



FINAL REPORT

Amplifying BAME Women's Voices in Wales

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PREFACE

This report is presented by three BAME women's organisations and represents the views of their service users and BAME networks.



Women Connect First's mission is to empower and improve the lives of disadvantaged Black and Minority Ethnic Women and communities in South Wales to help them realise their full potential and make a positive contribution to Welsh society.

WCF targets, in particular, disadvantages, isolated and marginalised Black and Minority Ethnic Women who are experiencing multiple layers of deprivation, discrimination and exclusion in accessing services and employment.



Hayaat Women's Trust promotes social inclusion for the public benefit by working with African women residing in Wales who are socially excluded on the grounds of their ethnic origin or gender, to relieve their needs and to assist them to integrate into society, in particular by providing health and well-being information, advice, education and training to support and enable them to increase access to quality health and clinical services.



Henna Foundation provides appropriate services primarily to disadvantaged Muslim women and their families so that they can overcome internal and external barriers and achieve their personal goals and life aspirations. Henna aims to improve participation, reduce isolation and marginalisation, and work with our partners to address the challenges faced by the human family to build a stronger civil society that is faith sensitised, underpinned by the values of social justice, human rights and security.

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1.0 INTRODUCTION

- 1.0.1 MELA Cymru have been commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to identify key inequalities that BAME women experience and present clear policy recommendations for the women's organisations and external influence, particularly during Covid-19. The commission has been funded by The Tudor Trust an independent grant-making trust which supports voluntary and community groups working in any part of the UK. WCF, HWT and HF would like to thank The Tudor trust for the support and opportunity to fund this report which they believe will help amplify BAME women's voices in Wales.
- 1.0.2 Our findings are based on in-depth interviews with the project officers and staff of the three organisations delivering services to BAME women prior to and during the pandemic. In addition to the interviews we spoke seventy-five BAME women about their lived experiences, who directly use the services of Women Connect First, Hayaat Women's Trust and Henna Foundation, this also included two focus groups of 16 Afro-Caribbean Welsh Women. We therefore understand our results are not representative of the full demographic picture in Wales. We also acknowledge that with the exception of the Afro-Caribbean Welsh Women, the service users tend to be women who are newly migrated or first-generation migrants. Due to the geographical location of the women's organisations, there has been a predominant focus on Cardiff.
- 1.0.3 Our findings have raised the multifaceted and intersectional nature of BAME women's lived experience, therefore we have created a number of case studies and scenarios which demonstrate and amalgamate the pattern of experiences we have heard to illustrate the complexities of the lives of BAME women. The purpose of this approach was to encapsulate the challenges being faced by these women in their daily lives.
- 1.0.4 It is important to acknowledge the role of WCF, HWT and HF play in supporting and guiding BAME women in their day to day lives as well as in traumatic difficult situations being experienced by women. Throughout the engagement and research process it was evident the dedication and significant contribution made by the three organisations in improving, helping and supporting BAME women is immeasurable. During the engagement sessions, the three organisations were often described as 'life lines' by a number of women. It is therefore vital that WCF, HWT and HF continue to provide the existing services as well as the opportunity to expand and increase their service provision in the future.

1.1.5 To analyse the data, we have selected the Sustainable Livelihoods Model approach to determine a holistic approach to BAME women's lives. This framework combines the lived experience with policy recommendations in a comprehensive manner taking into account BAME women's assets in their everyday lives and its effect on their security, vulnerability and long-term strategies.

1.1.6 To provide the three BAME women organisations with a strong policy-influencing capability amongst external stakeholders and policy-makers, the policy recommendations from the findings have been produced in a series of Policy Briefings focusing on the themes of Health, Employment, Education, Social Welfare and Housing, and Justice System and Hate Crime.

1.1.7 During this commission MELA Cymru, on behalf of the three women's organisations, were grant-funded to prepare a response to the Welsh Government's call for community engagement for the Race Equality Action Plan. The engagement work for this assignment built upon a number of insightful and meaningful conversations with the staff and service users to understand their lived experience of the women that they work closely with. MELA Cymru identified the following themes in relation to the challenges BAME women and their families face in Wales:

- Barriers to accessing culturally appropriate and specialist **advocacy** to support benefit claims, immigration and access to services, including housing, employment rights, discrimination in **social services** and the **justice system**.
- Barriers to accessing specialist support for **education** and support for parents when dealing with **schools**.
- Health inequalities, including **physical and mental health**.
- **Social isolation**, linguistic barriers and health inequalities faced by older women.
- **Hate/race related crime**.

1.0.8 After carrying out our initial series of workshops and one-to-one conversations, the following gaps were identified;

- The policy needs of **BAME young women** needed to be further explored, understood and acted upon by the Welsh Government through the race equality plan. This will focus on policy areas of mental health, violence against women, education, participation, leadership, employment and citizenship.
- The policy needs of **older BAME women (50+)** needed to be further explored, understood and acted upon by the Welsh Government. This will explore policy areas of health, housing, community cohesion and isolation, access to allowance's and support.
- The policy needs of **BAME mothers** needed to be further explored, understood and acted upon by the Welsh Government. This will explore policy areas of employment, housing, access to services, participation and parenting support for those with additional learning needs and large families.

1.1.9 The findings from the Race Equality Action Plan community engagement report to Welsh Government has been incorporated into the findings and recommendations of this report.

1.2 Methodology and Delivery

1.2.1 The aim of the consultation was that we would take an **intersectional lens through looking at gender, race, age, and socio-economic background.**

1.2.2 MELA Cymru have collected evidence and qualitative data through listening and engaging with BAME women through the themes identified above and gaining a greater understanding.

1.2.3 In order to facilitate the collection of data, given that social distancing was a requirement during the ongoing pandemic, all workshops were held on Zoom. Facilitation ensured all voices were heard and encouraged to participate. A comfortable and relaxed setting was created in which people were willing to share thoughts and insights. MELA Cymru are skilled in facilitating people without privilege or lacking in confidence. The team also speaks Arabic, Urdu, Gujarati and Hindi.

1.2.4 Of the four demographics that we identified we decided that groups of 7-10 was the most a group could be in order to be able to have meaningful discussion and be able to give individual women an opportunity to express their experiences without rushing them.

1.3 Process

1.3.1 In our proposal we organised our research under 3 groupings:

- Stage 1: 'Ambitions and Expectations' 1-2-1 meetings with Senior Organisational Executives
- Stage 2: 'Understanding Challenges and Opportunities' group meetings with organisational staff around established themes
- Stage 3: 'How we feel and what we need' group conversations with service users to understand their lived experience. This research dovetailed into the community engagement work grant-funded by the Welsh Government for the Race Equality Action Plan consultation. On reflection of our initial work leading into this commission we were aware that the voice of Welsh Afro-Caribbean Women was not being captured as they were not service users of the grassroots BAME Women Organisations. We felt that this demographic group would have a specific and important set of experiences on racism and discrimination that we felt needed to be heard.

- 1.3.2 An initial meeting with Maria Mensa the director of WCF and Hannah Wharf Board member, to establish a clear brief for the project and discuss logistics such as contracts (29^h July)
- 1.3.3 The following week (6th August) a two-hour introductory scoping meeting was held with the leaders of the 3 organisations in the collective, to give an oversight of the sector and the service that each organisation delivers. The structures of the organisations and the emphasis and focus of their work was discussed. A clear steer was given on their organisation's desire to have a stronger collective to represent the BAME women's perspective in policy development and mainstream service delivery. It was clear that there are specific and shared (gender and race) barriers that WOC faced during the lockdown period and the pandemic more generally. Structural inequality and racism run through all the work that the organisations deliver, and it became clear that the targeted work that they deliver is crucial in supporting the needs of specific and varying communities of BAME women.
- 1.3.4 An initial rapid desktop policy review to develop a clearer and more comprehensive, understanding of the existing and emerging policy context in Wales, was undertaken.
- 1.3.5 There were several relevant policy documents which related to this piece of work in relation to both Covid – 19 and more generally issues of racism and structural inequality. There have been reviews of the impact of Covid-19 from both a perspective of Women and BAME communities. Both Women and BAME communities have clearly been impacted disproportionately by the pandemic, it is one of the clear aims of this consultation and engagement exercise to understand and delve further into the specific intersectional nature and lived experience of WOC in Wales.

1.3.6 Stage 1: Ambitions and Expectations One-to-Ones Conversations with Leadership

Two hour long, deep conversations were held with each organisation in the first series of meetings.

Haayat Trust; Fowzia Ali and Sara (27th August)

Women Connect First; Maria Mensa (28th August)

BAWSO; Mutale Merriill and Sam (10th Sept) – shortly afterwards BAWSO withdrew from this commission

Henna Foundation; Shahein Taj (9th Sept)

1.3.7 Stage 2: Understanding Challenges and Opportunities Group Meetings with Staff

In light of this initial research we decided to structure the report around 5 themes. Group zoom meetings were arranged and held with invitees of project leaders and officers 3 organisations.

1. Advocacy; Benefits, housing, immigration (asylum and refugee), employment, food banks.
Meeting Date; Thursday 10 September 10am-12noon

2. Education; Children, young people, childcare provision and parent support.
Meeting Date; Monday 14 September 10am-12noon

3. Health; Physical and Mental.
Meeting Date; Wednesday 16 September 12noon-2pm

4. Woman of age.
Meeting Date; Thursday 17 September 10am-12noon

5. Violence against women; hate/race related crime, domestic violence,
Meeting Date; Friday 18 September 10am-12

1.3.8 Stage 3: Focus Group Conversations with Service Users and Afro-Caribbean Welsh Women

Two focus groups were scheduled for each demographic of BAME Young Women, Older BAME Women, BAME Mothers and Afro-Caribbean Welsh Women, a total of eight focus groups and 75 BAME women. Outreach and recruitment was undertaken by WCT, HF and Hayaat. We asked specifically for a wide ethnic spread to represent a variety of experiences and challenges. Project officers from the Women's Organisations attended most of the sessions to assist with relevant technological requirements and translation needs.

1.4 Data collection

1.4.1 The Stage 3 consultation schedule and ethnic backgrounds of participants is as follows:

Demographic group	Date	Participants
Welsh Afro-Caribbean Women	3rd Nov (2.30hours)	8 Women

Welsh Afro-Caribbean Women	7th Nov (2.30 hours)	8 Women
Older BAME women group (Representing Indian, Pakistani, Algerian, Moroccan, Somali, and Sudanese communities)	9th Nov (2 hours)	7 Women
Older BAME women group (Representing Sudanese, Syrian, Bengali, Nigerian, Pakistani, Tunisian, Palestinian and Somali communities)	10th Nov (2.30 hours)	20 Women
Young BAME Women's Group (12-17 years old) (Sudanese and Somali)	13th Nov (2.30 hours)	7 Women
BAME Mother's Group (Somali, Bengali, Pakistani, and Sudanese)	16th Nov (2 hours)	8 Women
BAME Mother's Group (Somali, Columbian, Pakistani, Sudanese, and Bengali)	17th Nov (2.30 hours)	10 Women
Young BAME Women's Group (18-25 years old) (Mixed race, Afro-Caribbean, Sudanese, Somali, and Filipino)	18th Nov (2 hours)	7 Women

1.4.2 We have made every attempt to transcribe the interviews as closely as possible to the original. Not all ethnicities were able to be attributed to the quotes, however, we have endeavoured where possible. Many of the women had English as an additional language and some had very little English to express themselves. Translators were available in each session but sometimes the stories were not told in a coherent manner, there were some clarifications necessary. Therefore, in writing up, we have summarised sometimes convoluted conversations. Each workshop was attended by 3 consultants from MELA Cymru. One facilitated whilst the other two took notes and intervened for clarification when necessary. All transcriptions have been read by the three consultants and agreed that the data is as close to the original as possible. Audio recordings were taken of each session and returned for corrections, if required.

2.0 SUSTAINABLE LIVELIHOODS MODEL

A Policy Approach

- 2.0.1 This policy work has decided to take a Livelihoods approach to understand the lived experiences of BAME women in Wales. The Sustainable Livelihoods approach provides a systematic approach to analysing and understanding poverty and inequality from a community and individual citizen centred perspective.
- 2.0.2 Below is a precis of The Sustainable Livelihoods Approach as outlined in Oxfam Cymru SLA Toolkit for Wales (2013).
- 2.0.3 The SLA provides a systematic approach to first understanding and then taking steps against poverty. It is effective whether working with an individual, a family or a community. Mainstream research on poverty has often tended to view people living in poverty as a group of passive individuals. By contrast, use of the SLA reveals that people are in fact often already in possession of assets which can help them start to overcome the problems in their lives and are very capable of making rational decisions and choices about their lives. At the same time, the SLA also helps identify those problems and barriers which are institutional or policy-based, and so also focuses efforts on what can be changed in an individual's life as well as what cannot.
- 2.0.4 There are two parallel strands to any SLA based project: firstly, building up a picture of the various livelihood strategies that people adopt, along with the level of assets they have as individuals and within their communities; and secondly, exploring whether these livelihood strategies link and relate to the wider institutions and policies that impact upon their lives. The ways in which people combine their assets to support themselves and their families coupled with the decisions and choices they make within the context in which they live, are what determine their livelihood strategy and how they manage to get by.
- 2.0.5 The SLA starts by looking at the day-to-day experiences of people's lives. It believes that in order to make ends meet people draw on a range of different assets depending on which ones are available to them. This will obviously vary with each individual, household and community. For example, some communities are fortunate in having a longstanding community organisation which provides numerous services from childcare to lifelong learning opportunities and community development support. Some households are better resourced than others and many individuals are also fortunate to have strong social networks and family support.

2.0.6 **Key principles of SLA**

- Everyone has varying degrees of assets in their life (Human, Social, Financial, Physical and Public) . When combined they create a livelihood. However, for those with fewer assets a sustainable livelihood is not possible, leaving people vulnerable to internal and external “shocks” such as a pandemic!
- People with the least number of assets are more likely to be those who are most likely to experience social exclusion and discrimination, such as women, people from BME communities or people with disabilities.
- External government policies often focus only upon a single aspect of someone’s life, such as their income or earnings. Other factors that also impact, such as family and caring responsibilities, are not considered. Policies which recognise the benefits of a “holistic” approach would be more effective in supporting people to make positive changes in their lives.

2.0.7 In parallel with the identification of individual, household and community assets, the SLA also explores how organisations, policies and practices operating locally, regionally and nationally impact upon people’s lives. People experiencing poverty in areas of social deprivation are often the subject of government programmes, along with a variety of other initiatives from across the voluntary, community and statutory sectors.

2.0.8 Social, cultural and religious practices are also taken into account as they play an integral part to developing livelihoods that are either restrictive or enabling. For example, these practices can influence who has primary responsibility for childcare and who has control over particular assets. In addition, the potential opportunities and barriers that emerge from these interactions are identified and can be used to develop livelihoods that are more sustainable and secure.

2.1 **Gender**

2.1.1 A core principle of the SLA is the recognition of the diversity and power relations that exist within relationships, households and communities. Identifying the assets and comparing the differences between men and women, or between people of different ages or different ethnic backgrounds, allows us to explore how these factors operate at different levels.

2.1.2 These differences need to be understood in order to explore the different livelihood strategies that exist within households, relationships and communities. This means, for example, finding out who earns income and how it is spent, who owns the assets in the house, who has caring responsibilities as well as involvement in social assets.

2.1.3 It is also relevant to ask how the above differences relate to the wider external context which is why a detailed mapping of the social and cultural practices is important. Gender expectations could influence the different roles between men and women.

2.2 Strategies

2.81 Livelihood strategies as described, people draw on their different assets to build an overall livelihood strategy which enables them to sustain their lives and the lives of their families. Those who have assets in all areas will have strong strategies, probably with a number of back-up solutions should the primary strategy fail.

2.3 The Livelihoods Ladder

2.3.1 As a person's assets increase, they are better able to protect themselves from shocks and their vulnerability decreases. The idea of the "livelihoods ladder" was developed as a way of understanding these transitions. As a person builds their asset base, their position on the ladder moves up and becomes more secure, but if they subsequently lose assets they risk falling back down the ladder, becoming more vulnerable.

3.0 CULTURAL AND RELIGIOUS CONTEXT

- 3.0.1 In understanding the reasons behind why BAME women fail to engage with services related to physical and mental health, violence, and rights-based services, it is important to acknowledge the significant impact of cultural and religious practices and expectations on BAME women.
- 3.0.2 Research by Gilbert et al (2004) explored themes of shame, subordination and entrapment in South Asian women. These themes are not only found within this ethnic group, but extend to many diasporic communities in the UK including Middle Eastern, Turkish, African, Chinese, Japanese, and Jewish communities as well as those of South Asian heritage (Siddiqui 2003 ; Zaidi and Shuraydi 2002).
- 3.0.3 Gilbert et. al. (2004) found that the concept of family shame (izzat) played a powerful role in Asian women’s experience. ‘Izzat’ is described as a learnt, complex set of rules an individual follows in order to protect the family honour and keep his/her position in the community. Izzat is related to standing within one’s family and the family’s standing within the community.
- 3.0.4 The fear of bringing shame to others, which can be called ‘reflected shame’ (Gilbert, 2002), was linked to socially defined rules and prescriptions for reputation gaining and maintaining, via culturally transmitted systems of honour (izzat). To lose honour (by the actions of another) or to bring dishonour is to be externally shamed, lose status in the eyes of others’ or even disowned by the family and community.
- 3.0.5 There is now good evidence that in collective cultures emotions are more linked to how behaviours reflect on others, whereas in individualistic cultures emotions such as pride and shame relate to reflections on the self (Mesquita, 2001). The social pressure is all about reputations, what people are going to think. As Lindisfarne (1998) notes, shame and honour are not only socially defined but attention should be given to those who have the power to define them. She points out that in many cultures, male honour and shame can be related to control of women’s sexuality and her body. Males can lose honour and be shamed by failure to control women in their network. There can even be an acceptance of honour killing of wives or daughters who break the rules (who commit adultery). Although boys and girls are both subject to izzat, the responsibility for izzat is greater on the daughters. In fact, the daughter takes her izzat to her in-laws. It is incumbent upon women to maintain and increase the male or family honour. Any digression from this code, whether real or alleged, bears grave consequences for the woman—from gossip, to her chances of marriage being ruined, to being beaten or killed by her immediate male kin (Gilligan and Akhtar, 2006).

