

# The Impact of the COVID-19 Pandemic on Moroccan and Arabic-Speaking Women and Services in West London

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November 2022



Al-Hasaniya Moroccan  
Women's Centre

مركز الحسنية بلندن



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# 1. Forward by Souad Talsi MBE, the Founder and Chief Executive of Al-Hasaniya Moroccan Women's Centre

In July 2022, ten years after it was signed, the UK ratified the Council of Europe Convention (known as the Istanbul Convention) on preventing and combating violence against women and domestic violence generally.

This is a critical international convention which recognises VAWG as a violation of human rights and a form of discrimination against women. The landmark Istanbul Convention commits governments to adopting an integrated approach to eliminating violence against women – including prevention through eradicating prejudices, customs, traditions and all other practices which are based on women's inequality. The Convention also aims to provide equal protection and support for all victims.

This, coupled with the UK Domestic Abuse Act 2021, which received Royal Assent in April 2021, should provide inclusive non-discriminatory protection to all women and anyone who has suffered domestic abuse. They should be treated as a victim first and foremost, regardless of immigration status.

Yet, as a specialist service provider 'by and for' minoritized women, we know that the law is in fact defective in this regard, because a victim's nationality and immigration status does determine the level of support she gets in the first instance. And until there is a real change, Moroccan and Arabic-speaking women will continue to face insurmountable barriers to accessing their rights to protection and support.

The role of our centre therefore is extremely pertinent, not only in continuing to offer one-to-one critical support, but also to continue our campaign against the exclusion of women with insecure immigration status from the Act. We are fighting for essential changes to the law, which will guarantee women with 'no recourse to public funds' access to support, welfare systems and legal tools on an equal basis, and ensure that women can safely report domestic abuse without fear of immigration enforcement.

**COVID-19 has laid bare the lack of protection and support for women and children experiencing domestic abuse, and demonstrated the urgent need to improve responses.**

This piece of research, supported by the Churchill Fellowship and undertaken by our trustee Saeida Rouass, could not have come at a more critical time. It offers an insight into the status quo and how, compounded by the brutal pandemic effect, those whose voices were already muffled have suffered during the lockdown. It demonstrates that the lockdown further impacted on their personal situations, exacerbating the abuse and violence they encountered.

The following report interrogates three critical questions:

- ❁ What role do specialist service providers such as our organisation play?
- ❁ How have the current flawed systems we have obstructed us in protecting victims of violence on an equal basis?
- ❁ What were the impacts of the pandemic and violence against women during the pandemic?

We are deeply grateful to both the Churchill Fellowship for supporting this piece of research, and to our trustee Saeida Rouass for delivering an excellent piece that not only evokes the reality that's often hidden, but also extrapolates the urgent need for change in the law, if ever we are to protect everyone against the abhorrent crime that is domestic violence.

**Souad Talsi MBE**

Al-Hasaniya Moroccan and Arabic Women's Centre Chief Executive and Founder



## 2. Background

### The COVID-19 Pandemic and Violence Against Women and Girls (VAWG)

On 11 March 2020, the World Health Organisation declared the newly identified COVID-19 virus a pandemic. By 23 March a nationwide lockdown was announced, with emergency measures put in place to stem the spread of the virus across the United Kingdom. These emergency measures included the closure of schools, homeworking and limitations on public and personal gatherings. Health, policing and other public services were redirected to manage the COVID-19 crisis.

The violence against women and girls (VAWG) sector immediately raised concerns that the pandemic, emergency measures and redirection of public resources would have disproportionate impacts on both women and women's services.

In April 2020, the End Violence Against Women Coalition (EVAWC), a UK-wide coalition of 85 women's organisations and others working to end all forms of VAWG warned:

*“The home is also where many women and children are sexually abused, and the isolation requirements of the COVID-19 crisis increase the likelihood of sexual violence against partners in the home, and the sexual abuse of children in the home. Isolation is an ideal context for control, for not being detected and for impunity, as connections to colleagues, friends and family are reduced... COVID-19 does not cause abuse, it creates a ‘conducive context.’<sup>1</sup>”*

EVAWC went on to predict an increase of all forms of violence against women and girls, including domestic and sexual violence, and additionally warned that diversions of public services would remove safety nets for women, while voluntary sector women's services would face increases in demand for their services, but reductions in capacity.

Concerns over the risk the COVID-19 pandemic and lockdown measures posed to women and girls were shared internationally. In April 2020, the executive director of UN Women described the situation as, ‘a perfect storm for controlling, violent behaviour behind closed doors,’<sup>2</sup> while UN Women described the rise in violence against women and girls during the COVID-19

1 <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/EVAWC-Coalition-Briefing-on-COVID-19-Pandemic-and-Duty-to-Prevent-VAWG-April-2020-FINAL.pdf>

2 <https://news.un.org/en/story/2020/04/1061052>

pandemic and national restrictions as a ‘shadow pandemic.’<sup>3</sup>

In the UK, data quickly proved EVAWC and the women’s sector’s fears to be well founded. In the first week of lockdown the National Domestic Abuse Helpline reported a 25 percent rise in calls and a 150 percent increase in visits to its website. In the first three months of the lockdown, the helpline received more than 40,000 calls.<sup>4</sup> In April 2020 the Counting Dead Women project and the Femicide Census found three times as many women were killed by men during three weeks of COVID-19 lockdown than the average for the same period over the last decade. Research from the two projects found on average five women are killed by men between March 23 and April 12 each year, but in the same period during the 2020 lockdown that figure almost tripled, rising to fourteen.<sup>5</sup>

The surge in domestic abuse has meant increased pressure and demand on women’s services. Such services have also faced work-from-home restrictions, resulting in significant challenges to how women access support and how those services function and ensure women are still able to receive help. Women’s services have adapted and innovated to meet increases in demand and have developed different modes of working to remain functioning. However, much remains unknown on how those challenges will affect women’s services long term.

COVID-19 and stay-at-home measures have not impacted all people equally. Much of the existing data shows minoritised communities have been disproportionately impacted. The data has shown people from Black and minority ethnic communities are up to twice as likely to die from COVID-19 as white people<sup>6</sup>. While the data has shown disproportionate impacts on women and Black and minority ethnic communities, very little is known about the specific or unique impacts on women from those communities and the specialist services supporting them. The women’s organisation Imkaan described the situation as a ‘dual pandemic,’ and highlighted that Black and minoritised women have faced additional barriers and increased vulnerabilities because of pre-existing racialised and structural inequities.<sup>7</sup>

## Al-Hasaniya Moroccan Women’s Centre

Al-Hasaniya Moroccan Women’s Centre is a specialist service located in West London. Established in 1985, the Centre seeks to serve the health, welfare, educational and cultural needs

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3 <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

4 <https://news.sky.com/story/coronavirus-calls-to-national-domestic-abuse-helpline-rise-by-25-in-lockdown-11969184>

5 <https://www.cbsnews.com/news/domestic-violence-uk-coronavirus-lockdown-3-times-higher-than-average-data-shows/>

6 <https://news.cityoflondon.gov.uk/7-million-boost-for-coronavirus-hit-bame-communities/>

7 <https://static1.squarespace.com/static/5f7d9f4addc689717e6ea200/t/5f9bfa3d5ade2b74d814d2d9/1614903677262/2020+%7C+The+Impact+of+the+Dual+Pandemics+-+Violence+Against+Women+and+Girls+and+COVID-19+on+Black+and+Minoritised+Women+and+Girls>

of Moroccan and Arabic-speaking women and their families in the Royal Borough of Kensington and Chelsea and London-wide. It provides referral advice and information to enable clients to access mainstream services, along with providing a range of direct services.

Though it primarily focuses on the needs of Moroccan and Arabic-speaking women in the Royal Borough of Kensington and Chelsea and London areas, its 'no woman turned away' policy means it is often contacted by women from across the United Kingdom and at times abroad. Moroccan and Arabic-speaking women will often seek out the support of Al-Hasaniya because of its unique ability to provide tailored and culturally sensitive support. The services Al-Hasaniya offers are wide ranging, and include providing domestic violence support as part of The Angelou Partnership.

