

FEMINIST LEADERS 2019 / 2020



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CONTENTS

Foreword by Vivienne Hayes	3
About WRC and this resource	4
About our Feminist Leadership programme	5
The Social Action Project	6
Feedback and Outcomes	7
Feminist Leaders: London <i>Women and Poverty During the Pandemic</i>	9
Feminist Leaders: Glasgow <i>Feminist Spotlight Campaign</i>	11
Feminist Leaders: Newcastle <i>Women's Empowerment Toolbox</i>	28
Feminist Leaders: Manchester <i>Invisible Health Workplace Initiative</i>	58
Feminist Leaders: Belfast <i>Women's Stories and Perspectives on the COVID-19 Outbreak</i>	69
The Feminist Leadership Training	80
A note about the future	82
Acknowledgements	83

FOREWORD

BY VIVIENNE HAYES

I am thrilled to write this foreword.

The women's leadership training has grown from a seed of an idea we at WRC have had for many years. The fruition of this phenomenal programme has been driven by Evelina Svensson and expertly supported, developed and delivered with Tebs Rashid, 2 fabulous women without whom it would not have been possible

I am full of joy and inspiration reading this booklet produced by some of the alumni of WRC's Feminist Leadership Programme 2019/2020, who speak of harsh realities of women's lives, which together through human love and the commonality of their shared life journeys they rise to resist.

Women and girls are the hidden leaders of families and communities and have been at the forefront of transformational change for our human rights since long before my time

This booklet honours and commends the women leaders alumni of 2019/2020 who courageously and magnificently continue the struggle to realise all women's human rights.

Vivienne Hayes

CEO, WOMEN'S RESOURCE CENTRE

ABOUT WRC AND THIS RESOURCE

Women's Resource Centre is a national umbrella organisation for the UK women's sector. WRC strives to give voice to the most marginalised and disadvantaged organisations and is working towards transformational and substantive equality for women. We understand women's inequality to be both structural and systemic and we push for empowerment in its true sense by supporting women and women's organisations to achieve their full potential.

One way in which we do this work is our Feminist Leadership training programme. The programme consists of training on feminist leadership and a social action project where the participants will put the training into practice.

The Feminist Leadership 2019/2020 programme, funded by Rosa the UK fund for women and girls, was delivered in London, Glasgow, Newcastle, Manchester, Belfast and online. The participants attended 2 days of intensive training on Feminist Leadership. The training explores topics related to power, organisational cultures and structures, the relationship between leadership and empowerment, identifying signals of and preventing burnout, and emotional intelligence. It also includes sessions on public speaking, advocacy and project management.

Following completion of the training, each group undertook a small-scale social action project. Each group designed, planned and executed their own social action projects. The group dedicated time to work on their social action project in addition to their other commitments. The Covid-19 forced the groups to adapt both their projects and their working styles.

The groups demonstrated initiative, commitment and creativity in adapting their projects to the new circumstances.

This resource is a compilation of the Social Action Projects created by the alumni of the Feminist Leadership 2019/2020 programme.

ABOUT WRC'S FEMINIST LEADERSHIP PROGRAMME

Women's Resource Centre's mission is to stand up for a diverse and thriving women's sector. One way we do this is by delivering a rich variety of training courses. In 2018, we piloted what was to become one of our most successful and popular training courses to date: the Women's Leadership for Social Change training (also called Feminist Leadership). We have now completed two hugely successful full programmes, including the Feminist Leadership 2019/2020 programme, and hosted a variety of sessions with different agencies.

A main theme in the feedback we have received is that the training increase the self-confidence and self-worth amongst the women who attend. Perhaps this is the most important outcome. I think the aspect of the training that was so profound, and perhaps unanticipated by us, was that we provided the opportunity for self-reflection. This made a lot of women realise that they already have a lot of leadership skills and that they are leaders in their own right.

Empowerment is key in the training we do. We use the definition by Women and Girls Network who says that for them, being empowered is to be 'resourced internally and externally'. This definition really speaks to us, as it implies being provided with both inner strengths, such as confidence and self-worth, as well as practical skills, tools and knowledge. This is very much what we try to do at WRC – both as an organisation and through this programme.

The training integrates theory with practice and real life examples. It covers topics including feminism, intersectionality and leadership, unconscious bias, emotional intelligence, understanding burnout, project management, and presentation skills.

Women's Resource Centre is a strong advocate of the need for women-only services. The power of the sisterhood is profound and we aim to facilitate a safe space of support and solidarity. This training is about doing things differently and to challenge traditional and patriarchal forms of leadership. It is about creating, living and acting upon a leadership style that is transformative, inclusive, adaptable, transparent and powerful – i.e. feminist.

Evelina Svensson

DEVELOPMENT MANAGER/

CREATOR AND TRAINER OF THE FEMINIST LEADERSHIP PROGRAMME

THE SOCIAL ACTION PROJECT

The Social Action Project is an element of the training when we deliver the full programme. In addition to covering the modules that are part of the training (see page 80), the programme also includes a Social Action Project element that is interwoven to the training.

The Social Action Project is a project that the group together will decide and execute after the training has taken place. It is their responsibility to decide:

What the project is

Who the project is for

Why they are doing this project

When it will take place

Where it will take place

How the project will be designed and executed

To allow for this to happen, the group members are workshoping the answers to these question together under the guidance and support of the facilitators during the training. The facilitators will nominate different members of the group to lead on certain sessions to practice and learn.

By the end of the two day training, the group will have created a project plan, made a timeline, decided areas of responsibilities, and appointed one or two project managers.

The facilitators are available for support and guidance but it is the overall responsibility of the group to make sure that the project will take place.

The aim of the social action project is both to put the training into practice and to demonstrate that social change is possible through collective action.

Being in such an incredible group of women was inspiring and re-energising, which is so important in activism. I often feel ground down by it all! but this was energising. It was good to take time to develop which I do not normally do. The training programme has increased my confidence, encouraged me to own and be proud of my strengths, try new things, be open and honest. The social action project - it was amazing to see how we could create something out of nothing, and outside the work context, we could create a project based on our own ideas and make it happen!

FEEDBACK AND OUTCOMES

This is a selection of feedback and outcomes from the participants of the Feminist Leadership 2019/2020 programme and creators of the social action project contained in this resource. The programme was funded by Rosa, the UK fund for women and girls.

97% Increased knowledge of what it entails to be a feminist leader

91% Increase confidence in ability to manage organisation and others according to feminist values

86% Increase confidence in taking leadership positions;
Increased capability in applying an intersectional and feminist way of working;
Increased confidence in leading and managing people;
Gained techniques and capabilities to be a strong leader in their own right.

“ The programme completely exceeded my expectations. It has been different to other training sessions I have attended. Both facilitators were knowledgeable, experienced and their training styles complemented each other perfectly. I liked how this was a feminist course as often one does not get the opportunity to sit down and reflect on your role in society, challenges that may come your way due to your gender and looking at how society is patriarchal and how this unconsciously influence your language, actions and behaviour day to day. I found the training eye-opening and it has given me an enhanced insight, tools and resources that are applicable to my role as a leader ”

“ An absolutely brilliant training program. The first genuinely intersectional training I have been on. ”

“ I enjoyed the articulation of women's leadership as a framework for us to think about how we lead from that perspective, and meeting other women in VAWG sectors and learning from and hearing about their leadership journeys. We often don't have dedicated space and time to reflect on our leadership with other women and this gave us our space for action. ”

*The love expressed between women is particular and
powerful because we have had to love in order to live; love
has been our survival*

Audre Lorde

WOMEN AND POVERTY DURING THE PANDEMIC

2020 has been a remarkable year to say the least. A global pandemic has put public health at the top of the agenda and the world has had to adjust to a new socially distant normal.

The pandemic has had an impact on many different aspects of life but one of the most devastating impacts is the increase in food poverty.

Although the UK is the seventh richest country in the world, many people struggle to afford food. Figures published by the government reveal that 100,000 more children were living in poverty in 2017/18 compared to in 2016/17 and the Child Poverty Action Group reports that 46% of BAME children compared with 26% of children in White British families are in poverty.

Even prior to the pandemic, a decade of austerity, together with a rise in living costs and shrinking incomes led to an increase in people "stealing to eat". Police officers say food shoplifters can be mothers struggling to feed their children, or hungry pensioners. In many cases they have no criminal record.

For example, cases logged by South Yorkshire police include four instances of grocery shoplifting by mothers in 2012. Among them were a 31-year-old who stole baby milk and fabric conditioner worth £17.50, and a 19-year old who took baby milk and clothes worth £70. **All told police they had shoplifted to feed and clothe their children.** Three of the four had no previous convictions. All were given a fixed penalty notice.

According to Statista, in 2019/20 approximately 1.6 million people used a food bank in the UK, around 250 thousand more than the previous year. Since 2008/9, the number of food bank users has increased every year.

The COVID-19 pandemic has compounded this trend with food banks across the county witnessing a sharp rise in demand for emergency food parcels since lockdown started. In April 2020, the first month of lockdown, the Trussell Trust gave out 89% more food parcels than the previous month.

Poverty intersects with other identities including gender, race, disability, age and sexuality. The Women's Budget Group have highlighted that women continue to be more likely to live in poverty* than men (20% compared to 18%), with single women most at risk of poverty.

WOMEN AND POVERTY DURING THE PANDEMIC

Research has shown that in 2018 **26% of households with a disabled person are in poverty**, compared to 22% in the overall population. As well as food poverty, panic buying has created additional barriers for some disabled people, as highlighted by the disabled women's collective Sisters of Frida in their briefing The Impact of COVID 19 on Disabled Women. Testimonies in this report include the need for certain food products due to health conditions, the government's failure to put measures in place to prioritise disabled people in online shopping and increasing the need to rely on informal support networks.

It is well documented that **austerity has disproportionately affected women and in particular black and minoritised women** (for example in Women's Budget Group's report 'The Female Face of Poverty' from 2018). Racial disparities have also been exacerbated by COVID-19, with a quarter of BAME mothers reported that they were struggling to feed their children (23.7%). Loss of support from the government has affected over twice as many BAME women and men compared to white women and men.

Women's vulnerability to poverty is due to "the position of women in the labour market, the design of social security and women's roles within the family". Inequalities at the intersections of race, class, gender, disability and other identities are deeply entrenched and COVID-19 has exacerbated existing crises due to inequalities

As lockdown begins to ease, **we spoke to Jeredyne Stanley, founder of Rivers LPC**, a local independent charity based in Crawley, to discuss the impact this pandemic has had on women who experience food poverty.

Before the COVID-19 crisis, Rivers was more likely to support the same groups of women over a short period of time, maybe a few months until their complicated situations were settled. Since the pandemic, there has been a marked increase in new referrals from individuals and families on a range of income levels that had lost their jobs, been put on furlough or were on No Recourse to Public Funds visas.

Listen to our podcast to hear about the CHRYSALIS project, which Jeredyne set up to support families during the COVID-19 crisis, and how they have been able to reach families in need.



Listen on WRC's website:

<https://www.wrc.org.uk/women-and-poverty-during-the-pandemic>



FEMINIST SPOTLIGHT CAMPAIGN

Shedding Light on the Inequalities Affecting BAME Women in Scotland

The health, economic and social crisis we are currently experiencing has exacerbated the inequalities already existing in our communities — and Black women and women of colour have been particularly affected. From mental health, immigration, gender-based violence, racism and sexism, the barriers are many.

As a group of feminists working in Scotland's women's sector we believe it's vital to take action in support of Black, Asian and minority ethnic women and girls. This is why we have come together to put a spotlight on some of the issues affecting women in our communities.

See the project page on
WRC's website:
[https://www.wrc.org.uk/
feminist-spotlight-campaign](https://www.wrc.org.uk/feminist-spotlight-campaign)

The Spotlight Campaign took place online over the course of one week from 17-21st August. Each day throughout this week it shone a light on a specific issue experienced by this group and encouraged the public to take action. We did this by sharing blogs written by Black women and women of colour in Scotland as well as interviews with them and by providing specific actions to take in support of this community.



CAMPAIGN AIMS



Make space for the voices of Black women and women of colour in Scotland by featuring them in a series of blogs where they will discuss the barriers and issues they've encountered before and during the coronavirus pandemic



Encourage allies to take action that has a positive impact on the issues described in the blog



Start a conversation and inspire action that we hope will continue beyond this campaign.

