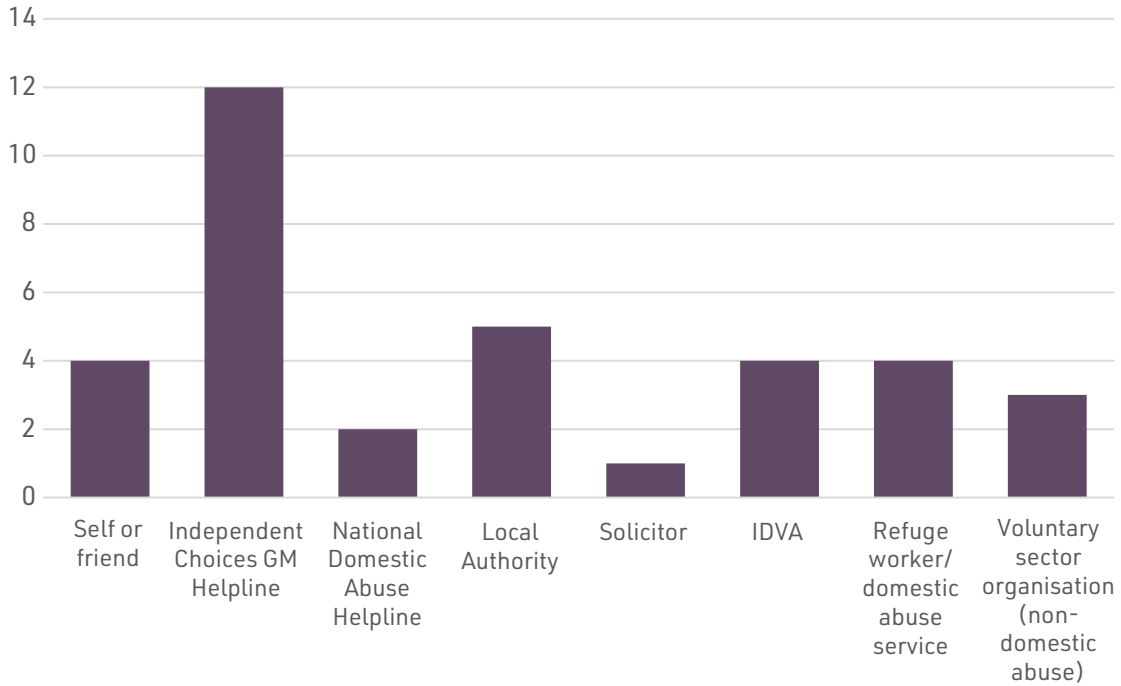


Figure 2: Immigration status of women referred to Safety4Sisters

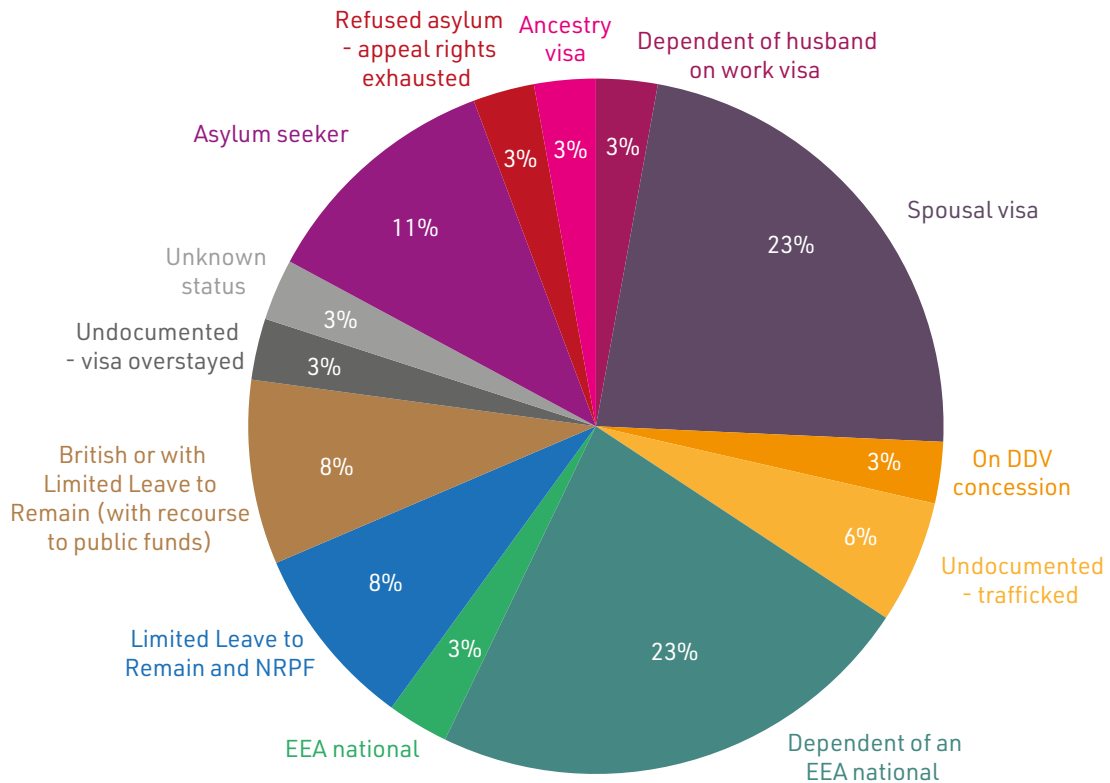
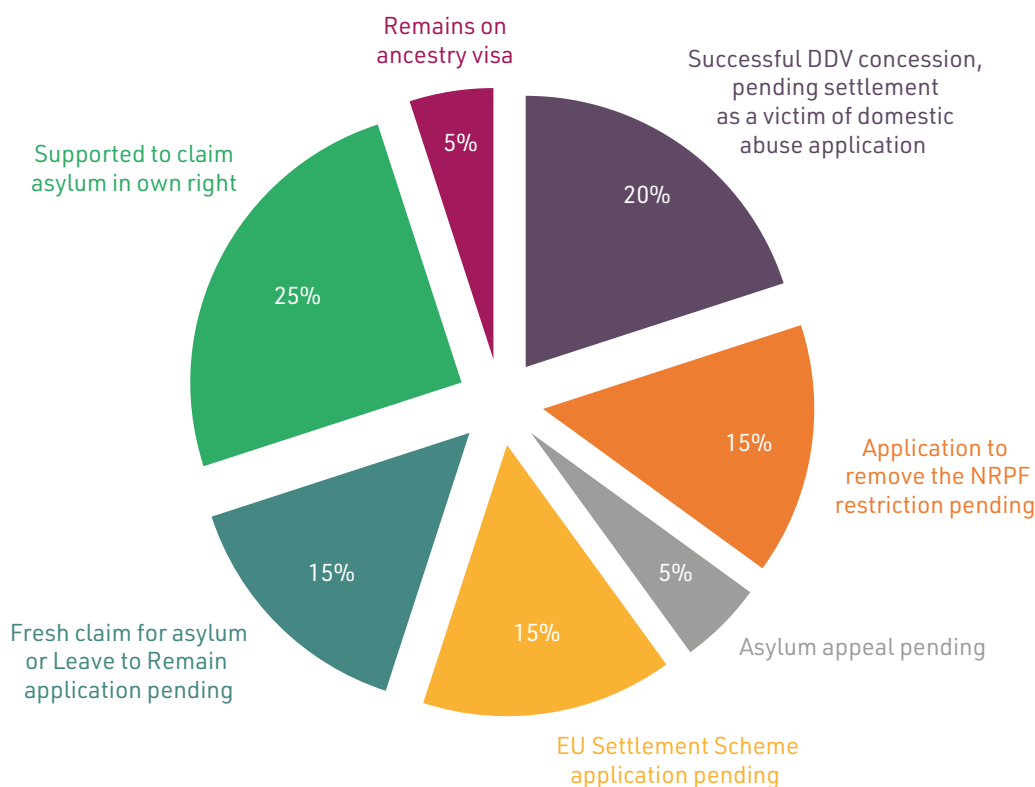