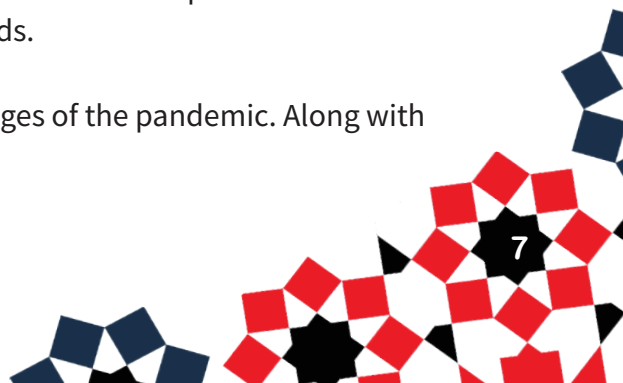
Through The Angelou Partnership, Al-Hasaniya offers free and confidential services for Moroccan and Arabic-speaking women and girls experiencing all forms of domestic abuse. Services include casework, one-to-one advocacy, emergency accommodation, legal advice and support in Destitution Domestic Violence (DDV) concession applications. Other services include free English as a Second Language (ESOL) courses, Arabic language mental health services for women experiencing enduring mental health problems, older women's outreach including the provision of information, advice and advocacy on health, housing and welfare, a Saturday Club that offers family activities and hot meals, and a range of services to survivors of the Grenfell Tower fire and those impacted including healthcare support, mental health support and safe spaces for families. In recent years Al-Hasaniya has noticed increased rates of loneliness, isolation and vulnerability amongst elderly Moroccan and Arabic-speaking men. To support these men, the Centre provides a Sunday Club for men over 55 that includes one-to-one advocacy, hot meals, healthcare and mental health support, excursions and community activities.

## Need for Research

In March 2020, when COVID-19 was declared a pandemic and emergency lockdown restrictions were announced, Al-Hasaniya, like many women's services across the United Kingdom, quickly recognised that the health crisis and stay-at-home measures would pose additional dangers and risks to women. Within the charity there were further concerns that clients already experiencing marginalisation because of gender, race, religion and immigration status would now face additional barriers to services and support. As founder and chief executive Souad Talsi OBE said, the international health crises would reinforce the 'violent silence' that already surrounds violence against women and girls.

The charity's staff, volunteers and trustees were also acutely aware that the organisation would have to make swift adaptations to its ways of working to ensure as much as possible that its services remained accessible and responsive to women's needs.

The charity's trustees identified a further need in the early stages of the pandemic. Along with



the need to ensure life-saving domestic violence services remained available and accessible, trustees felt it was critical the charity captured the impact of the pandemic on its clients, services and staff. However, with expectations of increased demand for services and reduced staff capacities due to work-from-home measures, restrictions in gatherings and staff also being personally impacted by the pandemic, Al-Hasaniya was unable to allocate staff time and charity resources to the task.

Assessing and measuring the impacts of the pandemic on the charity's clients, services and staff is important for various reasons, and a number of objectives were identified:

- ❁ To monitor and understand the immediate impacts of the pandemic on charity clients to adjust services accordingly.
- ❁ To monitor and understand the immediate impacts of the pandemic on charity staff to ensure they are supported appropriately.
- ❁ To monitor and understand the immediate impacts on the charity's capacity to identify need, and find and allocate resources to continue to fulfil its mission through the pandemic.
- ❁ To monitor and understand the long-term impacts of the pandemic on charity clients, staff and services and develop strategies to address these impacts in sustainable ways.
- ❁ To build an evidence base on the immediate and long-term impacts of the pandemic on the charity's clients, staff and services to inform partner and donor collaboration.
- ❁ To disseminate the findings of the impact assessment amongst partners, donors and the public as part of its domestic violence campaign and advocacy work.

## 3. Research Outline

This report emerged from discussions around the importance of capturing the impacts of the COVID-19 pandemic, and aims to support Al-Hasaniya Moroccan Women's Centre to achieve the objectives set by the charity. It does this by capturing the immediate and long-term impacts of the COVID-19 pandemic and lockdown measures on its clients, staff and services. An assessment of the immediate and long-term impacts took place from December 2020 to December 2021.

### Research Questions

To assess the immediate and long-term impacts of the pandemic and lockdown measures, a series of research questions were developed. These were:

1. What were the immediate impacts of the COVID-19 pandemic and lockdown measures on Al-Hasaniya Moroccan Women's Centre's clients, staff and services?
2. How did Al-Hasaniya adapt and change to these impacts?
3. What are the long-term impacts of the COVID-19 pandemic and lockdown measures on Al-Hasaniya Moroccan Women's Centre's clients, staff and services?
4. What changes and adaptations need to take place for the charity to adjust to those long-term impacts?
5. What support will the charity need to make those changes and adaptations?

### Research Methods

The research took a participatory approach, ensuring charity staff and trustees were actively involved in determining the scope, limitations, ethical considerations and research approach. The research objectives and questions were developed in partnership with senior staff and trustees of the charity, and the domestic violence caseworker was appointed as the lead point of contact.

The research combined quantitative analysis and qualitative methods. In the first instance, anonymised quantitative data was collected on new client and non-client contact with the charity's services during the research period. In this context, contact refers to: the number of individuals contacting the charity for the first time; new referrals from partners and government agencies; and direct contact by women. This can be understood as the first time a woman will make contact directly with Al-Hasaniya or through a third party to disclose abuse. While not

all of these will become casework, all will be treated as a disclosure of risk in the first instance with established protocols initiated. The data did not include contacts that took place between charity staff and pre-existing clients. This data collection and analysis enabled assessment of whether the charity was experiencing an increase in demand for its services through increases in first contact and referrals during the research period.

One-hour semi-structured interviews were conducted with nine staff. The staff interviewed worked across the charity's services with varying positions and responsibilities. This allowed an assessment of the immediate and long-term impacts of the pandemic and lockdown measures as perceived by staff and volunteers. Interviews were analysed to draw out themes common across the charity's services as well as to identify themes unique to services. A list of staff interviewed is available in Table 1.

Founder and chief executive
Chairperson and trustee
Centre manager
Domestic violence worker
Mental health worker
Psychologist – Grenfell
Outreach worker (elderly people)
Outreach worker (men's group)
Outreach worker (families)

Table 1: List of staff interviewed

A review of documents was also conducted including annual reports, project reports and anonymised first-contact domestic violence referrals.

## Data Analysis

Collected data was analysed to identify patterns and recurring themes in content across qualitative interviews and organisational documents. Once these recurring themes were identified, themes were classified into the broader categories of impacts on charity clients, impacts on staff and volunteers and impacts on the organisation. This allowed for comprehensive analysis of the range of impacts the pandemic had on the charity's working conditions.



## Research Ethics

The ethical considerations involved in research on domestic violence are significant and involve ensuring women are not put at risk or harmed by abusers, community or family because of the research. To ensure a 'do no harm' approach, Al-Hasaniya's experienced domestic violence caseworker supported the development of an ethical framework for the research. Only anonymised information about clients was supplied for analysis. No information that might allow for the identification of a charity client or women seeking the support of the charity was shared for the purposes of the research. Furthermore, contact with clients for the purposes of this research was only made if needed and by the domestic violence worker, ensuring informed consent was obtained.

## 4. The Impacts of the COVID-19 Pandemic on Al-Hasaniya Moroccan Women’s Centre

### Impacts of the COVID-19 Pandemic on Al-Hasaniya Users and Clients

A comprehensive analysis of qualitative and quantitative data revealed significant changes in demand for Al-Hasaniya services for the year 2019 and the year 2020, representing the year before the onset of the COVID-19 pandemic and 2020, the first year of the pandemic, including changes in the needs presented to the charity both at first contact and in the provision of services.