- 3.0.6 According to Gilligan and Akhtar (2006) cultural imperatives arising from concepts such as izzat (honour/respect), haya (modesty) and sharam (shame/embarrassment) are, for many in Asian communities, crucial determinants of behaviour.
- 3.0.7 Sharam, or shame, is based on social expectations according to Gilbert et al. (2004). The South Asian woman is socially constructed as a good wife and mother (Kallivayalil 2010), thus socialising women to value success in relationships at all costs can be a form of coercion (Anitha and Gill 2009). If a woman is not perceived to be a good mother or a good wife then she is not a good woman. And if she is not a good woman that would bring shame on her family. Bringing shame on one's family is also to bring shame on oneself. Marrying is not simply marrying the man but marrying the family. There is an expectation to please the in-laws, and if they are pleased the husband is pleased. This is related to subordination and the need to please others.
- 3.0.8 According to Sandhu and Barrett (2020) subordination to parents and family members in particular is a reflection of the collective and family-based cultures over individualistic notions when connected to marriage. Arranged marriage can serve a societal objective to secure and preserve status within the family, kinship, and communities, and thus is "a key instrument for economic, social, and political stability in South Asian communities" (Bhopal 2011 , p. 434). The significant role played by the family explains why an arranged marriage can provide a safeguard of family protection if a woman faces difficulties in the relationship (Mohee 2011). Women who have stepped outside social norms of arranged marriage and autonomously formed an intimate relationship of choice may not have this family safeguard.
- 3.0.9 This subordination leads to entrapment. Several factors have been found to contribute to entrapment including concerns with the children, lack of opportunities and support, fears of being found if she left, others coming after her, sense of failure for leaving with the fear of being disowned by the family and the community (Gilbert et al., 2004). These pressures are given precedence over the care and happiness of women. Through izzat, women's roles in family life are reinforced, often to coerce women in remaining silent about their problems (Gilligan and Akhtar, 2006). Izzat was described as all pervasive, internalised and reinforced by women, preventing other community members from listening and getting involved. For some women, religious beliefs imply that they are more likely to use prayer as a coping mechanism to remain silent about their problems (Plikington et al, 2012).
- 3.0.10 In understanding the context of cultural imperatives arising from concepts such as izzat (honour/respect), haya (modesty) and sharam (shame/embarrassment), it is clear they influence the likelihood of BAME women accessing services in which trust, confidentiality, and cultural literacy of service providers are fundamental.

4.0 FINDINGS / EXAMPLES OF BAME WOMEN COMPOSITE CASE STUDIES

4.0.1 Findings Table (based on engagement sessions in stage 1 and 2)

Policy Areas	Covid19 Findings	General Findings	Possible Recommended Actions
<u>Education</u>	<p><u>Children:</u></p> <p>Digital limitations - lack of access to devices and poor WIFI connection.</p> <p>Access to online learning platforms and resources.</p> <p>Language barriers of parents to support children's learning.</p> <p>Additional needs and autism - additional support needed for parents and children - parents lacked awareness.</p> <p>More girls participated in online educational activities than boys.</p> <p>Educational gap has increased because of circumstances.</p> <p>Bullying not always disclosed because of cultural taboos.</p>	<p>Confidence</p> <p>Language Barriers</p> <p>Engagement with mainstream.</p> <p>IT literacy</p> <p>Barriers of BAME communities in accessing resources.</p> <p>Poverty</p> <p>IT and Linguistic Literacy</p> <p>In some BAME community's girls are not encouraged to study and be ambitious.</p>	<p>Tutoring and catch up provision.</p> <p>ESOL provision for parents and homework clubs for children of parents who speak ESL.</p> <p>Early targeted provision of ESOL.</p> <p>Ladder of ESOL</p> <p>Parenting Courses</p> <p>Digital Equality</p> <p>Financial and Life Skills.</p> <p>Aspiration Raising and Mentoring opportunities in civic institutions.</p> <p>Greater accessibility for refugees and asylum seekers for creche facilities.</p> <p>Needs assessment for home-schooling.</p>

	<p><u>Adults:</u></p> <p>Parenting of older boys challenging to get them to do their homework.</p> <p>Stress of working parents and tension overseeing homework.</p> <p>ESOL was needed to support children and everyday needs.</p> <p>Cost of broadband was a financial burden on households.</p> <p>A lack of understanding government guidance.</p> <p><u>Older Women:</u></p> <p>Lack of skills in living independently including financial skills.</p> <p>Linguistic barriers to accessing services e.g. medical and utilities.</p> <p>Digital literacy to access online activities.</p> <p>Education around sources of information.</p> <p>Lack of understanding government guidance.</p>		
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<p><u>Work</u></p>	<p><u>Adults</u></p> <p>After school clubs: Women could go to work.</p> <p>Women lost their jobs because in care and cleaning sectors led to financial stress.</p> <p>Women working from home e.g. catering business lost their custom.</p> <p>Single mothers have different types of job overworked or unemployed during pandemic.</p> <p>Women in care jobs were overworked and they didn't know their rights.</p> <p>Women in cleaning jobs became unemployed.</p> <p>Care homes understaffed and asked Somali women to work longer.</p> <p>Care packages and attendance allowances were cut and women had to do extra unpaid work themselves - BAME women were undervalued as carers.</p> <p>High incidence of women with diabetes put them at greater risk working on the front line and in care jobs,</p>	<p>Leadership and opportunity.</p> <p>Lack of diversity in Academi Wales.</p> <p>BAME women get paid less than their white counterparts.</p> <p>Not encouraged to apply for higher paid jobs.</p> <p>Lack of promotional opportunities to progress further.</p> <p>Poor representation at higher management and governance levels; boards; civil servants; universities;</p> <p>Lack of opportunity for employment and career jobs because of recruitment practices e.g. wording of JDs; educational attainment requirements</p> <p>Tokenistic approach to diversity and appointing BAME women in high level positions</p> <p>Young women have ambitions and aspirations for the future.</p>	<p>Support more women to work and be financially independent.</p> <p>Leadership and governance training for BAME women in mid-career for future roles.</p> <p>Monitored and accountable diversity of board members.</p> <p>BAME women on the front line be given emergency grants (carers, cleaners, catering, single mothers etc.).</p> <p>How to support vulnerable front -line workers not declaring full income.</p>
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<p><u>Living Standards</u></p>	<p><u>Housing:</u></p> <p>Housing repairs caused a lot of stress due to lack of services.</p> <p>Overcrowding - difficult for older people to shield.</p> <p>Lack of space for online physical activities.</p> <p>Lack of outdoor space e.g. gardens and balconies.</p> <p><u>Income:</u></p> <p>Dramatic loss of income.</p> <p>Lack of take up of entitlements and benefits.</p> <p>large percentage in key worker roles - job vulnerability.</p>	<p>Develop housing for larger households.</p> <p>Higher likelihood for quality green open spaces.</p> <p>BAME people like living in communities and often feel isolated in white dominated areas.</p> <p>Older women - pension not enough to cover living expenses -often forced to sell their homes.</p> <p>Financial vulnerability due to cheating and robbery.</p> <p>Attendance allowance not available if applications made after 65 years of age - a limitation.</p>	<p>Develop culturally-appropriate housing for larger extended family households.</p> <p>Housing for multigenerational use.</p> <p>Quality outdoor space in the housing unit e.g. gardens and balconies.</p> <p>Quality green open space.</p> <p>Raising awareness about accessing affordable housing.</p>
<p><u>Health</u></p>	<p>Children with additional needs; taboo in acknowledging children need additional support.</p>	<p>Contraception and sexual health services for young people.</p>	<p>Health professionals should have the provisions to visit women at home for screening and smear tests.</p>

	<p>Language barriers between health officials (doctors, nurses, health visitors) due to translators not always available. Often leading to misdiagnosis.</p> <p>Malnutrition in families throughout lockdown, massive financial strain on families due to increase in food shopping.</p> <p>A large number of women living on their own and feeling isolated and lonely.</p> <p>General lack of understanding of mental health issues leading to action being taken too late.</p> <p>Carers stopped attending and in some cases women refused carers to come in fear of infection.</p> <p>Health services not translating important information and guidelines.</p> <p>Food deliveries not being provided to cultural requirements.</p> <p>Delivery of medication not always available and lack of awareness to delivery services.</p> <p>Fake news about COVID being shared in the community creating a</p>	<p>Stigma around disability and children with special needs.</p> <p>Cultural and religious barriers such as female only clinicians. permitted to treat women.</p> <p>Lack of understanding of specific illnesses affecting BAME women.</p> <p>Maternity issues; General lack of cultural and religious requirements; privacy issues, female doctors, pain relief, post -natal support, stigma against post -natal depression.</p> <p>Partners (Male) often act as translators often causing obstructions for treatment.</p> <p>Issues with trust and disclosure of health issues.</p> <p>Challenging to get women to go for regular screening and smear tests.</p> <p>Cultural stigmas and taboos around mental health,</p>	<p>Culturally-appropriate meals on wheels and food bank facilities.</p> <p>Carers and support workers who understand cultural needs of women and older women.</p> <p>Translation of health information.</p> <p>Training health professionals in culturally specific needs.</p> <p>Mental health support and counselling; raising awareness.</p> <p>‘Adverse childhood affects’ to include cultural nuances.</p> <p>Special support for parents with children with special needs who do not speak English as a first language.</p>
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	<p>number of problems including anxiety and depression.</p> <p>Malnutrition and general diminishing of health in lockdown.</p>	<p>Dementia and Alzimers preventing women from seeking help.</p>	
<p><u>Justice and Personal Security</u></p>	<p>Unresponsive Police – lack of cultural context.</p> <p>Unresponsive Women Aid – Delayed Response.</p> <p>Great deal of mental stress from demanding partners.</p> <p>No real increasing trend of Domestic Violence.</p>	<p>Lack of Action in Wales to help women experiencing force marriages, domestic abuse and honour based abuse.</p> <p>Lack of victim support for the above.</p> <p>Lack of emotional and counselling support for women. High levels of trauma not being managed.</p> <p>The right to divorce - women instigating right to divorce - culturally not granted without extensive evidence of harm.</p> <p>Women getting married without the protection of the state due to lack of civil marriages only religious ceremonies.</p>	<p>Online toolkit and risk assessment for honour based violence.</p> <p>Grassroots Support for Independent Living based on trauma-informed approach.</p> <p>Moving from risk assessment approach to a trauma-informed approach.</p> <p>BAME Family Support Service to include counselling within BAME cultural contexts.</p> <p>More social workers from BAME backgrounds - pathway careers to become support workers .</p> <p>Safeguarding and awareness raising in schools.</p> <p>Peer-to-peer support groups.</p> <p>Harmful Cultural Practices Hub - within cities to support local authority services e.g. health, justice, and other mainstream services and people who can support BAME women.</p>

			<p>Community Role Models and Survivors to be advocates and awareness raising.</p> <p>Parental representation when social services put child in care and protection.</p>
<p><u>Participation Advocacy</u></p>	<p>Lack of understanding government guidance.</p> <p>Lack of awareness of support services available from the council.</p> <p>Administrative functions limited with no office use - challenge to help women.</p> <p>Services closed down during lock down - slowed down appointments and things getting done e.g. home repairs.</p> <p>Loss of income and not knowing which benefits they are entitled to.</p> <p>Cancelled care packages leading to malnutrition and isolation.</p> <p>Language barriers to making accurate medical assessments on the phone due to lockdown.</p>	<p>Tensions between bi-cultural identity in young people.</p> <p>Lack of security and future opportunities for Refugee and Asylum seekers.</p> <p>The cultural issue of 'honour' and 'pride' that is a barrier to accessing services across the board.</p> <p>Employment rights not clear when overworked.</p>	<p>A physical or online space for young people to explore their identity and talk about hate crime or bullying.</p>

4.1 Examples of BAME women composite case studies.

Throughout our engagement and research in Stages 2 and 3 we came across repeated types of scenarios and recurring patterns of lived experience, therefore we have created fictional characters to demonstrate the intersectional challenges women are facing as well as their opportunities for effective interventions in terms of policy and practice.

The findings have identified a number of vulnerabilities that BAME women experience due to the intersectional and multi-faceted nature of their lives, particularly women who are newly migrated or first-generation migrants.

Using the Sustainable Livelihoods Model based on the asset-based approach (see Chapter 2) we can demonstrate that shocks such as the pandemic have made BAME women even more vulnerable than they already are. In the tables following each character, we demonstrate the extent of these vulnerabilities and the need for a holistic approach to policy-making interventions. The analysis shows the critical importance and pivotal role of the three women's organisations in providing the services needed to bolster and strengthen BAME women's assets.

4.1.1 EXAMPLE 1; ZAINAB

Zainab is Iraqi. She immigrated from war-torn Iraq in the 1990s with her parents. Zainab suffers from post-traumatic Stress Disorder (PTSD), a mental health issue.

She is in her 40s and is a single parent of 4 children, one of her children is autistic.

Culturally, being a single parent is frowned upon. The community judges single women as incapable of raising their children well, and their perceived sexual vulnerability of being without a male partner.

Her level of English is good, as is her educational standard. Zainab works as a cleaner.

During the pandemic lockdown, she lost her job and was not clear how to claim her additional benefits especially since her local advice centre was closed.

She lives in a 3-bed Council apartment with no garden. Having all her children in the house for an extended period of time, with no outdoor facilities, became extremely stressful. There was a lot of tension because of overcrowding.

The household had three digital devices to do their home schooling but lacked internet data because it was too expensive. Zainab had particular difficulties in engaging her two teenage boys in home-schooling.

In particular, her autistic child needed additional support both in terms of special educational needs, as well as mental health support. Without the school’s support, Zainab felt helpless and frustrated.

She had difficulty feeding her children while they were at home, whereas before they had been on free school meals. During the pandemic her income had dropped significantly. She couldn’t afford healthy food. Meals were skipped and reduced to cope.

Zainab’s underlying mental health triggered her anxiety and depression because her children’s education had been set back significantly and she couldn’t feed them because of her job loss. She has high aspirations for her children’s success in the UK and with her inability to fully support her children’s schooling, she feels like she has failed them.

Zainab is afraid to seek help for her PTSD resurgence because mental health is considered a taboo in her community. She is also fearful that if Social Services found out she had mental health issues they might take her children away from her.

Social Assets	Physical Assets	Public Assets	Human Assets	Financial Assets
<p>The pandemic has significantly undermined her social assets which she depended on as she can no longer access the help and support of her family, friends and schools that she relied on previously.</p>	<p>Although her physical assets have not been affected directly in this account, the importance of the physical assets such as a small flat with no outdoor space has become a major issue as has the amount of technology available to the family has become an obstacle to learning and points of tension.</p>	<p>Access to public assets has been impacted on dramatically. Zainab has lost the support of the advice service that she would seek guidance and she lost her daily access of schools not only to educate her children but to provide food and ALN support</p>	<p>Zainab’s Human assets are weakened in 2 main ways - her mental health and in this case her children’s education will be affected with strong possible medium and long term effects of Zainab’s long term strategy for her children to have high levels of education. Furthermore, her human assets have been detrimentally affected as she is going hungry.</p>	<p>In this case Zainab’s financial assets have been reduced in two ways - she has lost her income by losing her job and he cannot access benefits because she does not understand the system and cannot access guidance from the advice centre. Not only has her income reduced but her costs have increased from having all the children at home all day every day.</p>

4.1.2 EXAMPLE 2; AMINA

Amina is a Somalian widow in her 70s. She lives alone in Nelson House in Butetown.

Her English is very poor. She receives daily care assistance for her limited mobility and personal hygiene. However, there has been a language barrier with her carer which means she does not always get the most out of the support.

When her husband died, Amina found it overwhelming to handle her financial issues. She had depended fully on her husband. To help with her household finances, Amina had to seek support from Hayaat Women's Trust on how to apply for benefits and allowances.

During the pandemic lockdown, Amina received a great deal of misinformation from the Whatsapp social media groups she was a member of, heightening her fear for her health and safety. Amina was unable to understand the government's medical advice because it was not translated. This caused Amina immense anxiety to the degree she cancelled her care assistance.

She was afraid to leave her house. Several months later in October, she is still shielding.

She was not visited by her family during this time because of travel restrictions.

She was not able to contact her doctor or get her prescription renewed because the surgery was not answering the phone at first, nor were they giving appointments, and then eventually when she did get through, she had linguistic barriers to explain her needs.

Amina's deteriorating mental health has gone unchecked. She finds it difficult to trust and open up to health professionals because she feels they don't understand her culturally. She doesn't have the confidence to explain how she feels with her limited English, particularly if it is a male doctor. Amina also worries about others in her social circles finding out that she has mental health issues, they might think she is crazy and disassociate from her.

Amina had trouble completing her benefit applications and allowances on the phone or online without the help of her local advice centre, often giving incorrect answers to questions because of her lack of understanding.

Amina's inability to meet with her social network and her family, made her feel very socially isolated. Without the care assistance, she stopped eating. She lost 12kg in weight and slowly lost all motivation in life. It is not always easy for Amina to ask for support. She doesn't want to burden her family, and particularly issues like providing food. Without her care worker, she hardly cooked at all. Even with the Meals on Wheels Scheme, Amina has found it not culturally appropriate; the portion insufficient, too expensive, and the food is not to her taste.

Over the lock down she needed pressing housing repairs but was unable to reach anyone. Her living space made her depressed. She lives in one room, she can't leave the room, and she can't live in the room because of the repairs needed. She felt trapped in a house that was not fixed and suitable for her to inhabit.

Amina had no access to digital platforms such as Zoom, Skype and other video-based apps, further isolating her.

Fortunately, Amina received some support from a Somali sessional worker from Hayaat Women's Trust who did her shopping and collected her medicine for her. She felt much better that she could share her hardship with someone she could identify with culturally.

Social Assets	Physical Assets	Public Assets	Human Assets	Financial Assets
Amina's social assets have been hit hard during the pandemic - she has been isolated and has lost contact from her normal social network =. She is reliant on a sessional worker for her needs	Her physical assets have deteriorated over the period with her living accommodation becoming barely habitable	The lack of access to suitable public assets has really affected Amina. Although she is still provided with care assistance - it is inadequate due to linguist and cultural barriers. Language barriers, which she has been able to navigate due to the Third sector organisation advocating on her behalf, is now a huge barrier to accessing all public assets including government information and guidance on Covid.	Amina' human assets have been damaged and inevitably in the longer term as well. Her mental health has suffered and she has lost weight impacting on her health.	Amina was previously in a very precarious situation with her financial assets as she had no understanding of them. There is a potential financial loss for Amina during this period due to not understanding benefit assessments and having none of her usual support.