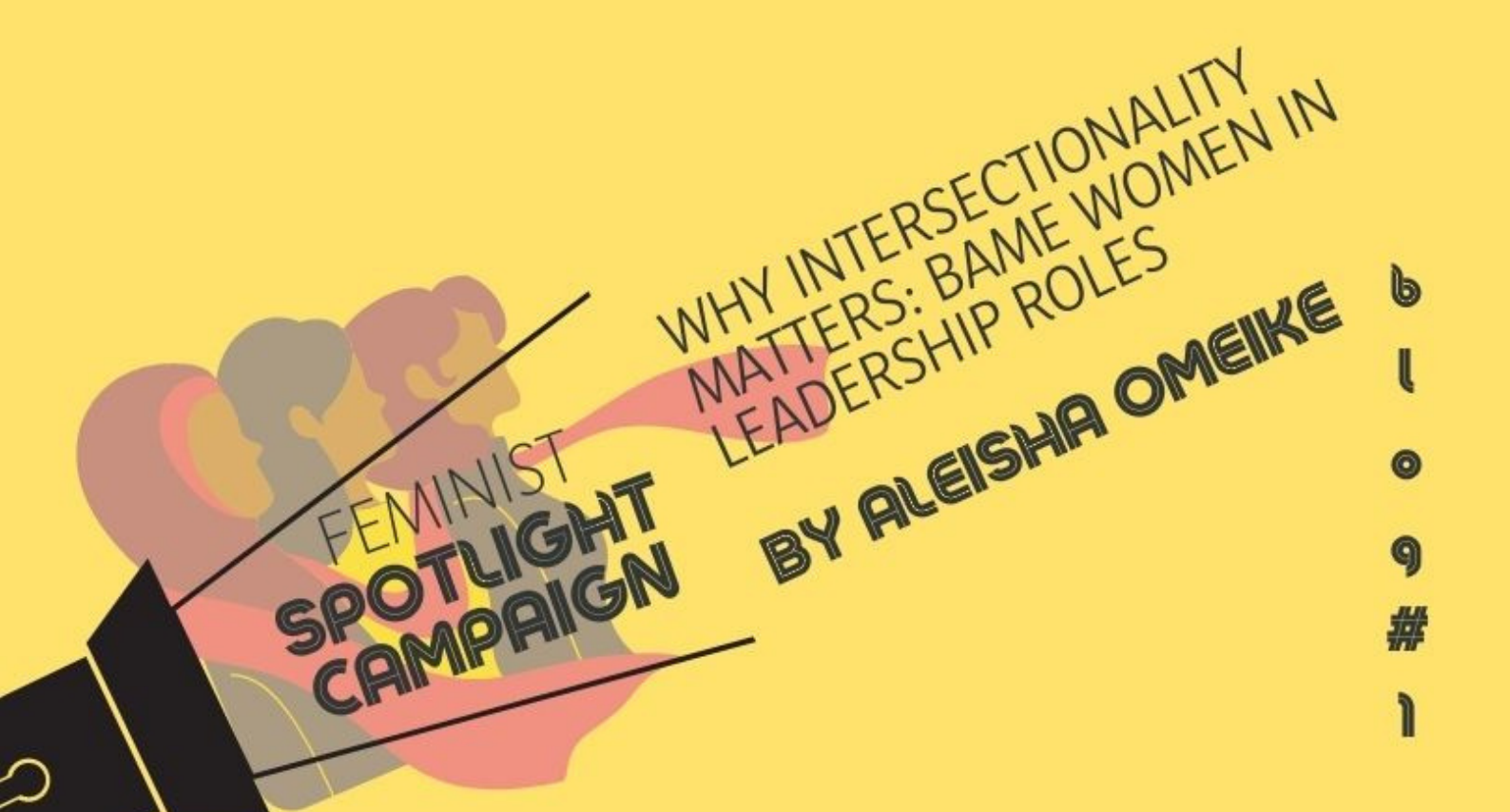
ABOUT US

We are a group of women brought together by a Feminist Leadership programme organised by Women's Resource Centre (WRC).

We are working in national, local and grassroots organisations across Scotland that focus on empowering women and girls, ending gender-based violence and achieving a more equal and just society.

We represent the following organisations and projects:

Zero Tolerance
The Feel Good Women's Group (Glasgow)
Girlguiding Scotland
The STAR Centre (Ayrshire's Rape Crisis Centre)
The Scottish Women's Rights Centre
Glasgow and Clyde Rape Crisis Centre



Racism and Sexism combine to shortchange BAME women as they experience multiple forms of oppression

The strict categories of “racism” and “sexism” are too broad and do not allow consideration for how these forms of discrimination intersect and frequently interact (coming hand in hand), amplifying inequalities experienced by BAME women. In Scotland, the BAME population in leadership roles is very poor, particularly with respect to women. This is due to the unique barriers BAME women face and the unconscious bias held by other people which can limit BAME women’s progression in society

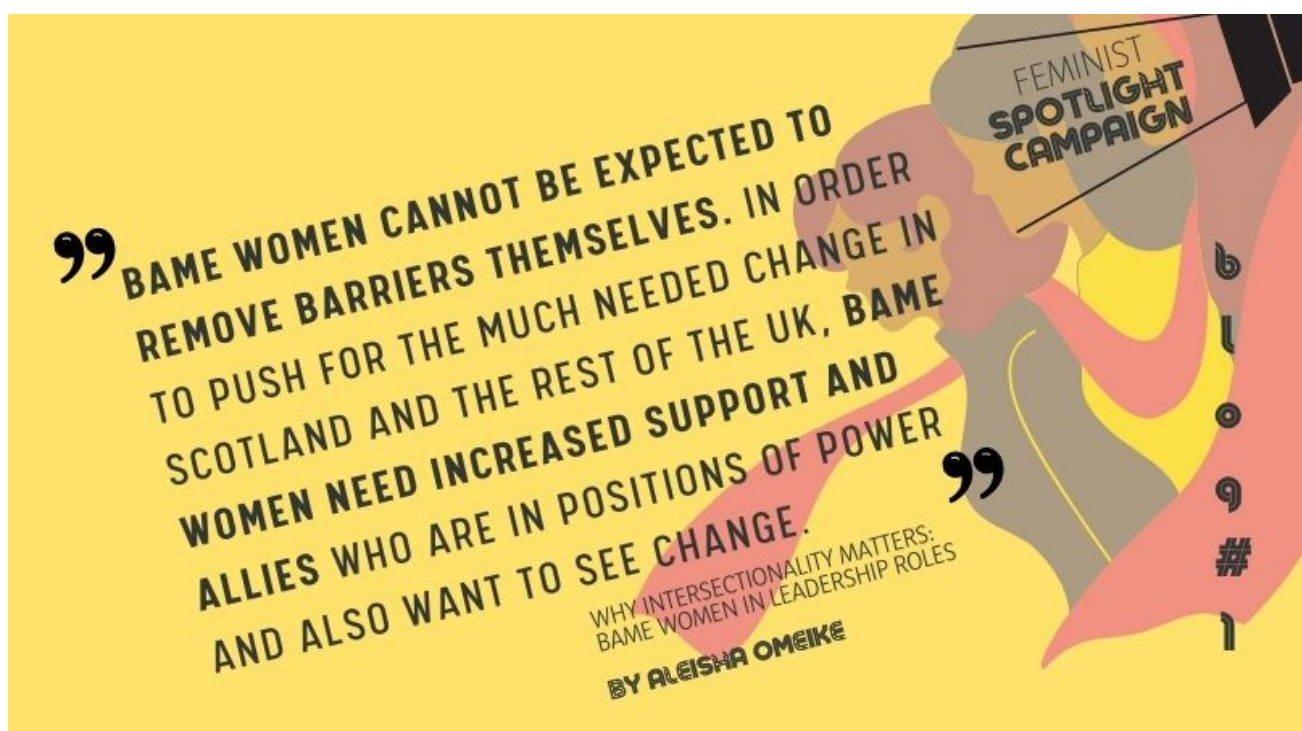
My experiences as a Mixed-Race woman

Growing up as a mixed- race woman in a predominantly white town in Glasgow, I have faced my fair share of racism and racist abuse. I have faced discrimination due to my female identity also. I notice how these forms of oppression come together in many instances. Despite this, I’ve always had big aspirations and been very ambitious. I will always remember when I was younger, around 9 or 10 years of age and my school teacher asked what I’d like to do when I grow up. I said I’d like to become Prime Minister. The teacher laughed in my face. I noticed that when a white boy in my class had also said this, it was not as amusing. I remember feeling a bit discouraged by my teacher’s reaction, the unconscious bias held by people in leadership roles and education needs to be addressed so that young BAME women and girls understand it is possible for them to have high aspirations and achieve their ambitions.

Barriers BAME women in Scotland face

Research has shown that there is a lack of opportunities for BAME women to take up leadership positions. Many BAME women employees do not have the contacts, network or prospects that are needed to climb the career ladder. A number of BAME women in Scotland do not have the opportunity to develop leadership skills for several reasons including: family responsibilities, lack of knowledge about available opportunities and language barriers. All of which disadvantage BAME women and provide white men with an advantage. While there has been lots of social progress in recent decades, there is still plenty more that needs to be done to tackle racist and sexist based discrimination within Scottish society and institutions, both of which continue to limit BAME women.

Unconscious bias prevents BAME women's progression in the workplace. A survey conducted by Scottish charity, Close the Gap, found that over 70% of BAME women reported experiencing racism, discrimination, racial prejudice and/or bias in the workplace. Furthermore, there is a severe lack of role models in high ranked positions (particularly in management and political positions), for BAME women in Scotland. There are no BAME women MSPs, and there never have been in over 20 years of devolution. Having people that look like yourself and understand your own experiences in the field/career position one is interested in can hugely motivate people to pursue a similar career. There would be a multitude of benefits that would come with improving BAME women's representation in positions of influence in Scotland. Research has shown that increasing BAME participation in top management positions can add £24billion to the UK's economy annually. Furthermore, variations in ideas and perspectives, which BAME women would bring to the workplace, would lead to an improved work culture.



Covid-19 Impact on BAME Women

Coronavirus has had a significant impact on BAME women, compared with the rest of the population. BAME women are particularly vulnerable to the economic and social impacts of the virus. Research by the Fawcett Society found that over twice as many BAME women in the UK reported losing support from the government during the crisis compared with white women. Furthermore, a quarter of BAME mothers said they were struggling to feed their children and pay for childcare during the pandemic. Lack of childcare means many BAME women are having to work part-time, making it harder for them to gain status in their jobs and be considered for promotion. This unfair disadvantage hinders BAME women immensely and puts their careers on hold.

BAME women cannot be expected to remove barriers themselves. In order to push for the much needed change in Scotland and the rest of the UK, BAME women need increased support and allies who are in positions of power and also want to see change.

How can you help?

Check out and promote the Parliament Project here- a project that aims to get more women into Parliament across the UK, including Scotland - the project has held a few very good workshops about political careers specifically aimed at BAME women.

Aleisha Omeike is a 19 year old university student and an intersectional feminist, passionate about empowering everyone. In her free time she enjoys writing and doing research about the things of interest. Aleisha is going into her third year studying psychology, she is committed to achieving her goals regardless of her skin colour or gender.

References

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<https://www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=cae4917f-1df3-4ab8-94e7-550c23bdc9cf>



Over the past few years, I went from a very anxious, self-conscious and hesitant little girl to a powerful, headstrong and self-assured young woman. Society did not make things easy for girls like me. I looked different to my peers and some of them made it very known. At a young age, I was exposed to racism, often from individuals who were in my age group themselves.

A child so young can only learn such behaviours from others around them such as parents and guardians. It pains me to see that some people implement these evil ideas into their homes and tell their children it is acceptable. As a young girl, I believed that life would have been better for me if I was like the people around me, if I was white. I wanted to “fit in”. It seems that for a lot of young BAME children growing up in predominantly white areas, they also feel the same. I have spoken with people in a similar situation to me and have found they experienced similar feelings of alienation. It is time to make changes.

When I was younger, a lot of my insecurities stemmed from my skin colour. I was unable to completely be myself for fear that I was being judged. The insecurity started after I was bullied for my skin and features. The rude and inconsiderate comments stuck with me for years and would hold me back wherever I went.

The effects of racial abuse are not spoken about enough. As well as being taught how wrong racism is, children should be educated to understand the impact that it can have on the mental stability of their BAME peers. If they knew how long one comment could haunt someone for, I’m sure a lot of children would think twice before making distasteful racist remarks. I began to gain more confidence when I grew older and started learning more and more about my African culture and heritage. I spent time with my African aunties and learned lots about the way that African women live. The beauty of the culture became apparent to me and I was so proud to be part of it. I started attending university in 2018 and met lots of people from all over the world from all different backgrounds, being from a small town with little diversity, this experience really allowed me to express myself.

FEMINIST SPOTLIGHT CAMPAIGN

It has been a long process for me to be the woman I am today. The confidence did not come overnight. I now have a lot of optimism for the future of BAME women, however I did not always have this. I now see active change and the implementation of more inclusive policies. I live very close to the city of Glasgow and it seems that the local councils are taking on board the criticisms regarding the glorification of slave traders via street names and statues. There are plans to potentially replace these with civil rights activists' names instead. I believe that education is extremely important when it comes to tackling racism. Glorifying individuals involved in the obscene oppression of black individuals helps to normalise a racist society and can contribute to the belief that it is acceptable and justifiable. Small changes like these can lead to big ones.

With the recent Black Lives Matter Movement, there has been a focus on the amplification of black voices.

Seeing the change that this movement has made makes me very hopeful. I do not want other BAME children to grow up with the mindset that I had when I was young. I want them to feel connected to their cultures and to never be made to feel ashamed of themselves. It is so important that we, as a society, create a welcoming and open environment for everyone, no matter their skin colour or culture, only then can we truly break down the negative stereotypes and structural racism that results in the continued oppression of the BAME community. I want to see more role models who look like me. I want more women of colour in politics, in science, in finance, in computer sciences! We want to be recognised for our talent and our intelligence. The increasing platform that women of colour are gaining is great however, this needs to continue in the long term, not just as a passing trend. I am passionate about leading a long-term movement that will enable long-term change.

How can you help?

- Check out @taiiybaali on Instagram. She highlights lots of important modern issues around racism and culture and her instagram is very educational.
- Read "Why I'm No Longer Talking to White People About Race" by Reni Eddo-Lodge.



Lauryn Omeike is a 19-year-old student at the University of St Andrews in Scotland studying Financial Economics. Lauryn's mother grew up in Scotland and her father is Nigerian and moved to the UK in 1995. She would describe herself as a self-assured and positive woman with a lot of ambition, however she wasn't always like that and as a young girl was closed off and it has taken time to get to where she is today. Her mission is to reach out to young women like her and help them to find their voices when they may feel they do not have one, to give them a stepping stone into a better and more confident future.



The No Recourse to Public Funds (NRPF) condition on migrant entry to the UK is an extension of colonial violence in how it functions to keep racialized womxn poor. NRPF is a formal exclusion arising from the myth that migrants come to the UK to claim benefits.