Figure 3: Supporting women to regularise their immigration status – outcomes after three months



As well as moving groupwork away from a physical space and onto online forums, Safety4Sisters has increased the frequency of our groupwork. We are now delivering three online group sessions per week – up from one face-to-face group session. Additionally, we have developed new groupwork sessions – such as trauma informed yoga and group counselling with a culturally sensitive therapist – to meet the specific needs of women during this period. Our advocacy and groupwork coordinator are also spending considerably more time supporting women in a one-to-one capacity – in recognition of the harms of isolation and the uncertainty of the pandemic and lockdown restrictions.

In one case, a support worker in a domestic abuse service reported to us that they are unable to take on outreach support for a woman with NRPF as their funders ‘do not allow it’. This is incredibly alarming – that the wholesale dismissal of the safety of many migrant women is potentially written into commissioner-service provider contracts. In the meantime, Safety4Sisters continues to fundraise for and fill in the significant gaps in services for migrant women with NRPF. In the period April-June, in the first three months of the pandemic, we spent almost £10,000 on providing safe accommodation and subsistence for migrant women to prevent destitution and ensure their safety – for these women have been left out by the state and by mainstream services.

PART ONE:

UNDERSTANDING THE RISKS OF COVID-19 AND GOVERNMENT'S RESPONSE TO THE PANDEMIC FOR MIGRANT WOMEN

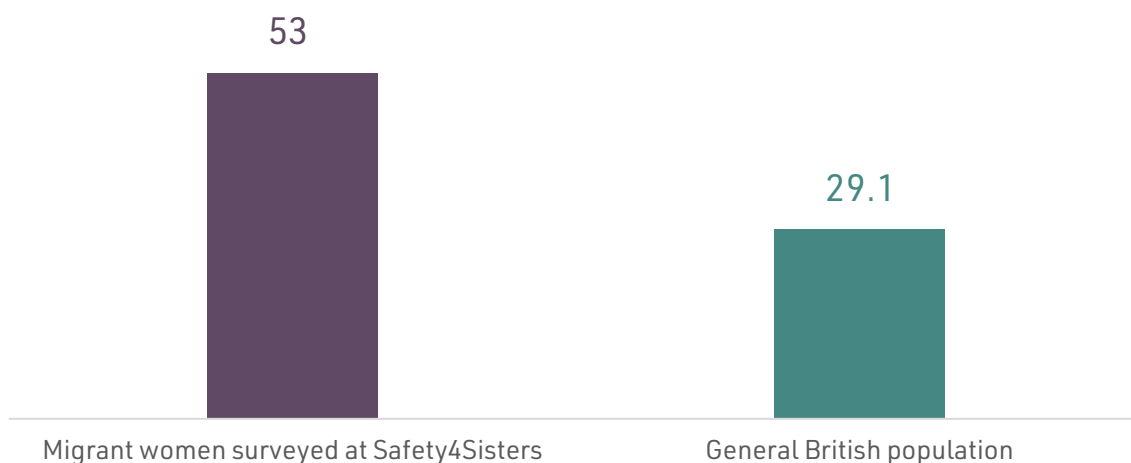
The first part of this report draws from the evidence gathered by Safety4Sisters during the first 3 months of the Covid-19 pandemic to provide urgent and original evidence about the risks migrant women face. These risks relate to the virus itself – we begin by considering the particular health vulnerabilities of migrant women seeking safety – but beyond that we look also to the risks posed by the government's response to the virus.

The voices of migrant women show us that the risks and harms they have faced during this time are much more likely to be as a result of the responses to the virus. These include the government policy of lockdown and how this effects women's ability to leave violent partners, the pressure of increased economic strains and the intensification of racism, both in interpersonal interactions and the structural racism that is woven into the existing and emerging policies and political messages. The combination of these factors is particular to migrant women, as they face the deepening of isolation and exclusion caused by the NRPF policy and the wider hostility of policy and practices.

RISKS TO WOMEN'S HEALTH AND MENTAL HEALTH

The women that we work with are disproportionately living with existing and underlying health conditions. 53 per cent of women surveyed at Safety4Sisters reported that they are living with a chronic or long-term illness³. Analysis by The Lancet (2020) shows that 29.1 per cent of the British population as a whole have an underlying health condition. For this reason, Safety4Sisters has to be especially vigilant about how we offer our services and support at the current time, as over half of the women we work with are at increased risk of severe Covid-19 symptoms if they are infected.

Figure 4: Proportion of people living with a long-term health condition



³ A long-term condition is defined by The Kings Fund as a condition for which there is currently no cure, and which are managed by drugs and other treatments, such as: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension. <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity>

The effects of the hostile environment in immigration policy further risk the health of the women that we work with, as migrant women are deterred from accessing healthcare for fear they will be charged, or their data shared with the Home Office (Imkaan, 2020). While the government has suspended healthcare charges for Covid-19 related illness, this has been poorly communicated – and regardless – the hostile environment in healthcare remains a powerful deterrent.

Women survivors of domestic abuse subject to NRPF also face additional risks to their health as a result of the abuse they have experienced and their immigration status. Analysis by Migration Exchange (2020) noted that people who experience domestic abuse are at risk of indirect health impacts during the coronavirus pandemic, as the evidence suggests that lockdown restrictions have led to a significant increase in domestic violence. For women with insecure immigration status, the risk is compounded by the barriers that they face in their attempts to access support.

“As Covid-19 restrictions were quickly embedded into households, perpetrators – who already used their wives or partners immigration dependency as a form of coercive control – were further empowered. Women disclosed to me how their fears of homelessness and destitution under Covid conditions, played upon by perpetrators, had actually been realised by the response of those agencies to whom they turned to for help. In some cases they were persuaded by social services and the police that they should negotiate around the abuse and “humour” the abuser in the house or leave their children behind with the abuser, rather than risk homelessness under Covid or/and that as “NRPF cases” they neither had the resources nor statutory responsibility to ensure their safety.”

Quote from advocacy worker at Safety4Sisters

DEEPENING MENTAL HEALTH CRISIS

Many of the women that Safety4Sisters support have suffered worsening mental health during the coronavirus pandemic, as a result of the isolating lockdown restrictions.