4.1.3 EXAMPLE 3; MUSSARAT

Mussarat is in her 70s and lives with her husband and her two sons. Her eldest son and his family also live with her. There are 9 people in her household.

She lives in an owner-occupied house. Mussarat's English language skills are weak. She depends completely on her husband and sons.

She claims disability allowance but missed out on the Carer Allowance package because she did not know she needed to apply before she turned 65. Mussarat is suffering from the onset of dementia and poor mobility.

Her and her husband are reluctant to go to the doctor to discuss her dementia. Mental issues are considered embarrassing and could affect their standing in the community.

During the pandemic, Mussarat felt increasingly vulnerable as she was unable to shield because both her sons needed to continue working outside the house, and she had no space to self-isolate. The fake news being circulated on social media added to her stress and anxiety levels. The lack of covid related information translating into Urdu meant she was relying on others for important information.

Musarath loves living as part of an extended family however at times wishes she did not have to rely on her family for everything. Her husband controls all the finances, even the allowances she receives from the state.

Her husband is a regular visitor at the local Mosque and often meets his friend there to offer prayers. During Covid he was unable to go and became very upset and angry being at home. His behaviour was having a negative impact on the entire family, as he was often short tempered and grumpy. Musarat is finding this extremely difficult as she seems to be getting the brunt of it. Her mental health is at its all-time low and the dementia seems to be worsening, her memory is deteriorating fast. This further frustrates her husband, and is still not willing to get medical professional help for his wife.

Social Assets	Physical Assets	Public Assets	Human Assets	Financial Assets
Mussarat's social assets have stayed relatively stable during the pandemic however her husband's bad temper has impacted on her wellbeing and mental health.	There has not been a major change in her physical assets during this time.	Mussarat's access to public assets are controlled and mitigated by her family. Thus, her own needs are often not met by public services.	Due to age and not getting the correct health provision Mussarat's human assets are deteriorating both mentally and in terms of her mobility	Although her needs are provided for, Mussrat has no financial independent assets. She is also not able to access the full income she is entitled to via the benefits system.

4.1.4 EXAMPLE 4; NEIA

Neia has been working as a carer for the past 6 years for an agency. Neia is on a 0 hours contract, her hours are variable and she is only paid for the hours she is in contact with a client. During the pandemic, several of Neia's co-workers were not available to work, therefore there was an expectation that Neia's hours would increase significantly from her normal hours.

Neia has a family, 3 children and her husband is also working during the pandemic. This meant that her children were left for many hours in the day alone.

Neia tried to communicate that she could not undertake the increased hours due to her family circumstances but it was made clear that she was expected to do the hours the agency required.

During the pandemic Neia felt stressed and vulnerable that she was not provided with adequate PPE and her health and safety was not a priority. Although Neia had concerns around her working conditions she did not know what her employment rights were or who could advise her on them.

Previously, Neia had gone for several promotions at the Care agency, but found that she was overlooked despite having the right skills. Neia recognises her own ability and is keen to progress in her career. She is aware that there are no managers of colour in the agency and has been told by her friend that there are no managers of colour in the other agencies that they work for.

Social Assets	Physical Assets	Public Assets	Human Assets	Financial Assets
N/A	N/A	In this case, Neia public assets are limited with regard to her working conditions; and her understanding and support to her employment rights	Neia human assets have been put at risk in this scenario, as she was not given proper protection in her role, potentially exposing her to a deadly virus. The human assets of her household have also suffered with her children being left alone with no supervision and impacting their learning. Another stress on Neia's human assets is that she has a long-term strategy of improving her employment situation through promotion but is not achieving this probably through discrimination.	Neia financial assets have probably improved during this period but this may be a more short term improvement, whereas she has a long term plan of improving her financial assets through promotion

4.1.5 EXAMPLE 5; SARA

Sara is Turkish woman with three girls aged 8-14. She married at a young age under pressure from her parents who had a traditional outlook on life. Her parents were on low incomes and marrying Sara off early would release their financial burden.

Sara was introduced to Mehmet by a mutual family friend. At first he seemed a nice enough guy. They were married by a local Imam in the neighbourhood mosque. Mehmet did not place priority on registering the marriage as a British civil marriage.

Within weeks of their marriage, Mehmet began to get irritated with her on a regular basis. He would shout at her and withdraw his affection and financial support if she responded. Over the years this gradually got worse, particularly as Sara became more and more engaged with the children. His angry moods would sometimes escalate and he would put her down, throw things at her, and occasionally push her around or kick her.

Sara didn't know what to do and kept these incidents private. She didn't dare share it with her family and friends as it would bring shame on Mehmet and that would make him angrier. She also felt ashamed that this was happening to her. She would pretend in front of the community that everything was alright. It is common in her culture to just accept the way things are 'as part of life'. She feared Mehmet's reprisal and the possibility of losing her children. Sara feared the shame of leaving Mehmet could affect the future of marrying her three girls.

During the pandemic, Mehmet had lost his job, and his angry moods got worse and more frequent as he was frustrated in the limited space they were now all occupying. He was hitting Sara almost daily, and the children were becoming more and more distressed. She needed to leave.

Luckily, she knew someone in Women Connect First who advised her of her rights. She didn't know that there was a Women's Refuge she could go to where she could be safe and start court proceedings. The idea of going to court and to take legal action against Mehmet daunted her, as she didn't understand the court system and needed a translator to help her understand her legal position.

While she was in the refuge, she felt supported with a roof over her head and food, she also had legal support, but her mental health was suffering and there was no one she could talk to from her cultural background who could help empower her. She had endured multiple traumas from enduring the violence, to deciding to leave, and now in facing legal action and setting up her new life independently. She felt very alone and isolated.

Sara also realised that because her marriage had not been registered as a civil marriage in the UK she had limited rights. So, Sara visited the mosque where she had been married to ask for support in filing for an Islamic divorce. The mosque committee did not look favourably on divorce and offered Sara no assistance. They advised her that without 'evidence of harm' in the marriage she

should stay within the marriage. Sara felt she had been let down and felt further isolated from her community.

Social Assets	Physical Assets	Public Assets	Human Assets	Financial Assets
Sara’s social assets have been damaged in this case due to the stigma and judgement from her community around divorce. She has lost her family support as well. Her only social asset is the support she has had from WCF	Sara has lost whatever physical assets she may have possessed through leaving her home.	Going to the refuge has meant that Sara has realised the public asset available to her and she now has a clear pathway to the court system. However, she has also discovered that her rights are limited due to not being legally married.	Sara’s human assets have been impacted by the violence she has endured, both physically and mentally.	Although Sara has not had control over her financial assets when living in the family home. Sara is still in a precarious financial position.

4.1.6 EXAMPLE 6; ZAHRA

Zahra is 18 years old, she was born in Wales, her parents immigrated from Pakistan before she was born. She is currently studying ‘A’ levels at college. She hopes to go to University to study Veterinary Science however her parents are trying to persuade her to study medicine as being a vet is not perceived as a high attaining profession in the Pakistani community. She wants advice and the opportunity to do some work experience in her chosen field but does not know of any practising vets.

Zahra has been in a relationship with Sohail for over a year. Her family are unaware of this. She has tried to end the relationship but Sohail has threatened to tell the community about their sexual relationship. Zahra has been afraid to seek advice on contraception she is afraid her family will find out. Zahra was made aware of the Henna Foundation by a close friend, she decides to contact them and tells them about her difficult situation with Sohail. She is desperate to get out of the relationship as she fears if her parents find out they would get her married immediately to a boy of their choice to avoid being shamed within the Asian community. Her father is a reputable man and is a member of the local Mosque Committee. He prides himself on having an honourable and well-respected family. Henna Foundation provides Zahra with immense support and helps her navigate her way out of the relationship with Sohail. Zahra is both relieved and grateful.

Her parents have recently been discussing marriage proposals from friends and family. Her father has expressed his wishes for Zahra to be married before the age of 20. This is extremely stressful for her as she has been hearing of young girls being taken to Pakistan and are forced to marry.

Furthermore, there have been cases of honour killings where girls have expressed their wishes to marry their non-Muslim boyfriends. Zahra is very proud of being a British Pakistani Muslim however often feels torn between the western and eastern cultures. There are many aspects of her life she is unable to share with her parents as she feels her actions will bring great shame to her parents.

During the pandemic Zahra has been at home with her parents and two brothers, her family are highly anxious as both parents have diabetes and have been deemed as vulnerable. Zahra has had to help her mother with domestic tasks and has not had the time to study. Falling behind in her studies is making her feel anxious and frustrated. She is desperate to go to university and fulfil her dreams.

Social Assets	Physical Assets	Public Assets	Human Assets	Financial Assets
Zahra is vulnerable to some extent because she abides by her parent's rules. She is torn between two cultures and if she is found out she could lose the support of her community and parents. Zahra's desire to become a vet is unsupported due to her lack of links to other vets and career choices that she can draw upon.	She lives under her parent's roof and is relatively secure.	Zahra is fully supported by her parents in providing her with access to a good education. However, she is not accessing legal support in helping her overcome the blackmailing by Sohail. Zahra has a cultural barrier to accessing sexual health due to 'izzat'.	Zahra's ambition to complete her education is being compromised by the pandemic. During this period she has been subjected to the pressure of helping the family rather than focusing on her studies.	Her needs are being met by her parents

4.1.7 EXAMPLE 7; RAQIYA

Raqiya is a Somali woman aged 27 and is expecting her first child. She has been married to Hakeem for two years, they are both very excited about expecting their first child. They live with his mother and father in a flat in an area in Cardiff that has a very tight knit community. Raqiya's husband and family are very traditional and have major concerns about women's exposure to men, to this end Raqiya wears a full naqab (veil), she is happy to wear this as it signifies a pious and honourable Muslim lady.

At her last check up at the maternity unit the doctor informs them Raqiya is severely deficient in Vitamin C and Iron and will need to take extra supplements. The doctor also suggests that she should sit in the sun as much as possible. Hakeem finds this comment amusing as he knows this is impossible as they live in a flat, using the outdoor public space is not an option as Raqiya wears a full naqab (covering).

When attending the 12-week scan Hakeem speaks to the male consultant at the maternity clinic with regards to Raqiya's examination and scan. He expresses his concerns and is adamant a female clinician examines his wife. He is told there are no female doctors on duty and the next available doctor will be available in four hours.

When the female maternity doctor arrived she takes Raqiya into a private room and Hakeem is asked to wait outside. An internal examination takes place. The doctor begins to ask personal questions and states that she has noticed Raqiya has had a Female Genital Mutilation (FGM) procedure. The questions are very intrusive and presumptuous. She is asked if she was forced to have the procedure and if she is a victim of child abuse? This causes Raqiya great distress, she asks if Hakeem can join her. All the painful memories she had blocked out for years all come flooding back. The doctor tries to calm her down and reassures her everything will be ok and asks her to complete a questionnaire. Some of the questions are quite embarrassing. The doctor informs her that her medical records will be updated with detailed information about her FGM procedure. Raqiya feels ashamed and humiliated and just wants to go home.

It's time for the baby to arrive, Hakeem's mother is insisting on being there at the birth which is causing Raqiya great distress. The labour pains are too strong for her to bear. The deficiencies have made her weak and she feels like passing out.

Upon arrival at the hospital she is taken into an examination room, the midwife confirms she is in established labour. Hakeem asks the midwife for some pain relief, she is given paracetamol which has no effect, when asked for more pain relief the nurse is dismissive and says she has to tend to other women in the ward. An hour later the midwife comes to examine Raqiya and tells her she has a while to go. She asks for some stronger pain killers, the midwife is annoyed and tells her the doctor on call will have to discharge this.

The baby girl arrives and Raqiya and Hakeem are overjoyed. Raqiya is moved into a ward, she wants to breastfeed her baby but is too embarrassed as there is no privacy in the ward. She asks Hakeem to draw the curtains, within a few minutes a nurse comes and opens the curtains and tells them they are not allowed to close the curtains. Raqiya is deeply embarrassed and upset. Throughout her entire life she has always dressed modestly and not exposed herself in public.

Moments later two female consultants and a midwife come to speak to her about the safeguarding of her baby girl against FGM. Raqiya is exhausted and very emotional. She is deeply embarrassed by all the questions asked and is concerned about social services getting involved and taking her baby away. Hakeem's mother is blaming Raqiya and tells her she shouldn't share any information with the health officials.

Social Assets	Physical Assets	Public Assets	Human Assets	Financial Assets
Despite Raqiya’s security in the care of her husband and mother in law, Raqiya is not independent and empowered in herself. She culturally complies to her husband and family norms.	Raqiya is secure but lacks outdoor space.	Although Raqiya has access to maternity services her cultural requirements are not understood and respected. She feels the system is judgemental of her and her FGM procedure which makes her fearful of social services getting involved. In this scenario the public asset is unsupportive, and more of a threat.	Due to Raqiya’s FGM procedure her human assets have been violated even if it is traditionally encouraged. The FGM is now compromising her gynaecological and mental health (PTSD). This procedure has affected her childbirth.	Secure but not independent

4.1.8 EXAMPLE 8; LORETTA

Loretta is an Afro-Caribbean Welsh Woman of 35 years of age, a mother of three young children aged 7, 9 and 11 and is a homeowner. She has a degree in Law but never succeeded in working in a legal career. She has faced racism and discrimination in her jobs since graduating. Loretta now works for a large public sector organisation where she puts in long hours, at the expense of her children, to get promoted. She works in a building where all management are located and she is the only black manager despite there being other black workers ‘on the shop floor’. Her colleagues are all white and have regularly expressed their resentment to her perceived success. Over the years, Loretta has had to change her behaviours and appearance to avoid being labelled ‘aggressive’ and to be accepted. She has learnt not to express opinions or make complaints in order to progress. Loretta often feels that she is being micro-managed by her boss, compared to her colleagues. Often her subordinates undermine her by ignoring her instructions, or unwilling to communicate with her directly. These behaviours take a toll on her personally but she stays focused and determined to break through.

Loretta’s eleven year-old son, who is bright and articulate, tends to act in class like a bit of a joker sometimes. Loretta feels the teachers are quick to reprimand him and call her in. She has been

aware of her son being labelled since the age of six. Loretta has complained to the head Teacher in her effort to communicate with the school and find a solution. When she heard back, the School was defensive. The teacher is physically aggressive towards her son and holds him by the scruff of his neck and throws him on the floor. The young boy becomes aggressive and distressed. Loretta finds out when the school calls about what happened, and the school decides to exclude him for a few days. She feels very angry about how unfairly her son has been treated and raises it with the Chair of Governors. She receives a standard response inviting her and her husband to a meeting with the Chair and the Head Teacher. They continued to be defensive. Loretta couldn't help feel the School closed ranks.

Social Assets	Physical Assets	Public Assets	Human Assets	Financial Assets
Loretta has not benefited from having the right social networks in the context of work and the school and the workplace. She has had to progress and challenge the systems despite her lack of social assets in these contexts. Loretta's employment opportunities have been curtailed due to racism.	Loretta has a good base of a physical asset which provides security for her and her household.	The public asset, her son's school, is creating barriers though discrimination for Loretta and her household. The public asset is quick to judge, obstructive, punitive and exclusionary treating Loretta's family unfairly.	Loretta has strong human assets in the form of her education, employment and her health. Her wider concerns are with the long-term strategy around the development of her son's human assets.	Loretta has good, independent financial assets though her income.

4.1.9 Example 9: Latifa

Latifa is an African Welsh Woman, 29 years of age. She is in her second pregnancy and is going into labour. Her husband is at home with her first child. She attends the hospital with her mother. She feels she is being judged for showing up alone without her partner. Culturally, it is more common for her mother to attend a birth rather than her husband.

Initially the birth went well, but during the third stage of the birth she felt rushed by the midwives who complained that she was not pushing hard enough to birth the placenta. She felt like an object. The midwives kept saying, 'Let's just get the placenta out of her, this is taking too long. You need to hurry up, it's taking ages.' The midwives tugged on Latifa's placenta leaving her haemorrhaging. They called an ambulance to take her to an emergency unit in another hospital. They gave her a needle, and wrapped her baby who she didn't even get to see. Her mother was

looking after him. In the other hospital Latifa was left in a small, cold room alone, with no one explaining to her what was happening. She waited for her baby to be brought to her, but the baby did not join her that night. Finally, she was taken to a ward, and the baby was brought to her.

She was sharing the ward with several other women. Latifa tried to get the baby to breastfeed but there was no support and he wouldn't latch on. There was a white woman opposite her and she was given two hours attention to help her with breastfeeding and they gave Latifa only 5 minutes. She felt as if she was a second-class citizen.

After a few days, Latifa was ready to leave the hospital. The midwife said in a derogatory manner 'I'll see you next year.'

Social Assets	Physical Assets	Public Assets	Human Assets	Financial Assets
Latifa has a supportive husband and mother, a secure family unit.	N/A	Latifa has access to basic health care even though discriminatory practices such as micro-aggressions, being treated inhumanely and with negligence.	The negligence in the delivery may have caused long term damage to her body.	N/A

4.2 Impacts Analysis

The recurring assets with the greatest vulnerability for BAME women are social, public and financial assets. During the shock of the pandemic the financial and social assets had the greatest negative impact and most amplified. Pre-pandemic the financial and social assets were already weak, but as a result of the pandemic, these assets have been easily undermined, reducing their security.

Within the framework of the Sustainable Livelihood Models not only have women suffered short term 'shock', but their greatest concern is the compromise to the effects on their long-term livelihoods for themselves and their children with the damage to their children's education being their greatest concern.

5.0 COVID-19 POLICY BRIEFING NOTES

In order to respond to the evidence that we have collected during our research and the brief that we have been assigned to improve the influence in the policy sphere of the three women's organisations we decided that a useful tool to include in the report would be a series of thematic briefing reports. There are two sets of briefing notes one set related to COVID, and one which are more general to women's experiences. Each briefing note is created to stand on its own, so that they can be extracted from this report and used to inform a policy meeting or a service provider, or respond to a consultation process.

5.1 Briefing Note: Work During Covid-19

PURPOSE:

To understand the experience of Black, Asian and Minority Ethnic (BAME) Women in Wales in relation to their work-based income during Covid-19.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to:

- identify key inequalities that BAME women experience
- present clear policy recommendations for the women's organisations
- influence statutory policymakers

Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken.

ISSUES:

BAME women experienced exceptional job- and income-vulnerability due to their precarious job roles in the care and cleaning sectors, as well as the front line during the Covid-19 pandemic.