As demonstrated in Figure 1, first-contact with Al-Hasaniya by individuals and agencies making referrals on behalf of individuals increased significantly between 2019, the year before the COVID-19 pandemic, and 2020, the first year of the pandemic. While the charity dealt with a total of 6,526 individual and agency first contacts in 2019, that figure almost doubled, rising by 6,502 to 13,028 in 2020. This represents a 99.7 percent increase in first contacts between 2019 and 2020 across Al-Hasaniya’s core services. The data indicates that during the first year of the COVID-19 pandemic, which also saw stay-at-home measures put in place, demand for the charity’s services rose significantly amongst women who might traditionally seek the support of Al-Hasaniya.

**Total Annual First Contacts (2019 & 2020)**

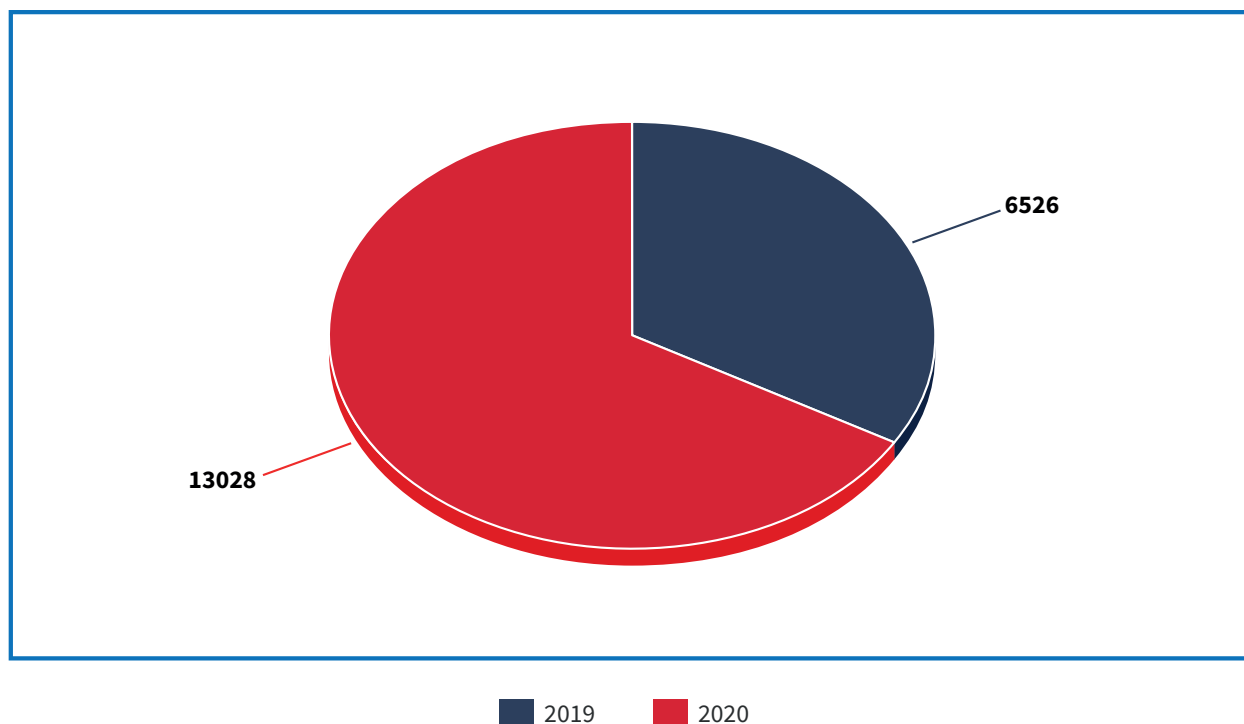


Figure 1: Total first contacts across the charity in 2019 and 2020

While the data does not provide any information regarding the individuals and agencies making first contact with Al-Hasaniya, the 99.7 percent increase indicates a surge in individuals needing and seeking the services of the charity, suggesting the COVID-19 pandemic and its consequent restrictions had significant impacts on individuals who would traditionally fall within the charity's target demographic. Based on the data, Moroccan and Arabic-speaking women within Al-Hasaniya's geographic working areas were significantly impacted by the COVID-19 pandemic and stay-at-home measures, so much so that the charity faced almost double the demand for its services.

Interviews with Al-Hasaniya staff and volunteers provide further insights into this increase in demand, with one member of staff describing it as a 'tidal wave' that almost overwhelmed the charity. Staff also reported differences between first contacts in the year before the COVID-19 pandemic and in 2020, the first year of the COVID-19 pandemic. These included first contacts disclosing more complex needs, increased mental health concerns as a result of feelings of isolation becoming more significant, greater concerns about children's safety, wellbeing and access to education and increases in risks of physical harm as a result of domestic abuse.

One Al-Hasaniya staff member reported:

*“There is an increase in domestic abuse because people were isolated at home. There's more opportunity for men to control, there's more opportunity for abuse to take place, and there is more sense of you needing to shut up and put up because there is nowhere to go. There is this idea that nobody can help you because you're in COVID and if you leave you are going to get ill. There are all these narratives that are going on and the isolation means not talking except on the phone, but women don't know if their phone is being monitored.”*

Another member of staff elaborated on the risks stay-at-home measures had on women:

*“It was much harder to get women into refuge accommodation and with lockdown the perpetrators were at home. So, it's much harder for me to connect to a woman and speak to her because it's not safe to text or leave a message. Sometimes it's not safe for me to call her unless she calls me... and with children learning from home it's hard for women to find a private space to speak. You have to be mindful of what a child can hear and the impact it will have on the child and also what a child may indirectly relate to their dad. We had to make sure it was as safe as possible for a woman, while also making sure we were delivering the service to her.”*

As demonstrated by the above interview excerpts, Al-Hasaniya staff saw increased risks of domestic violence for women because of lockdown as well as increased risks in disclosing domestic abuse because of isolation and the inability to find a safe space within which to report such abuse. They also reported that perpetrators weaponised the COVID-19 risk to health and stay-at-home measures against women to create fear, further isolation and to gain more control. This included using the risk of infection and breaking of lockdown emergency rules to prevent women leaving the home at all, even for a walk.

A breakdown of the total number of first contacts in 2019 and in 2020 by Al-Hasaniya’s core services provides further insights into the nature of support being sought by individuals and agencies contacting the charity. Figure 2 outlines the number of first contacts to Al-Hasaniya over 2019 and over 2020, covering the period of the year before the pandemic and the first year of the pandemic, with first contact accounting for self-referrals by individuals and referrals by agencies contacting the charity on behalf of an individual for the first-time.