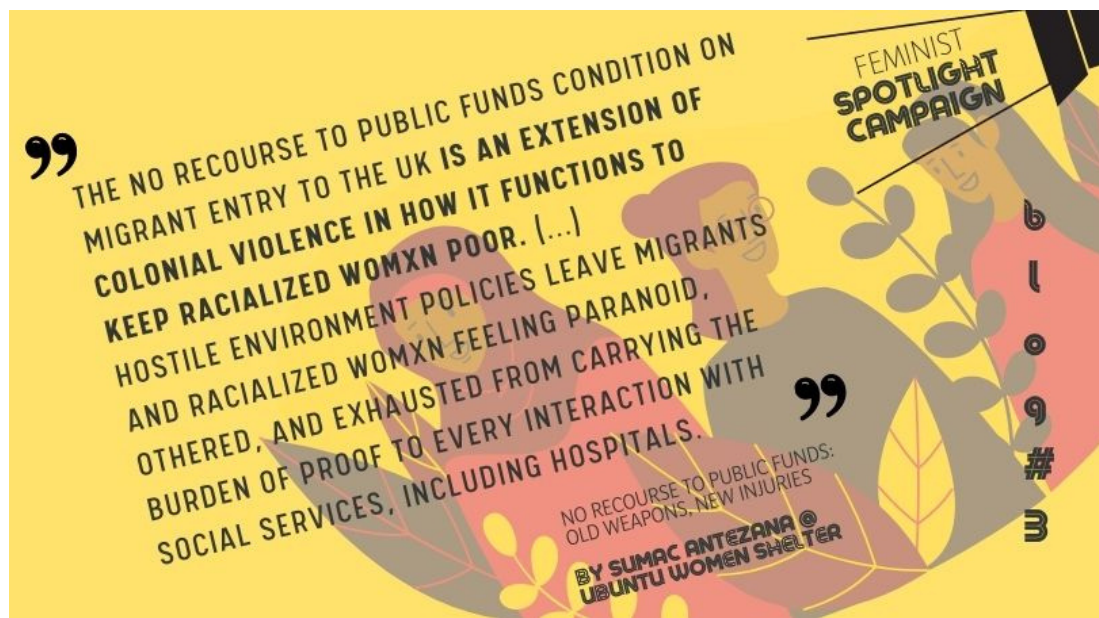
This myth rests on xenophobic colonial nostalgia mourning the decline of the British Empire and blaming previously colonised peoples for ‘souring’ the relationship between Britain and colonised territories. The fact is the Empire hoarded wealth since its inception in the sixteenth century, by commodifying Black and Indian lives and bodies to produce hugely profitable sugar, cotton, tobacco, coffee, and tea. Private companies and the crown profited from the creation of these markets; genocide, ethnocide and chattel slavery were treated as by-products of the process.

Fast-forwarding to after WWII, the European Union and decolonisation of the African continent came about in part as a reaction to the genocidal project of fascism in and beyond Europe. **However, the UK’s participation in the EU and decolonisation was conservative;** more than four hundred years of imperialism didn’t end even with the supposed recognition of universal rights. Human rights were only legally incorporated in 1998, 160 years after the 1838 Slavery Abolition Act. Public funds are also a twentieth-century invention, rolled out in 1906 to address poverty in Britain, beginning with pensions and school meals. Once these state functions were normalised and their benefits measured (decrease in child mortality, increase in lifespan), they became a hallmark of the modern, ‘developed’ state.

Along with the modernization of states came the formalization of the citizenry. From here the 'migrant' emerged as a category opposed to the 'citizen' in ways that recreate colonial dynamics. The NRPF condition is a tool of this rhetorical opposition. The citizen, according to the British government, is a worthy recipient of the wealth of the state; the migrant is not. The legitimization of this opposition creates situations where human rights like the right to safety from violence and the rights of the child are violated as part and parcel of social service provision.

It is important to see these violations as a continuation of the dehumanisation of racialized people, and black people in particular, entrenched in the last five centuries of British history. Anti-racist movements today seek to challenge this collective and individual experience of disproportionate vulnerability to violence and premature death. The disproportionate death-toll of COVID-19 on BAME Britons is only one symptom of institutionalised racism.

We may not think about racial segregation as a British phenomenon, but legal scholar Nadine El-Enany points out in (B)ordering Britain that during the decolonisation process of the late twentieth century, 'patriality' was legitimated to maintain exclusionary definitions of a British citizen and constitute Britain as a modern, white nation-state. Despite the amaranthine multiculturalism of our cities, and the tangible contributions of subjects of the British Empire (see: the Windrush generation), **racialized people in Britain are burdened with proving their legitimacy as 'hostile environment' policies turn service providers and landlords into border guards.**



NRPF excludes people from mainstream welfare: benefits, social housing, police support and advice, domestic violence support and refuge, and protection from unscrupulous landlords or employers. This exclusion is most deadly to racialized migrants, especially abuse survivors who are likely to suffer the lowest levels of service engagement and higher rates of self-harm. Hostile environment policies leave migrants and racialized womxn feeling paranoid, othered, and exhausted from carrying the burden of proof to every interaction with social services, including hospitals. NRPF makes it harder to seek help, and functions as a destitution policy for migrants without large savings or salaries. Even among those with the right to work, many have no option other than low-wage employment and struggle with institutionalised exclusion from promotions or training, and often face insecure housing situations. This is an issue experienced by Britain's entire working class, but NRPF and racialization compound the difficulties for migrant women, especially trans women and mothers.

To help us challenge this monster of a problem we all need to change how we rent and work, to improve circumstances for **everyone**.

How can you help?

- If you work, join a union to challenge exploitation in your industry. Join a tenants' union like Living Rent, because housing is a necessity, not an asset.
- Email your local women's domestic violence refuge asking if they support womxn with NRPF.
- Promote and listen to migrant-led groups such as Step Up Migrant Women.

Ubuntu Women Shelter was born from state-sanctioned destitution cutting into the migrant communities of which we are a part. When we realized No Recourse to Public Funds (NRPF) isolated womxn from all the usual avenues for support, we created a charity specializing in trauma-informed, race-critical support and solidarity. Donating to us enables provision of grants, food, and transport to women with NRPF who would otherwise sleep rough.

Sumac Antezana works with Ubuntu Women Shelter to provide wrap-around, specialist support and solidarity to womxn with no recourse to public funds facing destitution. They facilitate workshops on racism in public health, and the gendered effects of the hostile environment.



Rizwana Saeed is a women's rights activist and project coordinator for the Feel Good Women's Group based in Govanhill Glasgow. Rizwana talks to Joanna Zawadzka - Campaigns and Engagement Officer at Zero Tolerance - about how she transformed her life through community activism, and her work to alleviate the struggles of Ethnic Minority women.

I moved to Glasgow 30 years ago. It wasn't easy to adapt to life in another country and I felt that my mental health was deteriorating. I reached out for help and someone had recommended a meet-up exercise group. At that time I was also experiencing problems at home and physical health issues, and many women in this group were also in similar situations, so we supported each other.

Being part of it helped me so much I started promoting it to all women. I knew there are a lot of women that would benefit from being a part of it and the group kept on growing. At one point we had 101 members, the youngest being 16 and the oldest 89.

The majority of women joined the group because they were encouraged to do so by me - someone who understands them and speaks their language. The group helped us to be active, make connections, share stories and support each other.

We offer a wide range of activities from lunch club, healthy cooking classes, meetings with speakers on different topics, self-care to fitness and swimming classes. These classes help women to improve their physical health, combat isolation, gain confidence and also help them to develop skills.

A few women who attended the group are now in training to become swimming/fitness instructors, which is a great achievement considering that most of the women in that group had never swam in their lives!

We had to adapt to the new situation very quickly, and move our activities online. We now have classes twice a week and online fitness sessions 3 times a week due to popular demand. We also have a WhatsApp group and regular online chats to support each other. One day at an online fitness class we were experiencing some technical difficulties. I thought there was something wrong with my computer but no, it was because 54 women joined the online fitness class!

However, not all of our members have digital literacy skills, equipment and access to the internet, and it is very hard for them to cope. The COVID-19 crisis exacerbated already existing inequalities, leaving a lot of women with very little or no support.

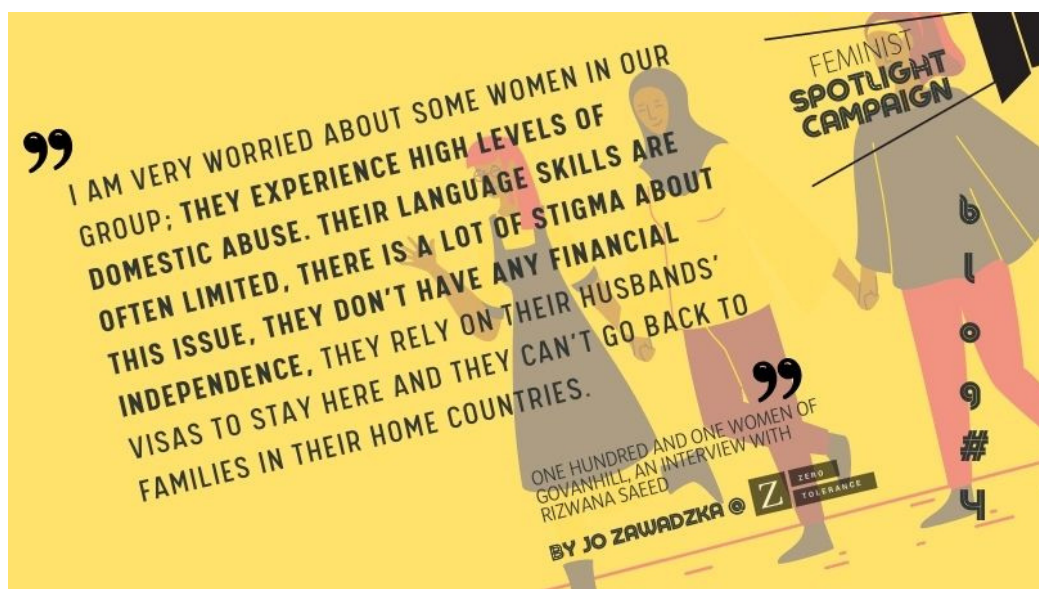
Govanhill - where we live - is one of the most deprived areas in Scotland, the communities who live here struggle with high levels of poverty and violence against women. There is a limited access to support services that are tailored to the needs of women.

I am very worried about some women in our group; they experience high levels of domestic abuse. Their language skills are often limited, there is a lot of stigma about this issue, they don't have any financial independence, they rely on their husbands' visas to stay here and they can't go back to families in their home countries.

Women with small children are often trapped with their abusers for years, they suffer in silence, they don't look for help. One woman who reported her abusive husband stayed with her in-laws and her life became unbearable. Another woman was locked in the house when she wanted to go for a walk. For many women their own homes turned into prisons. I have many more examples of how the COVID-19 crisis worsened the lives of women and empowered the perpetrators.

The families I work with struggle financially a lot. Very often there is only one bread-winner in the family and because of the precarious nature of the work they do, many families have been left with nothing to live on. One woman phoned me recently to look for help, they were 4 months behind with their rent and had no money for food. Thanks to help from Govanhill Housing Association we can distribute food vouchers to many families on a regular basis, but that is not enough, other financial liabilities mount up and this situation is creating financial hardship for these families for years to come.

We recently found out that the Red Cross offers help for women who have No Recourse To Public Funds; we have made 4 successful applications already but there is a lot of demand for help. We are a small community group and we struggle to get funding for our activities.



FEMINIST SPOTLIGHT CAMPAIGN

Bigger charities who have the capacity to fundraise don't have the links with groups like ours and the wider minority ethnic communities. This leaves us with very little capacity to help those who need it most.

We know that women from BAME backgrounds have been the most affected by the COVID-19 crisis. Our group helps to improve health outcomes for women and combat isolation. One of our members is 85-years-old. She takes two buses to get to us and this is the only time she leaves the house every week. I don't know how she is doing now because she doesn't have access to the internet or a smartphone. Since the lockdown restrictions were lifted I organised a meeting in the local park but many of our members wouldn't come, because their families don't feel comfortable with them being out.

Some women have been racially abused when they were out in public, and not only verbally: they were spat on, someone snatched their head scarf, etc. Most of these cases are not reported to the Police. It is not surprising they are worried to go out with everything that is currently happening.

Mental health is a big issue and I know it is affecting whole families. Organisations who provide mental health support are very busy and it takes a long time to get any help, and on top of that Asian women with language barriers find it very difficult to find help in their language. So they don't look for help at all. I keep in touch with a lot of members of our group over the phone and even if I can't do much to help them with their situations, they say that having someone to talk to on the phone helps.

We will need to try to slowly get back to normal - little by little. Helping others makes me very proud, because I know my work has a real impact on the lives of these women. When they ask me what they can do for me, I reply 'just keep me in your prayers'.

How can you help?

- **If you work for an organisation that could help us** - please get in touch. Our group is trying to provide some support but the range of problems we have to cope with is beyond our ability. We would like to be informed about any help that might be available to our members.
- **If you are an individual or organisation and would like to support our activities**, please donate.

Rizwana Saeed has been a community worker and activist for over 20 years. She began her career as a school teacher in Lahore Pakistan before taking a career break to raise a family. Her personal experience of some physical and mental well-being problems stirred up a desire to lead a more active and healthy lifestyle which is where her passion for changing women's lives grew from and her direction changed.

The Feel Good Women's Group has been serving ethnic minority women in Govanhill for over 15 years now. The group is a health and well-being non-profit for women that provides fitness classes, swimming classes, a nutritional lunch club, education and awareness services and outdoor day trips. It's a safe space for women of all ages and backgrounds to come together, socialise, exercise selfcare and work on their physical and mental fitness. Classes and activities are held on a weekly basis, mostly in the local community centre.



“Black people are apparently responsible for calming the fears of violent cops in the way women are supposedly responsible for calming the sexual desires of male rapists. If we don’t, then we are blamed for our own assault, our own deaths.”

(Ibram X. Kendi, How to be an Antiracist, 2019)

Albeit an analogy about the USA, the principle of Ibram X. Kendi’s statement rings true across the globe, and Scotland is no exception. Scotland often projects the image of a *progressive society striving for equality*. After all, Scotland has started to make amends for having 12 years of Section 28 banning the ‘promotion of homosexuality’ or the ‘acceptability of homosexuality as a pretended family relationship’ in any educational institution up until 2000. We will now be the first country in the world to have compulsory LGBT+ education in schools, including LGBT+ history, so seemingly we’re well on this progressive path. However, does this progressivism, which fails to actively take a feminist and anti-racist stance, really address deeply embedded structural inequalities that often manifest in violence?