Existing gaps in provision:

Challenges:

- After school clubs proved to be a critical provision to allow women to go to work
- BAME women lost their jobs in vulnerable and highly-impacted care and cleaning sectors. This led to financial stress.
- BAME women working from home e.g. catering business lost their custom due to the lockdown.
- Single mothers work many different types of job to earn their income, mostly in vulnerable and precarious job roles, during the pandemic they were either expected to work longer or lost their jobs leaving them stressed and financially insecure.
- BAME women in care jobs were overworked and they didn't know their rights to challenge their employers, affecting their homelife. Care homes, in particular, were understaffed and women were asked to work longer.
- BAME women in cleaning jobs found themselves unemployed during lockdown leading to financial pressure.
- Care packages and attendance allowances were cut and women had to do extra unpaid work themselves - BAME women felt they were undervalued as carers.
- There was a high incidence of women with diabetes put them at greater risk working on the front line and in care jobs.

Gaps/Recommendations:

- Greater job security and employment safeguards necessary to protect the most vulnerable workers
- Funding of after-school clubs by third sector organisations such as WCF and HWT to support BAME women in working.
- Make BAME women aware of their employment rights through training programmes.
- Provide helplines to support vulnerable workers during a crisis.

5.2 Briefing Note: Education During Covid-19

PURPOSE:

To improve the experience and protection against racism of Black, Asian and Minority Ethnic Women in Wales in the workplace.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to identify key inequalities that BAME women experience and to present clear policy recommendations for the women's organisations and to influence statutory policymakers. Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken for the Welsh Government Race Equality Action Plan Consultation 2020.

ISSUES:

BAME women experienced exceptional challenges in home schooling their children and the related impact on educational attainment, access to IT hardware and software, and wifi, as well as language limitations.

Existing gaps in provision:

Challenges:

Children:

- Children's educational attainment was impacted by digital limitations; particularly a lack of access to devices and poor Wi-fi connection
- Not all BAME children had access to online learning platforms and resources, impacting negatively their learning capacity.
- Insufficient support for parents with language barriers to support their children's learning.
- Parents of children with additional needs and autism needed additional support which was not accessible partly due to parents' lack of awareness of services.
- A trend emerged where more BAME girls participated in online educational activities than boys, impacting negatively the educational attainment of boys post-pandemic.
- There appears to be an emerging increasing educational gap for BAME children as a result of Covid-19 and lockdown.

Adults:

- During home-schooling throughout the pandemic, parenting of older boys was far more challenging to get them to do their homework, affecting their educational attainment and their family relationship.
- BAME women reported increased stress-levels and tension in situations where they were working parents and overseeing homework.

- BAME women reported a need for ESOL to support their children and everyday needs.
- BAME women complained about the cost of broadband as a financial burden on households.
- There was a lack of understanding government guidance and support.

Older Women:

- Many older women and widows lack the skills to live independently, including financial skills, making them more vulnerable to isolation and financial stress.
- Linguistic barriers prevent older BAME women from accessing services e.g. medical and utilities.
- The poor levels of digital literacy to access online activities left older BAME women feeling isolated and lonely.
- BAME older women required education around accessing sources of information
- There was a lack of understanding government guidance and support.

Gaps/Recommendations:

- Additional financial support for vulnerable BAME households to access digital support such as higher-speed broadband, software such as learning platforms, and devices.
- More support for parents to support home-schooling for example, ESOL classes, after-school clubs, and online resources and extra support.
- Support BAME women in improving their resilience for example course in financial management, IT development, and access to information.
- Translation and communication strategy to reach BAME communities and households by educational service providers and government guidance and support.
- Additional support for BAME boys and young people to ensure they are not disadvantaged educationally
- Parent support courses to improve capacity for home-schooling

5.3 Briefing Note: Health During Covid-19

PURPOSE:

To understand the experience of Black, Asian and Minority Ethnic Women and children in Wales in relation to their health and wellbeing during the Covid-19 pandemic.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to:

- identify key inequalities that BAME women experience
- present clear policy recommendations for the women's organisations
- influence statutory policymakers

Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken.

ISSUES:

The health of BAME women and their families was impacted by Covid-19 pandemic and lockdown as a result of isolation and third parties, affecting mental health, malnutrition and finances.

Existing gaps in provision:

Challenges:

Children and young people:

- BAME women reported cultural taboos to acknowledge children need additional support, with children not getting the support they need.

Adults:

- Language barriers between health officials (doctors, nurses, health visitors) due to translators was not always available. This often led to misdiagnosis.
- There were reports of malnutrition in families throughout lockdown due to the inability to provide food and the massive financial strain of food shopping.

Older women:

- A large number of BAME women live on their own and have felt isolated and lonely.
- There was a general lack of understanding of mental health issues by public health service providers leading to action being taken too late.
- Carers stopped attending, and in some cases, women refused carers to come in fear of infection, leading to a rapid decline in mental and physical health.
- There was insufficient translation of important information and Public Health guidelines.
- Food deliveries such as Meals on Wheels were not being provided to cultural requirements, leading to many BAME women being malnourished.

- The delivery of medication was not always available and there was a lack of awareness of delivery services.
- The circulation of 'fake news' about COVID being shared in the community created a number of problems including widespread anxiety and depression.

Gaps/Recommendations:

- Provision of culturally appropriate food parcels for more isolated BAME women.
- Additional funding to support food shopping, food and medication delivery, and mental health support during a crisis.
- Care packages that are culturally appropriate and supportive of mental health issues
- Improved translation of important information and public health guidelines.

5.4 Briefing Note: Justice and Personal Security During Covid-19

PURPOSE:

To understand the experience of Black, Asian and Minority Ethnic (BAME) Women in Wales in relation to justice and personal security during the Covid-19 pandemic.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to:

- identify key inequalities that BAME women experience
- present clear policy recommendations for the women's organisations
- influence statutory policymakers

Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken.

ISSUES:

BAME women reported experiencing reduced responsiveness from key public service providers.

Existing gaps in provision:

Challenges:

- The experience of an unresponsive Police Force particularly in providing emergency accommodation.
- The experience of BAME women contacting Women's Aid and taking a long time to receive support or a response.
- Due to lockdown, BAME women were under a great deal of mental stress from demanding partners
- There was no reporting to WCF, HWT and HF of any real increasing trend of Domestic Violent, although this could just be due cultural self-preservation.

Gaps/Recommendations:

- Helplines and other emergency support mechanisms to be funded to remain responsive during crisis such as Covid-19.

5.5 Briefing Note: Living Standards During Covid-19

PURPOSE:

To understand the experience of Black, Asian and Minority Ethnic (BAME) Women in Wales in relation to their living standards during the Covid-19 pandemic.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to:

- identify key inequalities that BAME women experience
- present clear policy recommendations for the women's organisations
- influence statutory policymakers

Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken.

ISSUES:

The BAME women reported impacts on their living standards due to Covid-19 in relation to their housing and income.

Existing gaps in provision:

Challenges:

Housing:

- Due to the lack of services, and the poor response rate, housing repairs caused a lot of stress and impacted physical and mental health.
- Due to overcrowding, it proved increasingly difficult for older people to shield
- Due to small homes, there was a lack of space for online physical activities
- Due to lack of outdoor space e.g. gardens and balconies, there was an impact on mental health.

Income:

- Many BAME women and their families work on the front lines, and they experienced a dramatic loss of income.
- There was a lack of take up of entitlements and benefits due to lack of awareness.
- There was a disproportionately high percentage of key frontline worker roles that experienced job vulnerability.

Gaps/Recommendations:

- The needs for homes that are well-maintained by housing providers, with sufficient space for large families and their needs, and with access to outdoor space.

- Emergency helplines and support mechanisms for those BAME women working on the frontline through statutory and third sector organisations, including awareness raising for benefits and entitlements.

5.6 Briefing Note: Participation and Advocacy During Covid-19

PURPOSE:

To disseminate the experience of Black, Asian and Minority Ethnic (BAME) Women in Wales in the level of their participation and advocacy during the Covid-19 pandemic.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to:

- identify key inequalities that BAME women experience
- present clear policy recommendations for the women's organisations
- influence statutory policymakers.

Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken.

ISSUES:

The stories from BAME women during Covid-19 demonstrate that during the Covid-19 pandemic a number of key barriers to inclusion emerged or were reinforced due to language, weak communication channels, and access to closed down services and advice.

Existing gaps in provision:

Challenges:

- There was a general lack of understanding of government guidance to BAME communities and in formats that were accessible, resulting in increased levels of anxiety, fear and stress.
- BAME women felt they lacked the awareness of the support services available from the council due to poor channels of communication with the Council. BAME women resorted to third sector organisations such as Women Connect First, Hayaat Women's Trust and the Henna Foundation for interpretation and support.
- BAME women third sector organisations such as WCF, HWT and HF had to limit their administrative functions due to lockdowns and with no office use, making it more difficult to support BAME women at this time leading to more women not receiving the vital services they needed.
- Many mainstream services were closed down during the lock down such as the GP appointments and home repairs, leaving many women without any support for their basic needs.
- Many BAME women reported a loss of income and not knowing which benefits they were entitled to, affecting their ability to economically sustain themselves and their families during the lockdown.
- Many BAME women working on the front line were overworked and not aware of their employment rights, leading to exhaustion, stress, and the inability to cope with homelife.

- Older BAME women either cancelled their care packages themselves due to fear, or had their care packages cancelled due to reduced services, leading to malnutrition, loneliness and isolation.
- Older BAME women had to rely on phone assessments for their benefits, however, due to language barriers many of these assessments were not accurate nor fair.

Gaps/Recommendations:

- More inclusive mechanisms for sharing public health information by the public sector that addresses community languages and access to information, including through third sector organisations.
- Additional funding and support to third sector organisations such as wCF, HWT, and HF to provide immediate care and support to BAME women.
- Greater awareness of employment and benefit rights to be offered to BAME women through third sector organisations.

6.0 BAME WOMEN POLICY BRIEFING NOTES

6.1 Briefing Note: Mental Health

PURPOSE:

To improve the quality and access of mental health provision for Black, Asian and Minority Ethnic Women in Wales.

BACKGROUND:

This briefing was commissioned Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to identify key inequalities that BAME women experience and present clear policy recommendations for the women's organisations and external influence. Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note are a result of the research undertaken for the Welsh Government Race Equality Action Plan Consultation 2020.

CONTEXT

In Wales, 5.9% of the population identify as Black, Asian, 'Mixed/Multiple' or 'Other' ethnic groups, but there are wide variations between local authority areas ranging from 1.7% to 19.8% (GOV.Wales, 2020a). There are persistent racial inequalities in health and access to health and social care, and in levels of loneliness, among other social and economic disparities (EHRC, 2018).

Racial and ethnic minorities in Wales experience disparities in mental health and wellbeing (e.g. greater levels of loneliness) and access to mental health care, particularly among refugees and asylum seekers (EHRC, 2018). Research also indicates that the Coronavirus pandemic and associated social distancing measures are disproportionately affecting the mental health and wellbeing (including anxiety and feelings of isolation) of Black, Asian and minority ethnic groups in Wales (Public Health Wales, 2020).

ISSUES:

Below are similar stories of British Pakistani women who have dealt with mental health issues which have been exacerbated by divorce. They carry a significant cultural stigma of being Single Mothers, which they felt was not understood and overlooked by mental health providers and that the lack of support of their own mental health issues have had an effect on their children and their chances of children being taken away from them by social services.

We heard numerous descriptions from the Older Women of how social isolation and pain have caused them to have depression. Feelings of isolation and depression have been exacerbated throughout the pandemic.

CASE STUDIES

5.1.1 Mother: Story 1

“There is a lack of tailored mental health support. I was not dealt with in an inappropriate manner. I get private counselling now though my job for anxiety, depression and PTSD. There is a stigma and there is a stereotype that BAME women don't know what they are talking about and are ignored. They are pushed into a corner and ignored and have no voice.

I didn't get a diagnosis for my mental health for years. My son struggled with his mental health. There is a big stigma about being a divorcee in our communities. It took me a year to get support because I was so controlled and frightened. I know now that my mental health issues are because of reactive stress.”

Everything I was going through was not fully understood because of a lack of tailored mental health care for BAME. I'm integrated, I speak English and am educated. But I'm telling you I was not dealt with in an appropriate manner. Particularly single mums. The stigma that BAME women carry - they don't know what we are talking about and understand”

5.1.2 Mother: Story 2

“I am diagnosed with anxiety and PTSD and depression. I am stronger now and I can talk about it. I will say my son is challenged, but I don't raise it with anyone. We don't want to be exposed. Particularly as a divorcee. It took me years to get over the fear. They gas light you don't they? It has taken me since 2011. It is only the past few months to start socialising. Stigma is definitely there. Now I say I don't care.”

5.1.3 Mother: Story 3

I don't want to share my mental health because I don't want it to be on any medical records. He said I am not a good mum because I have anxiety and depression. I am scared it will affect us.

5.1.4 Afro-Caribbean Welsh Woman

A few years ago, when I went to my GP and I was feeling my anxiety and psychosis,

I was told by the Doctor, as a trans-woman, ‘Black men often suffer from psychosis’.

It's common that black trans-women have to be the ones to put up with the idiocy of the NHS, the staff that support you with your mental health have no idea.

Black communities are more likely to access mental health through the prison service or women support groups, rather than through their GPs. It is crazy.

Scientifically it was how they wanted to categorise me - as a man. Even the people who want to help you don't really understand you. I was just another black man - a statistic. I was prescribed medication - quite a high dose. It made me sleep a lot 13-14 hours a day. I was constantly sleeping. The medication didn't help me, it just made me sleep. I was given no help with speaking therapy. Just given tablets and see you later. I was given no referral after diagnosis by the GP of psychosis. I took the medication for a couple of months, but I wasn't socialising, sleeping or sitting on my sofa.

Since being with Michael, my partner, my mental health and physical health has improved everything. A Better quality of life has helped."

EXISTING GAPS IN PROVISION

Challenges:

- There is a stereotype that BAME women don't know what they are talking about and are ignored and can't express themselves about their health
- There is a cultural stigma around divorce for fear of being exposed and gas-lighted by the community
- Single BAME mothers do not share about their mental health because of fear of medical records being used against them and their children being removed
- BAME trans-women identity is often not recognised by health providers
- BAME older women have less social capital due to language barriers, less confidence, and co-dependency tendencies to be part of the wider community making them more vulnerable to isolation
- Social workers and their interpreters can be socially and culturally unaware
- Feelings by BAME women that their conditions and voices are being dismissed by medical professionals

Gaps:

- There is a significant gap in provision of tailored mental health support for BAME women. Due to the lack of trusting, supportive and specialist environment for vulnerable women to share mental health can often result in missed early diagnosis for mental health because of stereotyped and their issues are dismissed
- There is a lack of availability of speaking therapy or other referrals for mental support

- There is a lack of funding for support groups like Women Connect First who not only offer BAME older women activities and care but are often provisioning informal mental health support for Women who are struggling to cope or distressed

- Often there is a sense of disempowerment from families of children over the age of 18 that they cannot be part of decision making and cannot be fully informed of the situation and therefore cannot adequately support their children.

RECOMMENDATIONS:

Area of Impact	Recommendation
Training	Cultural Awareness (e.g. stigmas, taboos, nuances etc.) training for medical professionals.
Policy/ Legislation	Support culturally competent models of care provision and support and extend accreditation schemes such as Diverse Cymru’s ‘BME Mental Health Workplace Good Practice Certification Scheme’
	Mental Health Act should be reviewed whereby the patient has to voluntarily go to hospital or be sectioned. There is nothing between voluntarily and sectioning
Practice	Develop a network of Community-based BAME health visitors and social workers who are culturally (and preferably linguistically) appropriate for older BAME women’s care
	Set up a HUB for service providers to give on-the-job training for professionals such as teachers, social workers, health care workers etc. to interact and learn from BAME women who can share in sight and help foster better understanding between service providers and the communities they serve
	Engage racial and ethnic minority service users and their carers in the design and development of a competency framework which

	should enable mental health providers to understand and meet the needs of their local population and reduce racial disparities in care and outcomes for service users.
Recruitment	Recruitment of BAME carers, social workers, and mental health professionals
Outreach and Support	Fund and resource Black, Asian and minority ethnic community organisations to enable them to be involved in engagement work and to take an active role in public health promotion and messaging.
	Identify and tailor appropriate multiple channels of communication to local communities, while also acknowledging and addressing any community concerns about specific strategies.
	Engage racial and ethnic minority community members and representatives from voluntary, community and social enterprise sectors, faith organisations, and other stakeholders in designing and implementing communications and prevention strategies which are relevant to the local population.

6.2 Briefing Note: Maternal Health

PURPOSE:

To improve the quality and access of maternal ante- and post-natal services for Black, Asian and Minority Ethnic Women in Wales.

BACKGROUND:

This briefing was commissioned Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to identify key inequalities that BAME women experience and present clear policy recommendations for the women's organisations and external influence. Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note are a result of the research undertaken for the Welsh Government Race Equality Action Plan Consultation 2020.

CONTEXT

In Wales, 5.9% of the population identify as Black, Asian, 'Mixed/Multiple' or 'Other' ethnic groups, but there are wide variations between local authority areas ranging from 1.7% to 9.8% (GOV.Wales, 2020a). There are persistent racial inequalities in health and access to health and social care, and in levels of loneliness, among other social and economic disparities (EHRC, 2018). (WCPP 2020)

There remains a more than four-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds in the UK and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to white women, emphasising the need for a continued focus on action to address these disparities.(MBRRACE Report 2020)

ISSUES:

Numerous women described that they had a negative, and some, a traumatic birth experience. Nearly everyone expressed that they felt the midwives were uncaring and unsupportive, some described negligent behaviour. Nearly every story mentioned that they thought they were being discriminated against due to racism.

CASE STUDIES OF LIVED EXPERIENCE

British Pakistani Mother

"When I had my baby, after the delivery the midwives didn't support me. I was trying to get the baby to breastfeed but there was no support, he wouldn't latch on. The midwives called me 'Riffiafty Riffarty Raff'. There was a white woman opposite me and she was given 2 hours of

attention to help her with breastfeeding and they gave me 5 minutes. I was a hijabi and they treated me as if I'm stupid."

Afro-Caribbean Welsh Woman

"When you are a black woman when you go into hospital by yourself they make assumptions. My partner was looking after the children at home. I had a black midwife with my son. For my second daughter they said 'let's get this baby out quickly'. They left me there, in stirrups. I had the baby at 3pm then my family came at 5pm I was still in stirrups, bleeding and open. They left me there in a dirty room and never came back in. "

Afro-Caribbean Welsh Woman

"I had my baby at Llandough Hospital. They were talking about me like I was an object. They kept saying 'let's just get the baby out of her' - let's hurry this up it is taking ages.'