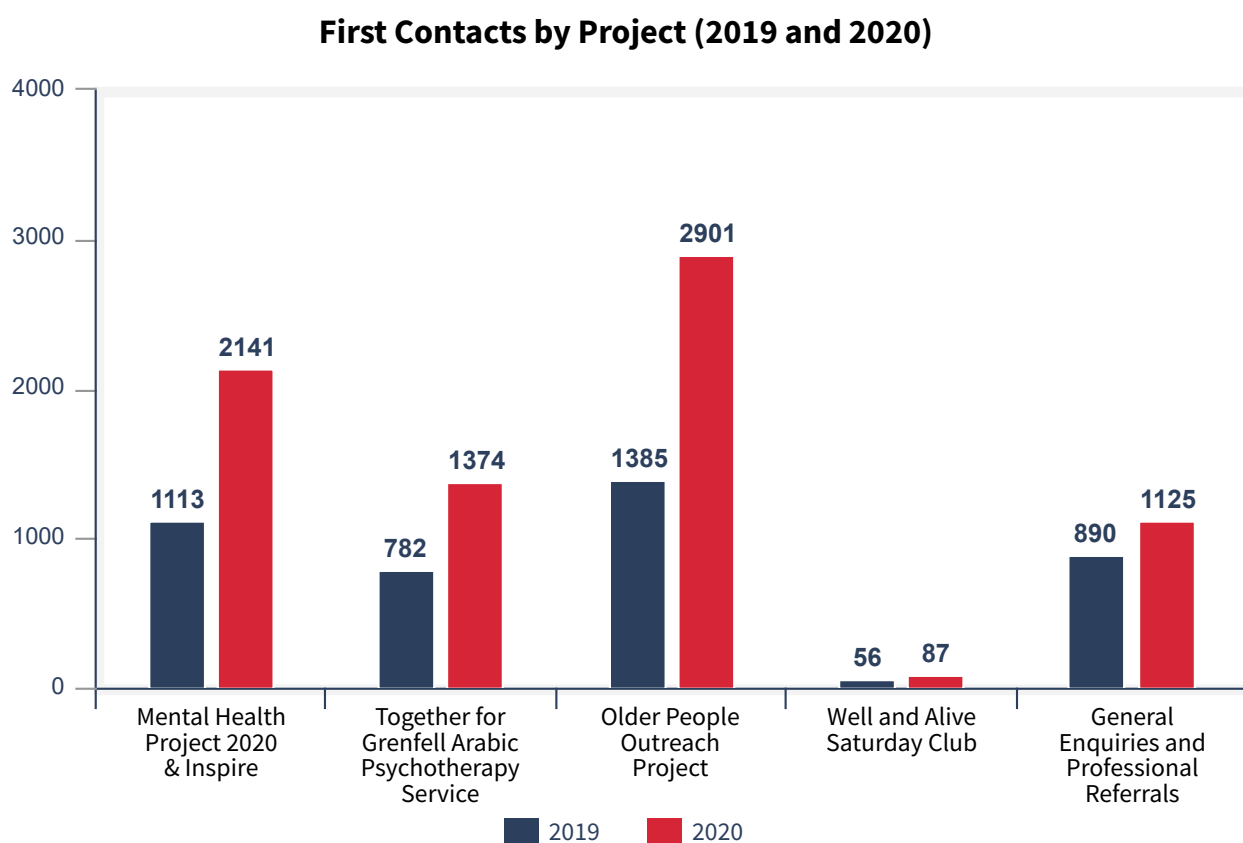


Figure 2: First contact numbers by projects (2019 and 2020)

Al-Hasaniya’s four core services: the Mental Health and Inspire project, Together for Grenfell Arabic Psychotherapy Service, Older People Outreach and the Well and Alive Saturday Club all saw an increase in first contacts, with the charity also experiencing increases in first-time general enquiries and professional services.

The Mental Health and Inspire project provides individual support to Moroccan and Arabic-speaking women with enduring mental health needs who live in the boroughs of Kensington and Chelsea and Westminster. First contacts for the services provided by the project increased by 1,028, representing a 92.3 percent increase. This increase in demand for mental health support is not surprising, and reflects similar concerns expressed more widely regarding the immediate and long-term mental health impacts of the COVID-19 pandemic.

However, it is important to note that Al-Hasaniya has long recognised Moroccan and Arabic-speaking women often experience additional barriers to accessing mental health support, including language barriers that prevent women from accessing general mental health services and the cultural stigmas that persist within communities around mental health. The importance of specialist mental health services provided by the project come into greater focus when considering that, despite these additional barriers, Moroccan and Arabic-speaking women and agencies making referrals on their behalf sought those services in greater numbers, in fact almost doubling during 2020, the first year of the pandemic.

**Without the provision of specialist mental health service, it is difficult to imagine how women seeking help would have overcome the additional barriers they faced during the COVID-19 pandemic.**

Interviews with the charity's staff and volunteers reinforce these findings, with staff reporting a sharp increase in requests for mental health services.

Al-Hasaniya staff reported that part of the reason mental health referrals increased was because of an increase in uncertainty and the number of concerns women were forced to confront. Fears around children falling behind in school because of learning-from-home measures and a lack of technology in the home, living in overcrowded social housing without opportunities to leave, loss of employment and being unentitled to furlough, anxieties around their own physical health and that of loved ones were reported as additional factors impacting the mental wellbeing of clients.

Significantly, staff reported that many women experienced barriers to accessing reliable information about COVID-19 that made them susceptible to conspiracy theories, fake news and manipulation. A lack of English language skills and reliance on internet content in Arabic shared by trusted friends and family meant some women were unwilling or fearful of taking the COVID-19 vaccine. Conspiracy theories circulated that Muslims who died of the virus were not given religious burials and were instead cremated, thus increasing anxieties. News that people from ethnic minority groups were more likely to die from the virus was reframed to push theories that COVID-19 was a virus developed in a laboratory and released to target and kill those groups specifically. A rumour circulated that doctors were deliberately killing the elderly hospitalised with COVID-19, with one particular story gathering momentum that a Moroccan woman took her grandmother home because a doctor secretly signalled to her through a wink to get the

grandmother out of the hospital before admission. Because these conspiracy theories were accessed through trusted sources (friends and families) and women were unable to check their validity via reliable sources, such as the NHS website, they were potentially exposed to greater health risks and experienced additional mental health impacts from the pandemic.

One member of staff described a further exacerbating factor to explain the increase in self-referrals and agency referrals to Al-Hasaniya mental health services. She argued:

*“As women in this community we talk, we’re social, we dance, we meet up with friends, participate in social occasions and celebrations. Like our mothers, we maintain our mental wellbeing through social activities. COVID did away with all of that. We had a way of addressing mental wellbeing. Almost everyone was impacted in terms of mental wellbeing. Normally, through celebrations, relationships and interactions at the Centre, just talking through your woes would help. But once that was gone, they were left with nothing. You are left with no way of managing it.”*

The uncertainties surrounding COVID-19 in the first year of the pandemic, the additional challenges Moroccan and Arabic-speaking women faced as a result of the pandemic, as well as the removal of informal community systems of emotional and mental wellbeing support offer a partial explanation for the increase in demand for mental health services.

As one member of staff described it, the unique circumstances resulted in a shift amongst women accessing Al-Hasaniya:

*“Before lockdown a lot of them were anti-counselling. Whenever I would mention counselling to them, they would be like, ‘no, no, no, I am not crazy. I don’t need to see a therapist.’ I would explain it’s not really about being crazy, but about having someone to reflect with. But, in lockdown I’d mention counselling as a service we offer and they are like, ‘yes, yes, refer me. I want to see someone.’ It feels like something has shifted and they are able to recognise the emotional and mental impact.”*



Aside from domestic violence, Al-Hasaniya staff and volunteers repeatedly reported the mental health impacts of COVID-19 on Moroccan and Arabic-speaking women to be the most concerning long-term outcome of the pandemic. Again and again in interviews, staff expressed concerns that Al-Hasaniya clients and users may develop enduring mental-health problems that may never be dealt with because of the charity's limited capacity to provide services, the cultural stigmas returning after the pandemic and inhibiting disclosures around mental health, and pre-existing barriers once again preventing women from seeking help.

Increases in first contacts across other services provided by Al-Hasaniya draw similar conclusions, with staff reporting similar unique and complex challenges faced by women accessing the charity for the first time.

The Angelou Partnership Domestic Violence project provides casework support to women experiencing domestic violence and saw a staggering 135 percent increase in demand between 2019 (the year before the pandemic) and 2020 (the first year of the pandemic). The Older People's Outreach project saw a 109 percent increase in first contact, while the Saturday Club, despite moving services online, experienced an increase of 55.3 percent in first contacts. Together for Grenfell Psychotherapy Project, which provides critical mental health support to women and their families impacted by the Grenfell fire, experienced a 76 percent increase in first contacts, meaning an additional 592 individuals already potentially traumatised and impacted by the Grenfell fire sought psychotherapy support because of COVID-19 and stay-at-home measures. Al-Hasaniya also experienced a surge in general and professional enquires, with an additional 234 enquires coming into the charity for the first time that must be recorded, assessed and taken on as case work or pointed to other service providers and help points.