We need only to look through our newspapers’ headlines, or at last month’s anti-antiracist protests in George Square Glasgow, where statues of slave traders were being ‘defended’ by large numbers of right-wing protesters, to see the ugly underbelly of racism in Scotland. But, surely, the death of Sheku Bayoh, a black man who died after being restrained by police in Kirkcaldy and whose death is still to be investigated 5 years later a terms of reference for the enquiry into his death was set in May this year - is enough to silence us all into acknowledgment of this deep seated racism that our country owns.

As much as our society is racist, it is sexist too. Just looking at the Scottish political system, once you scratch the surface of our feminist leadership, you uncover the sexism that continues to overshadow Nicola Sturgeon in the form of her colleagues being publicly accused of, and trialled for, sexual misconduct.

So why are these issues so interlinked?

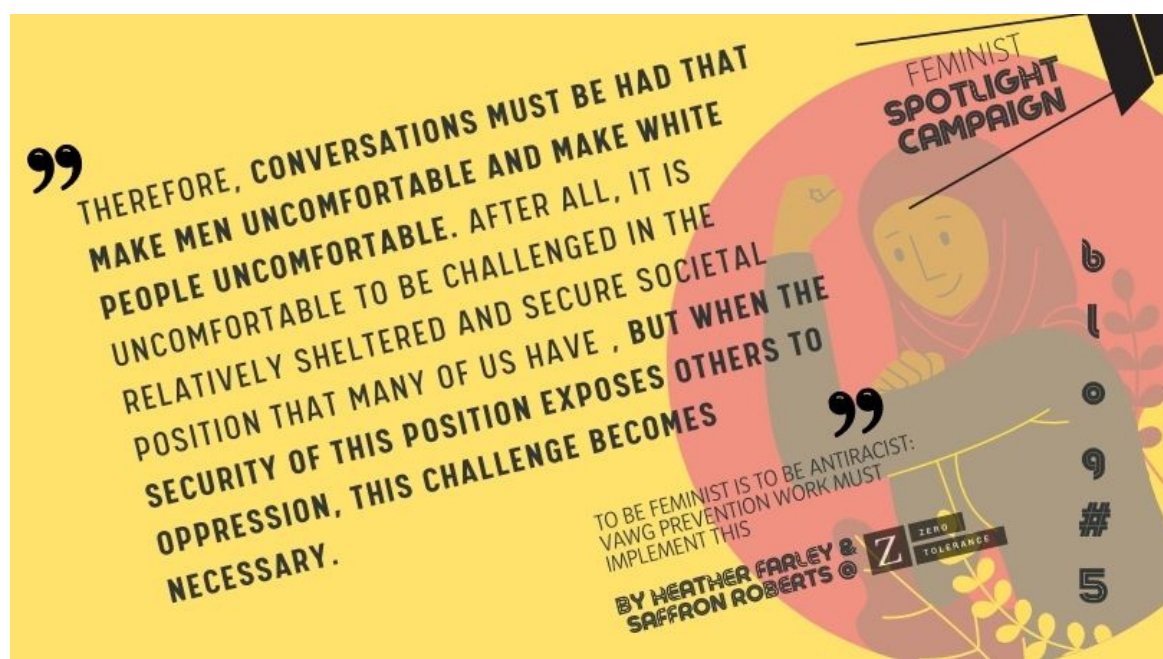
Oppression is one of the root causes of violence and we can't end one form of violence without ending all forms. Racism is a part of this array of oppression, each form interacting with the other, influencing the other, compounding the other. Antiracism work is a vital component of primary prevention work, so is the fight against homophobia, xenophobia and transphobia.

So, in a country with a racism problem, a sexism problem, and the illusion of exceptionalism and liberal progression, how do we tackle prejudice?

Radical change is the answer. Education is one place to start - teach children antiracism as you wish to teach children gender equality. It is not enough to wait for a teachable incident; there is no excellence gained by a curriculum that does not address inequalities. Even when that is addressed, we all know that children learn from the world around them, which we ourselves create. So, individually and together as a society, we need to be part of this change by questioning existing narratives and creating new cultures.

Scotland's current curriculum glorifies British colonial history; I remember when I was at school, only a few years ago, we learnt the phrase, 'the sun never goes down on Victoria's crown' about the so-called 'glory days' of the British Empire. **The education system must avoid colonial sentimentality and actively address the systemic oppression of people of colour and women throughout global history.**

In Britain, this superiority and ignorance runs deep, being the architects of one of the most pervasive and violent colonial powers in recent history, which Scotland took active part in. To tackle the foundations of Scottish wealth, progress and success we need to reflect on its racist and sexist foundations - both literally and figuratively built during the slave trade. Sexual violence was a part of slavery, it was a part of colonisation. **And if we want to end violence against women we have to grapple with the history of racism, colonialism and slavery in the UK.**



Channel 4 recently introduced a documentary entitled 'The School That Tried to End Racism' which engages children with these discussions, encouraging them to face the harsh realities of their privilege and their oppression, depending on the intersectional implications of their ethnicities.

This documentary exemplifies the ways antiracist education can be implemented from a young age. At the moment, the only place children can talk openly about race is in the home, which can trap children into cyclic mindsets. To openly, sensitively and honestly talk about race in a public setting as 11-year-old children should not be a revolutionary idea. While it is not banned, as Section 28 banned discussing homosexuality, it is not encouraged either. **Children have no forum, framework or collective safe space where they can talk about issues of race and gender. To enable change it is essential that children do talk to each other to further understanding and to grow into antiracist, antisexist adults.**

Feminists regularly talk about this pre-emptive approach in terms of teaching consent and respect. We need to be teaching boys not to be violent, as opposed to teaching girls to protect themselves from violence; this sentiment can and must be transferred to antiracist thinking. **Antiracism is as much about prevention of racist mentalities as preventing violence against women and girls is about preventing sexist mentalities.** Therefore, conversations must be had that make men uncomfortable and make white people uncomfortable. After all, it is uncomfortable to be challenged in the relatively sheltered and secure societal position that many of us have, but when the security of this position exposes others to oppression, this challenge becomes necessary.

We need to change the systems and structures that disproportionately work for white, cis, male, heterosexual, able-bodied people. We need to think about people outside of those categories - they are not being served adequately and they are being denied access to resources.

The COVID lockdown has created many huge daily behavioural changes in our world; people have gone from making sourdough and videoing home workouts to engaging in #BlackLivesMatter protests all over the world.

This tumultuous time is causing unprecedented change and we must capitalise on this engagement. Our education system has the opportunity to move with these ever-changing times and hold itself to a new standard of inclusion and historical accuracy. After all, Ibram X Kendi is right, "in no other capacity is a problem solved by not talking about it".

So, it's time to talk, it's time to educate, and it's time to get uncomfortable with our privilege if we're going to live the reality of the image of Scotland we all strive for.

Action

Join our campaigns to end violence against women and girls, learn more about what can you do here: <https://www.zerotolerance.org.uk/campaigns/>

Donate

Your donations will support our innovative work and will help us campaign for strategic policy changes and challenge the public attitudes that allow violence against women to continue. <https://www.zerotolerance.org.uk/support-donate/>

At Zero Tolerance our vision is clear: a world free of men's violence against women. We work to end violence against women through tackling the root cause of this violence – gender inequality.

Heather Farley and Saffron Roberts are Project Support Interns at Zero Tolerance. Heather is a recent graduate in International Relations from the University of St Andrews. During that time, she ran a student-led Got Consent initiative which educated students in bystander intervention. Saffron is a recent Edinburgh English Literature graduate and activist. In early 2018, she founded the campaign Period Poverty Edinburgh.

FEMINIST LEADERS: THE NEWCASTLE GROUP

WOMEN'S EMPOWERMENT TOOLBOX

The Newcastle group of Feminist Leaders is a group of women who participated in the Feminist Leadership programme in 2020. As their Social Action project, they created a toolbox with a rich variety of exercises and tools for training on wellbeing and increased confidence. Check out the resources, use them in your work or in your personal life.



Artwork for the Women's Empowerment Toolbox is created by Tinuke Illustration (@tinuke.illustration)

THE TOOLBOX INCLUDES EXERCISES ON:

ICEBREAKERS

CREATIVE EXERCISES

ROLE MODEL EXERCISES

PERSONAL ORGANISATION

PUBLIC SPEAKING

SELF-CARE

SELF-ESTEEM

CHECK-OUT/CLOSE



ICEBREAKERS

2 TRUTHS AND A LIE

This is a fun icebreaker and works well when the session is being delivered to a group of women who already know each other – for example colleagues, or women at a toddler group.

Objective

To enable the group of women to get to know each other a little better, have fun and increase their participation in the overall session.

Content & Delivery

This activity requires no materials. When everyone has arrived at the session advise them they need to think of two truths about themselves and one lie.

This can be about absolutely anything. It can work well if the person delivering the session goes first so the women feel at ease.




SOMETHING INTERESTING

This icebreaker can be used for sessions where the women already know each other or if they have met for the first time.

Objective

This icebreaker works well when a group is meeting for the first time and they have a little longer for discussion. It is a good way for a group of women to learn more about each other. This icebreaker could also be used at a subsequent session.

Content & Delivery



All participants are asked at the start of the session to think of an interesting fact about themselves and given a minute or so to do this. This icebreaker works best when the person delivering the session goes first in delivering a fact. Examples could be a fear or phobia the person has, something they have achieved, a piece of work they are proud of...



ICEBREAKER

POSTCARDS

This icebreaker is an ideal activity for a group of women who are meeting for the first time. It is also suitable for groups of women who have English as an additional language or speak no English.

Objective

The objective of the activity is to enable some insight into each woman attending and give them a space to have their voice without pressure.

Content & Delivery

All you need for this activity is the folder with digital postcards – these can be printed off or you can use your own postcards, you can also add to the selection. If you are delivering this icebreaker via an online group, you can use the postcard collage and put several images up as a shared screen.

When women enter the session (either online or in person), simply ask them to look at the postcards and pick one that resonates with them. They should not spend long on this activity, nor should it cause them any stress! Once the session begins and the trainer has introduced themselves, go around each person and ask them to introduce themselves and also to say which postcard they have picked and why it resonated with them. There are no right or wrong answers - It can be as simple as they like the image or words. If it is a group where they women have no English they can just show their postcard



CREATIVE ACTIVITIES

COLLAGE ACTIVITY

For women to express themselves in any way they choose by creating a collage of cuttings from magazines, this can be used as a way to present aspects of their identity or even just create a collage of things that they like or are important to them in that moment. For work with established groups where members feel comfortable, the collage can be used as something to discuss or present. You will need a selection of magazines, variety is important to ensure that the activity promotes equality and diversity. You will also need paper or card, scissors and glue.

POETRY ACTIVITY

For women to create a poem based on an issue or theme chosen by the group. The format of the poem can be any which the group chooses.

Begin with a piece of flipchart paper and pick a theme for the poem as a group. Ask members of the group to write words they associate with the theme on post it notes and ask them to stick these around the main theme. Together, women use the words the group have contributed to expand on these words and create a poem about the theme. It may be useful in big groups to split women in to smaller groups to create verses.

SELF-PORTRAITS ART PROJECT

Encourage women to engage in visual ways to express their feelings and build self-esteem. Provide women in the group with a template of a face or encourage them to draw an outline of a face. Ask women to draw a line down the middle of the face outline. Encourage women to think about the two halves, one half represents what the woman thinks about herself and the other how she thinks the world sees her. Women can fill the image with a collage of words, drawings or pictures if these are available for them to use. This activity could accompany discussion around self-esteem.

ROLE MODELS

A ROLE MODEL IS...

Aim

Create individual definition of the term 'role model' and explore how this definition may look differently for each woman.

Facilitation

Encourage women to chat to the women next to them to ask each other what the word 'role model' means to them.

Invite women to use paper to draw or write down what they feel 'A role model is...' from what they have discussed or reflected upon.

Ask the group to come together for a whole group discussion. Encourage women to share information from the smaller group chats with the wider group. Write down women's thoughts and ideas on a flip chart. Reflect back to the group some of the shared or unique themes for the definition of being a role model. Acknowledge and celebrate differences and similarities regarding individual definitions of being a role model.

Resources

Each member of the group to be provided with a piece of paper for to write or draw their thoughts for what they feel 'A role model is...'

Colourful pens/pencils or felt tips

Flip chart

As a group write, draw or chat about what you think a role model is.

A ROLE MODEL IS...

The page is decorated with various green leaves and pink flowers. At the top, there are large monstera leaves and smaller pink blossoms. On the left side, there are hanging vines with small green leaves and pink flowers. On the right side, there are more monstera leaves and pink flowers. At the bottom, there are large monstera leaves and pink flowers.

ROLE MODELS

WHO IS YOUR ROLE MODEL AND WHY?

Aim

Identify a woman who is a role model to them. Explore how women can be role models in different ways and in different situations.

Facilitation

Ask women to spend some time reflecting on a woman who is a role model to them and why this woman is a role model to them.

Explain to women they can think about this in their head and/or they can use a piece of paper to draw an outline of a face and within the face they can express their thoughts through writing words or drawing pictures.

Encourage women to draw or write down the name of their role model.

Explain the role model could be a family member, friend, work colleague, celebrity, campaigner etc. Ask women to draw or write down some of the reasons this woman is a role model to them.

Reassure women they can think about some of the reasons privately in their head if they do not wish to express them on the piece of paper. Invite women in the group to share who their role model is and the reasons why this woman is there role model.

Resources

Paper or card

Colourful pens/pencils or felt tips



ROLE MODELS

IN WHAT WAY ARE THEY A LEADER?

Aim

To be able to recognise and discuss important leadership qualities related to their chosen role models.

Facilitation

For this activity you may wish to use the leadership qualities card activity sheets or use the blank cards activity sheet to create your own leadership qualities cards, activity sheets are provided within this tool box.