The women that we support through the survivors group – who are recovering often from years of abuse and trauma – report that they feel traumatised by the pandemic and the subsequent lockdown. 13 of 15 women surveyed said that they felt more isolated due to the lockdown restrictions, one woman said: *“I feel that life is a prisoner”*. All of the women surveyed said that the isolation of lockdown meant that memories were triggered of the abuse that they faced. For women that rely on small networks of support, such isolation can be especially detrimental. Every woman surveyed said that their mental health had been affected by the pandemic, with several reporting exacerbated levels of anxiety and PTSD symptoms. Several women in our survivors group spoke of the flashbacks that they have experienced:

“Lockdown has brought up bad memories. This is an added lockdown as we have already had our liberty, freedom and movements curtailed, this is just an extra bind. The problem though is that all you can do is think, and think about the previous panic, fear and abuse you have had – there is no outlet for these thoughts. We have no money to aide our distraction, we have no resources to alleviate any of our fears. You don’t have friends, it’s just you and your thoughts and they will not let you sleep.”

“Yes when I was with my ex-partner, he was always locking me in the house, I wasn’t allowed to do anything. Because of the pandemic it really reminded me of the past and [caused me] anxiety.”

The strain that migrant women experienced during lockdown, meant that routines and coping mechanisms were disrupted. One woman spoke about how she tried to keep up self-care activities, but that these became ineffective: *“I am keeping in my own room and trying to do meditation, but it doesn’t help.”* Another woman explained in detail the considerable impact of the pandemic on her mental wellbeing:

“[Lockdown] has made me feel like this is the second phase of the abuse... I was so restless. My whole system was rebelling against this... My routine broke down, it broke me down completely, I was crying, worrying, couldn’t go and take a shower, worried about kids going hungry... It feels like I’m under him and my in-laws again. The lockdown took every bit of me to stay sane. [I felt] helplessness, like someone choking you, taking the last breath out of you... I couldn’t sleep in the night and I was sleeping in the day... It felt so bad that I was back in that same place.”

The measures taken to reduce the spread of the virus have their own consequences – with migrant women’s networks of friends and professional social support severely frayed. Due to a number of barriers in accessing adequate NHS counselling provision⁴, Safety4Sisters funds private specialist counselling for women to address the effects of trauma resulting from domestic abuse and gender-based violence, as well as the brutality of the immigration system. All four of the women currently accessing this support have had to suspend their sessions since the outbreak. One woman said that without time apart from her child, she could not speak with her counsellor as she once had:

“I have had on and off counselling since 2018. In lockdown... I started it, but I felt more burdened because [my daughter] was around and I couldn’t disclose everything. She was... holding my leg all the time, after a phone call. I asked them to stop because she might be listening.”

Another told us that she found talking to her white counsellor difficult as she felt that she didn’t understand the enormity of her racialised trauma:

“I have stopped with my counsellor – she doesn’t understand the asylum and everything and I am too tired to tell her, I feel like I have to explain everything from my background and my country.”

4 There remain significant barriers for migrant women in accessing appropriate NHS counselling provision, including adequate language support for women who do not speak English, a lack of trauma-informed appropriate therapies and reliance instead on CBT and online-based therapies, and a reluctance to provide long-term mental health support to women whose immigration status is insecure – in one instance, a woman the Safety4Sisters supports was denied therapeutic support as healthcare professionals feared she would “be deported”.

The withdrawal of vital support mechanisms such as this, mean that the safety nets woven by migrant women pre-pandemic, are now coming undone. While many practitioners and organisations have adapted how they deliver their services, the shift has been exceptionally difficult for migrant women experiencing severe trauma and poor mental health:

“Over the phone counselling became really upsetting, the wound [was] opened, [I] talk for one hour and then I was just left [alone]. I ended up wanting to end my life; I called the ambulance, and they took me to the hospital during [a] panic attack.”

The pandemic, in combination with the existing inequalities and injustices that migrant women with NRPF face, means that we are highly concerned about the lasting mental health impacts on the women we support. The devastating reality of the virus and the measures taken to curtail it, in conjunction with the existing issues facing migrant women, are that an increasing number of women have expressed suicidal thoughts to the Safety4Sisters workers. One woman, battling to survive, said:

“If I was alone, I would have liked to go, but I had to survive for my children. In my semi-consciousness, I was saying I want to survive; you have to cook, you have to clean, you have to continue.”

An undocumented woman that we support, who was made to move during the pandemic, told us:

“I had to move at the end of March, and this gave me panic attacks, and caused me to stop [taking] my medication for blood pressure and diabetes. I can’t take my life as a Muslim, but I thought it would be better to die and not live long and die naturally. I had to move away from the place I was before and this made me depressed, I was thinking: what is the point?”

And another said:

“I am ready to go, I just don’t think I can take anymore. What is there left to live for now? Covid has taken away any little light we had.”

POVERTY AND SURVIVING THE PANDEMIC

In addition to further intensifying the health issues migrant women face, and the lack of adequate response, women face a further deepening of their poverty. A recent report by AGENDA (2020) reported that refugees, asylum-seeking and migrant women were the hardest hit by increased poverty as the pandemic “compounded pre-existing inequalities” (p.7). Relatedly, Black and minority ethnic women have been found by the Women’s Budget Group (2020) to face severe financial struggles during the pandemic, for instance, a quarter of mothers from a minority ethnic group reported that they were struggling to feed their children.

The pandemic and resulting lockdown have caused significant financial pressures for the women that we support. Many have told us that they have struggled during this period to afford food, or buy the food that they prefer, as they were not in a position to stockpile goods. Women saw that food prices went up during the lockdown period, and at the same time that they had less money coming in. Some women with limited leave to remain (LLR), and who have the NRPF condition attached to their status, faced destitution when they lost their job as a result of the pandemic.

It is in this context that Safety4Sisters has had to increase the material support to the migrant women that we support. We have delivered, in partnership with Acorn Manchester⁵, essential provisions such as uniforms, food, mobile phone top-ups and travel expenses to roughly thirty women a month. We have distributed cash payments to women outside of the NASS asylum system who were facing destitution. Several of the women that we surveyed had been referred to food banks. One woman told us:

“I am worrying about where the food will come from next day to day. I received food parcels, but it is not always suitable as I eat halal. I have received this 4 times.”

Some have gone without food in order to meet the needs of their dependents. One woman told us: *“I’ve given food to my daughter so she can eat.”* Another said that on occasion she will only *“have a tin of beans or something.”*

Women have told us that they cannot afford other essentials too. In the context of social distancing measures women have had to make difficult decisions about where to spend their money – and for many, more so than ever, their phone is a lifeline. One woman told us: *“I switched off all the heating so I can keep my phone on.”*

As well as ensuring that the women we support have access to the food and other essential they need to survive, we have also tended to the needs of the children and young people by providing age-appropriate toys and activity packs. This was a vital lifeline for many women, as one woman told us – parenting and providing for children has come with extra challenges during this period:

“Money is an issue with us... prices have gone up during lockdown. The kids don’t understand all these things and since they’re at home their expenses have been high.”

Working in partnership with organisations such as Kids of Colour⁶, Safety4Sisters has delivered provisions and activities for children and young people – crucial in the context of school closures. One woman living in asylum accommodation told us how difficult this period has been for her son:

“[It has been] very difficult because it’s only him to sit down alone in the room. Eat food then back to the room, playing on the phone. [It is] very hard for him – young people are used to... running around.”