Afro-Caribbean Welsh Woman:

"I found the same with my second, I was quite rushed by midwives, they couldn't wait for my placenta. They said I was taking too long to push. They wrapped my baby up and I never saw them again. I had a tear that had to be rectified in my third child. It goes to show that even when you are in labour and you see the racism, this dismissive behaviour, they just think another black woman having a baby. They messed around up there - I haemorrhaged. I was rushed to the Heath Hospital, they gave me a needle. I hadn't seen my baby - I didn't get a glimpse of him. My mother was sorting him out. It makes me think, I was in a small room left there alone. They did stitch me up. I stayed overnight in a cold horrible room. I was waiting for my baby to be brought to me. They didn't bring my baby in the ambulance. It felt like forever waiting for my baby. Nobody explained to me what was happening except when I was haemorrhaging.

Somali Mother

When I went to have my baby the midwife said - 'oh I'll see you next year' in rude way.

Existing challenges and gaps in maternal health provision:

Challenges:

- There is a common experience of Midwives making assumptions about BAME women. This stereotyping included social assumptions that women were ignorant, that women were unsupported by a partner, or were 'baby machines'. There were also physical assumptions about women's ability to manage pain. Women often felt unseen and unheard by midwives.
- Women in the research felt discriminated against by uncaring and unsupportive attitudes by midwives. These manifested in microaggression or unfair treatment on the ward vis a vis white mothers; being berated or rushed during childbirth; birthing partners being asked to leave.

- Several women reported negligent practice during childbirth, there were reports of women being left unattended for hours after giving birth, or dangerous practice during childbirth.
- There were barriers to Muslim women getting full support due to cultural sensitivities such as Muslim women refusing medical attention due to only male practitioners availability and lack of privacy provided when Muslim women were trying to breast feed.
- Feeling of suspicion and fear around postnatal services with midwives and health visitors. Women felt judged when practicing their own postpartum cultures and fearful of social services, especially with regard to mental health situations they felt social services would come and 'take their children.'

Gaps

- There is a clear and fundamental lack of understanding of racism and promotion of anti-racist procedures in midwifery with a significant number of racist abuses going unrecorded and unaddressed damaging women's mental health, wellbeing and often causing trauma.
- A great deal of existing ignorance to BAME cultures and the understanding of racism by midwives due to a lack of anti-racism training and education. This in turn perpetuates stereotyping, racism and discrimination, there is a lack of cultural awareness and sensitivities by midwives and health visors.
- Ineffective complaints procedures and monitoring systems in place. There is an absence of a meaningful, easily accessible and clearly outlined complaints system. Despite numerous women having bad and traumatic experiences during childbirth nearly no one made a complaint. When complaints were made they were not pursued or taken seriously by the NHS.
- Lack of understanding of diverse cultural/religious post-natal practices.

RECOMMENDATIONS:

Area of Impact	Recommendation
Training	Unconscious bias training with midwives in their degree and in their ongoing professional development.
	Mandatory NHS staff training on racism, prejudice and stereotyping.
Policy	The development of explicit anti-racist organisational policies in the health service.
	Improve and monitor anti-racism complaints procedures in the health service with data on ethnicity and race to be collected.
Practice	Culturally sensitive postnatal support and procedures.
	Set up a HUB for service providers to give on-the-job training for professionals such as teachers, social workers, midwives and health visitors etc. to interact and learn from BAME women who can share in sight and help foster better understanding between service providers and the communities they serve.
Recruitment	Recruitment of BAME midwives and Health Visitors.
Leadership	Proportional BAME representation in management positions NHS.
Outreach and Support	Establish women-only culturally-sensitive ante-natal sessions to inform BAME women of the birthing process in the Wales and to create an opportunity for mid-wives/health visitors to learn about BAME post-natal practices.

Set up a Patients Advocacy Group with BAME women who have recently given birth to capture experiences.

6.3 Briefing Note: School discrimination

PURPOSE:

To improve the quality of education in schools and address discrimination for Black, Asian and Minority Ethnic children in Wales.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to identify key inequalities that BAME women experience and to present clear policy recommendations for the women's organisations and to influence statutory policymakers. Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken for the Welsh Government Race Equality Action Plan Consultation 2020.

LITERATURE

The education system privileges and disadvantages particular racial and ethnic minority groups in Wales (e.g. Show Racism the Red Card, 2020a); and race and ethnicity intersect with other types of inequality (Ogbonna, 2020). A number of actions have already been taken to tackle race inequality in the Welsh education system, including steps outlined in *Our National Mission* to reduce the attainment gap and deliver a fairer education system (Welsh Government, 2020b). Most notably, this includes the introduction of the Curriculum for Wales 2022, in consultation with the *Communities, contributions and cynefin: BAME experiences and the new curriculum advisory group* (Welsh Government, 2020c). (WCPP 2020).

Reducing temporary and permanent exclusions of Black, Asian and Minority ethnic children and young people from mainstream education settings must be a high priority in Wales, given observed racial disproportionality in exclusions (Brentnall, 2017). Gathering real time data on exclusion and ethnic breakdown is essential to monitoring potential patterns of discrimination (Brentnall, 2017), and it is important to disaggregate data by different ethnic subgroups. (WCPP 2020).

Attainment data reveal figures of particular concern for the Black Caribbean, Black African, Any Other Black Background and Mixed White and Black Caribbean sub -groupings. Exclusion figures show higher representation of Black and Mixed ethnicity pupils in all types of school exclusion. Explanations put forward in studies locate the causes in: conflictual relationships, often between teachers and pupils; the influence of stereotyping and low expectations from teachers; pupils challenging authority; and harsher disciplinary responses to misbehaviour. Schools often react to instances of misbehaviour without trying to fully understand or address

the underlying reasons, and they take too little account of the dimensions of race and identity when investigating incidents. Black and Mixed ethnicity boys, in particular, are often excluded for retaliatory behaviour against what they perceive to be personal or institutional racism. (Brentanall 2017).

CASE STUDIES

British Pakistani Mother

My son had mental health issues other kids had different treatment with their difficulties - I spoke to a safeguarding officer because there was a historical issue from my ex-marriage but they just said he's "a bit of a lad". They kept threatening him with a special needs unit but they didn't do that to the other kids who were misbehaving. The school just wanted to "wash their hands of him". They were stereotyping him. He was given no informal support. In the end I needed advocacy from a Women Support Group to get him the help he needed. The school didn't care - they didn't understand the dynamics.The school didn't make racist comments but they did treat him differently."

Sudanese Young Woman, 12

"I had a problem one person in my class said 'only black people do crimes'. He was challenged by me and he was getting upset. The class was shouting. The teacher took me outside and told me not to cause trouble.'

Afro-Caribbean Welsh Woman

I challenged her (the Headmistress) and asked why? What is the issue... she said 'I think it's not suitable.' I asked her if it was a disability issue or racist issue. The conversation became quite tense. She was rude to me so I told her I wouldn't take parenting advice from her. She didn't like it. I made a complaint that then went to the Deputy Head. It went to the Board and then back to the Headteacher. There was no guidance so I didn't know what to do. I spoke to some of the parents in the schoolyard and we started a petition. The Headteacher didn't like that and started to target my other children.

In the school assembly my daughter was picked up by the scruff of the neck and thrown on the floor. My son was in the assembly and told me. I phoned the police and social services and complained. The Headteacher said she was going to call the social services on me... I don't know why? I made a complaint. The police interviewed my 10-year old son. He was shaken and told the police nothing had happened. When I asked him what had gone on and why he didn't tell the police the truth. He then told me that two teachers had locked him in the cupboard and told him to say that the incident hadn't happened and told him they would make his life difficult. They stopped teaching my daughter too. I made numerous complaints to the Board and nothing came of it. It was a struggle so I let it go.

My daughter told me she wasn't being taught and was put in another class. Her teacher refused to teach her because of this incident. When I went to parents evening, every single page in her book was empty. I asked what have you been teaching her for half a year? They had blatantly dismissed my child and left her - ignoring her, not teaching her.

I complained and took my daughter out and put her into another school. My son was about to go to High School. He was the only one in the year that didn't get into the feeder school Bishop of Llandaff. The schools are very cliquey with each other. He was the first ever child not getting in.

Going back to choosing my battles, part of me wishes I had never complained as it caused so much trauma... the other part of me felt like I have to stand up and fight for them, if I don't fight for them who will? It devastated my son. He did a documentary. He opened up and said he was depressed. For a ten-year old to say this. He was stripped of everything. He lost all his friends. Two weeks before starting high school he had no school to go to.

..... It was as if the whole institute and the teachers were in on it. I sent letters to Cardiff Council Education Department but nothing happened.

The police said that all the teachers colluded and lied, they were caught out. I didn't take it further as I was concerned about the kids' future."

I did stand my ground but it was at the expense of my children's mental health. My children were depressed. To hear my son saying he wanted to self-harm made me want to not take things forward. I was fighting so hard it had an effect on you mentally and physically. I'm working, writing letters and emails. I didn't know what I was doing or where to go. I had no support. I'm speaking to the teachers at my other kids' school and they couldn't advise me and tell me where to go. The only option I was left with was to take my kids out of school and put them in a different school. But even then when I moved her to a new school she is the only black child in the school. Granted I give them all lot more open and inclusive they come to me and ask me questions about black people. But now my daughter is struggling with her identity as there are no other black people in her school other than her of any form of ethnicity.... We're not protected by legislation that's the biggest thing there is no consequence for these people; so it becomes repetition.

African Woman

"The first time I ever went through racism it was in school, I introduced myself. I moved from Africa when I was 11...

Immediately the teachers put me into sports activities and focused on that, meanwhile as Africans you want to do well in school. I was winning all the competitions and focusing on sports as a result I wasn't doing well in Maths and English and fell behind. That caused problems at home.

In high school the child development teacher referred to me as that dirty girl. I already felt I was nothing... they would speak to me as if they were belittling me. None of the teachers sat down with me to explain things. I started changing myself, changing my accent trying to be like my white friends so they would choose me. I used to love reading and writing but the teachers always ignored me. This changed my attitude towards education.

After I left high school, I was doing placement and a child came over to me and said I am allergic to black people, she actually came over to say that. So, don't come to me. The main teachers heard and saw what happened and they all kept quiet. From then on I became so hypersensitive and self-conscious;..... At the placement I was the only black person. I met all the criteria but the manager still failed me. I knew what I was doing was right. I studied really hard. As a result, I failed my course. I felt I wasn't good enough to qualify. She told me I had to repeat the diploma and I gave up.

ISSUES:

A number of mothers and pupils reported suffering from discriminatory and racist behaviour within the school environment. Their experiences ranged from feelings of exclusion; unfair treatment; being judged negatively; assumptions about ability and aspirations, and institutional racism in the form of collusion of staff and leadership when trying to raise a complaint or an issue regarding a child. Much of the discrimination was indirect and subtle.

Challenges:

- Educational establishments through their attitude, organisational culture and behaviours stereotype BAME mothers and children leading to a lack of a productive and supportive relationship between parents and school, and negative repercussions on the children's educational attainment. Schools displayed ignorance and dismissive attitudes to children and parents.
- Racist language being used in the classroom and not challenged. Racist language is not perceived and treated seriously as a hate crime within many school environments. Furthermore, racist verbal abuse is often not considered harmful and not condemned nor reprimanded sufficiently as other harmful anti-social behaviour.
- Children reported feeling excluded from school life. There were occasions where they felt unwelcome or excluded from participation leaving them feeling undervalued, and on some occasions, exploited when diversity was required.
- Some teacher's attitudes had negative assumptions about behaviour, expectations and abilities of BAME children affecting children's self-esteem, educational attainment, and identity.
- A tendency to deal with BAME children, in particular boys, with faster judgements and stereotyping, leading to harsher repercussions, and ultimately exclusion of BAME children.

Gaps:

- There is an absence of a robust, meaningful, independent and clearly outlined complaints system outside of the structures of the schools. Parent’s grievances are not taken seriously, heard, or acknowledged. Furthermore, parents reported a sense of unaccountability in which there was a tendency to deny allegations and to ‘close ranks’ amongst white teachers, management and governors.
- Due to poor organisational culture upholding racism and discrimination, there is a lack of cultural awareness and sensitivities by teachers and leadership.
- There is a clear and fundamental lack of understanding of racism and promotion of anti-racist procedures in schools with a significant number of racist abuses going unrecorded and unaddressed damaging children’s mental health, wellbeing and success.
- A great deal of existing ignorance to BAME cultures and the understanding of racism by white teachers is due to a lack of anti-racism training and education. This in turn perpetuates uninformed pupils compounded by inconsistent teaching of diversity issues and the absence of a de-colonised curriculum.

RECOMMENDATIONS:

Area of Impact	Recommendation
Training	Mandatory INSET days and PGCE curriculum to include on cultural Awareness (e.g. stigmas, taboos, nuances etc.) training for teachers.
	Training should take an anti-racist approach and facilitate effective understanding of whiteness, in a way that supports self-reflection and challenge.
	Mandatory INSET and PGCE training on racism, prejudice and stereotyping for teachers and senior management.

	Introduction for Governor training to include issues of racism and diversity.
	PGCE courses need to actively increase their BAME intake.
	BAME Teaching Assistants (TAs) to be actively encouraged to train as teachers on in school training programmes.
Policy	Statutory Anti-racist policy and implementation plan monitored by ESTYN and the Consortia.
	New Welsh Curriculum development around black history, colonialism and diverse cultural awareness.
	A clear and published zero-tolerance anti-racism and discrimination complaints procedure, with clear pathway for escalating a complaint in relation to accountable school personnel and named governor, to include the designated officer responsible for racism in the education team in the local authority.
Practice	A mandatory inter-race exchange activity programme throughout Wales between schools in white areas and more diverse schools with a dedicated Centre with specialist anti-racist staff.
	A robust system of data collection of annual racist complaints and incidents overseen by ESTYN and the local authority.
	Designate a senior manager in each school who is trained in anti-racism and discrimination to handle all arising issues.

Recruitment	A campaign to promote teaching as a profession to BAME communities and individuals.
	A positive discrimination recruitment drive to diversify and sponsor BAME teachers at all levels of teaching and management in schools.
Leadership	Proportional BAME representation in management positions in education in relation to local demographics.
	Ensure BAME teachers are placed on leadership training courses.
	tackling racial inequality requires a whole school approach that takes into account leadership, teaching and learning, power and voice, wellbeing and belonging.
Outreach and Support	Campaigns to raise awareness amongst BAME parents of the education system and complaints procedure to raise their confidence.
	To fund third sector BAME organisations to have an education advocate.
	To fund afterschool homework clubs and mentoring of BAME children to address educational attainment and self-esteem development.
	Establish an Independent Law and Advocacy Anti-racism Centre dedicated to supporting victims of racism and their complaints at low-charges or free.

6.4 Briefing Note: Employment and Discrimination in the Workplace

PURPOSE:

To improve the experience and protection against racism of Black, Asian and Minority Ethnic Women in Wales in the workplace.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to identify key inequalities that BAME women experience and to present clear policy recommendations for the women's organisations and to influence statutory policymakers. Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken for the Welsh Government Race Equality Action Plan Consultation 2020.

Research shows that BAME individuals experience discrimination and bias at every stage of their career, even before it begins. BAME individuals are more likely to perceive the workplace as hostile, they are less likely to benefit from networks, to apply for and be given promotions and "they are more likely to be disciplined or judged harshly." (Turkmen, 2019; Crawley, 2012; Hatch et al., 2020). In Wales, there are persistent racial inequalities in employment and income, including under-representation at more senior levels, lower rates of pay progression, and over-representation in lower paid and more precarious jobs for some racial and ethnic minority groups (EHRC, 2018).

The statistics shows that employment in Wales is gendered and ethnically segregated. BAME women are more likely to be unemployed, have trouble finding a job, and more likely to be economically inactive. Women from different ethnic groups experience different levels of engagement in the economy based on ethnicity, religion, nationality, age, social capital and geography. The highest ethnic minority female group population in Wales is the Black/Black British group, making up 20.9% of the ethnic minority female population aged 16-64. This group is followed by the Pakistani and Bangladeshi population with 14% and then mixed ethnic groups and Indian population. Only 48.1% of BAME women are in employment in Wales, which is below the UK average of 72.6% for white females and 56.9% for ethnic minority females. Indian females have the highest proportion of employment with 63.5% in the Welsh economy. The lowest employment rate is among the Pakistani and Bangladeshi women in Wales with 30.2% and 18.3%.(Turkmen, 2019)

ISSUES:

These stories are from BAME women who have experienced discrimination based on religion, age, race/ethnicity, and colour. In some cases, the BAME women lost their jobs, in other cases they left because the workplace could not accommodate their needs. In other cases, the BAME woman challenged the situation at the cost of her peace of mind and heightened stress-levels. These lived experiences have shaped BAME women's negative expectations of going into an interview or a job.

The stories below demonstrate the nature of micro-aggressions in the workplace that undermine BAME women in their positions and roles, as well as make them feel ignored and not respected.

There are also stories from women who have attempted to challenge discriminatory behaviour but have been labelled and stereotyped as aggressive. They feel they are on the defensive because of their negative past lived experiences in the workplace.

Case studies of lived experience in support of the issues are as follows.

Pakistani Woman: Story 1

“With work I have one experience. After finishing A-levels I worked in a call centre. There was one prayer room for men and women but too small. They didn’t know that men and women shouldn’t prayer together. If it took me a while because I had to wait, I would be pulled up by management because I was taking too long a break. Management did not take on board my religion. I ended up leaving because they couldn’t provide a small room for me to pray. They wouldn’t accommodate me. No one was taking it seriously. I had to conform. They can’t allow you to have a break during Ramadan at sunset because of the break schedule. It wasn’t suitable for my lifestyle so I left. That didn’t go well with jobseekers. They said it was not good enough reason to leave”.

Afro-Caribbean Welsh Woman: Story 2

“In my team there was a person on a lower band than me. One particular occasion this person blatantly undermined me in front of colleagues and the patient’s family. It was uncomfortable to see, and my other colleague noticed it. It is hard to tell if it was racism, maybe it was a personality clash. But I know for a fact she wouldn’t treat another white colleague in this way. And basically, I was introducing myself to the daughter of the patient. This lower grade colleague went into the ward brought the mum introduced her in front of me and took over.

