

HUM Place-Based Emerging Leaders Model

A blueprint to foster the leadership of Black and other racialised women in Domestic Abuse and Sexual Violence services in the UK

Insights for policy and practice from a pilot implementation in East England

INTRODUCTION

This brief introduces the ‘HUM place-based Emerging Leaders’ Model – a novel approach and blueprint to increase the leadership of emerging Black and other racialised women leaders within domestic abuse and sexual violence (DASV) service provision, specifically, and wider public services across the UK, more generally. The HUM model centres the capacity-building and leadership of professionally isolated and racially marginalised emerging leaders, by fostering their professional and personal connections with established leaders working across statutory and voluntary organisations. It galvanises community-building between Black and other racialised women at different stages of their leadership journey to provide sanctuary for knowledge exchange and best practices and collectively heal from institutional and systemic barriers around racism, sexism, Islamophobia and other forms of exclusion.

The HUM model is embedded in an analysis of region-specific systemic barriers, particularly outside of metropolitan areas across the UK. The model was developed and evaluated by drawing on realist evaluation principles which determine whether an intervention works (or not), and how, why, for whom, to what extent and in what conditions it works. Realist evaluations are highly attuned to how contextual factors shape, support and/or inhibit the causal mechanisms underpinning an intervention and give rise to outcomes, including interpersonal and institutional relationships. To respond to this approach, the HUM leadership model is grounded in local knowledge about the context, systems and relationships, and is attentive to those local needs.

Socio-environmental differences including characteristics of the natural and built environment, access to services and transport, place-related ‘stigma’, and community cohesion and support are linked to localised inequalities. The HUM leadership model takes inspiration from place-based approaches, working collaboratively with emerging and established leaders to identify and address local development needs and amplify areas of strength.

In this brief, we outline findings and insights from the pilot implementation of the HUM model in the East of England, a region adversely impacted by the postcode lottery of DASV services, through an UKPRP MRC funded project (Medical Research Council UKPRP-VISION Grant No . MR/V049879/1) led by Dr Mirna Guha (Senior Lecturer in Sociology, Anglia Ruskin University) and Dr Katherine Allen (Senior Research Fellow, University of Suffolk). For further details, please contact Dr Mirna Guha at mirna.guha@aru.ac.uk.

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POSTCODE LOTTERY AND EAST ENGLAND

In a report published in November 2022, the Domestic Abuse Commissioner stressed that there were 2.4 million people subject to domestic abuse in the past year in the UK who need access to support and help, underlining a public health crisis which an underfunded, strained and 'complex patchwork of services' is unable to effectively address. The report laid out the existence of a 'postcode lottery' for victim-survivors of domestic abuse and sexual violence, demonstrating that where you live and who you are determines the quality of support available.

The report highlighted the specific manifestations of the postcode lottery for Black and other racialised women victim-survivors who face the greatest barriers to support. This includes the increasing defunding of specialist 'by and for' organisations (led by and for women from these communities) despite Black and other racialised women being 'more than twice as likely to say they felt safer having accessed an organisation run specifically "by and for" their community, than those who hadn't accessed any support'. Such 'by and for' services significantly improved outcomes for Black and other racialised victim-survivors which is credited to their holistic approach, being rooted within the same communities as the victim-survivors and their knowledge of both the racial and gendered inequalities and challenges victim-survivors will face. Despite their documented success, 'by and for' services remain chronically underfunded. 'By and for' organisations are 'six times less likely to receive statutory funding' than generalist organisations, more likely to be reliant on a combination of smaller funds and twice as likely to be either taken over or closed down due to lack of funding. Simultaneously, they are disadvantaged in bidding for larger funds which are often designed to cover a significant geography or not be focused on specific demographics.