Safety4Sisters has fundraised emergency funds in this period to ensure that we can provide the food and other essentials that the women and children we work with need. Women spoke about this – receiving food and care packages from a small organisation – as key to their survival: *“I was struggling. Safety4sisters helped me... when I needed.”* But it is not a panacea for a state safety net – nor is it sustainable as we move into a future in which lockdowns are likely to become more frequent.

5 <https://acorntheunion.org.uk/corona/>

6 <https://kidsofcolour.com/>

MIGRANT WOMEN'S EXPERIENCES OF THE INTENSIFICATION OF RACISM DURING THE PANDEMIC

Observations of racism, and demands for racial justice, have gone hand-in-hand with the coronavirus outbreak, as the Black Lives Matter movement has gained traction across the world, following the death of George Floyd at the hands of police in the US. Racism and the coronavirus have been termed by some “a pandemic within a pandemic” (Gay Stolberg, 2020). Combined with the ‘pandemic’ that is violence against women and girls (Imkaan, 2020) – this makes for a triple threat against the migrant women that we support. An editorial in the British Medical Journal (Godlee, 2020:1) highlights that “we cannot tackle Covid-19 unless we tackle racism” and that:

“Racism is a public health issue... it is the underlying driver that puts people from ethnic minority groups at the centre of the pandemic.”

In this section of the report, we capture the women’s experience of increased interpersonal racism, the fears of suspicion and blame in relation to the pandemic, that have been fuelled by a number of mediated and online debates. Following this, we also consider some of the experiences of the women in relation to responses by public services that reveal the structural violence of racism in the policies and practices of institutions.

Reports of interpersonal racism have skyrocketed during the pandemic. Researchers writing in the Lancet find that “throughout history, infectious diseases have been associated with othering” (Devakumar et al., 2020:1194). Media reports have highlighted how Covid-19 fears have fuelled anti-Asian racism and xenophobia (Human Rights Watch, 2020). Misinformation and fake news have proliferated that promote the idea that Muslims are ‘super-spreaders’ of the virus – with Muslim women more likely than Muslim men to face abuse in public settings and on social media (Awan and Khan-Williams, 2020). The women that we work with at Safety4Sisters tell us that they too have experienced, and fear, heightened racism since the pandemic. We found that a diverse group of minority ethnic women had experienced and feared racism. One asylum-seeking woman told us:

“I am black, I am always worried [about racism] ... I was more scared because of what happened in China and that black [people] would be blamed for the coronavirus. My housemates were saying black [people] were the cause of spreading the virus – they read it on the internet.”

A group member that wears a hijab said:

“When I go outside people say things to me about the Muslim clothing. I think the lockdown has made people impatient and they are blaming other people [and] other groups, they are thinking others are responsible.”

One woman, recognising that with ever-scarce resources comes increased anti-migrant sentiment, said:

“I feel worried about racism, under this pandemic I worry that British people are going to blame us foreigners, they are going to say we started this or even that we must leave because when we come out of lockdown there will not be enough money or jobs for everyone. Every time these things happen, they blame the migrants, so I know.”

STRUCTURAL RACISM AND THE HOME OFFICE

Of course, the migrant women that we support do not only face the violence of racism in the streets and online, but they face it in their day-to-day interactions with the state, and the services that are supposedly there to support them. Women have reported that they feel simply forgotten by the Home Office during this period.

CASE STUDY 1

Aesha and her two-year old daughter were supported by the Safety4Sisters Advocacy Worker and claimed asylum shortly before the Home Office closed their offices in Liverpool. They are currently still in the initial assessment accommodation 4 months later; a large mixed hostel where families would normally be moved on after 2-3 weeks. The experience has been so bad that the woman has confided that she has really had to fight against her feelings of returning to her abuser and she questions constantly whether she has done the right thing for her child by putting her through life in the hostel. Safety4Sisters have spoken regularly with the woman – providing care and practical and emotional support for her during this time

One woman seeking asylum told us that she believed:

“This is the experience of lockdown; they have shown us that they just do not care whether we live or die. The very meaning of asylum is safety, to protect to take care.”

Another agreed, asking: *“If the Home Office have not thought about us now what hope had we got?”*. For one woman however, the lockdown had offered a welcome reprieve from the ingrained and systemic brutality of reporting to the Home Office:

“For me... lockdown was a blessing. I had pneumonia and was in hospital in March – also I am Asian and overweight so [I am] in risk category. Lockdown has meant that I have not had the worry of Home Office coming to remove me or cause me hassle. I have not had to report and trek across Manchester in my poor health to stand outside Dallas court – whatever the weather, in the rain.... I have not had to move from house to house when I am so ill. I have had some peace at last. This is why lockdown is a blessing for me.”

CASE STUDY 2

Safety4Sisters supported Fatima, a woman seeking asylum and that had been left destitute. Fatima needed to claim asylum in her own name after leaving a violent partner with whom she had a joint claim for asylum. She had her asylum interview delayed by Covid-19 when the Home Office closed its office, and no online replacement procedure was put in place. The woman was told she was only eligible for emergency support when she received a section 95 letter confirming she had claimed asylum.

Fatima was left completely destitute. Safety4Sisters supported her with small cash payments to help her in this period. However, she also accumulated some debt in this period – yet she received no back pay to help her pay off these debts. Her money was further delayed when the claim was finally made because it took the Home Office, after numerous calls to Migrant Help, another two weeks to wait for her biometric card to be issued.

The woman had very little English and thus relied on Safety4Sisters to sort out her claim. However the current system in place for communicating with the Home Office prevented Fatima talking directly to anyone that could resolve her issue, leaving her frustrated and exhausted as to get through to Migrant Help sometimes meant she had to wait in a queue of up to 70 calls.

PART TWO:

RESPONSES TO MIGRANT WOMEN SEEKING SAFETY IN GREATER MANCHESTER DURING THE PANDEMIC

As we have captured above, the challenges faced by migrant women – their marginalisation and exclusion, and the fears they face in reaching out for support and help – are multiple and increasing in the context of Covid-19. In this second part of the report, we bear witness to the women’s experiences of accessing safety from a range of services and partnerships. Sadly, these reflect that when they have the courage to come forward and seek protection and safety, they are often failed.

The failure to respond to migrant women (even where policy would allow) is revealed in the evidence of the increased demand for Safety4Sisters services during the pandemic. In particular, we look at the failure to effectively include migrant women in the ‘Everyone In’ policy in Greater Manchester, a strategy which sought to ensure the most vulnerable members of society in Greater Manchester were afforded safety during the pandemic.

ACCESS TO SAFETY AND WOMEN'S REFUGE

Domestic abuse refuge organisations provide lifesaving and critical services for survivors of abuse, yet migrant women face insurmountable barriers accessing space because refuges inevitably need to know how their housing and subsistence costs will be met. A recent Woman’s Aid (2020a) project found that only around one in five of the women with NRPF in their study were offered a refuge space. Only 5.8 per cent of refuge vacancies in England are accessible to a woman with NRPF, as a direct result of her immigration status (Women’s Aid, 2020b). The options for some migrant women experiencing domestic abuse became further constrained in the context of lockdown. The Bed & Breakfast’s sometimes used to temporarily house women with NRPF have closed, and friends may be less easily persuaded to take in women and children in the context of a global health pandemic where we have been compelled to keep our distance from others.