The Angelou Partnership's is the primary instrument through which the charity manages its casework of women experiencing domestic violence. Through an Arabic-speaking independent domestic violence advocate, the Angelou Partnership supports women experiencing domestic violence through DV protocols that involve assessing and reducing risks, developing safety plans and accessing other services including refuge and emergency accommodation, legal advice, housing, immigration and welfare services. For that reason, it is worth exploring the impacts of the COVID-19 pandemic on this area of the charity's work. Furthermore, as the service that saw the most significant increase in first contacts, it offers further insights into how the pandemic impacted charity users and clients.

Al-Hasaniya has been part of the Angelou Partnership since its establishment in 2015, with the Partnership consisting of ten specialist organisations supporting women and girls experiencing domestic or sexual violence and harmful practices. Through the Partnership, Al-Hasaniya provides specialist services to Arabic-speaking women across the tri-boroughs of Westminster, Hammersmith and Fulham, and Kensington and Chelsea.

### Angelou Partnership - Domestic Violence Project (First Contact)

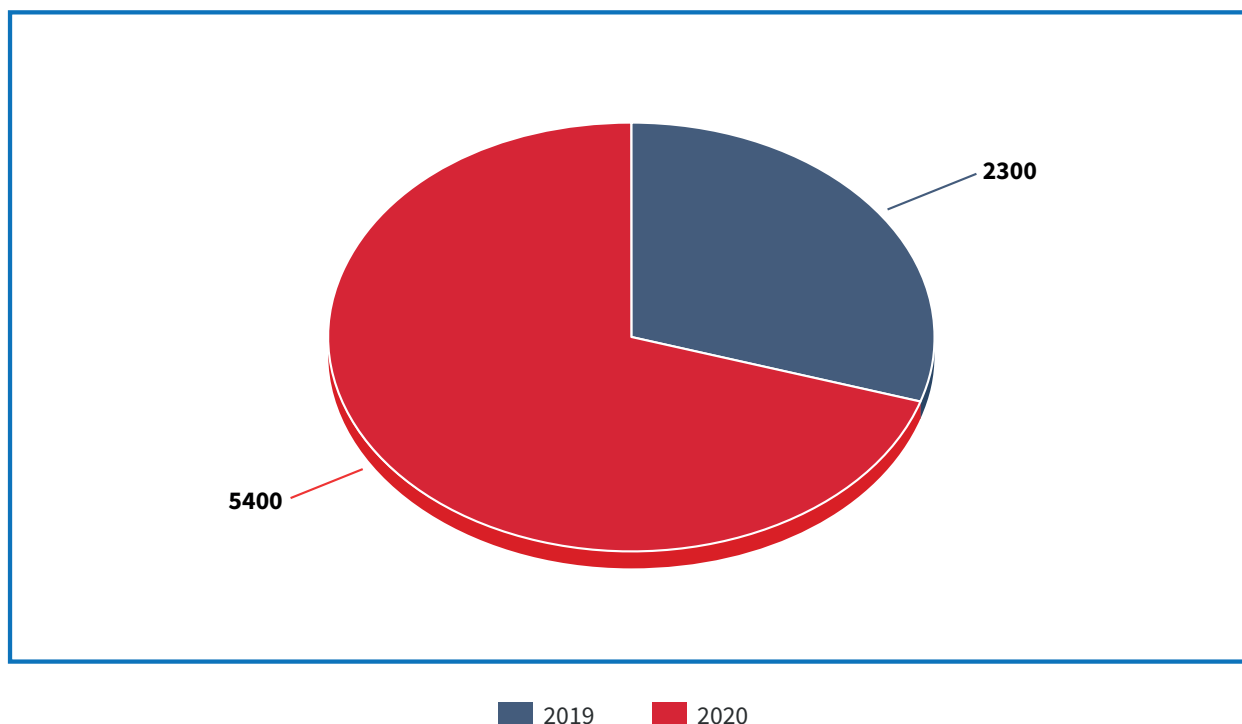


Figure 3: First contacts Angelou Partnership, 2019 and 2020

As discussed above and indicated in Figure 3, the Angelou Partnership Domestic Violence project saw a staggering 135 percent increase in demand between 2019 (the year before the pandemic) and 2020 (the first year of the pandemic), representing an additional 3,100 first contacts by individuals or agencies representing individuals. Through the Partnership, Al-Hasaniya has an annual target of 140 domestic violence referrals. The charity met that annual target in the first three months of the COVID-19 pandemic, setting a precedent for Al-Hasaniya in its long history.

While Al-Hasaniya staff and trustees anticipated increases in demand for domestic violence services when the pandemic was declared in March 2020, interviews indicated none were prepared for the scale.

As one member of staff described it:

*“First contact is a difficult time where people say, ‘I can’t take the pressure any more,’ or an elderly client says, ‘my son comes and takes my money.’ It’s the first time they are telling someone they are being abused. It was a difficult time. People were overwhelmed, with arguments, trying to navigate the new system and how to use Zoom, the children not learning properly, people losing their jobs. There was a lot of additional confusion, fear and risks. Women might have felt they had control of the abuse before, but in COVID they were overwhelmed and desperate.”*

Based on interviews with staff and volunteers, the increase in first contacts with Al-Hasaniya's domestic violence service was exacerbated by women reporting more complex needs and escalated risks. Common trends reported by staff included women being confined in homes with perpetrators, increasing the likelihood and opportunities for abuse, while reducing women's ability to safely access support.

While the charity adapted to the pandemic and lockdown by offering telephone and messaging services through which women could report domestic abuse, this brought its own risks. Whereas previously women were able to report domestic abuse in person at the Al-Hasaniya Centre, in many cases under the pretence of visiting their GP or friend, staff reported that during lockdown women could only disclose abuse over the telephone with their abuser in the same home and even the same room.

With the charity serving low-income families often in overcrowded social housing, women ran risks of being discovered when reporting domestic abuse. Even after successfully reporting the abuse, monitoring of their phones and communications by their abuser remained a risk, increasing danger and anxieties for many women. Staff also reported that for many women closures of schools and the institution of learning-from-home resulted in additional pressures and increased fears and anxieties, as well as fears children might overhear their mother's telephone conversations and unwittingly relay them to the abuser.

Other exacerbating factors included delays in court proceedings including custody cases, issuing of injunction orders and criminal prosecutions of perpetrators, along with court hearings taking place online. These not only resulted in women continuing to remain at risk of abuse, but also created barriers for some women to access the criminal justice system because of limited knowledge of technology, use of technology being monitored by abusers and limited access to technology. The increase in demand for emergency accommodation nationally and changes in how referrals for refuge were made resulted in delays for the charity in finding refuge for women assessed as high risk, with some women consequently forced to remain in unsafe environments. Staff also reported that women with uncertain immigration status experienced additional risks because of the pandemic.

Women with uncertain immigration status seeking domestic violence services often disclose a complex range of needs. Generally, there is a greater reluctance to disclose domestic violence to the charity because of fears of deportation. It is not uncommon for Al-Hasaniya to support women whose uncertain immigration status is leveraged against them by abusers. They are threatened with divorce and deportation, denied access to English language classes and prevented from knowing and accessing their legal rights. With no recourse to public funds, these women are also often financially dependent on abusers. Al-Hasaniya also had cases of women reporting living with multiple abusers. These involved women who married outside of their cultural heritage and were living with the abuser and his extended family. In these cases, women also reported to charity staff husbands and their families deliberately isolating them from the Moroccan and Arabic-speaking community, so they remained ignorant of their rights, unable to access specialist services and unable to connect to support systems from their own cultural

background.