The cards will need to cut out and placed across the table/room for the group to see. Introduce the group to the leadership qualities cards. Ask the group to reflect on their chosen role model and to pick 1-2 cards they feel represent the qualities of their role model.

Invite women in the group to share with the wider group the qualities they have chosen for their role model and the reasons why.

Resources

Leadership qualities cards
Blank cards
Pens
Scissors

IN WHAT WAY ARE THEY A LEADER?

The selection of cards below provide various examples of leadership qualities. You may wish to use these examples or you may wish to create your own examples. We have included a blank template to enable you or women within your group to write down your own examples of leadership qualities.

Curious

**Recognises &
rewards
achievement**

Transparent

Passion

**Emotional
Stability**

Integrity

**Active
listener**

Reliable

Resourceful

**Accepts
accountability**

Self belief

Creativity

Respect

Influence



Enjoys
learning

Inspires

Vision

Values other
people

Committed

Strong
interpersonal
skills

Skilled risk
taking

Patient

Works well in
a team

Dependable

Collaborative

Awareness

Positive
attitude

Calm

Visible &
Accesible

Courage

Ability to
learn
& grow
from
mistakes

Drive to
achieve

Foresight

Empathy

Organised

Sense of
humour

Flexible

Enthusiastic



Reflective

**Shares
knowledge &
skills**

Confidence

Gives feedback

**Able to
delegate**

Responsible



ROLE MODELS

HOW HAS YOUR ROLE MODEL HELPED YOU TO BLOSSOM AS A LEADER?

Aim

Reflect on how their role model has helped them to develop their own skills and qualities as a leader.

Facilitation

Ask the group to think about how their role models have helped them to grow as a leader.

Encourage the group to identify specific skills and qualities they have developed through these experiences. It may be helpful to use the leadership qualities cards from the 'In what way are they a leader' activity as a prompt.

Ask the group to create a flower using a range of arts and crafts materials to represent their growth as a developing leader and the influence their role model has had throughout this journey.

Invite women to present their art work if they would like too and give women the option to take their art work home with them.

Resources:

A range of art and crafts materials for example paper, card, paint, paint brushes, pens, pencils, scissors, stickers, glue.

Collection of pictures related or unrelated to leadership to create collage, these could be from magazines or could be chosen and printed from the internet.

PERSONAL ORGANISATION ACTIVITIES

Here are a group of activities that can be given to a group as recourses or you can use the templates and work on them in the group. This also is a chance for the women to be able to set goals and have time to evaluate their lives.

“Setting goals is the first step in turning the invisible into the visible.”

Tony Robbins

“You should set goals beyond your reach so you always have something to live for.”

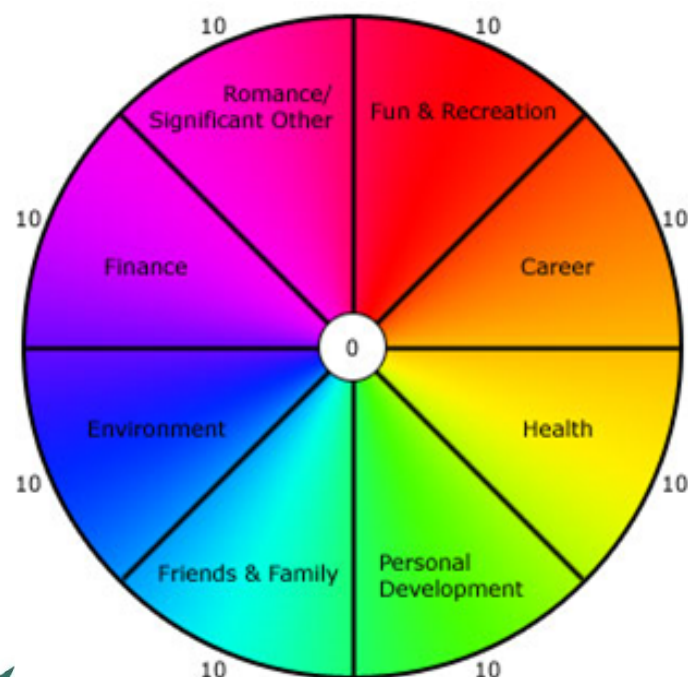
Ted Turner

[**BUDGET TEMPLATE**](#)
[**DOWNLOAD HERE**](#)

WHEEL OF LIFE

This is a great activity do so the woman can check in with all the section of their life and see where they are at. This can be used monthly or regularly to check in and reflect and evaluate on their lives.

What to do: Get the group to either draw their own or use the template of the wheel of life.



PUBLIC SPEAKING WORKSHOP

RAISE YOUR VOICE

Aim

This workshop is aimed to prepare and help women practise public speaking and raising their voices. It happens too often that women's voices aren't heard and this is a lovely way to help improve women's confidence when speaking in public so that they can voice their opinions.

NB: It is important that the group are comfortable with each other and that the room is a safe space and that everyone has agreed to some community agreements and that it is written down and visible so that everyone can refer back to them. Playing some ice breaker might be helpful if the group have never met before

Activity one – Discussion and Getting into the zone

In the group ask them what are some of the things you notice about yourself when you are nervous? Get them to think about their physicality, thoughts etc... talk about some things that might make them calmer when having to speak in public ...

1. Power Posing

Ask the group – Do they know what a power pose is?

It's the act of taking a confident pose, even when you don't feel so confident, to make yourself feel more powerful. The most well-known is "The Wonder Woman" pose. There is an amazing ted talk on this by Amy Cuddy.

You stand tall with your chest out and your hands on your hips- like wonder woman. Get them all to try it out – see how it makes them feel , even if they feel silly at first explain that through our physicality we can change the way our mind thinks and trick ourselves into being more confident.

They can use this tool before an event or a job interview even in the toilet cubical before having to deliver a speech. The more you do it the more you benefit from it, if you want to even doing it daily in front of the mirror

The page is framed by decorative illustrations of green leaves and pink flowers. At the top, there are large monstera leaves and smaller pink blossoms. On the right side, a vine with small green leaves and pink flowers hangs down. On the left side, there are more green leaves and pink flowers. At the bottom, there are large monstera leaves and pink flowers. The background is white.

PUBLIC SPEAKING WORKSHOP

RAISE YOUR VOICE

2. Smile

Smiling before speaking when you're nervous can also really help.

Ask the group – everyone have a go at smiling. How does it make you feel? Even if it's a phone call. It sends out chemicals which trick your brain into thinking you are happy even if you aren't!

3. Grounding exercise

The last technique we are going to try is something called grounding.

Stand up and close your eyes, take a deep breath.

Plant your feet firmly on the floor, armpit width apart. Imagine that you're a 300-year-old oak tree with roots that go deep into the earth. Like that tree you are firm, secure, and unshakeable.

Push your feet into the ground, imagine all of your energy travelling down from your mind, down through your body and out through your feet into the ground.

Give the energy a colour and focus on it, maybe it is red hot like a fire, or an icy.

SELF-CARE EXERCISES

30 DAY SELF-CARE CHALLENGE

It is important to have a conversation around the different areas of self care as often people think self-care only refers to the physical. Getting the women to think about these areas first is a great way to sprout conversation within the group and promote peer learning. Self-care can also mean different things for different people therefore having an open conversation on this topic enables the diversity of answers to be heard. Once the women have had a healthy discussion amongst themselves it would be good practice to present areas of self-care that may not have been mentioned during group discussion. Please see images for areas of self-care.



THE 8 AREAS OF SELF-CARE

Self-care - "activities and practices we engage in on a regular basis to reduce stress and enhance our well-being" - unknown

At Habits for Wellbeing, we focus on the following 8 areas of self-care...

- 1 PHYSICAL SELF-CARE**
Physical self-care involves movement of the body, health, nutrition, sleep, rest, physical touch, and sexual needs. 
- 2 PSYCHOLOGICAL SELF-CARE**
Psychological self-care involves learning new things, applying consequential thinking, engaging intrinsic motivation, practising mindfulness and creativity. 
- 3 EMOTIONAL SELF-CARE**
Emotional self-care involves enhancing emotional literacy, navigating emotions, increasing empathy, managing stress effectively and developing compassion for self and others. 
- 4 SOCIAL SELF-CARE**
Social self-care involves having a supportive group and network of relationships around you whom you trust and turn to when required. Having caring and supportive people around you builds a sense of belonging and connectedness. 
- 5 FINANCIAL SELF-CARE**
Financial self-care involves being responsible with your finances (i.e. living expenses, income, insurances, savings etc.) and having a conscious relationship with money. 
- 6 SPIRITUAL SELF-CARE**
Spiritual self-care involves the beliefs and values that are important to you and guide your life. This includes pursuing your noble goals and the practices that support you developing spiritual awareness. 
- 7 ENVIRONMENTAL SELF-CARE**
Environmental self-care involves having an organised, well maintained and clutter-free work, business and home environment, having clean clothes and a clean and well maintained mode of transport. Also minimising waste and monitoring technology time. 
- 8 PROFESSIONAL SELF-CARE**
Professional self-care involves sharing your strengths and gifts, having clear professional boundaries, whilst living your purpose. 

SELF-CARE EXERCISES

30 DAY SELF-CARE CHALLENGE

This activity allows women to take something away with them to work on in their own personal space and time. However the creation of the challenge can be conducted and facilitated as a session.

Within this session the women will be asked to come up with their own 30 Day Self-care challenge. This allows the women to have a think about ways in which they would like to progress in their self-care. Women will be encouraged to think of things they have always wanted to do or try but have never got around to doing (These can be smart targets/actions). Please see the photo below for an example of a 30 day self-care challenge.

The session will allow the women to converse with each other and talk about things that are important to them. By coming up with their own small daily targets the women may feel a sense of achievement.

Facilitator should highlight that women should not feel pressured to complete each target but that the achievement is in the process of the challenge not the completion. Women can also shorten the length of the challenge to 2 weeks or even 1 week it is entirely up to them.



SELF-CARE EXERCISES

30 DAY SELF-CARE CHALLENGE

Example: Go for a morning walk near the coast	Example: Eat all my five a day today	Example: Try a different hair style	Example: Connect with 1 old friend		



SELF-CARE EXERCISES

SELF CARE AND POSITIVE MENTAL HEALTH

Positive Life Transitions Coach Annabel Lovick (lovicklifecoach.co.uk) says “Let’s face it, we’ve all felt overwhelmed over the past few months. None of us are superhuman; it’s normal (and totally OK) for things to get on top of us sometimes”. She adds that the important thing is knowing how to rise up and move forward with resilience. Here is a summary of her key points.

IDENTIFY

Work out exactly what is difficult for you. This may not be an easy task but try to identify how it makes you feel, how would things be without this and speak to those who can help you about an alternative.

ACCEPT

Accept that it is OK to feel the way you do and recognise that you have a choice. You can’t always control the situation but you can control your reaction, e.g. losing your job but thinking positively about the future.

ACT

Deciding to act on something that is not right for you is a positive step towards resilience.

MOTIVATE AND BELIEVE

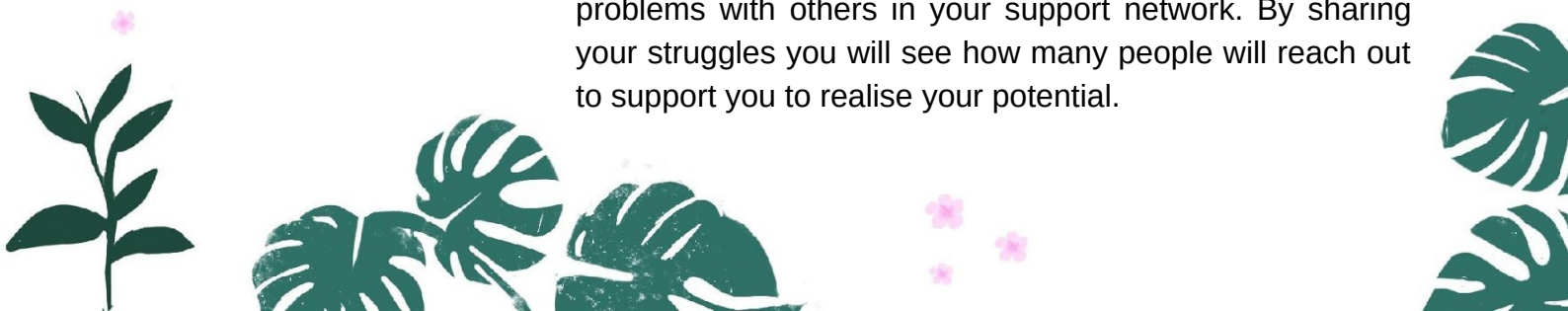
Find what motivates you. Being outdoors in nature motivates some, others like to spend time alone and some people like to talk to family and friends. Motivation will lead to helping resolve your difficulty.

PERSEVERE

What if things go from bad to worse? How do you stay resilient? Recognise that nothing stays the same. Believe that this time will pass and you will see better times. Reviewing your choices and actions every night will help you keep focus and belief in achieving your goals, reinforcing your resilience.

SHARE

There is power in sharing your innermost fears and problems with others in your support network. By sharing your struggles you will see how many people will reach out to support you to realise your potential.



SELF-CARE EXERCISES

BEFORE YOU SLEEP...



Write down 5 things that you could change tomorrow to make a certain situation better.



Turn off the light and imagine completing all these things and how that would make you feel.



Wake up and revisit your action plan and cross off two which are least important things (our mood changes from day to night) – you have an action plan!



Revisit each night and morning. Look at you have achieved, however little it may be. Don't worry if you haven't reached your goal. Start afresh tomorrow.

SELF-CARE EXERCISES

CUP AND KETTLE

What is Self-care?