The report also noted that in East England, only 30 per cent of people found it easy to get help. This is the lowest percentage across all regions in England and Wales, and highlights the urgent need for services, including 'by and for' services, in this region. Despite long histories of settlement of Black and other racialised communities in this region, their integration within local politics and policymaking and the leadership/representation of women from these communities is particularly low. For example, in 2019, Cambridgeshire ranked as one of the worst local councils in terms of Black and other racialised women's representation in local government.

The origin of the design and pilot of the HUM leadership model lies in a pilot investigation of Asian women's vulnerabilities around domestic abuse led by Dr Mirna Guha in 2021. The study was funded by Anglia Ruskin University and followed a Domestic Homicide Review into the murder of a young Pakistani woman, Yasmina, which highlighted glaring institutional lapses in a range of public services. The mixed methods research generated insights into the perceptions and experiences of 15 Asian women with Mirpuri, Sylheti and Gujarati heritage across Cambridgeshire, a county with no 'by and for' specialist services. Furthermore, an analysis of approximately 530 police records, obtained in collaboration with Cambridgeshire Constabulary, highlighted that a high proportion (50–60%) of cases reported across Cambridgeshire ended in outcome 16, where victims withdraw support from police action.

THE HUM PLACE BASED EMERGING LEADERS MODEL

Context and background to the HUM model

Given the scarcity of 'by and for' services outside metropolitan areas and a funding structure which disadvantages them, the HUM leadership model is a strategy to improve equity and access for Black and other racialised victims-survivors of domestic abuse and sexual violence. The strategy involves identifying Black and racialised women who work within DASV support and wider public services addressing harm and exclusion for victim-survivors from those communities, and enhance their knowledge, leadership and professional and personal development. The strategy fosters connections between these emerging leaders regionally and established leaders nationally, to address the minimal presence of 'by and for' support for racialised victim-survivors of DASV. The model draws on the power of collective solidarity and is therefore named 'HUM', which means 'us' in Urdu, Hindi, and other South Asian languages.

The HUM model supports and responds to existing efforts to lobby for increased funding for specialist 'led by and for' services across England and Wales, including investment into provisioning new services (and the leadership of Black and other racialised women) where systemic gaps exist. The HUM model is made up of six phases illustrated and outlined below.



Source: Graphic developed as part of the Medical Research Council UKPRP-VISION Research Project: 'Nothing about us without us' Grant No. MR/V049879/1 which developed the HUM leadership model.

Phase 1-3:

The pilot implementation of the HUM leadership model in East England started with a scoping study of the local and regional DASV service provision, the identification of emerging leaders and the assessment of leadership skills, challenges and opportunities. In the pilot study in East England, these phases were carried out through focus group discussions and interviews with 19 emerging and established leaders. They highlighted the specific exclusions experienced by Black and other racialised DASV victim-survivors across the East of England. Common findings across participating areas included:



Additional barriers created by generalist organisational rigidity and 'box-ticking'

"I think that's where a lot of organizations go wrong. If someone's trying to talk to you and you're going, 'I just need to ask you a few questions'. That's it, you've shut them down [...] they've already now gone away thinking you don't care about me, you care about the job that you're doing. You care about the ticks." (CM4)



Historic mistrust in the criminal justice system

"There is no trust in the police because of how these communities have been treated [...] when it comes to sexual violence and domestic abuse, then there is no trust there" (CB4)



Concentration of services in specific areas

"being rural, most of the services for domestic abuse are within [urban hubs] [...] they're very, very difficult to access" (S2)

Phase 4:

The first three phases of the HUM leadership model were then built on to co-produce a leadership training programme with the emerging and established leaders identified. In the East of England, the training was focused on trauma-informed leadership, building 'led by and for' leadership, access to role models, leadership of women in statutory agencies, and access to justice. The training was delivered through collaborations with speakers from Suffolk Police, Apna Haq, National Police Chiefs' Council, Asian Women's Resource Centre, Cambridge City Council, Suffolk Constabulary, and the Police Race Action Plan. The training was delivered in Cambridge, Ipswich, London and online, and included a total of 86 participants. Across the training sessions, 96% of participants identified as women and 65% as women of colour.