While these barriers and risks were not uniquely caused by the COVID-19 pandemic and lockdown measures, staff suggest that pre-existing inequalities and marginalisation created the conditions for a rise in domestic violence and the needs of women becoming more complex during the pandemic. Shortages and overcrowding in social housing, computer illiteracy, language barriers and insufficient support for women with uncertain immigration status coalesced during the COVID-19 pandemic. This resulted in women who were already experiencing wider social marginalisation becoming more vulnerable to domestic abuse, while confronting additional barriers to accessing support.

## **Impacts of the COVID-19 Pandemic on Al-Hasaniya Staff and Volunteers**

The pandemic created an unprecedented set of challenges for organisations like Al-Hasaniya. A spike in demand for historically under-resourced services combined with a reduction in work capacity due to stay-at-home measures meant that staff were confronted with working conditions they had no blueprint to refer to, with failure to ensure continued access to services having potentially life-threatening consequences for women.

During the COVID-19 pandemic, Al-Hasaniya staff and volunteers had to confront the complex and layered challenges posed by the pandemic at a personal level while continuing to provide critical services. Staff and volunteers experienced the same personal anxieties many others faced because of the COVID-19 pandemic. These included contracting the virus and the physical health impacts including long COVID, fears and anxieties about their health and the health of loved ones, challenges of working from home, isolation and depression, supporting children learning from home, personal loss and grief and mental health impacts. However, they also had to continue to provide services. The burden of responsibility towards pre-existing charity users and first contacts weighed heavy for many staff because they were acutely aware that a failure in service provision on their part might have devastating impacts on the lives of others. This burden simultaneously galvanised and emotionally overwhelmed many staff, with some coping by throwing themselves into their work as a way of distracting themselves from the personal challenges and anxieties they faced.

As one member of staff on the Together for Grenfell project described it:

*“We had to act, you know, we had to create, and we had to continue supporting our clients, because they needed us more. But the tricky thing about that is that we also were suffering from the same thing that people were suffering. So, it was quite difficult, because you have to look after yourself in order to look after other people. Moving to remote working was a bit shaky in the beginning – we didn’t know how to do it, you know, we were just improvising.”*

Additional challenges faced by staff included increased fears and concerns for the welfare of clients. This was partly due to loss of in-person contact as a result of work-from-home measures.

A member of staff providing domestic violence support explained:

*“You’ve got people crying on the phone, people saying the most intimate things, you’ve got people turning to you to help solve their problem and even though you can’t solve it, you’re trying to help them as much as possible. You have to be strong for them. But when I sit down and think about it, it really hits me... In COVID it’s much harder for me to connect to a woman and to speak to her because sometimes it’s not safe to text and leave a message. Sometimes it’s not safe for me to call her unless she calls me. But then if she stays for one week or two weeks not calling me I get worried. So, I’m like, well, we need to have some sort of an arrangement. Either you pop out to the shops, and you call me or as soon as he goes out, you give me a quick call or a text and then delete it.”*

The difficulty of remaining in contact with women during stay-at-home measures combined with the increased risks because of women being locked in the home with perpetrators created additional anxieties for staff. Under normal circumstances, women accessing domestic violence services would be able to attend the Centre in person under other pretences, often telling the perpetrator they had a doctor’s appointment or popping in on the way to collecting children from school. This allowed staff to keep regular contact with women, check in in-person, monitor any changes in their physical and emotional wellbeing, and continuously assess risk and adjust safety plans accordingly. This became difficult for staff to do during the COVID-19 pandemic, as contacting women via the telephone posed risks, including perpetrators monitoring telephone communications. Staff had no choice but to wait for women to contact them. This left staff

in the dark and unable to monitor the abuse and whether it was escalating. Staff adjusted by making arrangements with women such as agreeing a day and time for a call etc. However, if for example women did not call at the agreed time it would leave staff with increased concern and anxiety. These new ways of working were not fool proof, often leaving staff doing everything they could while having to accept limitations and emotional impacts, including fear that abuse had escalated.

Staff and volunteers also experienced grief because of their work. Several Al-Hasaniya clients died after contracting COVID-19 and while in normal circumstances staff would have perhaps attended the funeral or been able to organise their own memorial at the Centre to grieve together, this was not possible. The loss of a client could not be marked in a collective and formal way, leaving staff with feelings of failure, sadness and a lack of closure.

As one member of staff described it:

*“We’ve had clients who have passed away. So, all that has impacted on us as staff... you know when the relationship we’ve had with these clients. Some are widows, they don’t have children, and live alone. Their family is in Morocco, for them you become their family. During lockdown I had a client who I never saw. Throughout the support, I never saw her. It was always telephone support. I eventually referred her to the elderly women’s project, and she was supported through that again on the telephone. Her caseworker also never got to see her. Then she passed away. So, for over a year we were supporting her. And she used to say, ‘oh I can’t wait for COVID to end so I can see you guys and you can come to my house for a cup of tea.’ That really impacted me. She didn’t have children, she was housebound... speaking about her makes me emotional.”*

These difficult circumstances took an emotional toll on staff who, because of working -from-home rules, had to lean more on stoicism and personal resilience to continue to provide services. While staff continued to access clinical supervision and bi-weekly group support, informal systems of support were suddenly harder to access.

Commonly, frontline workers such as professionals working within the violence against women and girls’ sector are psychologically and emotionally impacted by their work. Good practice within the sector stipulates domestic violence caseworkers receive periodic clinical supervision so they can process the impacts of working on issues of violence. Staff at Al-Hasaniya access clinical supervision once a month.

Clinical supervision is an important mechanism through which staff can focus on the mental health impacts resultant from their profession. Overall, staff reported a higher degree of



appreciation for clinical supervision during the COVID-19 pandemic and described how it offered them an avenue to address the impacts of providing critical services in extraordinary circumstances. However, many also reported that because of working-from-home rules, the informal systems of support normally available to them were harder to access. A chat with a colleague over a cup of tea, a hug, confidential informal discussions about casework and group morale and camaraderie are all important avenues through which staff support each other and maintain their mental wellbeing at the frontline of violence against women and girls. These systems of support were harder to reach during the pandemic.

Work-from-home measures meant staff were suddenly working on an increased workload, with the immediate and informal systems of support harder to access. Not having access to those informal support systems meant staff faced additional barriers to maintaining their own mental wellbeing. Of course, staff and volunteers adapted to the new way of working, turning to telephone and text communication to support each other. Though it helped alleviate the build-up of stress amongst staff, many reported the new informal system of support was not quite the same as in-person.

One member of staff described the change as:

*“We are a small team, and we bounce off each other. In the past, when something would happen, when I take a referral, I would be debriefing with everyone in the office. Everyone is supportive and they listen and help me. But obviously when you are home, you’re quite limited with what you can do. I was messaging other staff and stuff, but it’s not the same as being in the office with them. I receive clinical supervision and that is really good... but seeing other staff and being able to talk is different. You have to deal with it in a different way and just get on with it. I just get on with what needs to be done.”*

The impacts of the COVID-19 pandemic on Al-Hasaniya staff and volunteers are complex and enduring. Work on frontline violence against women and girls already takes a personal toll on professionals because of the exposure to violence and trauma. During the COVID-19 pandemic this was magnified for many reasons including the sharp increase in violence towards women and girls, staff being impacted by the pandemic personally, and lockdown causing limitations in how work could be done, resulting in increased anxieties and concerns about the welfare of clients. What the long-term impacts are for staff is yet unknown.

Staff also learned about themselves and their professional capabilities as a result of the COVID-19 pandemic. Navigating the pandemic built group morale and increased the confidence of individual staff members and the entire team. In many ways Al-Hasaniya went into crisis mode

during the pandemic, and by doing so realised its capabilities in adaptation and problem solving. While the organisation became more aware of its resilience in times of adversity, it would be erroneous to consider organisational and individual resilience as limitless. COVID-19 helped the organisation to strengthen its sense of self and allowed for it to better identify the importance of its human capital, but that came with a price in terms of the personal toll maintaining services for women took during the pandemic.