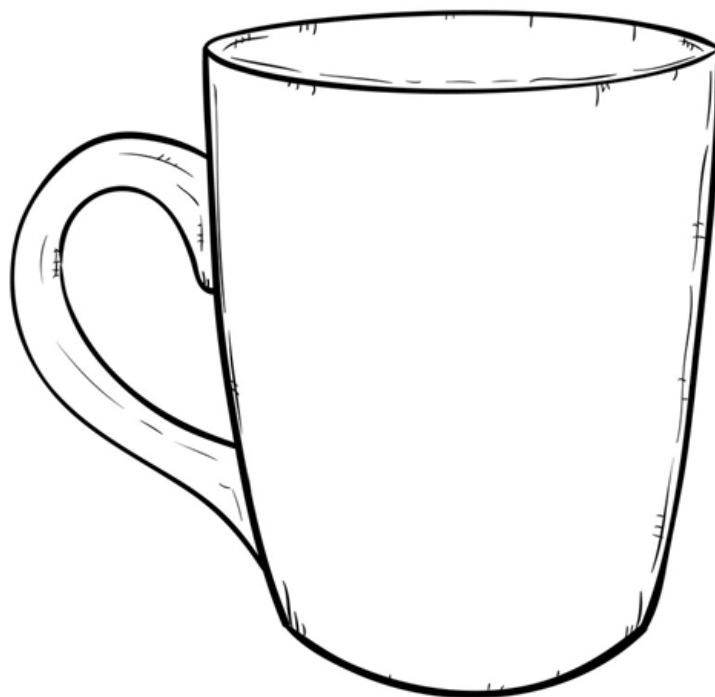
Self-care is any activity that we do in order to take care of our mental, emotional and physical health. Although it is a simple concept; it is something we all are guilty of overlooking. Good, consistent self-care is key to improve mood, reduce anxiety and enhance the ability to build a good relationship with others, and ourselves.

How do I know what to do, to improve my self-care?

Firstly, let's think of our days as cups. A lot of us have the same habits, some of these are essential (e.g. going to work, looking after children, paying the bills), but some, are not essential and could be having an adverse effect on ourselves.

Activity; What's in my cup?

See below the picture of a blank cup, I want you to fill this cup by writing in all what you do daily or regularly e.g. habits, hobbies, activities, chores. Some of these will be good, some bad



SELF-CARE EXERCISES

CUP AND KETTLE

Reflection; What is in your cup? Is there anything you see in there that you want to pour out? Maybe a bad habit you have (e.g. smoking, going on your phone for too long, checking emails repeatedly/late). Can you pick out the positives in there, maybe something you would like to do more of, but just do not “have the time”? There may be something missing, or something that you’d like to pour into your cup; but do not have the time?

Let’s try another one.

Activity; Spill out!

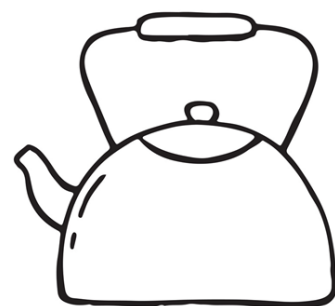
From the cup above, list three things you would like to stop, reduce, get rid of! (If there’s nothing, don’t worry).

- 1.
- 2.
- 3.

Reflection; Could you identify parts of you, your habits or your life you want to do less of? Keep those in mind and we’ll come to that in a later activity.

Activity; Fill me up!

The opposite of the above, see the kettle below? Fill that with what you’d like to FILL your cup with (e.g. 30 minutes exercise, not working over lunch, getting 7-8 hours sleep per night).





SELF-CARE EXERCISES

CUP AND KETTLE

Ok, so we have our filled cup, we have our hopeful spillages and we have our ready to pour positivity. Let's now think about how we can work towards seeing and making changes!

Activity; Plan it, do it!

Pick a day to start your 15 day challenge. This is where we start the process of pouring out the bad stuff and topping up with goodness. From day one; your aim is to set targets to slowly reduce the parts of our lives having a negative impact on our well-being and increase the good. See below for an example way to document your journey

Day 1 E.g; go for a 30 minute walk

Day 2 E.g; schedule a proper break from work; away from desk or computer

Day 3

Day 4

Day 5

Day 6

Day 7

Day 8

Day 9

Day 10

Day 11

Day 12

Day 13

Day 14

Day 15

Remember: Like most thing;self-care takes time, practice makes perfect. Small changes can have a big impact.



SELF-ESTEEM EXERCISE

What is “Self-Esteem”?

Self-esteem is your own evaluation of your worth. It is how we value and perceive ourselves daily. This stems from our opinions and beliefs about ourselves, which can sometimes feel difficult to change.

Your self-esteem can affect;

- Your happiness
- Feeling of being good enough and that you matter
- Whether you can move on from past mistakes without blaming yourself unfairly.
- How/if you show kindness to yourself
- Ability to try new or difficult things
- If you recognise your strengths and positives
- Decision making, ability to assert yourself
- Valuing yourself, taking the time you need for yourself.
-

What can cause low self-esteem?

Individual self-esteem differs in everyone. It can change suddenly, or you may have noticed a change for a while. There can sometimes be a cause for this; i.e. a change in circumstances or life experience(s) – it's often difficult to recognise this and make changes.

Some examples which may affect self-esteem;

- Stress
- Physical/Mental health problems
- Losing job/being unemployed
- Being bullied or abused
- Body image
- Finances
- Relationship issues; separation, divorce, breakdown
- Hormonal changes
- Pregnancy

This list is not exhaustive, and it may be that you have not experienced any of these things but your self-esteem has still declined. That's normal too, it does happen.

SELF-ESTEEM EXERCISE

How can I improve my self-esteem?

There are ways to improve your self-esteem. It's important to recognise that this may take time, particularly if something specific has happened to you which has caused your self-esteem to diminish.

1. Learn to love yourself

Activity: Reasons to love me.

This activity is aimed at recognising positive things about you; which are sometimes over-looked, or we do not even sometimes see as positive. Many believe our worth or whether someone can love us; is based on what others see on the outside. Wrong. Whilst appearance is a big deal for most of us; we like to look good, we like to make effort, we feel good when we look good; but there is so much more to us than others see, right?

Are you finding that you are being too harsh on yourself? Or even struggling to think of any positive things about you? Think about your strengths and qualities; write them below (Therapist Aid, 2015)

Things I am good at:

- 1.
- 2.
- 3.

Compliments I have received:

- 1.
- 2.
- 3.

What I value the most:

- 1.
- 2.
- 3.

What I like about my appearance:

- 1.
- 2.
- 3.

Ways I have helped others:

- 1.
- 2.
- 3.

Challenges I have overcome:

- 1.
- 2.
- 3.

Times I've made others happy:

- 1.
- 2.
- 3.

What I value most in my life:

- 1.
- 2.
- 3.



CHECK OUT ACTIVITIES

Here are a few activities designed to close a group of women after a workshop. Some are better once you have worked with a group for a longer amount of time and some are perfect for when you have just spent an hour with them.

COMMUNITY ACTION

Aim: This activity is to inspire change and positivity within the community.

What you will need:

- Postcards
- pens
- envelopes
- stamps
- stickers (optional)

What to do: Get everyone to choose a postcard, then once they have chosen get them to think about one thing they are committed to doing to make a change in their community. This can involve a group discussion or not. the action can be a big or as little as they wish for eg; talk to my elderly neighbours more, or even start a community group the sky's the limit. Then they can write the card to themselves with two messages:

1. What change they want to see most in their community
2. What action they are committed to do to make that change

Then they will need to put the postcard into an envelope and write your full name and address on the front. This can be sent to them in the desired time set out by the group (1 month. 6 months a year) so that they can be reminded of what they wanted to do and see if they achieved them or even went beyond.



CHECK OUT ACTIVITIES

ACTION LEARNING

Aim: This activity is used in organisations but can be really useful in small groups and allow for personal learning and reflection but also clarity and help on problem solving. this activity is best when the group has got to know each other better.

What to do: Divide everyone into groups of three called sets. Everyone needs to bring a problem or issue they have in their lives that they would like to talk about. Everyone will get 5 minutes to talk about their issue

1. The first person tells the issue to the group
2. The others have listened to the issue. They will then try to clarify what the person has said so they have as full a picture as possible. Then they ask questions that get you to consider and think through how you have used your time. They may ask questions that help you look at the problem differently.
3. The purpose is to help you as the presenter to understand the issue, own the issue, take responsibility for it and to learn from it.
4. In the set they will aim to be understanding and supportive, as well as being challenging. They will try not to give advice or tell you what you should do. It is your issue. It is your responsibility to organise your time. They will not be there when you try to improve your use of time.
5. The other in the group will Support/Empathise, they are not there to criticize you either. Indeed, they may well empathise with you by trying to be in your shoes in understanding your situation.
6. Next the other set members will help you to take some steps towards action on how you intend to modify your use of your time. You will be invited to be as specific as possible (time frame etc.) about any intended actions as this will make them more feasible to achieve



CHECK OUT ACTIVITIES

ONE WORD

Aim: To gauge how the group is feeling before/after a session. It also is good to see if they have changed their attitude after the day.

What to do: Go around the room and get everyone to say one word about how they feel after the session, it can also be done at the beginning of a session too.

GRATITUDE CIRCLE

Aim: This exercise is to let the group leave on a feel good mood and experience receiving a compliment without pushing it away.

What to do: Form a circle - then everyone can share one positive thing about the person to their left, could be something they've said, how they acted, something they are wearing....

When you have received your gratitude/compliment just simply say **THANK YOU**

Who are the Newcastle group of Feminist Leaders?

Amy

Hey! My names Amy. I work for Independent Domestic Abuse Service (IDAS) in North Yorkshire. We work with those who have been subject to abuse; ensuring their safety, providing practical and emotional support and empowering them to move forward and recover. I am inspired everyday by those working for IDAS and those bravely reaching out for support. I am hugely grateful to have worked with this team to produce this Women's Empowerment Toolbox and really do hope you find it useful.

What I do to look after myself: Walking my dog or climbing ridiculously tall hills/mountains (and regretting immediately).

Anna

My Name is Anna. I work for the participation and services team at Young Women's Trust . I find real joy from helping support women and seeing them reach their full potential. Everyday I learn new things and am inspired by women around me. I hope this tool box is useful to women's groups and that the activities can help women feel more motivated, empowered and confident.

What I do to look after myself: Once a week I run a bath shut the door and put on a funky blue face mask.

Demi

Hi! My name is Demi and I am a student social worker. I was lucky enough to be put forward for the Feminist Leadership Course by my work placement - Women's Health in South Tyneside (WHIST). WHIST is a women only charity organisation working to promote the mental and physical wellbeing of women in South Tyneside. I hope that the toolkit will be accessible for all women and that they will enjoy what we as a group have developed through our shared experience of working with women!

What I do to look after myself: I enjoy having a bath, going for walks and doing yoga :)

Emma

Hiya! My name is Emma I'm the Additional Needs Project Worker at the Blossom Project in Stockton-on-Tees. We work with young women aged 16-25 years who have a range of diagnosed/undiagnosed disabilities, learning disabilities or learning difficulties. Every day I learn from the young women we support as they explore their aspirations, overcome challenges and learn new skills. It has been wonderful to work with women from a range of organisations to create the Women's Empowerment Toolbox. We hope the activities make a difference to the lives of young women you are supporting.

What I do to look after myself: I enjoy going to circus classes and hanging upside down on an aerial hoop. As well as putting my headphones on and listening to my favourite music when going for a walk. I also love a good cup of tea!

Fozia

When I became part of the Women's Side by Side evaluation team, I was a Project Leader in ApnaGhar which was one of the projects supported by the programme. In both my roles, I have thoroughly enjoyed helping women to share their experiences and build support networks, empowering them to become bigger than their struggles and combat the stigma of discussing them. I hope you enjoy using this toolkit as much as we have putting it together.

What I do to look after myself: I love to wind down with my favourite teas and home-made treats, surrounded by family and friends. I also love a 'girly' pamper night with my daughters.

Kimberley

My name is Kimberley and I work as a Regional Development Manager for an organisation called GFS which has a focus on empowering girls and young women in a safe, female only space. I am proud of this ongoing project, that the team I have been a part of have created and hope you enjoy it!

What I do to look after myself: My favourite self care activity would be long walks in nature.

Mahida

Hi! My name is Mahida, I am a project coordinator for a BAME women's charity called Network Aspire and also work as a community development worker for an organisation called CREST Ltd (Not the toothpaste brand!) both situated in south Tyneside. I have a real passion for community engagement and have been in the field for over 5 years now both in the public and voluntary sector. I've always had confidence issues since being a little child, but through opportunities, experience and support I was able to come out my shell and start to explore my potential. I hope that this confidence building toolbox provides many more women like me the tools needed to become confident, strong and empowered women.

What I do to look after myself: I love a good heart to heart with my sisters when things are becoming a bit much! And also love to write my thoughts down in a journal every morning to start me off for the day.

Surajah

Hello my name is Surajah. I work part time as a paediatric nurse. I am also involved in the following a number of groups as a volunteer, including Apna Ghar, New Hope North East, South Tyneside council employment subgroup and HealthNet. I am confident that the toolkit could be used by all the groups I am involved with, helping them with their self-esteem, confidence and empowering them to face and deal with issues in a positive way.

What I do to look after myself: I enjoy family time, going to my yoga class, walks by the beach, meeting up with family and friends.



FEMINIST LEADERS: THE MANCHESTER GROUP

THE INVISIBLE HEALTH WORKPLACE INITIATIVE

Too often women's health needs are ignored or misunderstood in the workplace - to the detriment of them and their employers.

The illnesses women face may not be recognised or are considered taboo and women can, and sometimes are expected to, suffer in silence.

If women's health needs were better understood and policies put in place to support them at work, not only would their quality of life would improve and so potentially would the quality of their work and productivity but **they would also feel much more empowered to reach their full potential at work.**

With so many of us working from home due to the Coronavirus pandemic, and the additional challenges and pressures that home working brings, this issue is just as, if not even more, relevant right now.



As members of the Manchester cohort of the Women's Resource Centre's Feminist Leadership Course and as women members of the workforce we all have our own lived experience of health issues that specifically affect women.