Phase 5-6:

In conjunction with the training programme, the HUM model connected experts and established a regionally pioneering Community of Practice for emerging and established leaders to learn, support through mentorship, and exchange knowledge and best practices. This is the first leadership community of its kind for Black and racialised women working within DASV and public services regionally.

EVALUATION OF THE HUM MODEL: EARLY FINDINGS

A mixed methods evaluation of the HUM leadership model has been undertaken, including pre- and post- implementation surveys and interviews with established and emerging leaders. Respondents cited the diverse expertise and experiences of programme contributors and Community of Practice members, which they felt helped to model a range of leadership journeys – including systemic barriers, obstacles and setbacks – for participants:



You're not bringing together just leaders from the domestic abuse sector. It's leaders from the police. It's leaders from other agencies and organizations where women have struggled, women from global majority have struggled to get into those leadership places. It hasn't just, you know, they just haven't walked in and it's all given to them [...] I think it's really important that in order to show a journey to say that this isn't easy, but that doesn't mean they shouldn't be on this journey to get to that place" (EsL 1)



It was good to hear someone who had faced huge challenges in their lives. I found that very, very comforting in a sense" (EsL 2)



These connections, the people that I met, the stories, the power, the energy they carry [...] It was really good, 'cause that time I was really sort of struggling with stuff. And I remember coming back, feeling really energised and really like [...] if she can do it, I can do it" (EmL 3)

Respondents also valued the sense of community and being in a space where they could be their whole selves, without having to anticipate or navigate the exclusions they experienced in White majority settings.



It felt like being at home with my people. I didn't have to explain anything. I didn't have to defend anything I was saying. I didn't have to expect to be misunderstood [...] Just sharing views and speaking with these people and making those connections. I really enjoyed that" (EmL 4)



When you're working in isolation, you think, well, you just think that you don't know whether it's good or bad or what. But it's sharing those ideas and thoughts and hearing other people in their roles and you know, their journeys, that's been quite uplifting" (EmL 1)



How do you capture that warm feeling, that glow, that energy? You can't capture it no matter how many interviews you do, you have to be there to experience it" (EsL 3)

Respondents described how the HUM programme had contributed to their personal and professional development, including identifying a new career path working with racialised victim-survivors as a specialist IDVA:



I know what direction I want to go. I've got a career path in my mind that I've discussed this with my [workplace] coordinator. This is the path I want to go and how they're going to support me on this journey" (EmL 2)

When invited to reflect on how they would like to see the HUM leadership model and Community of Practice evolve, respondents expressed a need for ongoing training and wraparound support for emerging 'by and for' services in the region, in order to promote longevity – and financial sustainability – in the context of a competitive and precarious funding climate.



It's a long journey and I think we need to start [by and for services] on solid foundations [...] It's no longer about 'Let's just do it'. No, let's have a good actual programme to support you in each step of the way in your journey" (EsL 1)

Other respondents spoke to the need to continue to model and support diverse forms of leadership, including making space for 'quiet' leaders and those who are still growing in confidence when it comes to advocacy and managing conflict.



There should be room for the quiet kind of leadership. That person who doesn't want to speak much or say much [...] You'll be amazed at the brilliant things that will come out of someone who was just sitting there, afraid to speak." (EmL 4)

This was felt to be particularly important considering the double bind facing Black and other racialised women leaders in white majority workplaces: stay quiet and be seen as lacking in leadership qualities, or speak out and be labelled as "angry" (EmL 4).