The women that we support have often found brick wall after brick wall in their attempts to secure their own and their children’s safety. During the initial lockdown period, between April and June, of the 35 referrals into Safety4Sisters, 32 women were without recourse to public funds. 27 of these women wanted a refuge space and all 27 women were refused one due to the NRPF condition. This means that 100 per cent of women with NRPF referred to us in this period, and who wanted a refuge space were initially refused a safe place of refuge as a direct result of their immigration status.

Most of these women were living with their abuser at the time of referral to us (n=19; 70 per cent), others were street homeless or in Home Office accommodation, and a handful of women were living with a friend or in a Bed & Breakfast paid for by social services.

When women on spousal visas presented as street homeless to various organisations, Safety4Sisters supported women to apply for the Destitute Domestic Violence Concession (DDVC)⁷. The new biometric card takes roughly 7 to 10 days to arrive and during this time

⁷ The DDVC is only available to women who are on a spousal visa. Along with others, such as Southall Black Sisters, we are calling for the government and the Domestic Abuse Bill to extend the DDVC to all migrant women with insecure immigration status (see: <https://southallblacksisters.org.uk/wp-content/uploads/2020/03/DA-Bill-Briefing-Paper-2.pdf>)

Safety4Sisters had to either fund a refuge space ourselves or provide emergency Bed & Breakfast accommodation to prevent immediate street homelessness. Refuges would not accept single women unless we fronted this payment. In some instances, Safety4Sisters has paid for women with children to access a refuge space for a number of days while social services decided whether they would fund the place.

The two charts below show the immediate actions Safety4Sisters took to support women into emergency accommodation (Fig 5), and then the outcomes over the first 3 months of working with the women and advocating for their rights to access support (Fig 6).

Figure 5: Emergency accommodation provided and funded by Safety4Sisters

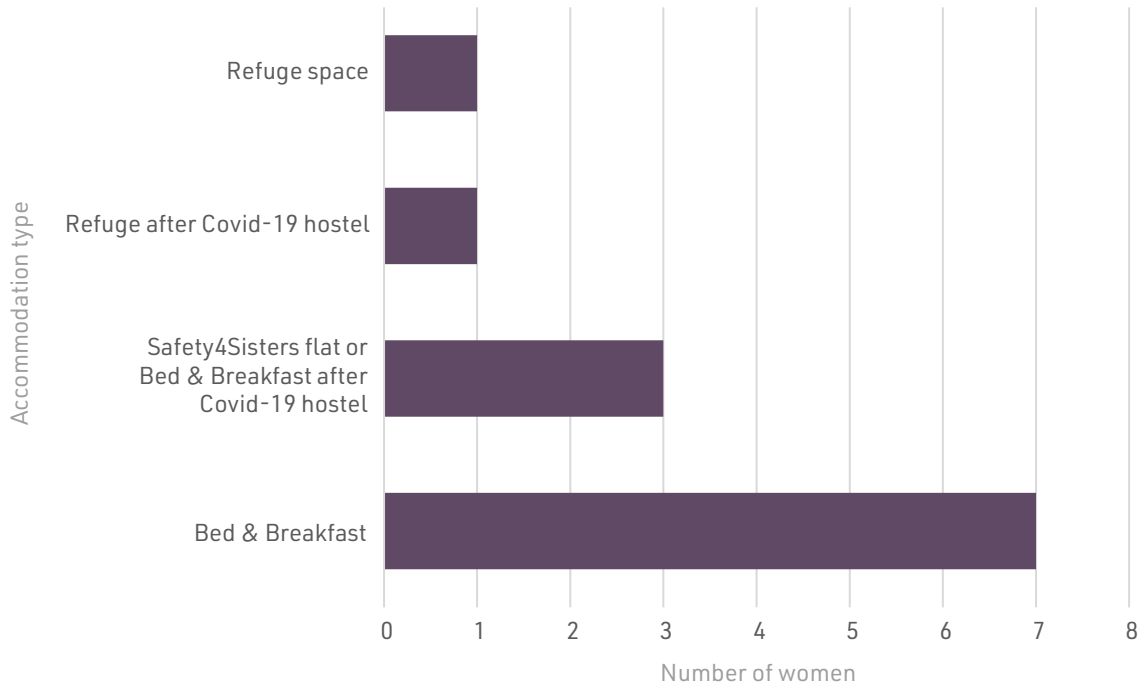
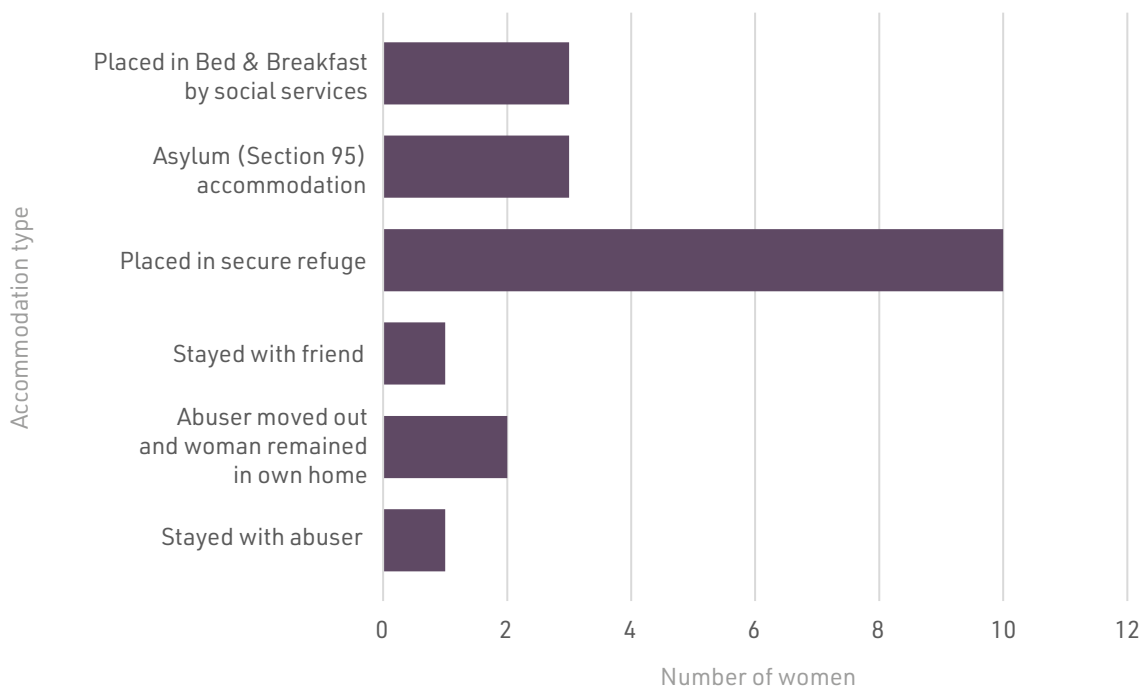


Figure 6: Accommodation outcomes after three months for women referred during April-June



The advocacy work of Safety4Sisters in supporting women to access these positive accommodation outcomes is crucial. A number of responses from domestic abuse services have shown us their reluctance to accept women with NRPF. Services have told us that they 'have enough' women with NRPF in their provision already – even when the women that they have been accommodating had already applied for the DDV concession, and were therefore able to claim benefits while awaiting a decision on their application to settle in the UK. Refugees tell us that they do accept migrant women with NRPF, but only once they have a letter from social services, or Safety4Sisters, to agree to pay. This approach, consistent across the mainstream domestic abuse sector, leaves out too many migrant women from the safety and security of refuge accommodation and continues to put the onus on groups like Safety4Sisters. This is an issue of policy, as reflected in campaigns around the Domestic Abuse Bill, but it is also an issue of practice within domestic abuse services.