The long-term impacts of the COVID-19 pandemic on Al-Hasaniya staff and volunteers are as yet unknown. In the aftermath of the pandemic, Al-Hasaniya, like many organisations, has focused on organisational recovery and returning to normal ways of working. Without the allocation of resources to understand and respond to the long-term impacts on staff and volunteers, Al-Hasaniya has largely returned to its traditional support systems for staff such as clinical supervision and group and informal support. Staff and volunteers may need additional support such as bereavement counselling, mental wellbeing practice and access to mental health services to aid in their recovery from the pandemic.

## Impacts of the COVID-19 Pandemic on Al-Hasaniya

The COVID-19 pandemic also impacted Al-Hasaniya organisationally. Most notably, and as with many organisations, the pandemic and lockdown measures resulted in radical changes to its ways of working. With no blueprint to refer to, Al-Hasaniya innovated. Working from home meant adjusting normal work patterns to ensure vital services remained available and accessible. Through trial and error, the organisation developed ways of working that proved effective, though not perfect. Through use of telephone communications, messaging platforms and online conference services, as well as spreading word of these new means of communication, the organisation remained open and able to provide services for both new and existing clients.

As lockdown measures eased, Al-Hasaniya shifted to doorstep services, visiting clients at their homes while not entering, and maintaining social distance protocols. For many staff these measures proved the best possible ways of working under difficult circumstances. However, gaps remained, largely due to Al-Hasaniya clients and users either not having access to technology such as smart phones and laptops or having limited or no computer literacy. This resulted in some charity users being unable to access full services such as the Saturday club, with staff adjusting to their needs by calling clients on the telephone for check-ins.

Al-Hasaniya gained some important lessons as a result of work-from-home measures and the adjustments that were made. In the first instance the organisation gained a greater sense of the skills and capabilities of staff in terms of innovation, problem solving and adjusting programmatic activities to more complex working circumstances. Recognising and capturing the efforts of staff to ensure services continued is important for the organisation, its legacy and morale.

Furthermore, Al-Hasaniya was able to identify the benefits of hybrid working for some clients.

In some cases, clients responded better to these new ways of working rather than conventional in-person contact, and the charity was able to reach individuals who may, under normal circumstances, not access services because of a reluctance or inability to come into the Centre. During interviews with staff and volunteers, many said they believed that it would benefit some clients to maintain a hybrid approach to service provision beyond the COVID-19 pandemic. Through maintaining online access to services, staff argued the charity would most likely be able to reach individuals who may be harder to reach through in-person service provision.

The charity also learned more about its clients and users, including how access to technology can be an additional social inequity they face. This inequity may not have been as visible before the COVID-19 pandemic, but with more reliance on technology during the pandemic it posed a significant barrier for many. No or limited access to technology and computer illiteracy impacted charity users in a number of ways. These included children not fully being able to access education while schools were closed and not having access to learning support because of parents being unable to provide that support due to computer illiteracy. Some clients and users were also unable to access Al-Hasaniya activities that moved online, or had to be coached in using technology to do so. The inability to navigate the Internet also meant some clients and users were unable to access reliable information about the COVID-19 virus and pandemic and fell victim to misinformation and conspiracy theories, resulting in increased health risks and anxiety. Factoring in technology inequity into future service provisions as well as exploring how the charity might address disparate access to technology are two areas of work that staff and volunteers identified as important to future service design.

Perhaps the most significant long term impact of the COVID-19 pandemic on Al-Hasaniya reported by staff and volunteers relates to pre-existing funding models for non-statutory VAWG services. Al-Hasaniya provides vital specialist services within the tri-boroughs of Kensington and Chelsea, Westminster and Hammersmith and Fulham that is funded through a number of sources. However, its 'no woman turned away' policy and Moroccan and Arabic women from outside the tri-borough areas contacting the charity for support because of its cultural competency, results in the charity providing services without funding to do so. Not all women accessing Al-Hasaniya services fall within its funding catchment areas. The organisation chooses to provide those services regardless rather than turning women away.

The charity also has other costs that do not traditionally fall within funding models, such as the costs of providing women with mobile phones, train tickets to travel to emergency accommodation, money for food, furniture, clothes and so on as well as running costs such as office rent, energy bills and refurbishment of Centre facilities. With funding models not covering all women accessing Al-Hasaniya and not covering all running costs of providing those services, the charity has to secure funding from other sources. However, opportunities for unrestricted funding within the sector are limited and applications for such funding are resource heavy. It requires a significant amount of staff time and skill, and a nuanced understanding of the different application procedures for each funding provider in a sector where unrestricted funding is competitive. Furthermore, staff often find funders tend to restrict grants for project-specific activities that meet their priority areas of work rather than the needs of the charity and its users.

As one member of staff described it:

*“All our funding is restricted. So the first thing is we have to find money, which we call the DV fund. So, when we have somebody, we give her a 20 pound or 50 pound voucher, or buy her a phone or top-up her phone, that’s kind of immediate essential breathing space we provide. But it’s hard work trying to get that money because the funders do not recognise that hole. They just want a project that shines. They don’t want to fund paying the electricity or paying the rent and I think, how can you possibly give a service if you don’t keep a centre?”*

This results in Al-Hasaniya providing services without the funds or freedom to allocate unrestricted funds to needs. Furthermore, the high demand for their specialist service means the organisation prioritises providing support to women over organisational needs, and therefore directs its human resources towards that provision rather than funding applications. Al-Hasaniya does the work of providing critical services without the autonomy to make financial decisions because of these funding models. Importantly, organisations like Al-Hasaniya alleviate the burden on statutory services that would require more resources in order to accommodate the complex needs of women seeking services provided by Al-Hasaniya, such as interpreters, culturally competent staff and translators.

During the COVID-19 pandemic, funders made adjustments to funding models to accommodate the extraordinary circumstances, and redirected available funding to emergency support for organisations like Al-Hasaniya. While Al-Hasaniya benefitted from this emergency support, the funding models that inhibit its work continue to persist. In the very initial periods of the pandemic Al-Hasaniya had to advocate for these changes and renegotiate agreements, while absorbing a sharp increase in referrals for services and reductions in capacity. Long term, the lack of change to these funding models leaves Al-Hasaniya and organisations like it vulnerable, with an inability to make autonomous decisions under normal circumstances and when confronting emergencies or crisis.

Al-Hasaniya provides lifesaving and life-changing services that alleviate pressure on statutory services, yet it does not have equal access to decision-making at a local and national level, partly because of existing funding models. Instead, Al-Hasaniya uses campaigning and advocacy in order to shape policies that directly impact the women it supports, stretching its resources and capacity. The COVID-19 pandemic demonstrated the vital role organisations like Al-Hasaniya play in service provision within a wider structure of services, and the pandemic also demonstrated the ability of funders to adapt their models to ensure organisations like Al-Hasaniya are able to work unhindered. While the pandemic had significant adverse effects, it also demonstrated that structural change is possible. The return to pre-COVID-19 funding models undoes the gains made in resourcing organisations like Al-Hasaniya to provide specialist services with greater autonomy.

## 5. Summary

The COVID-19 pandemic and lockdown measures impacted women and women's services in adverse ways. Al-Hasaniya Moroccan Women's Centre saw a sharp increase in first contacts, particularly in the first three months of the lockdown. The increase in first contacts indicates the COVID-19 pandemic and lockdown put women at greater risk of domestic violence. Stay-at-home measures created additional barriers, making it harder for women experiencing violence in the home to access services and support. While Al-Hasaniya adapted its services to overcome those barriers, risks remained due to the dangers involved in women contacting services while confined in the home with perpetrators.