POLICY AND PRACTICE RECOMMENDATIONS



Increase funding to 'by and for' organisations

First and foremost, this brief spotlights the need for increased funding for 'by and for' organisations. The proven track record of 'by and for' organisations – and especially 'led by and for' organisations – as well as the best practices and challenges shared during the the HUM leadership training from Apna Haq, PHOEBE, Asian Women's Resource Centre and other 'led by and for' organisations emphasise the need for further funding of these organisations. Crucially, this funding must:

- **Address smaller organisations' barriers in bidding for large, multi-year funding.**
- **Consider both the postcode lottery and challenges outside of metropolitan areas in delivering DASV services.**
- **Take seriously the increased costs associated with running 'by and for' organisations – such as translation costs and supporting people with No Recourse to Public Funds – and advocate for such approaches across the DASV sector.**
- **Provide infrastructural or 'core' funding (and not project-based alone) to enable existing 'by and for' organisations to grow and sustain.**



Recognise and support the leadership of Black and other racialised women in the DASV sector

The HUM leadership model argues that supporting the professional and personal development of both emerging and established Black and other racialised women leaders is a key way to improve service provision for victim-survivors. Simultaneously, it demonstrates how forging connections between existing leaders who are working within the same geographic areas through membership of a Community of Practice which shares best practices, funding opportunities and resources is a crucial lever to ensure victim-survivors needs are met appropriately.

This brief recommends the application of the HUM leadership model to other areas across the UK where systemic gaps have impeded the growth of 'by and for' specialist organisations and the leadership of Black and other racialised women within public services. Based on research conducted by the Domestic Abuse Commissioner, areas in the North West and West Midlands of England and South Wales would especially benefit from the HUM leadership model. The roll-out of the HUM leadership model beyond East England should include:

- **Funding to support the Community of Practice and leadership training.**
- **Research to identify emerging and established leaders in both statutory and voluntary organisations and collaborative research into the barriers and opportunities within the specific geographies they work in.**
- **The engagement of local and national experts within 'led by and for' DASV organisations to share best practices, funding strategies and offer support and mentorship.**



Prioritise simultaneous consideration of locality and race in improving DASV services

Lessons and best practices shared as part of the HUM leadership model have demonstrated that locality – primarily for locations outside of metropolitan areas, particularly London, and outside of the South-East of England – is a major contributor to whether or not Black and other racialised victim-survivors are able to access adequate DASV support. Therefore, both race and location need to be considered in the policy, practices and funding of DASV service provision in the UK and, crucially, they need to be considered together to avoid a paucity of support for particular racialised communities outside of metropolitan areas. To implement this, the brief recommends:



Funding and enabling networks of emerging and established Black and other racialised leaders outside metropolitan areas



Funding pilot programmes and research to investigate which race and locality specific barriers continue to exist across the UK for victim-survivors of DASV.



Address challenges Black and other racialised victim-survivors face in accessing help as a result of racial and gendered inequalities, especially in their engagement with statutory organisations and the criminal justice system.



Provide training to DASV service providers on the needs and challenges faced by victim-survivors attempting to access support

Beyond supporting the development and platforming of emerging and established Black and other racialised women leaders in the DASV sector, training needs to be developed and knowledge imparted to ensure all policymakers, practitioners and service providers in the DASV sector are aware of racial, gendered and location-based inequalities and exclusions that exist for people attempting to access DASV services. Throughout the pilot of the HUM leadership model in East England, emerging and established leaders indicated that most, if not all, of the labour for supporting Black and other racialised victim-survivors was expected to be carried out by Black and other racialised women practitioners. Often this expectation was explicitly expressed in reference to racial stereotypes and assumptions which equated various different backgrounds, religions and experiences, or diminished DASV practitioners' knowledge, experience and skills to translation only.



Mandatory training for all policymakers, practitioners and service providers in the DASV space which emphasises the experiences, challenges and needs of Black and other racialised victim-survivors.

This training, and its funding, needs to be developed and conducted in a way which does not create another barrier or requirement for smaller 'by and for' organisations or Black and other racialised women leaders but allows them to showcase and elevate their existing skills and knowledge base, and continue to deliver culturally responsive and life-saving support to Black and racialised victims of domestic abuse and sexual violence.