By focusing on some of the key conditions women can face, our aim of this project is to get better recognition and understanding of women's health needs and experiences in the workplace and offer recommendations for employers of the ways they can be supported through these often invisible health conditions.



PERIODS & PREMENSTRUAL SYNDROME (PMS)

ABOUT PERIODS AND PMS

A period is normal vaginal bleeding that occurs as part of a woman's monthly cycle. On average bleeding lasts between 3 and 7 days and symptoms during this time include tender breasts, abdominal cramps, bloating, fluid retention, muscle and joint pain, headaches, acne, diarrhea and constipation.

The symptoms experienced for up to 1-2 weeks before the period are called PMS and include: moodiness, bloating, anxiety, irritability, breast tenderness, changes in appetite and headaches.

Sanitary products are an expensive but necessary monthly cost for women, many of whom cannot afford this and therefore experience period poverty.

Period poverty is a widespread issue in the UK — with 49% of girls having missed a day of school due to periods and one in 10 women aged 14 to 21 not able to afford period products (The Independent, 2020). Period poverty encompasses the lack of; education, safe and hygienic spaces and includes shame and stigma around periods (Action Aid). This is a global issue.

IMPACT OF PERIODS AND PMS IN THE WORKPLACE

73% of women have lied when taking a sick day due to periods for fear of being judged by their bosses. There is still a huge stigma attached to periods and sick leave; and some employers might think that because women deal with them every month then they must be 'used to it'.

And it is not unusual for women to minimise their own experience of menstruation, no matter how ever the pain, in fact nearly 50% of women think painful periods are 'just part of being a woman' and wouldn't consider visiting their GP.

WHAT YOU CAN DO AS AN EMPLOYER

- Create a supportive work environment by educating staff and challenging unhelpful clichés such as "it's probably her time of the month"
- Have clear policies on menstrual leave and flexible working options.
- Provide flexibility for those in manual jobs so they can manage their workload in a way where they are completing less physically demanding tasks during menstruation.
- Raise awareness that trans-men, non binary and intersex people may also experience these health issues.

The Invisible Health Workplace Initiative presents: ***Periods & PMS***

About periods and PMS (premenstrual syndrome)

- A period is normal vaginal bleeding that occurs as part of a woman's monthly cycle.
- The symptoms experienced for up to 1-2 weeks before the period are called PMS and include: moodiness, bloating, anxiety, irritability, breast tenderness, changes in appetite and headaches.

Impact of periods and PMS in the workplace

- 73% of women have lied when taking a sick day due to periods for fear of being judged by their bosses.
- Nearly 50% of women think painful periods are 'just part of being a woman' and wouldn't go to their GP.

What you can do as an employer

- Create a supportive work environment by educating staff and challenging unhelpful clichés such as "it's probably her time of the month".
- Have clear policies on menstrual leave and flexible working options.

This resource has been produced by the Manchester cohort of the Feminist Leadership programme delivered by the Women's Resource Centre. Visit wrc.org.uk/the-invisible-health-workplace-initiative to make your workplace more period and PMS friendly.



PREMENSTRUAL DYSPHORIC DISORDER

ABOUT PREMENSTRUAL DYSPHORIC DISORDER (PMDD)

Premenstrual dysphoric disorder (PMDD) is a severe form of PMS that affects roughly 1 in 20 people of menstruating age.

Symptoms fall into physical and emotional categories.

Physical symptoms include:

- Breast tenderness;
- Bloating;
- Food cravings.

Emotional symptoms range from:

- Anxiety;
- Irritability;
- Suicidal ideation;

The symptoms must occur only after ovulating and cease around the day of bleeding so typically 1-2 weeks of symptoms. The severity of symptoms can vary, but typically they must interfere with day to day life or people's relationships.

IMPACT OF PERIODS AND PMS IN THE WORKPLACE

PMDD can have a profound effect on a worker's ability to function during their luteal phase. Individuals may have trouble remembering deadlines, having the mental capacity to stay on task, or execute their work to their normal standard. Individuals may also need time off due to debilitating symptoms such as anxiety or migraines. All these factors can lead to many PMDD sufferers having trouble managing a full time job, if the workplace is not flexible or understanding of their needs. Many sufferers do not disclose their diagnosis for fear they will face discrimination or be passed up for promotions.

WHAT YOU CAN DO AS AN EMPLOYER

- Recognise the validity of PMDD as a chronic health condition, support workers if they require disability support and make reasonable adjustments under the disability and discrimination act (1995)
- Create a supportive work culture that recognises the needs of menstruating employees by allowing flexible working where appropriate, and allowing important tasks to be planned in advance to avoid overlapping with the person's luteal phase.
- Have open communication with your employee about what style of feedback works for them, and allow for important conversations about performance to be scheduled in a good week.
- Raise awareness that trans-men, non-binary and intersex people may also experience these health issues.

Help and Support

Check out the International Association for Premenstrual Disorders (IAPD) and See Her Thrive: www.seeherthrive.com
www.iapd.org

The Invisible Health Workplace Initiative presents: **PMDD**

About PMDD (premenstrual dysphoric disorder)

- A severe form of PMS that affects around 1 in 20 women of menstruating age for 1-2 weeks per cycle.
- Emotional and physical symptoms including breast tenderness, bloating, anxiety and suicidal ideation.

Impact of PMDD in the workplace

- Many sufferers don't disclose their diagnosis for fear they will face workplace discrimination.
- Individuals may have trouble with remembering deadlines, having the mental capacity to stay on task, or executing their work to their normal standard.

What you can do as an employer

- Recognise the validity of PMDD as a chronic health condition and raise awareness of it amongst staff.
- Create a supportive work culture by allowing flexible working and plan important tasks in advance.
- Support staff if they require disability support in line with the disability discrimination act (1995).

This resource has been produced by the Manchester cohort of the Feminist Leadership programme delivered by the Women's Resource Centre. Visit wrc.org.uk/the-invisible-health-workplace-initiative to make your workplace more PMDD friendly.



PERINATAL MENTAL HEALTH

PERSONAL STORY

I've had four children and have experienced perinatal mental health issues with all of them. With my first, I had an extremely traumatic birth and, as a result, I experienced PTSD, with nightmares and flashbacks that were distressing and difficult to manage. **Motherhood was not what I thought it was going to be and with this came a sense of shame around how I was feeling.** I struggled so much that I never did go back to work. My job was quite demanding and my employer inflexible, so I felt like there was no other option.

After my second child, I developed Obsessive Compulsive Disorder (OCD) and spent many hours exhausting myself (as if I wasn't tired enough!) with complicated 'rituals' around bottle preparation and cleanliness. Once again, I felt I was 'failing' as a Mum and the stigma stopped me from reaching out for support.

During my third pregnancy, I developed a mixture of depression and anxiety. **I didn't feel like I could tell my employer the truth because I was worried they would judge me to be incapable or a problem to the organisation.** And to be honest, it isn't like they really asked how they could support me at work in any meaningful sense. I tried to block out the fact I was pregnant and just put all my energy into work and doing a good job. I was in denial about being pregnant and became consumed with work, much to the detriment of my wellbeing. When I think back, I'm sure it was obvious to my colleagues and managers that something 'wasn't right' with me, **but no one asked.** Everyone assumed I was happy and excited to be having another baby.

Then, after I had the baby, my anxiety became progressively worse to the point that I was in a constant state of distress day and night, a permanent state of panic. It was terrifying. I couldn't sleep at all (even though the baby could) and after going five nights on zero sleep I started to hallucinate, developed psychosis and was ultimately hospitalised. What followed was a long road of recovery. However, **when I returned to work my manager questioned me about my 'capability'.** They had heard (through a breach of confidentiality) what had happened to me and implied I could pose a risk, trying to force me into an unsuitable role. Not once was I asked how they could support me in the workplace. I felt ashamed and that made my recovery even more challenging.

With my fourth child, **I decided to be proactive, open and honest with my employer** (a new one!) from the outset. I explained about my history of perinatal mental health issues and what happened with my previous employer. This time, my manager was fantastic. **She was empathic and listened to understand, she reassured me that the organisation would stand by me, and she worked collaboratively with me to come up with a support plan, which included flexible work options and a review of my workload, in addition to extra paid time off to attend various mental health support sessions.** After I had the baby, while on maternity leave, my manager showed genuine care in relation to my wellbeing. When I returned to work great care was taken to support that transition. I did experience some postnatal anxiety, but this time had such fantastic support all around me that I was able to manage it in such a way that I did not become severely distressed. **I genuinely believe that my employer's positive treatment of me made a huge difference to how I was able to cope.**

PERINATAL MENTAL HEALTH

ABOUT PERINATAL MENTAL HEALTH

Up to 1 in 5 women are affected by perinatal mental health issues, with 50 per cent going unidentified and unsupported. Find out more about your maternity rights on Maternity Action's website (<https://maternityaction.org.uk/advice/postnatal-depression-and-depression-during-pregnancy-your-maternity-rights-and-benefits/>)

What is a perinatal mental health issue? A mental health issue experienced any time from a woman becoming pregnant, up to a year after giving birth.

Examples of common perinatal mental health issues: Perinatal depression, Perinatal anxiety, Perinatal OCD, Postpartum psychosis, Postpartum PTSD.

WHAT YOU CAN DO AS AN EMPLOYER

My plea to employers would be to become educated on perinatal mental health, to demonstrate to female employees that they do understand the issue and to address mental health as part of any discussions about pregnancy/post-natal support in the workplace. Removing shame and stigma is a massive step, in addition to offering practical support

The Invisible Health Workplace Initiative presents: ***Perinatal Mental Health***

About perinatal mental health

- A mental health issue experienced any time from becoming pregnant, to a year after giving birth, including: perinatal depression and anxiety, postpartum psychosis and PTSD, and perinatal OCD.
- Up to 1 in 5 women are affected, with 50% going unidentified and unsupported.

Impact of perinatal mental health in the workplace

- Perinatal mental health issues can cause women to feel a sense of shame around motherhood which prevents them confiding in their employers for fear of being judged or considered incapable of working.

What you can do as an employer

- Become educated on perinatal mental health and raise awareness amongst staff.
- Acknowledge perinatal mental health in your pregnancy/post-natal support policies.
- Provide flexible working options and paid leave for attending mental health appointments.

This resource has been produced by the Manchester cohort of the Feminist Leadership programme delivered by the Women's Resource Centre. Visit wrc.org.uk/the-invisible-health-workplace-initiative to make your workplace more perinatal mental health friendly.



ENDOMETRIOSIS

ABOUT ENDOMETRIOSIS

Endometriosis is a condition that affects many women, however not many people are aware of this or what it is. This can often lead to misdiagnosis and lack of understanding around this painful disorder; in fact it takes on average 7.5 years to receive a correct diagnosis.

Endometriosis is a long-term condition where 'small pieces of the womb lining (the endometrium) are found outside the womb' (NHS). Symptoms of endometriosis can vary and can include:

- Pain in your lower tummy or back (pelvic pain) – usually worse during your period;
- Period pain that stops you doing your normal activities;
- Pain during or after sex;
- Pain when going to the toilet during your period;
- Feeling sick, being constipated, having diarrhoea, or having blood in your urine during your period;
- Difficulty getting pregnant.

Unfortunately, there is not a cure for endometriosis, but there are many treatments and ways to manage the pain. For mild cases, symptoms can be managed with painkillers, hormone treatments or contraceptives, and heat patches/hot water bottles. For severe cases, symptoms may require surgery to remove patches or endometriosis or in some cases a hysterectomy is required.

WORKPLACE IMPACT OF ENDOMETRIOSIS

Lack of endometriosis awareness can make people experiencing it feel alone and not willing to disclose to employers. This leads to many suffering in silence.

Endometriosis can cause feelings of tiredness and exhaustion and symptoms can last for 1-2 weeks each month; this can often lead to difficulty in completing everyday tasks and has a massive impact on someone's physical and mental health.

WHAT YOU CAN DO AS AN EMPLOYER

- Allow staff to use heat treatments to ease their pain at work, such as hot water bottles.
- Educate staff to ensure those suffering with endometriosis are not discriminated against.
- Provide flexible working options and discuss pain management plans to make staff feel supported.
- Read up on symptoms and have a basic understanding of the condition. Including HR staff.
- Be kind and supportive.
- Raise awareness that trans-men, non binary and intersex people may also experience these health issues.

MORE INFORMATION

Endometriosis UK:

<https://www.endometriosis-uk.org/>

NHS:

<https://www.nhs.uk/conditions/endometriosis/>

The Invisible Health Workplace Initiative presents: **Endometriosis**

About endometriosis

- A condition affecting 1 in 10 women where tissue grows outside the uterus, causing severe monthly pain.
- Lack of research into endometriosis means that it takes an average of 7.5 years to diagnose.

Impact of endometriosis in the workplace

- Lack of endometriosis awareness can make sufferers feel alone and not willing to disclose to employers.
- Endometriosis can cause feelings of tiredness and exhaustion. Symptoms can last for 1-2 weeks each month, so the impact is huge on everyday life and the workplace.

What you can do as an employer

- Allow staff to use heat treatments to ease their pain at work, such as hot water bottles.
- Educate staff to ensure those suffering with endometriosis are not discriminated against.
- Provide flexible working options and discuss pain management plans to make staff feel supported.

This resource has been produced by the Manchester cohort of the Feminist Leadership programme delivered by the Women's Resource Centre. Visit wrc.org.uk/the-invisible-health-workplace-initiative to make your workplace more endometriosis friendly.



INFERTILITY

ABOUT INFERTILITY

Infertility is described by the WHO as 'a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse'.

Infertility affects around 1 in 7 couples and can cause great psychological and financial stress, not to mention the examination and treatment process, which in some cases may take up to several years. Depression levels in patients with infertility have been compared with patients who have been diagnosed with cancer.

According to the NHS and the National Institute for Healthcare Excellent (NICE), the cause of infertility cannot be identified in 1 every 4 couples (25% of cases). When identified, infertility can be caused by:

- Ovulatory disorders (25%);
- Tubal damage (20%);
- Uterine or peritoneal disorders (10%);
- Factors in the male causing infertility (30%).