COVID-19 and lockdown created an environment where domestic violence becomes more likely, can escalate unmonitored and is harder to report. The pandemic and emergency measures to curb the spread of the virus created an environment conducive to domestic violence. While actions were initiated at the local and national level to address the adverse impacts of these measures on women in the home, the increase in disclosures of domestic violence indicates those measures did not fully protect women from experiencing domestic abuse. Moroccan and Arabic women also experienced additional barriers due to pre-existing marginalisation. These were varied but included: children being unable to access the technology and learning support to fully participate in learning from home; women with uncertain immigration status being unable to access statutory services; and the spread of misinformation about the COVID-19 virus increasing anxiety, fear and uncertainty. The pandemic was also weaponised against women, with lockdown measures used to further their isolation and misinformation used to increase their anxieties and fears.

Al-Hasaniya staff and volunteers were also adversely impacted by the COVID-19 pandemic and lockdown. Like many frontline workers, the charity's staff and volunteers adapted to continue normal services under extraordinary circumstances. While staff were able to adapt services to lockdown measures, they also experienced increased anxiety and fears both personally and professionally. These anxieties revolved around their own physical and mental health and around new and existing clients. Lockdown meant contact with clients accessing services became harder, with additional risks to women. Despite adapting safety plans with women around when and how to contact the charity, staff were left with additional anxieties about the women and whether abuse had escalated unmonitored, often with no way of communicating until women contacted them. Staff also experienced bereavement for clients who passed away during the pandemic, with no way of participating in mourning rituals that may help process grief.

The COVID-19 pandemic also galvanised staff, reinforcing their commitment towards providing services. Staff learnt a lot about themselves and their professional capabilities during the pandemic. The need to innovate, problem-solve and adapt built confidence amongst staff that carried on after lockdown measures were lifted. The experience of successfully providing services through lockdown created greater awareness of the human capital amongst staff and volunteers

within Al-Hasaniya, and a collective interest in exploring how to further enhance and utilise that human capital.

Al-Hasaniya was also impacted by the COVID-19 pandemic organisationally. Changes in its way of working posed challenges to the organisation's goal of providing specialist services to Moroccan and Arabic-speaking women, but also opportunities. The organisation was able to yield the Internet and technology in ways it hadn't before, and consequently realise the potential those resources have. While lockdown forced the organisation to substitute in-person service provision with online programming, it also allowed for some learning about technology. Al-Hasaniya was able to appreciate that while online service provision cannot substitute in-person service provision, it can compliment it. For many in Al-Hasaniya, the reliance on technology to provide services during lockdown opened up potentially longer-term shifts in how the organisation operates, with hybrid ways of working increasingly being seen as beneficial to staff and volunteers and clients and users.

The charity was also able to gain further insights about its clients and users. While Al-Hasaniya has long understood the additional barriers its clients face and designed services so those barriers can be overcome, lockdown brought some of those further to the forefront. Access to technology, the spread and weaponization of misinformation and conspiracy theories because of language barriers and pre-existing isolation within cultural communities, uncertain immigration status, social housing overcrowding and gig economy employment all adversely impacted women and their ability to navigate the various impacts of the pandemic. Pre-existing marginalisation because of gender, ethnicity, religion, disability, sexuality, class and migration status exacerbated the impacts of the pandemic on clients. This learning feeds into the future of the charity through reaffirming its commitment to campaigning for equality, and helps the charity further shape its specialist services. It also reinforces the importance of Al-Hasaniya as a specialist service provider within the wider violence against women and girls sector.

The COVID-19 pandemic and lockdown also demonstrated how long-standing funding models for specialist women's services like Al-Hasaniya can often leave those services, and consequently women accessing them, vulnerable. There are limited opportunities for unrestricted funding for organisations like Al-Hasaniya, and the opportunities that do exist are competitive. This often results in the charity applying for funding that is restricted, outcome driven and project based. Quite often the outcomes are determined by funders, with restrictions on how Al-Hasaniya can spend the funds and what on. This inevitably forces the charity to shape services to funder priorities rather than client and community needs. Consequently, the charity becomes vulnerable in that gaps in service provision emerge that funders do not cover. The charity has to then provide those services with no secured funds, or allocate staff time to funding applications despite staff already being stretched. The accumulated long-term result is that the growth and development of organisations like Al-Hasaniya becomes inhibited as the charity prioritises service provision within terms dictated by funders, while never being able to allocate staff time to organisational growth and fundraising.

The COVID-19 pandemic demonstrated the will and ability of funders to adapt funding models



under extraordinary circumstances. Funders changed funding models, shifting from project driven programming to emergency relief funding. It also demonstrated the important role specialist services like Al-Hasaniya play in providing services to already marginalised groups, and importantly alleviating the burden on statutory services. Non-statutory service providers like Al-Hasaniya work alongside statutory services as partners. They are often the preferred first contact for women experiencing domestic violence because of their specialist knowledge and cultural competence. Yet they do not have the same access to decision-making and funding. The dynamic between specialist services and funders has historically contributed to financial vulnerability for Al-Hasaniya. Despite temporary changes to funding models during the COVID-19 pandemic, this vulnerability persisted and continued to create uncertainty for the organisation. Recognition of the essential role specialist services play as part of broader responses to violence against women and girls will create opportunities for such services to shape funding models, policy and priorities within the sector.

**Perhaps the most significant impact of COVID-19 reported by Al-Hasaniya staff and volunteers is the immediate and anticipated long-term impacts of the pandemic on the mental health of charity clients and users.**

Staff and volunteers reported immediate mental health impacts amongst clients and users, including increased anxiety, depression, loneliness and bereavement. The potential for those mental health impacts to become enduring mental health needs remains a concern for staff and volunteers. Understanding the immediate and long-term mental health impacts of COVID-19 is an important step to ensuring services are adapted and available long after the pandemic ends.

## 6. Recommendations

Addressing the multiple and complex long-term impacts of the COVID-19 pandemic and lockdown on Moroccan and Arabic-speaking women and organisations that provide specialist services to them is an important follow-up that should not be forgotten after the return to normality. The impacts can be long lasting for Al-Hasaniya, its staff and volunteers and clients and users: the ending of the pandemic and lockdown measures does not automatically mean the ending of its impacts.

Going forward, and based on the findings of this research, this report makes the below recommendations to address some of the impacts of the pandemic.

- ❁ Funding models for non-statutory specialist domestic abuse services should be restructured to allow for greater autonomy over the use of those funds. Traditional funding models of limited access to unrestricted funding, and project funding geared towards certain outcomes, leave such charities unable to cover all costs of service provision while competing against each other for funding, despite limited capacity.
- ❁ Al-Hasaniya is positioned to identify the long-term impacts of the pandemic and lockdown, such as long-lasting community mental health needs, and should be supported to identify those long-term impacts and provide appropriate services in response. The mental health needs of frontline workers, such as Al-Hasaniya staff and volunteers, should be incorporated into responses.
- ❁ Al-Hasaniya staff and volunteers should be supported to strengthen and harness their innovative capacity, demonstrated by their responses to the pandemic and lockdown. Sustainable integration of hybrid ways of working may benefit both the charity and its clients. Al-Hasaniya should be supported to identify lessons learned from the pandemic and to adjust its ways of working accordingly.
- ❁ The COVID-19 pandemic demonstrated the vital role organisations like Al-Hasaniya play in offering specialist services to women who face additional barriers to support and in alleviating pressure on statutory services. Local and national decision-making processes around violence against women and girls must be more inclusive of charities that provide specialist support to women, so that the needs of those women and non-statutory service providers are included in policy and resource allocation.

# About the Author

Saeida Rouass is a research and writer from London with a particular interest in violent extremism and its impact on women. She has worked with civil society organisations internationally, including in Morocco, Tunisia, and Sudan to build community resilience against violent extremism. Saeida is a trustee of Al-Hasaniya Moroccan Women's Centre and a 2019 Churchill Fellow. Her Fellowship involved travelling to the United States to explore the impacts of white supremacy violence on women.

# Acknowledgements

The author would like to thank the Churchill Fellowship for its support of this research. She would also like to thank the staff and volunteers of Al-Hasaniya Moroccan Women's Centre, with a special thank you to Souad Tulsi MBE and Zainab Al-Shariff.