Another major issue that we have observed is that migrant women are more likely to be moved around from one Bed & Breakfast to another – often crossing local authority boundaries. We have seen this rise, especially under Covid-19, and this has had significant consequences for women's continuity of care from vital support services. Due to our emergency fund, Safety4Sisters have secured Bed & Breakfast accommodation for a number of women. Often times we are the only agency able to react immediately to move a woman out of a high-risk situation and provide the safe space that victims of domestic abuse so desperately need.

It is not uncommon for Safety4Sisters to be told by workers in domestic abuse services that they cannot accommodate a woman because she cannot speak English, or because migrant women have 'extra needs' that they cannot cope with. This is symptomatic of a culture that sees migrant women simply as too much work, or trouble, to accommodate. In one case, Safety4Sisters had to fund interpreter provision as a condition of a woman being accepted into the service – this vital aspect of communication should not be left solely to organisations such as ours to fund, but should be an integral part of funding and commissioning to ensure that services are equitable and inclusive.

EXPERIENCES OF INDEPENDENT DOMESTIC VIOLENCE ADVOCATES AND THE MARAC PROCESS

A number of the women referred to Safety4Sisters during lockdown were referred by domestic abuse services and by Independent Domestic Violence Advocates (IDVAs). We have observed that some professionals show a lack of understanding of the needs and rights of migrant women, and the capacity of workers to support migrant women has worsened during the coronavirus pandemic, as workloads and waiting lists have increased. The quality of advice given to women with varied immigration statuses has been patchy at best, dangerous and life-changing at worst.

One IDVA reported to our advocacy worker that she was reluctant to deal with the immigration aspect of a woman's case. In another case, a woman with NRPF presented to the police, but the IDVA assigned to her case did not explore emergency refuge options because they presumed that the woman would be ineligible for a refuge space. In this particular case, the woman had children and so should have been eligible for Section 17⁸ support from social services.

8 Section 17 of the Children Act 1989 places a general duty on local authorities to safeguard and promote the welfare of children in need. <https://www.childrenslegalcentre.com/resources/section-17-support/>

CASE STUDY 3

Jola, a migrant woman with three children, who was originally on a spousal visa and waiting for her DDV concession to be processed, was accommodated in Bed & Breakfast accommodation. She was supported by a social worker, a refuge worker and an IDVA.

One of the professionals supporting the woman contacted Safety4Sisters for help in identifying the woman's immigration status. It became clear that the woman had already applied for the DDV concession, but this had overrun due to a number of failures on the part of the support workers and the woman's solicitor. Safety4Sisters quickly referred her to a solicitor at Greater Manchester immigration Aid Unit to find ways to resolve this issue.

In this case, the IDVA was also unaware that the woman and her children were entitled to Section 17 support under the Children Act 1989. This had consequences for the woman when it became clear that the Bed & Breakfast accommodation was unsafe – the security was very lax, and the husband knew which area she was living in. Social services refused to pay for the family to go into a refuge or to move her to a safer area, and it appeared this was because the Covid-19 Bed & Breakfast was free. This decision went unchallenged by the IDVA – who was again unaware of the rights of the woman. Consequently, the woman remained there vulnerable and frightened.

Women that have been referred to MARAC⁹ – itself an indicator that the domestic abuse is severe and the woman at high risk – have been subject to delays in getting adequate support and access to safety.

There have also been numerous occasions where a migrant women's case has been sent to MARAC as high risk, but the woman does not want to move until she is sure about her immigration status. In these cases, social services or the IDVA or both have been unable to get immediate immigration advice or advice is delayed when they do not know what information they need to gather from the woman before contacting a solicitor, and so the woman remains vulnerable in her home.

When IDVAs and support workers in the domestic abuse sector are not trained and empowered, or do not have sufficient resources, to work with women subject to immigration control there are potentially disastrous consequences. We have found that many services are unable, or unwilling, to use interpreters to speak to migrant women who speak little or no English (see also Summers, 2020). At Safety4Sisters we work with migrant women to ensure that they can access the safety and support they need, including working with interpreters to properly understand a woman's situation, her needs and to plan for her safety.

Safety4Sisters costs on interpreters for the first 3 months of the Covid-19 period was almost £1600 – a lifesaving expense. In one case, a woman that spoke little English was contacted by an IDVA without an interpreter. When the IDVA spoke to the woman about accessing a refuge space, the woman misunderstood what a refuge was. When Safety4Sisters talked to her with an interpreter it became apparent that she thought the IDVA had said it was a place where women with mental health problems went, so she had said she didn't want to go. The use of an interpreter in this case could have clarified this important detail.

Migrant women with insecure immigration status are often highly transient as social services move them across local authority boundaries in order to secure the cheapest temporary housing. This results in women missing out on vital support from IDVA's and missing out on the benefits of the MARAC process – which does not work effectively across local authority boundaries. It is our observation that when women physically move across the boundaries, the MARAC in the previous area just refers them onto the next MARAC in the new area, delaying any immediate action to ensure the woman's safety.

9 The MARAC is a 'Multi Agency Risk Assessment Conference' that is a information sharing and risk management meeting attended by key agencies about women deemed to have high risk domestic abuse cases.

EXPERIENCES OF SOCIAL SERVICES AND THE POLICE

Of the 35 women referred to Safety4Sisters during the pandemic period, 11 had children or were pregnant and should have been entitled to support under section 17 of the Children Act 1989. Seven of these families were initially refused accommodation by social services. A further two single women had additional care needs that meant they should have been eligible for social services support under the Care Act 2014.

CASE STUDY 4

Leyla, a woman with NRPF, was denied social services support when she became homeless immediately after the closure of the GMCA Covid-19 hostel. Despite experiencing domestic abuse and having a diagnosis of neurological condition – with symptoms that could be brought on by stress – the social worker did not assess her as in need of support. Safety4Sisters tried to work with social services to acknowledge their responsibility under the Care Act 2014, but they refused, and she was forced to stay with family.

The Children Act 1989 and the Care Act 2014 should – when implemented appropriately – be a vital safety net for women that fall through the cracks of mainstream welfare policy¹⁰. However, for many of the women that we supported, their experiences of social services were far from positive.