With this particular technician it happened quite often she would rail road the situation where I would get in trouble for doing things. I would say no I don’t want to do that I will get in trouble and she would say no you won’t. I took it up with my manager and before that it did get frosty in the office, we were both upset with her, I was told I didn’t acknowledge her feelings. They forget how I felt. We had a meeting. My manager doesn’t like dealing with conflict and doesn’t know how to deal with it. She kind of sided with the technician band 3. I tried to explain that she undermined me. It felt like it was two against one. It’s very hard to prove its racism. Nobody cared how I was feeling instead they said well do you know how you made the other person feel? Hang on a minute you undermined me. Another colleague had seen how this colleague was undermining me and I wanted my manager to speak to her to get the full picture but she didn’t. It didn’t go any further. Oh my gosh if that was me who behaved in that way, it would have been heads rolling. “

Afro-Caribbean Welsh Woman: Story 3

“I can come across as aggressive when I go into a school. I expect people to be negative towards me. When I receive it, my reaction will be ten times more than another person. I go in ready for a battle.

If a child is racist to a teacher then it is dealt with the same as if they are being rude. There is no system in place to deal with racist behaviour. I had one child running around, I told him to sit down. He said ‘you can’t tell me what to do’. I responded and said I am your teacher for the day so you have to sit down. The child said ‘you’re just an ugly black baboon why should I listen to you’. I said ok...I couldn’t leave the class to tell anyone. I waited until afterwards and took him to the Deputy Head. I asked what have you got in place to deal with this kind of behaviour? She said ‘he can stay here with me for the rest of the day’. I said ‘ok but what are you going to do?’ She said ‘I will keep him here so he won’t disrupt your class’. But I asked again ‘what are you going to do? Ok you’re going to do nothing!’ The child was not asked to apologise and there was no conversation with him. He was not told he was wrong or how it made me feel. I spoke to the class about why this behaviour is wrong and why we are all different. The class was full of white children, they did not want to learn and did not care.

When you have got one of the highest teachers not caring, why would the kids care? There is nothing in place that deals with racist behaviour.”

Existing gaps in provision:

Challenges:

- The religious needs of BAME women are not being respected or accommodated in the workplace. For example, space for male/female segregation during prayer or scheduled times to break fast in Ramadan are not provided, leading to some BAME women leaving employment or changing jobs, affecting their livelihoods.
- BAME women experience discrimination against them based on religion, age, ethnicity, race or colour often in subtle and covert ways in the workplace, or through micro-aggressions. This situation affects their mental health and forces them to leave their jobs, or in some cases to be sacked.
- BAME women reported often being micro-managed by their managers making them feel that they are not trusted in their jobs.
- When BAME women experience racist behaviour in the workplace, they do not always experience genuine apologies, or repercussions to the perpetrator that is upheld as unacceptable behaviour.
- BAME women reported feeling discriminatory and prejudiced assumptions of them as being ‘aggressive’ or ‘lazy’ which prevented them from speaking up against issues affecting them and their work, in case they were labelled. This situation led to frustration in the workplace and negatively impacted their mental health.

- When BAME women raise a complaint or speak up about racist behaviour in the workplace, they get dismissed and made to feel responsible.
- Due to negative past lived experiences of BAME women experiencing micro-aggressions in the workplace, they have become hyper-vigilant and ‘on the defensive’ leading to un-filling work lives and challenges in feeling accepted and at ease in their jobs.

Gaps:

- There is an absence of a robust, meaningful, independent and clearly outlined complaints system outside of the structures of the workplace. Staff grievances are not taken seriously, heard, or acknowledged.
- There is an absence of effective anti-racist policies and procedures to protect against religious, racial, sexist, and ageist discrimination in the workplace, nor procedures to monitor discriminatory practices and number of incidents recorded in an accountable manner.
- Due to poor organisational culture upholding racism and discrimination, there is a lack of cultural awareness and sensitivities by staff of BAME women needs.
- There is a clear and fundamental lack of understanding of racism and promotion of anti-racist procedures in the workplace with a significant number of racist abuses going unrecorded and unaddressed damaging BAME women’s mental health, wellbeing and career success.
- BAME women are not aware of their rights and do not have the confidence to challenge racist and discriminatory practices. BAME women are not aware of the anti-discrimination and equalities organisations that they can access to support their lived experiences and cases.

RECOMMENDATIONS:

Area of Impact	Recommendation
Training	Welsh Government to fund Community Employability Programmes, Entrepreneurship training and Apprenticeships for BAME women in the public sector.
	Public and private sector organisations to provide mandatory on-going training on the legal implications of the Equality Act (2010) and challenging institutional white privilege and anti-racism taking an experiential, reflective, behavioural and action-based approach. Develop training with BAME women.
	Welsh Government to promote open discussion about race and racism in the workplace with public and private sector organisations.

	Offer BAME women focused training on their rights to access race-related complaints procedures such as employment tribunals, the Equality and Human Rights Commission, the TUC in Wales, and the Race Council Cymru etc.
Policy	Mandatory anti-racist organisational policies in the public and private workplace supported by Senior Management and made public annually.
	Equalities and Human Rights Commission and Race Council Cymru to be funded to actively support the private and public sector compliance with legislation.
	Welsh Government and Local Authorities to only grant funds to public and private sector organisations with published data collection and monitoring compliant with the Equality Act (2010) and Public Services Social Value Act (2012).
	All procurement of government and public sector contracts must include a mandatory Race Equality Impact Assessment of tenders.
Practice	Staff and Senior Management to prepare annual mandatory Race Equality Impact Assessments for their organisations according to the Equality Act (2010) to ensure culturally-sensitive needs are met in the workplace e.g. prayers and fasting schedules.
	Private and public sector organisations to publish locally meaningful targets for representation and sector-specific targets for progression for racial and ethnic minorities which are underpinned by sustained positive action, including pay, progression, representation at different levels, and incidents of racial discrimination, bullying harassment or abuse.
	Public and private sector organisations to establish clear lines of communication, accountability and continuous dialogue for staff, visibly supported by senior leadership – including allocation of sufficient resources and enabling a climate in which BAME women are able to challenge corporate agendas.
	Promote and fund mentoring and reverse-mentoring programmes for BAME women in which open discussions about race, racism and white privilege are encouraged.
Recruitment	Promote membership of Unions within the BAME community as a mechanism of challenging racism.
	Welsh Government review of Gender, Race and Disability Pay Gap under the Public Sector Equality Duty (PSED) and its reporting mechanisms.
	De-bias the recruitment process by mitigating against school and university bias focusing on potential, ensure racially diverse shortlists, ensuring recruitment agencies provide adequate local representation of BAME women as a condition of their contract, and ensure a diverse interview panel, including independent or external panel members where needed.
	Job Centres should be adequately resourced and provided with ongoing training and professional development, particularly around unconscious bias and intersectionality.

Leadership	BAME women representation in middle and senior management positions to be part of the mandatory Race Equality Impact Assessment published and monitored by the public and private sector, including positive action for career progression leadership training for BAME women.
	Welsh Government to monitor robust public appointments of BAME women at senior levels within the public sector.
	All Senior Management to be trained in diversity and inclusion and to visibly support broader institutional and workplace commitment to psychological safety and inclusivity, with a clear focus on covert, everyday microaggressions, and encourage allyship and bystander intervention.
	TUC to campaign with BAME women members in the workplace to support internal accountability and monitoring processes at senior management level.
Outreach and Support	Campaigns and multilingual guides to raise awareness amongst BAME communities on their rights, the organisations where they can seek support, and programmes to raise their confidence when discriminated against.
	Financial support for victims of racism to prosecute through the establishment of an Independent Law and Advocacy Anti-racism Centre dedicated to supporting victims of racism and their complaints, or to strengthen the Equalities and Human Rights Commission services to act on BAME women's behalf free of charge.
	Set up a HUB for BAME service providers to give on-the-job training to white professionals in the public and private sector.
	Welsh Government's Let's Talk Respect campaign to actively engage public and private sector organisations.
	Welsh Government to remove financial legal costs of challenging workplace racism in employment tribunals and ensure representation amongst tribunal committees.

6.5 Briefing Note: Racist Bullying and Complaints System at Work

PURPOSE:

To improve the complaints system for racist bullying of Black, Asian and Minority Ethnic Women in Wales in the workplace.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to identify key inequalities that BAME women experience and to present clear policy recommendations for the women's organisations and to influence statutory policymakers. Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken for the Welsh Government Race Equality Action Plan Consultation 2020.

Research shows that BAME individuals experience discrimination and bias at every stage of their career, even before it begins. BAME individuals are more likely to perceive the workplace as hostile, they are less likely to benefit from networks, to apply for and be given promotions and "they are more likely to be disciplined or judged harshly." (Turkmen, 2019; Crawley, 2012; Hatch et al., 2020). In Wales, there are persistent racial inequalities in employment and income, including under-representation at more senior levels, lower rates of pay progression, and over-representation in lower paid and more precarious jobs for some racial and ethnic minority groups (EHRC, 2018).

The statistics shows that employment in Wales is gendered and ethnically segregated. BAME women are more likely to be unemployed, have trouble finding a job, and more likely to be economically inactive. Women from different ethnic groups experience different levels of engagement in the economy based on ethnicity, religion, nationality, age, social capital and geography. The highest ethnic minority female group population in Wales is the Black/Black British group, making up 20.9% of the ethnic minority female population aged 16-64. This group is followed by the Pakistani and Bangladeshi population with 14% and then mixed ethnic groups and Indian population. Only 48.1% of BAME women are in employment in Wales, which is below the UK average of 72.6% for white females and 56.9% for ethnic minority females. Indian females have the highest proportion of employment with 63.5% in the Welsh economy. The lowest employment rate is among the Pakistani and Bangladeshi women in Wales with 30.2% and 18.3%.(Turkmen, 2019).

ISSUES:

BAME women face discrimination in institutional settings where there are few BAME people. The women demonstrated the different coping strategies they have to adopt to deal with racist bullying and stereotyping or to get promoted, including toning down their behaviour and clothes to fit in.

BAME women have limited choices in the workplace. One woman who was posted to a racist country against her choice, and forced to work in an environment amongst racist colleagues. This situation had a detrimental impact on her mental health. The other story shows how BAME women's well-being and safety are placed risk when they work with racist clients.

Racism is experienced by BAME women when they are in positions of authority. In these case studies, there is a repeated pattern of lack of action, support or resolution by management.

Case studies of lived experience in support of the issues are as follows.

Somali Woman: Story 1

"There is only me and a Pakistani guy. He has experienced more difficulty than I have. He has gone through a lawsuit against the company. For example, they recently put halal food on the menu, they would say it was not available to him, then they would feed him non-halal food. It might be because he is quite timid and it's against him - they take the mick. We work with vulnerable children between 8 and 19, they get aggressive. He hasn't found support when the children got aggressive. He would get hit quite a lot. I just have had these annoying little comments. I have been able to combat that. The problem is the culture of the workplace. They are very ignorant of different cultures and how it can affect people. People from the Valleys they don't know much about minorities."

Afro-Caribbean Welsh Woman: Story 2

"There's not a lot of black members of staff this way in Cardiff. And not many black managers in the office; 1 mixed race, and me and one other network rail. There are 6 floors - no black executives. When the black staff do get to this position it is because I had to wake up at 3 in the morning and work my butt off. I can't just be passionate. I get told I am aggressive. Sometimes some people don't want to change the way they look or behave. Once when I was ill, I came with braids in my hair instead of a weave in case I needed to go to hospital. I was treated differently with braids than weave. I dress a lot older to go to work - to be perceived in a certain way to be unthreatening. The way they behave or act - you are perceived as being threatening. You have to adapt yourself to go to an interview to get that position. When I go in with my hair different people say you are quirky today. One lady, she was pushed into a back office where she was unrecognised. If I dress a certain way you are perceived differently."

You have to tone everything down to avoid being stereotyped.... You have to edit yourself to have a position. To have some influence. I don't think what I say will have any relevance. The higher-level management will not listen to you. When the time is right then I choose the time to speak up to make a difference."

Somali Woman: Story 3

"My first ever job I was selling windows for a call centre. They said 'could you please change your

name to Amy instead of Aminah'? What does that have to do with sales? I was younger and did as I was told, but looking back they would never do that to a white person. It is so unacceptable. I think I just wanted to keep the job - you just put up with stuff. If you challenge, who are you challenging exactly? Who can you complain to, the supervisor will agree with the manager? Nobody looks like you in the company, who do you complain to? If there is nobody in the senior management who looks like you then who do you complain to?"

Afro-Caribbean Welsh Woman: Story 4

"Being a woman, not even being mixed race, in the military is hard enough, you have to work twice as hard. However, I got promoted quite quick. I had one experience in Germany and I said to them I wanted a UK posting, they thought I had mental health issues. They sent me to a psychiatrist. I got bullied a lot in Germany. They were horrible. There were not many black people in Germany. In the end I went AWOL for 3 months. They will either ruin my mental health if I stay here or I get out of there. I just got my stuff and I drove to the UK to my mum's. It could have been the colour of my skin. The military police found me.

While I was in Germany, a woman committed suicide next door to me. I said I am not committing suicide. I couldn't sleep at night, I was crying. I felt I don't fit here. They weren't including me.

They made me go back to Germany. The padre from the church helped me get my post in the UK.

Afro-Caribbean Welsh Woman: Story 5

"There was another situation when my manager gave me a referral for a young person and gave me a heads up, and said this person has been racist to someone else. I said to my manager are you joking? I can understand if the whole team were BAME but this isn't the case. I said there is no way I am going to support this young person if he has racist tendencies, my manager kept saying you will be fine. I had to go over her head and speak to a higher manager. I am not putting myself at risk, especially as I have been attacked. There is no way I'm taking this case.

I feel safer in Cardiff compared to the Caerphilly area.

We need protection, if we're going to their homes, we don't know what the situation will be. Risk assessments need to be put in place before we go out to see clients.

When doing risk assessments, if we're going out in communities the risk assessments have to include if the clients are racist. We need to know so we can make the choice. We need to be protected so we know what the risks are."

Afro-Caribbean Welsh Woman: Story 7

“When I worked for Cardiff I started in the residential department and I worked my way up to becoming a manager. As a manager that is where I experienced the most horrendous racism because I was a black manager telling white staff what to do and when I say there were blatant white staff who were traumatised a black person was telling them what to do and what time they had to come to work, setting their workload, I was in constant battle and I had lots of complaints made against me. I would challenge them through and through. One of things I learned to do was to keep a diary to write everything down. Everything I would say, or movements, it was like I had to keep a diary of my life to protect myself because of the white staff I worked with.”

Trans Afro-Caribbean Welsh Woman: Story 6

“I was a manager with....worked in a place in a Kitchen in London. One of the chef’s was Eastern European. He didn’t respond to me as a black manager. No communication. Didn’t want to speak with me. I would speak to my seniors about it, ‘he is refusing to speak to me’, Obviously he doesn’t respect me. I didn’t want to submit any grievances. I wanted those I report to, to sort it out. They just said ‘it is a cultural thing’.

If I wanted him to do a certain task. It was like talking to a brick wall. He left because he didn’t want to work for a black person. The thing was colleagues ignored it. I write the rota for 4 chefs and staff - he wouldn’t talk to me if he wanted days swapping, he would send people. I was ignored and frustrated because they were passing on his messages.”

Existing challenges and gaps in racist bullying complaints system:

Challenges:

- Bullying and micro-aggressions go on in the workplace and remain unchallenged, often overt offensive comments, harming BAME women’s sense of Self and their mental health.
- When BAME women get promoted or do well, white colleagues lash out or provoke an argument challenging their right to success and holding prejudices and judgements based on their protected characteristics.
- None, or very few, black managers in senior management positions in many organisations due to barriers to progression by gatekeepers, and discriminatory behaviour in comparison to BAME women’s peers. This limits income levels and access to higher paid jobs and positions.
- Due to discriminatory behaviour in the workplace, BAME women feel they have to work harder to prove themselves to earn their promotion, more than their counterparts. Putting in longer hours or taking more responsibility has a negative effect on the mental health of BAME women.

- BAME women feel they have to 'please their masters', 'tow the party line', conform, modify their behaviour or appearance in order to get promoted. The lack of acceptance of cultural diversity in the workplace results in identity and self-confidence being undermined, ultimately leading to vulnerability and exclusion.
- BAME women reported feeling discriminatory and prejudiced stereotyping of them as being 'aggressive' or 'lazy' which prevented them from speaking up against issues affecting them and their work, in case they were labelled. This situation led to frustration in the workplace and negatively impacted their mental health.
- In the workplace, BAME women experience being ignored and a culture of silence when they are discriminated against due to their protected characteristics. This leaves them feeling vulnerable and frustrated.
- BAME women often prefer to work in a 'BAME bubble' within BAME organisations or for themselves to avoid racism. BAME women succeed more in culturally diverse environments, such as schools in diverse parts of the city, or as self-employed entrepreneurs working for diverse clients, and this limits their job market access and customer base.
- BAME women are forced into racist situations that place them at higher risk, in harmful and unsafe situations. Employers do not have the policies or practices in place to risk assess their BAME women workforce when these situations arise leaving BAME women feeling vulnerable and unprotected, affecting their performance and job-fulfilment.

Gaps:

- Management and Leadership courses have a strong under-representation of BAME women. BAME women feel excluded from these experiences with no Senior Management accountability to ensure equal access to career development.
- Due to poor organisational culture upholding racism and discrimination, there is a lack of cultural awareness and sensitivities by staff of BAME women needs. Weak representation of BAME women in management and leadership training due to conscious and unconscious biases in the workplace.
- There is an absence of a robust, meaningful, independent and clearly outlined complaints system outside of the structures of the workplace. Staff grievances are not taken seriously, heard, or acknowledged. There is an absence of mental health support.
- There is an absence of effective anti-racist policies and procedures to protect against religious, racial, sexist, and ageist discrimination in the workplace, nor procedures to monitor discriminatory practices and number of incidents recorded in an accountable manner.
- There is an absence of robust and effective risk assessments to protect BAME women

workers when exposed to racist or discriminatory contexts.

- BAME women are not aware of their rights and do not have the confidence to challenge racist and discriminatory practices. BAME women are not aware of the anti-discrimination and equalities organisations that they can access to support their lived experiences and cases.

RECOMMENDATIONS:

Area of Impact	Recommendation
Training	Welsh Government to fund Community Employability Programmes, Entrepreneurship training and Apprenticeships for BAME women in the public sector.
	Public and private sector organisations to provide mandatory on-going training on the legal implications of the Equality Act (2010) and challenging institutional white privilege and anti-racism taking an experiential, reflective, behavioural and action-based approach. Develop training with BAME women.
	Welsh Government to promote open discussion about race and racism in the workplace with public and private sector organisations.
	Offer BAME women focused training on their rights to access race-related complaints procedures such as employment tribunals, the Equality and Human Rights Commission, the TUC in Wales, and the Race Council Cymru etc.
Policy	Mandatory anti-racist organisational policies in the public and private workplace supported by Senior Management and made public annually.
	Equalities and Human Rights Commission and Race Council Cymru to be funded to actively support the private and public sector compliance with legislation.
	Welsh Government and Local Authorities to only grant funds to public and private sector organisations with published data collection and monitoring compliant with the Equality Act (2010) and Public Services Social Value Act (2012).
	All procurement of government and public sector contracts must include a mandatory Race Equality Impact Assessment of tenders.
	Risk Assessments for BAME workers to be mainstreamed to protect against racist work contexts e.g. social care.
Practice	Staff and Senior Management to prepare annual mandatory Race Equality Impact Assessments for their organisations according to the Equality Act (2010) to ensure culturally-sensitive needs are met in the workplace e.g. prayers and fasting schedules.

	Private and public sector organisations to publish locally meaningful targets for representation and sector-specific targets for progression for racial and ethnic minorities which are underpinned by sustained positive action, including pay, progression, representation at different levels, and incidents of racial discrimination, bullying harassment or abuse.
	Public and private sector organisations to establish clear lines of communication, accountability and continuous dialogue for staff, visibly supported by senior leadership – including allocation of sufficient resources and enabling a climate in which BAME women are able to challenge corporate agendas.
	Promote and fund mentoring and reverse-mentoring programmes for BAME women in which open discussions about race, racism and white privilege are encouraged.
Recruitment	Promote membership of Unions within the BAME community as a mechanism of challenging racism.
	Welsh Government review of Gender, Race and Disability Pay Gap under the Public Sector Equality Duty (PSED) and its reporting mechanisms.
	De-bias the recruitment process by mitigating against school and university bias focusing on potential, ensure racially diverse shortlists, ensuring recruitment agencies provide adequate local representation of BAME women as a condition of their contract, and ensure a diverse interview panel, including independent or external panel members where needed.
	Job Centres should be adequately resourced and provided with ongoing training and professional development, particularly around unconscious bias and intersectionality.
Leadership	BAME women representation in middle and senior management positions to be part of the mandatory Race Equality Impact Assessment published and monitored by the public and private sector, including positive action for career progression leadership training for BAME women.
	Welsh Government to monitor robust public appointments of BAME women at senior levels within the public sector.
	All Senior Management to be trained in diversity and inclusion and to visibly support broader institutional and workplace commitment to psychological safety and inclusivity, with a clear focus on covert, everyday microaggressions, and encourage allyship and bystander intervention.
	TUC to campaign with BAME women members in the workplace to support internal accountability and monitoring processes at senior management level.
Outreach and Support	Campaigns and multilingual guides to raise awareness amongst BAME communities on their rights, the organisations where they can seek support, and programmes to raise their confidence when discriminated against.

	Financial support for victims of racism to prosecute through the establishment of an Independent Law and Advocacy Anti-racism Centre dedicated to supporting victims of racism and their complaints, or to strengthen the Equalities and Human Rights Commission services to act on BAME women's behalf free of charge.
	Set up a HUB for BAME service providers to give on-the-job training to white professionals in the public and private sector.
	Welsh Government's Let's Talk Respect campaign to actively engage public and private sector organisations.
	Welsh Government to remove financial legal costs of challenging workplace racism in employment tribunals and ensure representation amongst tribunal committees.

6.6 Briefing Note: Employment Careers Progression

PURPOSE:

To improve the access and progression of Black, Asian and Minority Ethnic Women in Wales in their careers.

BACKGROUND:

This briefing was commissioned by Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to identify key inequalities that BAME women experience and to present clear policy recommendations for the women's organisations and to influence statutory policymakers. Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note is a result of the research undertaken for the Welsh Government Race Equality Action Plan Consultation 2020.

Research shows that BAME individuals experience discrimination and bias at every stage of their career, even before it begins. BAME individuals are more likely to perceive the workplace as hostile, they are less likely to benefit from networks, to apply for and be given promotions and "they are more likely to be disciplined or judged harshly." (Turkmen, 2019; Crawley, 2012; Hatch et al., 2020). In Wales, there are persistent racial inequalities in employment and income, including under-representation at more senior levels, lower rates of pay progression, and over-representation in lower paid and more precarious jobs for some racial and ethnic minority groups (EHRC, 2018).

The statistics shows that employment in Wales is gendered and ethnically segregated. BAME women are more likely to be unemployed, have trouble finding a job, and more likely to be economically inactive. Women from different ethnic groups experience different levels of engagement in the economy based on ethnicity, religion, nationality, age, social capital and geography. The highest ethnic minority female group population in Wales is the Black/Black British group, making up 20.9% of the ethnic minority female population aged 16-64. This group is followed by the Pakistani and Bangladeshi population with 14% and then mixed ethnic groups and Indian population. Only 48.1% of BAME women are in employment in Wales, which is below the UK average of 72.6% for white females and 56.9% for ethnic minority females. Indian females have the highest proportion of employment with 63.5% in the Welsh economy. The lowest employment rate is among the Pakistani and Bangladeshi women in Wales with 30.2% and 18.3%.(Turkmen, 2019).

ISSUES:

BAME women experience limitations on career progression. They have worked hard to gain their qualifications, experience and credentials, yet they are stopped from promotions by gatekeepers on the basis of their protected characteristics. These women have reported this racist behaviour, however, none of their grievances have been addressed.

Case studies of lived experience in support of the issues are as follows;

Pakistani Woman: Story 1

"I work in education. It is better now than when I started. I was always told I was amazing, I was great. I had an 8-page CV and years of experience but I never got the job. Now I work in Butetown and most of the children I work with are minorities. In this school it is fine but in north Cardiff, the amount of abuse the minority children got from the other children.

I get ignored in classes. The teachers would not acknowledge me. I reported them. The report didn't go through. 3 years later I heard. Racism was picked up in the school in two days by the assessing body.

I applied for a post in north Cardiff. The Head told me to apply for 3 posts. I got shortlisted. I had to approach the Head because I didn't get any of them. She said: 'The governing body aren't ready for a person like you'.

..... We had a new Head teacher in the school. She saw me teaching in the class. She offered me a permanent post. She got me on the management and leadership course. It was only because she gave me that opportunity. I was told I could teach Year 6. I have been here for 8 years and it has taken this long. Self-doubt creeps in.

It was harder for me to get the promotion than others. They annoyed me but not personally affected me. The only thing I regret is I didn't take it further. I don't stress. I know I am good at my job. I know I can get results. Children respect me. If I have something to say I will say it. But not everybody is like that."

Afro-Caribbean Welsh Woman: Story 2

"Every black person learns their own technique on how to manage ourselves in society to get through. Already there is a big issue in the black community for mental health. Some of the abuse you have to sustain on a daily basis will push you over the edge. Every black person has to choose their battles. I know so many professional black people with degrees who have never worked in the fields they have trained in because a) they aren't given the right opportunities, b) they don't have the confidence because they are frightened of the interview process, of an all-White panel. I have sat on interview panels and when a white person walks in comments such as 'nice shoes' are made. When a black person walks in, it's like what have you got to offer. I see it all the time. You have to adopt coping mechanisms."

Afro-Caribbean Welsh Woman: Story 3

"I don't know any black managers or team leaders in Lloyds Bank. If you are not friends with certain people you won't get your rankings. I can't stand the place. I just go in, do my job, then leave.

I trained to do accountancy. First, it was paper based then when I returned it was computer based.

In Lloyds they say you can do all these things like shadowing. I said to my manager I am doing accountancy. I asked my manager who I can shadow. 'Do you know somebody who is an accountant in Lloyds?'. I didn't. He said he didn't. I felt things like that. I just knocked it on the head and I just have to find my own way. Lloyds is a good look but I don't feel you get the support you need to get anywhere. I have done an apprenticeship. When I speak to white people and they ask how long have you been here? I say '15-18 years', they ask 'how could you sit in this job and not want to get any higher?' I feel it is not a place to progress, you have to kiss someone's arse."

Existing challenges and gaps in provision:

Challenges:

- In the workplace, BAME women experience being ignored and a culture of silence when they are discriminated against due to their protected characteristics. This leaves them feeling vulnerable and frustrated.
- Lack of progression is largely due to BAME women's qualifications and career experience being undervalued or ignored. The impact is they are forced into lower paid menial labour far lower than their potential or capabilities.
- BAME women are being told unfounded reasons for not progressing e.g. 'we are not ready for someone like you' that are difficult to challenge, leaving them frustrated and stuck on their pay grade.
- BAME women do not always report suspected racism in their career progression if they do not have the confidence because they do not want to cause trouble. These cultural barriers prevent racism from being challenged in the workplace, perpetuating racist behaviour.
- Due to discriminatory behaviour in the workplace, BAME women feel they have to work harder to prove themselves to earn their promotion, more than their counterparts. Putting in longer hours or taking more responsibility has a negative effect on the mental health of BAME women.
- Management and Leadership courses have a strong under-representation of BAME women. BAME women feel excluded from these experiences with no Senior Management accountability to ensure equal access to career development.
- BAME women succeed more in culturally diverse environments, such as schools in diverse parts of the city, or as self-employed entrepreneurs working for diverse clients, and this limits their job market access and customer base.
- BAME women experience work colleagues refusing to work with them because of their race or ethnicity without recourse. This discriminatory behaviour makes BAME women feel vulnerable, excluded, disrespected, and unfulfilled in their jobs.

- BAME women feel they have to 'please their masters', 'tow the party line' or conform in order to get promoted. The lack of acceptance of cultural diversity in the workplace results in identity and self-confidence being undermined, ultimately leading to vulnerability and exclusion.
- BAME women will progress in their careers when they come across a champion who values their credentials, but that is more by chance. BAME women do not feel they have equal access to career progression as their counterparts.
- BAME women do not trust the interview process if there is an all-white panel, leaving them feeling vulnerable, mistrustful, and unfairly treated.

Gaps:

- There is an absence of a robust, meaningful, independent and clearly outlined complaints system outside of the structures of the workplace. Staff grievances are not taken seriously, heard, or acknowledged.
- There is an absence of effective anti-racist policies and procedures to protect against religious, racial, sexist, and ageist discrimination in the workplace, nor procedures to monitor discriminatory practices and number of incidents recorded in an accountable manner.
- Due to poor organisational culture upholding racism and discrimination, there is a lack of cultural awareness and sensitivities by staff of BAME women career aspirations.
- There is a clear and fundamental lack of understanding of racism and promotion of anti-racist procedures in the workplace with a significant number of racist abuses going unrecorded and unaddressed damaging BAME women's mental health, wellbeing and career success.
- Weak representation of BAME women in management and leadership training due to conscious and unconscious biases in the workplace.
- Address specific barriers to accessing employment faced by migrant workers - for example, support to access education/adult education, with language proficiency (in Welsh and English), support with translation and help gaining recognition of qualifications gained abroad.
- Lack of effective monitoring of racism in the recruitment and job interview process to de-bias the process e.g. representation on interview panels, anonymised job applications, mentoring and training opportunities.
- BAME women are not aware of their rights and do not have the confidence to challenge

racist and discriminatory practices. BAME women are not aware of the anti-discrimination and equalities organisations that they can access to support their lived experiences and cases.

RECOMMENDATIONS:

Area of Impact	Recommendation
Training	Welsh Government to fund Community Employability Programmes, Entrepreneurship training and Apprenticeships for BAME women in the public sector.
	Public and private sector organisations to provide mandatory on-going training on the legal implications of the Equality Act (2010) and challenging institutional white privilege and anti-racism taking an experiential, reflective, behavioural and action-based approach. Develop training with BAME women.
	Welsh Government to promote open discussion about race and racism in the workplace with public and private sector organisations.
	Offer BAME women focused training on their rights to access race-related complaints procedures such as employment tribunals, the Equality and Human Rights Commission, the TUC in Wales, and the Race Council Cymru etc.
Policy	Mandatory anti-racist organisational policies in the public and private workplace supported by Senior Management and made public annually.
	Equalities and Human Rights Commission and Race Council Cymru to be funded to actively support the private and public sector compliance with legislation.
	Welsh Government and Local Authorities to only grant funds to public and private sector organisations with published data collection and monitoring compliant with the Equality Act (2010) and Public Services Social Value Act (2012).
	All procurement of government and public sector contracts must include a mandatory Race Equality Impact Assessment of tenders.
Practice	Staff and Senior Management to prepare annual mandatory Race Equality Impact Assessments for their organisations according to the Equality Act (2010) to ensure career progression for BAME women in the workplace.
	Private and public sector organisations to publish locally meaningful targets for representation and sector-specific targets for career progression for racial and ethnic minorities which are underpinned by sustained positive action, including pay, progression, representation at different levels, and incidents of racial discrimination, bullying harassment or abuse.

	Public and private sector organisations to establish clear lines of communication, accountability and continuous dialogue for staff, visibly supported by senior leadership – including allocation of sufficient resources and enabling a climate in which BAME women are able to challenge corporate agendas.
	Promote and fund mentoring and reverse-mentoring programmes for BAME women in which open discussions about race, racism and white privilege are encouraged.
Recruitment	Promote membership of Unions within the BAME community as a mechanism of challenging racism.
	Welsh Government review of Gender, Race and Disability Pay Gap under the Public Sector Equality Duty (PSED) and its reporting mechanisms.
	De-bias the recruitment process by mitigating against school and university bias focusing on potential, ensure racially diverse shortlists, ensuring recruitment agencies provide adequate local representation of BAME women as a condition of their contract, and ensure a diverse interview panel, including independent or external panel members where needed.
	Job Centres should be adequately resourced and provided with ongoing training and professional development, particularly around unconscious bias and intersectionality.
Leadership	BAME women representation in middle and senior management positions to be part of the mandatory Race Equality Impact Assessment published and monitored by the public and private sector, including positive action for career progression leadership training for BAME women.
	Welsh Government to monitor robust public appointments of BAME women at senior levels within the public sector.
	All Senior Management to be trained in diversity and inclusion and to visibly support broader institutional and workplace commitment to psychological safety and inclusivity, with a clear focus on covert, everyday microaggressions, and encourage allyship and bystander intervention.
	TUC to campaign with BAME women members in the workplace to support internal accountability and monitoring processes at senior management level.
Outreach and Support	Campaigns and multilingual guides to raise awareness amongst BAME communities on their rights, the organisations where they can seek support, and programmes to raise their confidence when discriminated against.
	Financial support for victims of racism to prosecute through the establishment of an Independent Law and Advocacy Anti-racism Centre dedicated to supporting victims of racism and their complaints, or to strengthen the Equalities and Human Rights Commission services to act on BAME women's behalf free of charge.

	Set up a HUB for BAME service providers to give on-the-job training to white professionals in the public and private sector.
	Welsh Government's Let's Talk Respect campaign to actively engage public and private sector organisations.
	Welsh Government to remove financial legal costs of challenging workplace racism in employment tribunals and ensure representation amongst tribunal committees.

6.7 Briefing Note: Court system, CAFCAS and Social Services.

PURPOSE:

To improve and address the discrimination and inequality which exists within the family court system which includes the service provided by CAFCASS and Social Services. Currently the issues being faced by BAME women in relation to the family court system is due to the absence of cultural and religious understanding, this is causing unfair treatment and detrimental decisions being made by the authorities.

BACKGROUND:

This briefing was commissioned Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to listen to the experiences of BAME women in Wales to identify key inequalities that BAME women experience and present clear policy recommendations for the women's organisations and external influence. Robust consultation was carried out by MELA Cymru with seventy service users in the period October to December 2020. The information gathered in this briefing note are a result of the research undertaken for the Welsh Government Race Equality Action Plan Consultation 2020.

ISSUES:

During the thorough engagement and consultation sessions, several women described how they felt discriminated against and dismissed by the family court system including CAFCASS and Social Services. They felt mis-understood, judged and mis-represented by the authorities mainly due to the lack of cultural understanding and nearly every story mentioned the women being discriminated against due to racism. This has caused a breakdown and trust with the social services in particular and there is great fear within the community towards social services due to a number of children removed from their families and placed into care.

Cafcass, which has struggled to shed its reputation as a poor support service for parents and children going through the UK's family courts, has received a barrage of bad reviews. Despite Cafcass receiving an Outstanding rating by Ofsted in 2018, ongoing concerns about the service were raised in Parliament that same year by Jess Phillips MP, who called for a government review of Cafcass after she received 199 pages of testimonials from parents who had been subjected to poor social work assessments.

Case studies of lived experience in support of the issues are as follows.

Pakistani Mother: Story 1

This story was told to us by an articulate mother originally from Pakistan. She was not only distressed that she had lost custody of her children but that her daughter who has made numerous allegations of sexual abuse against her father is in her father's care. The courts have also made it clear that the children are not to be raised in the Muslim faith.

"My ex left us 2014. I had an arranged marriage to a white Welsh man. My daughter made uncomfortable allegations to her school. Howells. So, my ex stopped paying school fees so I got bursaries to Westbourne school instead. In the new school my daughter wrote in her daily diary in school and she was writing things about her father. The Headmaster called us in and he said there were allegations of sexual abuse.

A Social worker was brought in and advised me despite the court order to stop contact between my daughter and her father, but later on she denied that she had given me that advice. We went through the court system, social service, CAFCASS and the court gave custody to the father.

In the report it said 'my culture and religion' is a problem.

I've been to the police - they won't do anything. That was 3 years ago - now I see my children once a week and I have to pay £73 to have contact with them.

I have been through hell and back.

The Children have been taken out of Westbourne School and have lost their bursary.

The social worker was released but the social worker stayed appointed to my ex and children. I have had no legal help - legal aid has been refused.

*I have been to see Mark Drakeford and he is shocked.
I have knocked on every single door and I don't know what to do.*

*The judge made a court order to say that I was not to say grace or any Muslim prayer. They have also banned me and the children from speaking any Urdu or Arabic in the contact centre.
The social worker has said 'I'm an extremist' but she has no proof.*

A QC from London heard and came to do some work on my case pro bono - he told the judge there was clear discrimination.