CASE STUDY 5

Amara was told by children's social services that she and her young daughter could simply live at the opposite side of the same house to her abusive husband when she reported domestic abuse. Social services refused to support her to leave the unsafe family home and find alternative, safe accommodation. The police held her husband overnight, but he was released and he returned unannounced the next day. Safety4Sisters supported her to leave the property and housed her and her daughter in an emergency flat paid for by Safety4Sisters until she could apply for asylum.

Given the severe negation of safeguarding in this case, Safety4Sisters advised the local authority social services team that we would take legal action due to the lack of support that should have been offered under Section 17 of the Children Act 1989. Eventually, the local authority agreed to reimburse Safety4Sisters over £2000 for the accommodation and subsistence support that we provided to this family.

The case above, and others like it, highlight the inadequacies of initial assessments for many migrant families; the consequences of it could have been dire. The first consideration should have been one of safeguarding, but instead – due in part to the effects of austerity – it was one of eligibility and finances. The picture that emerged at the onset of the Covid-19 pandemic was of migrant women and their children being left in high risk situations with various explanations offered from professionals as to why social services would not provide temporary accommodation – it is our impression that this was as a result of efforts to preserve their budgets.

Women that we work with have also been subject to professional practice that has fallen far short of anti-discriminatory and anti-oppressive social work practice. One woman that had left an abusive relationship and had been accommodated by social services told us: *"I felt like*

10 As a briefing from Inclusive Cities (2020:11) on Covid-19 and NRPF notes, 'the role of local authority provision as a safety net has been consistently recognised by the courts' <http://www.nrpfnetwork.org.uk/News/Pages/section-17-cases.aspx>

a criminal in the Bed & Breakfast because the social worker was cross with me.” In another example of callous practice, a woman was threatened by social services that she would have to be ‘sent back’ to her country of origin because she had NRPF. The social worker explored options for returning the woman and her children, without seeking immigration advice from a registered OISC advisor¹¹, and despite the fact that her children were of British nationality.

In relation to migrant women’s experiences of the police during the outbreak of Covid–19 , we have observed a very mixed and inconsistent picture. At times, the police have been the only service willing to fund a place in emergency Bed & Breakfast accommodation to ensure the safety of a woman. At others, the actions taken by police have endangered women’s safety. For instance, one woman was advised not to leave their home when they had reported domestic abuse due to the risks of coronavirus. In another case, following a report of domestic abuse, the perpetrator was removed by the police from the property, but then released without warning to the woman the following day.

A significant number of women have disclosed to Safety4Sisters that the police or social services have persuaded them to stay with friends or family members when they became homeless because of domestic abuse. This was often not safe for women, but because they felt vulnerable, unsure of their rights and were given no other choice, they agreed to go. One woman described how the police completely dismissed her fear of being taken to her sister’s house due to the threats made by the abuser to her sister. In a later risk assessment carried out by the Safety4Sisters advocacy worker the woman disclosed that the husband had actually threatened to set fire to her sister.

Some of the women that Safety4Sisters have supported have received good care and support from the police, with statements taken sensitively. While others have been received dismissively and not even asked if they want to make a statement. In one case, a woman was interviewed with the perpetrator in the same room. For some migrant women, particularly those on spousal visa’s and whose husbands tend to have better English and a better understanding of how to communicate with police, their husband has been able to manipulate the police encounter to their own ends. The inconsistency of the police response has serious consequences for the women that Safety4sisters support because we cannot guarantee that involving the police will ensure their safety. Perpetrators know this and use women’s immigration status as a weapon of control and coercion. Denying migrant women and children survivors safety has significant consequences for both individual women but also for society. It enables perpetrators license to continue abusing without fear of the authorities intervening or being brought to justice.

EVERYONE IN? MIGRANT WOMEN WITH NRPF ACCESSING SAFE ACCOMMODATION

Under the ‘Everyone In’ strategy, the local authorities in Greater Manchester made provisions for accommodation for those rough sleeping or in inadequate shared accommodation. In an open letter from Andy Burnham, Mayor of Greater Manchester, however, it is acknowledged there was little clarity about whether the policy included those with NRPF (GMCA, 2020). For those with NRPF, housed under the ‘Everyone In’ policy, there was inadequate planning for what should happen once this policy was winding up.

The Greater Manchester Combined Authority made available, a specialist Covid–19 hostel at the beginning of the pandemic in order to bring ‘Everyone in’ and to ensure no one was homeless across Greater Manchester at the outbreak of the pandemic. However, its remit was poorly publicised, with many on the frontline of public services unaware that it could accommodate people with NRPF. It was only by chance that a volunteer at Safety4Sisters saw a post on social media advertising the hostel that we were aware that it would accept people with NRPF. Our advocacy worker spoke with police officers, social workers, refuge workers, charities and housing officers who did not know that they could refer into the specialist provision.

11 The Immigration and Asylum Act 1999 makes it illegal for a person or organisation to provide immigration advice or services unless authorised by the Offices of the Immigration Services Commissioner. <https://www.freemovement.org.uk/what-is-the-oisc/>

Referring into the GMCA Covid-19 hostel also presented a problem, as the referral pathway was through the Greater Manchester local authority homelessness services – whose statutory duties ordinarily exclude those with NRPF. Despite the pressing public health issues, it appeared that frontline homelessness services across Greater Manchester were not informed of this referral process and they were unaware that those with NRPF could be accepted into the hostel. Safety4Sisters held a meeting with the leads of various services to iron out this referral bottleneck. Despite this, each time a woman who had NRPF presented to her local authority and Safety4Sisters were made aware, the advocacy worker had to negotiate each time with the staff at the homelessness department to ensure she was able to access the Covid-19 hostel.

CASE STUDY 6

Ingrid, a young European woman approached the local authority homelessness department during the fourth week of the Covid-19 lockdown after fleeing domestic abuse in another borough. She was refused support by the homelessness team because she was a single woman with NRPF and was referred to the social services NRPF team who also could not help her because she was a single woman.

Ingrid paid for a Bed & Breakfast for two nights herself with what little money she had on her. When the money ran out, she slept on the streets for two nights. The police found her sleeping on the street and took her to a generic hostel. They were not able to accommodate her longer than two nights – again due to her immigration status and the NRPF condition.

Ingrid was eventually referred to Safety4Sisters, where we were the only agency – after referrals to five other frontline agencies – who were aware that she could be accommodated in the GMCA Covid-19 hostel. Within two hours, Ingrid was housed safely in the Covid-19 hostel. The trauma and danger of her sleeping rough for two nights could – with better communications – have been easily avoided.

Safety4Sisters successfully battled to get access to the Covid-19 hostel, however after two and a half months this provision was closed, as the ‘Everyone In’ scheme wound up. Safety4Sisters, rather than statutory homelessness services, were once again expected to find accommodation for the women with NRPF that were living in the Covid-19 hostel.

The women referred to us during the lockdown period have had an immense amount of stress and pressure placed on them as a result of the risk of homelessness and/or inadequate housing provision during the pandemic. One woman spoke of the impact – and despair – of inadequate housing:

“For me it has become a very painful situation. I was told I would be out of the hostel within two weeks. It is very stressful.... It’s not suitable to share hostel with people during Covid-19 . Everything is stuck, it is not moving, when I try and get information on the status of my application, they just say it is up to the Home Office. It’s stressful that they are not responding or doing anything. I would not expect this would happen to me. I have been diagnosed with depression since [the pandemic]. I have had many bad days and I am very sleep deprived; I can’t sleep. I would rather bear the violence of my husband than go through this.”