CAFCASS and Social services have lied - they've made up stories.

Race equity Wales have looked into the case and said that they have never seen so much discrimination.

When sexual abuse allegations were made to the school and neighbours, 2 male police officers came to speak to my daughter and to the social worker”.

Colombian Mother: Story 2

This story was shared with us by a Colombian mother who felt the court system judged and treated her unfairly due to cultural and linguistic bias. The case was protracted and had an impact on her mental health.

“I was a victim of domestic violence, when my first daughter was 6 months I left.

The justice system is not fair. When I went to court there was so much jargon - it was hard to understand the system. When you're not from the country it is very difficult. I had a translator during the process. The court asked why I still needed a translator - they said 'you have a job now'. But it still very difficult to understand all the legal language.

I remarried a British white man, when I had a British husband something changed. I was treated differently. I was shouted at less by the social services and the courts.

CAFCASS who are there to protect children don't get a say when it gets to the court, If I didn't have a white British husband, I feel I could have lost custody.

It's been a lot over the years, I got quite fearful. I felt I needed counselling because I felt guilty, I questioned my motherhood.

There wasn't much support when I was going through domestic violence. I felt I was going around in circles, nothing happening, the police didn't care, I used to be followed by my ex, they didn't want to get involved.”

Bengali Mother: Story 3

“The problem with Domestic Violence is the solicitors, they cannot understand behaviour of emotional abusers. My Ex-husband said false information about me being an extreme Muslim and this is normal for emotional abuse. It happened to me. I went to Court. He said I was an 'extreme radical Muslim'. I wear normal clothes, I fast, I eat halal food, I pray, this is normal in our religion - he made false allegations. He said I am violent and I hit him. I gave them my certificate as a woman rights activist. I am a normal Muslim I explained to the court. I don't need CAFCASS to get involved, he is a liar.

*Women's Aid and BAWSO [organisations specialising in domestic violence] know this is a normal tactic against Muslim Women. These are emotional abuse techniques. He was playing games **with***

social services, playing games with the judges, solicitors, social services. CAFCASS need to have training in these false allegations.

I took full custody of the kids. I give him 1-2 days they need their Dad, they are boys. They are good now with their studies but something wrong with their social interactions. They are 16 and 18 - they suffer from this bad experience. They only interact with the kids. I explained to my solicitor in the court that my ex-husband plays with us, I am a good mum. Letter from the school and I work in NGOs for a long time. The judge said there is no need for CAFCASS to get engaged. I won the case in the end. But I went through all this stress."

Existing Gaps and Challenges

Challenges:

- Discrimination and race related prejudices within the court and legal system.
- Lack of understanding of culture and religious awareness within the justice and police system.
- Islamophobic attitudes used against mothers by the social services, CAFCASS, police and the Justice system.
- Claims of extreme terrorist behaviour used against mothers in court cases and false accusations being made.
- Lack of empathy and understanding and the urgency of dealing with cases that has the minimum negative impact on the children.
- Relationship and trust breakdown of BAME women and Social services and CAFCAS. There is a fear in the community that the children will be taken away from their families.

Gaps:

- Absence of funding and support for legal fees.
- Absence of trauma-based counselling and mental support for families.
- Lack of understanding of lived experiences of Asylum Seekers and Refugees.
- Lack of awareness of legal rights and human rights. Lack of access to resources.

RECOMMENDATIONS:

Area of Impact	Recommendation
Training	<p>Mandatory staff training on racism, prejudice and stereotyping.</p> <p>Set up a HUB for BAME service providers to give on-the-job training for white professionals such as teachers, social workers, health care workers, the police etc.</p> <p>Staff training for all the judicial services to gain thorough understanding of intersectionality and tailor-made approaches for communities. One approach is not fit for all.</p>
Policy	<p>Mandatory anti-racist organisational policies.</p> <p>Robust policies and toolkits for addressing families who are treated as terrorist due to religious beliefs. Safeguarding of families who are wrongfully treated as terrorists.</p> <p>Government review of CAF/CASS and the way its workers are interacting with victims, as well as of settings where families go for visits.</p> <p>CAF/CASS Cymru to develop and implement a revised Diversity and Inclusion programme to collect data and provide evidence to be used to improve service provision, particularly casework, and inform workforce development, including recruitment.</p>

<p>Practice</p>	<p>Monitored anti-racism complaints procedures within the court system. Organisational change of culture in acknowledging racial abuse.</p> <p>Campaigns to raise awareness amongst BAME communities on their rights and to raise their confidence.</p> <p>Social services to acknowledge the race and ethnicity of children when dealing with divorce cases by using appropriate tool kits. As a profession it needs to be at the forefront of tackling systemic racism to be truly anti-racist. There should be a collective responsibility in all areas of the profession to enact the core values of social work.</p> <p>Counselling and support provision for women who have experienced trauma. Particularly Asylum seekers and Refugees.</p> <p>Employer to safeguard employees in racist areas by carrying out Race Impact Assessments.</p>
<p>Recruitment</p>	<p>Career support and advice in schools, colleges and universities to encourage young BAME people to work within the justice system, CAFCASS and social services.</p> <p>Targets set by local authorities and CAFCAS to employ a certain amount of BAME staff every year, with clear and robust monitoring and accountability.</p>
<p>Leadership</p>	<p>Proportional representation in management positions in the court system, CAFCASS and social services. Opportunities for career progression to be made for BAME people within the organisations. With set targets and robust monitoring and implementation procedures.</p> <p>Management to be provided with regular cultural awareness training to instil the practise from a top down approach.</p>

Outreach and Support	<p>Independent Law and Advocacy Anti-racism Centre dedicated to supporting victims of racism and their complaints.</p> <p>Financial support towards legal fees for families with low incomes.</p>
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7.0 RECOMMENDATIONS

These recommendations aim to support the improvement and capacity of Women Connect First (WCF), Hayaat Women's Trust (HWT) and Henna Foundation (HF) to pursue their desire to play a more influential role in Welsh policy development. We have identified three core strategies to achieve this aim:

7.0.1 Leadership within Women Organisations (WCF, HWT and HF)

This strategy focuses on ensuring the leadership/Directors of each organisation are in the best position to be influential. This will require three key actions:

- To support the leadership in being effective, impactful, and informed at the high-level policy meetings, it is recommended that the senior leadership undertake sufficient **training and capacity building** to put them to increase their influence. Such as bespoke leadership training programmes and coaching opportunities that are designed specifically for the three organisations to meet their individual needs in being influential and impactful. Using your existing influential networks lobby to attend mainstream leadership programmes such as ACADEMI Wales that could support your engagement with the policy makers.
- If WCF, HWT and HF are to maximise their opportunities and ability to regularly attend policy-shaping meetings to represent the unheard voices of BAME Women, it is paramount that the leadership sit around the table with policy makers. Therefore a balance needs to be struck between the hands-on demands of the day job and management of the organisation, and the time required to schedule attendance at these high-level meetings. This will require delegating tasks to other members of senior staff. It is critical that the leadership **prioritise their 'outward-facing' roles** if the ambition is to influence change at policy level. This prioritisation may require some job role re-organisation. The more visible the leadership, the more impact there will be on shaping policy and ensuring BAME Women's voices are included. Attendance and visibility will also impact winning more funding.
- **Identify potential future managers and leaders** within the organisations. Create an organisational culture of aspiration and progression. Embed structures that actively promote career advancement, building on existing informal structures. There are already a number of articulate and bright women in the organisations who will require investing in through training and mentoring.

7.0.2 Influencing Role

This theme focuses on **external activities** that provide an opportunity for being positioned as 'experts' in the issues of BAME women across Wales. This will require the following actions:

- WCF, HWT and HF should jointly offer a **'reverse mentoring' service to public sector providers** in the form of talks, shadowing opportunities, 'point-of-contact' hub for consultancy on BAME women issues, and other related activities in which the three organisations become the 'experts' across all public sector service provision. The Copenhagen Model mentioned by the Henna Foundation is a good example.
- In order to maximise potential opportunities and to create a presence, WCF, HWT and HF should employ a jointly funded **dedicated in-house Policy Officer**. There are two options to how this role could operate; first, the policy officer would create content for directors to deliver at policy meetings; or second, a high-grade position for a Public Policy Manager which represents organisations at external meetings and is also responsible for the communication strategy and advocacy. It is critical funding is made available for the post and provisions made in the business plans to support the organisation's external profiling, impact and visibility ambitions.
- To further support the 'expert' role of WCF, HWT and HF, the Policy Officer will be responsible for scheduling regular meetings, briefing notes and communicating urgent matters that need to be put forward. The aim is to establish and create stronger partnerships with Welsh Government, Local Authorities and service providers. The **regular meetings need to be scheduled in advance** annually, as an opportunity for the three organisations to share the 'challenges' BAME women may be experiencing in their day-to-day lives, to explore funding and other similar resourcing opportunities, and to address any rapid changes that may be happening in special contexts, like the pandemic lockdown. The regular updates are designed to assist policy makers in becoming more responsive and supportive of BAME women needs.
- Improve the external communications and image of WCF, HWT and HF by **recruiting a Board Member with strong strategic communication knowledge** and background to support the development of a Communication Plan.

7.0.3 Collaborative Approach and Partnerships

This section amplifies the 'expert' role and broadens the impact 'reach' of WCF, HWT and HF. The key strategy is to build beneficial and influential partnerships and to collaborate increasingly with other women's organisations and institutions to remain competitive and credible in the Welsh policy-making landscape. This can be achieved in the following ways:

- WCF, HWT and HF need to further strengthen their alliance and to **bring their shared representation of BAME women's voices together in all policy-shaping forums** and opportunities. All three organisations have their own niche, specialisms and services in which their strength is in being distinguishable. It is vital all three organisations preserve their unique identity.

- WCF, HWT and HF can demonstrate their alliance by **co-locating in a BAME Women's Hub as a centre of expertise** to meet all BAME women's needs in one place. Viewed externally, policy makers will be clear where to go to consult on BAME women's issues. A business case is needed for capital funds and the running of the Hub.
- A key weakness in influencing policies is the lack of credible and robust data about BAME Women's lives. A **strategic partnership is required with key research bodies** such as Cardiff University, Public Health Wales and smaller research organisations, who will be involved in evaluating and collecting vital data on every service and project the organisations run. This data will then be made available to policy makers to provide the much-needed evidence to back any claims or put forward policy recommendations.
- Building partnerships with key public sector service providers will further ensure the embedding of BAME women's issues in practice. It is recommended that these partnerships be nurtured through the organisation of an **annual conference, cross-sectoral Roundtables, and multi-disciplinary Steering Groups** in which WCF, HWT and HF share information on BAME women's issues with the public service providers. Events like these aim to build better and more constructive relationships with service providers and could also support the 'reverse mentoring' strategy, as well as open up further possibilities to change practices and service delivery for BAME women.
- As funders increasingly seek cross-cutting collaborations, **equal funding partnerships with other BAME service providers, or mainstream providers dealing with gender issues**, is recommended. The appointment of a funding officer shared by WCF, HWT and HF would focus on increasing these strategic relationships and securing funding to deliver services inclusive of BAME women's needs.

MELA CYMRU

Our Values

MELA Cymru believes listening to people's authentic views and creating dialogue is a positive, and not something to shy away from. Research shows strong community engagement results in enhancing the reputation of those carrying it out, strengthening democratic processes, improving outcomes, and reducing conflict and division. Consultation and Engagement is a valuable opportunity to improve plans, policy or services by listening to people's concerns and priorities to reflect, amend and make things better. End users and other affected stakeholders are a resource and not an obstacle that needs clearing or avoiding. With equality and inclusion as priorities, engagement becomes meaningful and improves lives - simple!

We believe passionately that putting people at the heart of co-designing any process is essential in creating thriving communities.

We also believe that protected groups bring lived experiences of their lives that are often not heard but if heard would bring insight to our approach to Arts. We will be actively asking about people's lived experiences.

MELA Cymru defines meaningful engagement as embodying three core principles as adopted by the Intercultural Cities network; diversity advantage; equality; and intercultural interactions. We add a fourth – honouring people's lived experiences.

Diversity advantage starts from the position that all communities and social groups bring their assets to the table and to recognise the value of diversity of individuals and groups as a means of promoting a sense of shared belonging.

Equality is to value contributions from those of privileged and protected characteristic groups as equal, and to direct policies and resources to everyone by exercising non-discrimination in all actions towards all groups.

Intercultural interactions create conditions for positive and constructive everyday encounters across differences that promote integration and trust.

MELA supports an approach which challenges unconscious biases, assumptions and structural power imbalances between mainstream organisations and those led by minority groups.

<https://www.melasocialenterpriseprojects.com/cymru>

Project Core Team

BIOGRAPHIES

Tamsin Ramasut

An entrepreneurial leader with more than 20 years' experience spanning both the private and public sectors domestically and internationally, Tamsin worked in community development and housing on a £200 million housing regeneration scheme in Tower Hamlets, London. Prior to that she spent 4 years at University College London as a researcher and consultant focusing on a model for urban sustainable livelihoods which is now widely adopted internationally and within the UK. A fluent Welsh speaker, Tamsin returned to her native Wales in 2010, and became a restaurateur, establishing and managing two thriving restaurants in Cardiff. She feels passionately about the independent business sector in Wales and its contribution to communities and the creation of place. Tamsin has worked as postgraduate teacher on the post graduate course in Social Development at The Development Planning Unit, UCL. This work often required teaching more theoretical concepts often to students with English as a second language, as well as practical tools and methods, such as stakeholder analysis and participatory research approaches. She has also run workshops on strengthening capacity building and governance structures with local third sector organisations.

Aisha Ali

Aisha is a qualified Town Planner with experience of working both in the public and private sector for the last 20 years. This blend of acting for 'both sides' has proven to be a powerful tool in understanding the development planning process, eliminate delays, and the opportunity to work with diverse communities. Aisha is passionate about progressive regeneration which promotes good design and the positive impact it can have in creating inclusive, happy and thriving urban areas. Having worked in three large local authorities and as a planning consultant on a wide range of development projects and schemes she has extensive experience in masterplanning, project management, planning policy, regeneration and community/stakeholder engagement. She is based in Cardiff and is currently working as a consultant and teaches on the Masters course in Urban Design at Cardiff University.

Aisha has worked on a number of community led regeneration projects including the award winning Grange Pavilion development in Cardiff. She has extensive experience with working with diverse communities. Aisha is also the co-founder of the community based café Waterloo Tea.

Dr Noha Nasser

Noha is an urban designer, academic and social entrepreneur specialising in co-design in superdiverse neighbourhoods with almost 30 years-experience. She is Founding Director of MELA, a social enterprise designing inclusive public spaces to bridge cultures. Noha has been teaching on the MA in Urban Design at Cardiff University since 2013. Noha is an Intercultural Cities Expert at the Council of Europe. She has authored the book 'Bridging Cultures: a guide to social

innovation in cosmopolitan cities' and edited 'Connections: 12 approaches to relationship-based placemaking'. She is a Fellow of the RSA and Chair of the Association for Collaborative Design. She is Trustee of the charity Canning Town Caravanserai, an award-winning community engagement demonstration project using a 'meanwhile space' approach. She has been a member of Arts Council England West Midlands Executive Committee (2005-8), and member of Historic England Advisory Committee (2013-16).

References:

- Anitha, S and Gill, A (2009) (Eds) *Reconceptualising Consent and Coercion within an Intersectional Understanding of Forced Marriage*. London: Zed Books, pp. 46–66.
- Bhopal, K (2011) 'Education makes you have more say in the way your life goes': Indian women and arranged marriages in the United Kingdom. *British Journal of Sociology of Education* Vol 32, pp.431–47.
- Crawley, H. (2012) *A Report on race Equality and Racism in Wales. An exploratory Study*. Race Council Cymru.
- Equality and Human Rights Commission (EHRC). (2018). *Is Wales Fairer? The state of equality and human rights 2018*. Cardiff.
- Gilbert, P. (2002), 'Body shame: A biopsychosocial conceptualisation and overview, with treatment implications'. In P. Gilbert and J.N.V. Miles (Eds.), *Body Shame: Conceptualisation, assessment and intervention*. London: Routledge. pp. 3–54
- Gilbert, P. et al (2004) 'A focus group exploration of the impact of izzat, shame, subordination and entrapment on mental health and service use in South Asian women living in Derby', *Mental Health, Religion & Culture*, Vol 7 (2), pp 109–130.
- Gilligan, P and Akhtar, S (2006), 'Cultural Barriers to the Disclosure of Child Sexual Abuse in Asian Communities: Listening to What Women Say', *British Journal of Social Work*, Vol. 36, pp. 1361–1377.
- Hatch et.al. (2020) *Improving Race Equality in Employment and Income*. Draft Report. Wales Centre for Public Policy.
- Kallivayalil, D (2010) 'Narratives of suffering of South Asian immigrant survivors of domestic violence'. *Violence against Women* Vol 16, pp. 789–811.
- Lindisfarne, N (1998) Gender, shame, and culture: An anthropological perspective. In P. Gilbert and B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology and culture*. New York: Oxford University Press. pp. 246–260
- Mesquita, B. (2001) 'Emotions in collectivist and individualist contexts'. *Journal of Personality and Social Psychology*, Vol 80, pp. 68–74.
- Mohee, S. (2011) *Young British South Asian Muslim Women: Identities and Marriage*. Ph.D. thesis, University College London, London, UK; p. 364.
- Oxfam Cymru (2013), *The Sustainable Livelihoods Approach. Toolkit for Wales*.
- Pilkington, A et al. (2012) 'Factors affecting intention to access psychological services amongst British Muslims of South Asian origin', *Mental Health, Religion & Culture*, Vol. 15 (1), pp. 1–22.
- Sandhu and Barrett (2020) "Should I Stay, or Should I Go?": The Experiences of, and Choices Available to Women of South Asian Heritage Living in the UK When Leaving a Relationship of Choice Following Intimate Partner Violence (IPV)' *Social Sciences* Vol 9, pp. 151.
- Siddiqui, H (2003) 'It Was Written in Her Kismet': Forced Marriage. (Ed) Gupta Rahila. New York: Palgrave, pp. 67–91.
- Turkmen, H. (2019) *Triple Glazed Ceiling. Barriers to Black, Asian and Minority Ethnic (BAME) Women Participating in the Economy*. Chwarae Teg
- Zaidi, A and Shuraydi, M (2002) 'Perceptions of arranged marriages by young Pakistani Muslim

women living in a Western society'. *Journal of Comparative Family Studies* Vol 33, pp. 495–514