This section has painted a picture of a confused and bleak situation for migrant women with NRPF looking to access secure and safe accommodation during a global pandemic. As we write, Greater Manchester is a hotspot for coronavirus infection rates, and future lockdowns – whether regional or national – are looking incredibly likely. It is our hope that the region, with its commitment to ensuring everyone can access the support and accommodation they need at this time, can ensure that it learns the lessons of the first lockdown as we go forward.

CONCLUSION

Migrant women survivors of gender-based violence face multiple pandemics. These are gendered and they reflect the ways economic marginalisation and racism shape their experiences as women disproportionately affected by Covid-19. Early on in lockdown, Safety4Sisters alerted local and regional decision makers of the specific dangers facing migrant women and their children, urging them to address the disparity in emergency planning and subsequent responses that excluded them. Sadly, these were largely ignored and our counter-narrative framing the specific trauma and experiences for Black and minoritised migrant women had little impact. We found that the positioning of migrants continued to frame them as outsiders, or at odds with wider policy strategies and practice relating to homelessness, domestic abuse and protection during the pandemic.

At the onset of the lockdown, Safety4Sisters vigorously escalated our service delivery and management functions to meet the overwhelming increase in service user's needs. We had to work harder due to the lack of safeguarding strategies in place and the sheer deficit in state support placing women and children at increased risk during the chaos that ensued. While this upscaling of our service was vital, it is clearly unsustainable, as the impact on staff, volunteers and trustees was immense. This is reflective of the lack of resources, recognition, capacity and capital afforded to small Black and minoritised women's groups such as Safety4Sisters.

We have used this urgency and energy to achieve some amazing things. At the height of the lockdown, we secured funding and opened our refuge, Abonsh House. This resource is specifically for single migrant women with NRPF. Yet this has been a bittersweet and contested moment politically for us. It was never our intention to open a refuge. The wider failures of the state to adequately address the needs of migrant women with NRPF, and their failure to protect and provide safety to women has driven our response. Given this increasingly hostile environment, we had little choice but to open our own accommodation service. Abonsh House therefore simultaneously symbolises a physical acknowledgement of the failures of the state to eradicate institutional racism and discrimination from its ranks, but is also a colossal and inspiring monument to our care, spirit, determination and commitment to extend human rights to migrant women.

The pandemic has created conditions for minoritised migrant women and their children, already survivors of abuse, to suffer unimaginable and heightened exposure to further patriarchal violence, deprivation, poverty, increased levels of direct racism as well as structural racism and discrimination. They have been re-traumatised – something that will last for years if not decades to come. Despite the pandemic, migrant women experiencing gender-based violence with NRPF continue to face destitution, homelessness or being trapped in an abusive relationship. They continue to be made invisible and turned away by both state homelessness/housing departments and domestic abuse services.

Attention correctly is now being placed on 'Build Back Better' policies and exploring the concept of a 'New Normal' approach. We had a fleeting glimpse of this under lockdown, as momentarily commentators spoke of a more compassionate way of doing politics, where the idea of someone destitute and on the streets felt unconscionable. There was support to house the homeless in hotels and Covid-19 hostels, and a resolute empathy for those on furlough or who lost jobs and claimed welfare benefits. Sadly, this compassion was all too brief and as the country eases in and out of various configurations of lockdown, it is the most vulnerable who once again find themselves at the sharp end of the pandemic. Once more, it is left to groups like Safety4Sisters to reiterate our warning – without centring the concerns and experiences of migrant women with NRPF – some of the most vulnerable in our society – in lockdown emergency strategies, all responses will be piecemeal and incomplete.

If we truly want to positively progress as a society, it is the most marginalised voices that need to be heard and acted upon. This acknowledgement and action must be the responsibility of the state, not left solely the remit and responsibility of small groups like Safety4Sisters.

Only by ending the NRPF condition can we uphold women and children's human rights of equality of access to safety and protection from gender-based violence. While this call seeks to galvanise momentum to shape services that respond to the most marginalised in our society, there are interim measures and actions that we all can implement. These include the urgent need for migrant women's rights to safety and protections to be included in the Domestic Abuse Bill. No one should be left homeless, destitute and without healthcare – not now, not ever. It is up to us all to change the politics of exclusion and move towards a politics of solidarity, compassion and human rights.

Safety is a right not a privilege.

RECOMMENDATIONS

Safety4Sisters are calling for an urgent response based on the findings from this report. The report highlights the inequalities and impact of discriminatory state responses needing long term government led policy change. But there is also a call for short term responses to support migrant women accessing state police, social services, housing and non-state services, including domestic abuse agencies.

We call upon the government to remove the imposed barriers and discriminatory policies which place migrant survivors of abuse at further harm.

- Removal of the NRPF condition to ensure that all women regardless of background have access to safety and protection when experiencing abuse.
- Include migrant women's rights to safety and protection mechanisms in the Domestic Abuse Bill including establishing safe reporting mechanisms.
- Ringfence long term funding for all VAWG (violence against women and girls) organisations, especially specialist services for Black and minoritised migrant women.
- Reinstate legal aid for immigration matters and ensure adequate funding for legally aided immigration advice and representation.
- National and local government emergency pandemic responses, including forward-focused 'Build Back Better' remedies to include Black and minoritised women and migrant women's organisations and clearly communicate this publicly.
- National and local VAWG strategies must work with and include Black, minoritised and migrant women's safety and protection needs.
- Ensure proper investment in mental health support agencies across the NHS and private/public sector as a priority to manage the aftermath of the pandemic and ensure that interventions are targeted to vulnerable communities, specifically migrant women.

While we look to transform the institutional and state led policies to deliver equity and fairness for migrant women survivors, we can work to ensure short term remedies and reform take place at state and non-state levels, including within civil society and domestic abuse services.

Make changes to service level responses to ensure that Black and minoritised migrant women receive equitable and inclusive practice when accessing agencies.

- Training for mental health practitioners on domestic abuse and gender-based violence and the impact of NRPF on migrant women.
- Interpreting costs to be included in all funding applications including for domestic and VAWG specialist services ensuring equality of access for all women.
- Review the effectiveness of IDVA services and MARACs in relation to the needs of migrant women with children who by virtue of both abuse and insecure immigration status are highly transient.
- Ensure frontline workers, including IDVA's, have the necessary training and support to work with women with immigration issues.
- Commissioners must address NRPF when commissioning services – ensuring that migrant women with NRPF can access equitable and inclusive services.

Statutory services to uphold their existing legal obligations and duties to protect the welfare and safety of vulnerable children and adults and investigate when this does not take place.

- Adult and Children's Services across Greater Manchester to meet with migrant women and their representatives to listen to the increasing safeguarding concerns for vulnerable women and children, developing an action plan to uphold their duty under Section 17 of the Children Act and the Care Act 2014, as required.
- Front-line staff, practitioners and managers should undertake mandatory training on the issues, rights, experiences, and barriers faced by migrant women with insecure immigration status.

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