WORKPLACE IMPACT OF INFERTILITY

Despite infertility being a medical condition, there is little awareness among employers of how physically, psychologically, and financially demanding infertility can be for couples going through treatment. A study by Fertility Network UK showed that couples who were working full time and going through treatment were:

- Finding it difficult to focus at work;
- Worrying about their career progression;
- Experiencing high levels of stress;
- Having to take holiday days to undergo treatment;
- Unlikely to disclose their condition to their employers. Employers should grant time off for fertility treatment and could face an Employment Tribunal claim for indirect sex discrimination if they refuse.

WHAT YOU CAN DO AS AN EMPLOYER

- Provide paid leave for fertility treatment appointments
- Create a supportive work culture by allowing flexible working.
- Raise awareness that trans-men, non binary and intersex people may also experience these health issues.

MORE INFORMATION

Fertility Network UK:
<https://fertilitynetworkuk.org/>

The Invisible Health Workplace Initiative presents: **Infertility**

About infertility

- Infertility is described by the WHO as 'a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse'.
- Infertility affects around 1 in 7 couples and can cause great psychological and financial stress.

Impact of infertility in the workplace

- Couples working full-time and going through fertility treatment report: finding it difficult to focus at work, worrying about their career progression, experiencing high levels of stress, and having to take holiday days to undergo treatment.

What you can do as an employer

- Provide paid leave for fertility treatment appointments.
- Create a supportive work culture by allowing flexible working.

This resource has been produced by the Manchester cohort of the Feminist Leadership programme delivered by the Women's Resource Centre. Visit wrc.org.uk/the-invisible-health-workplace-initiative to make your workplace more infertility friendly.



POLYCYSTIC OVARY SYNDROME (PCOS)

ABOUT PCOS

PCOS affects around 1 in 10 women and is one of the most common, but treatable, causes of infertility. It is a hugely undiagnosed condition; one study showed that up to 70% of women hadn't yet been diagnosed with PCOS.

Symptoms of PCOS include:

- Weight gain;
- Hirsutism (increased hair growth on the face, chest, stomach, back and toes); Androgenic alopecia (thinning hair and hair loss from the head); Oily skin or acne;
- Pelvic pain up to 14 days before menstruation cycle and intense period pain;
- Infertility;
- Depression;
- Anxiety;
- Bipolar disorder;
- Eating disorders.

According to the NHS, women and girls with PCOS are at greater risk of developing long-term health problems such as insulin resistance and diabetes, high blood pressure, cancer, depression and mood swings, fatigue or sleepiness during the day.

According to one study by De Montfort University, South Asian women have higher rates of PCOS in comparison to white women.

WORKPLACE IMPACT OF PCOS

PCOS can cause feelings of tiredness and exhaustion resulting in a lack of focus at work. Due to a PCOS going widely undiagnosed, many women will be suffering with symptoms in silence.

WHAT YOU CAN DO AS AN EMPLOYER

- Acknowledge that some staff might be suffering with PCOS but not know they have it; always be supportive.
- Raise awareness of the symptoms of PCOS to improve its visibility and make staff feel supported.
- Provide flexible working options to help staff deal with their physical and emotional symptoms.
- Raise awareness that trans-men, non binary and intersex people may also experience these health issues.

**MORE
INFORMATION**

NHS:

<https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/>

The Invisible Health Workplace Initiative presents: **PCOS**

About PCOS (polycystic ovary syndrome)

- PCOS affects around 1 in 10 women and is one of the most common, but treatable, causes of infertility.
- Symptoms include weight gain, hair growth on face, alopecia, pelvic pain, depression and anxiety.
- One study showed that up to 70% of women hadn't yet been diagnosed with PCOS.

Impact of PCOS in the workplace

- PCOS can cause feelings of tiredness and exhaustion resulting in a lack of focus at work.
- Due to a PCOS going widely undiagnosed, many women will be suffering with symptoms in silence.

What you can do as an employer

- Acknowledge that some staff might be suffering with PCOS but not know they have it; always be supportive.
- Raise awareness of the symptoms of PCOS to improve its visibility and make staff feel supported.
- Provide flexible working options to help staff deal with their physical and emotional symptoms.

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HYSTERECTOMY

ABOUT HYSTERECTOMIES

Hysterectomy is a surgical procedure that involves removing the womb. It is most common for women in their 40s and 50s however any adult can have one depending on the health condition it is intended to treat including: heavy periods, PMDD, long-term pelvic pain, endometriosis, uterus prolapse, fibroids, and cancers of the ovaries, uterus, cervix and fallopian tubes.

A hysterectomy is major surgery and is only considered after less invasive treatments have been tried. You can be in hospital for up to 5 days after surgery and it takes around 6-8 weeks to fully recover, during which time you have to rest as much as possible and not do anything strenuous.

If someone has a hysterectomy before they have been through the menopause, they will experience a surgical menopause. This can happen immediately or up to 5 years after their surgery and will have the same symptoms as natural menopause including hot flushes, depression, vaginal dryness, sleep problems/insomnia, fatigue and night sweats.

WORKPLACE IMPACT OF HYSTERECTOMIES

"I had my hysterectomy at the age of 55 after suffering from heavy periods for many years...I was pressured to come back to work before I had fully recovered. Proper health and safety assessment was not carried out including phased return which would have been more comfortable and manageable.

"Returning to work depends on how the individual feels and what sort of work they do. If their job doesn't involve manual work or heavy lifting, it may be possible to return to work after 4 to 8 weeks. However, it is important to remember that no one recovery is the same and will vary from person to person.

Consider whether your employees need a car to get to work because during hysterectomy recovery they will be unable to drive until they are comfortable wearing a seatbelt and performing an emergency stop.

WHAT YOU CAN DO AS AN EMPLOYER

- Provide phased return options and health & safety assessments for those who have had a hysterectomy.
- Provide regular check-ins and encourage flexible working and additional time off if needed.
- Organise training and events to educate staff.
- Survey your staff to find out their needs and what you can do better.
- Raise awareness that trans-men, non binary and intersex people may also experience these health issues.

MORE INFORMATION

NHS:
<https://www.nhs.uk/conditions/hysterectomy/>

The Invisible Health Workplace Initiative presents: **Hysterectomy**

About hysterectomies

- A major operation to surgically remove the uterus to help treat reproductive health issues.
- Many women have hysterectomies, most commonly between the ages of 40 and 50, however any adult can have one depending on the health condition it is intended to treat.

Impact of having a hysterectomy in the workplace

- Anyone who has had a hysterectomy will need plenty of time off work to recover.
- Hysterectomy can cause a surgical menopause if the person hasn't already been through menopause which will affect their physical and mental health i.e. depression, sleep problems/insomnia and fatigue.

What you can do as an employer

- Provide phased return options and health & safety assessments for those who have had a hysterectomy.
- Provide regular check-ins and encourage flexible working and additional time off if needed.

This resource has been produced by the Manchester cohort of the Feminist Leadership programme delivered by the Women's Resource Centre. Visit wrc.org.uk/the-invisible-health-workplace-initiative to make your workplace more hysterectomy friendly.



MENOPAUSE

ABOUT MENOPAUSE

Menopause is often defined by three stages, as reflected below:

“Menopause is defined as a biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually, it is defined as having occurred when a woman has not had a period for twelve consecutive months (for women reaching menopause naturally). The average age for a woman to reach menopause is 51, however, it can be earlier or later than this due to surgery, illness or other reasons. Perimenopause is the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms. This can be years before menopause. Post menopause is the time after menopause has occurred, starting when a woman has not had a period for twelve consecutive months.”

(University of Leicester, 2017)

Between the ages of 35 and 45 women become perimenopausal, the stage between having their last regular period and their periods stopping altogether. As oestrogen levels fall, symptoms include irregular periods, night sweats, weight gain, hot flushes and loss of libido. After periods stop, there is an increased risk of vaginal discomfort and some women can experience depression. In postmenopause, with oestrogen levels flatlining, women are at increased risk of osteoporosis, urinary infections and the drop in the hormones has also been linked to heart disease.

Recognising the impact for women is crucial for everyone, and it should not be dismissed purely as “a woman's problem”. Both the Government Equalities Office and the Work Foundation reported on the gendered ageism women experienced as a result of the menopause, and how women were routinely left to feel dismissed and without lack of sufficient organisational support (Unison 2019).

MENOPAUSE

MENOPAUSE AND THE WORKPLACE

Test cases such as Merchant VS BT PLC (2012) and Davies Vs Scottish Courts and Tribunal Service demonstrate the lack of compassionate consideration within workplaces through negation of adopting supportive policies and practices which can support women to navigate this transition in their lives. Forth's research (2019), from a survey with 1,000 women to determine the ways in which they were significantly affected in the workplace, found that 63 per cent of menopausal women say their working life had been negatively affected by their symptoms.

Henpicked offer a wealth of example policies for employers to adopt, including a checklist to determine how menopause friendly your organisation is, and webinars to review. There is a dedicated "Menopause Hub" to learn more. As menopause is a well-documented period in women's lives it is essential to consider how to improve the experience for women both in and outside of the workplace, so discussion can become normalised and given due consideration without the stigma women often face.

Research has shown that where employers have a policy in place regarding menopause, not only does this normalise the discussion, it legitimises a culture of supporting women across the organisation. Through frameworks that include considered and compassionate policies and procedures to manage issues such as absence, workload, resilience (both for the organisation and the individual) and peer support, women can feel supported through their menopause, which has the added bonus of ensuring women are not leaving organisations and their skill, knowledge and experience are retained – win win!

The Invisible Health Workplace Initiative presents: **Menopause**

About menopause

- Menopause happens when periods end and natural pregnancy is no longer possible.
- The average age that menopause occurs is 51.
- Symptoms include: hot flushes, difficulty sleeping, anxiety, problems with memory and concentration.

Impact of menopause in the workplace

- 63% say their working life has been negatively affected by menopause symptoms.
- Negative perceptions of menopause can make women feel embarrassed to discuss it with their employer.

What you can do as an employer

- Create a supportive work culture by creating menopause policies that provide flexible working options.
- Set up a workplace menopause support group.
- Educate staff and debunk misconceptions about menopause to reduce discrimination.

This resource has been produced by the Manchester cohort of the Feminist Leadership programme delivered by the Women's Resource Centre. Visit wrc.org.uk/the-invisible-health-workplace-initiative to make your workplace more menopause friendly.

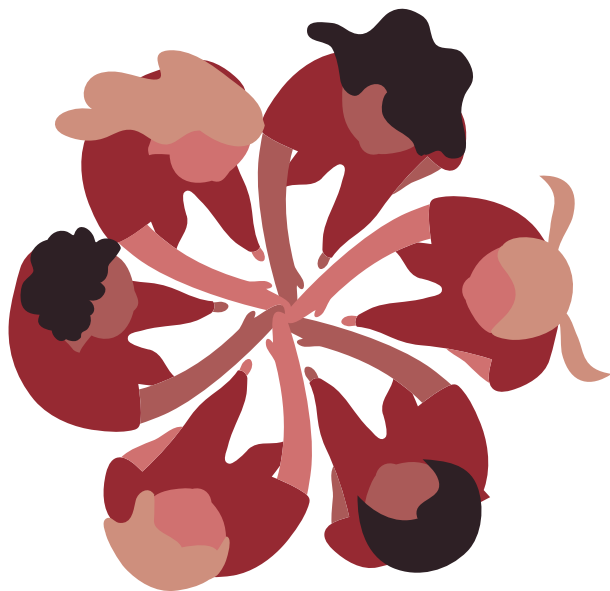


FEMINIST LEADERS: THE BELFAST GROUP

WOMEN'S STORIES AND PERSPECTIVE ON THE COVID-19 OUTBREAK

The Belfast group of feminist leaders is sharing their experience of the COVID-19 pandemic.

Maybe you read this and become inspired, fired up, maybe it makes you feel less alone or maybe it makes you reach out and offer your support to a woman in your life.



MIRIAM

EMMA

MARINA

**BERNIE
&
LOUISE**

PASCALE

VANESSA

M I R I A M



We are all in this together.

One of the most ironic slogans of our recent times, resurfaced during the pandemic by a multinational corporation that shall remain unnamed, whose questionable practices shall not be mentioned.

We are all in this together!

The women who've been trapped in abusive relationships and the men who used the state-imposed lockdown to isolate and control them. The mothers who lost contact with their children and the fathers who refused to return them in order to "keep them safe" from the virus. Same old behaviours, new excuses.

We are all in this together!

The women who've been standing on street corners and the men who've flocked to my hometown to pay for 'their services'. I guess I must have missed the small print that exploiting women is in fact essential travel.

We are all in this together!

The mums who've found a corner in their cluttered homes and their cluttered minds to provide support women and children fleeing abuse and violence whilst also looking after their own children and families. The nurses, the carers, the cleaners, the teachers, the key workers – the women (and men!) who run this country – and the men who rule this country.



It's not all bad news though. During the pandemic, the government allowed migrants with no recourse to public funds to be provided with assistance to put a roof over their heads in case they need to self-isolate. Restrictions were lifted so that they do not end up homeless; so that they can protect us from spreading the virus. But, if they can protect us from the coronavirus pandemic, why can't we protect them from the pandemic that is violence against women and girls? A pandemic that claims the lives of two women a week in the UK alone and leaves thousands more in A&E departments, shelters and refuges, police stations, GP surgeries, psychiatric hospitals, homeless hostels and prisons; that leaves women with no recourse to public funds with the impossible decision of having to choose between destitution and unbearable abuse.

Black and minoritised women have always had to content with men's violence and the violence of the state that has targeted them with the hostile immigration environment, discrimination, Windrush, Brexit, the list goes on. More importantly the continuous de-investment in specialist BAME services has left them with very few places for them to turn to for safety, advocacy and support.

The pandemic has simply made existing inequalities more visible. When the ship is sailing smoothly, it doesn't much matter if you are in the lower decks or the best cabin but when the ship is going down you can't afford to be left behind because otherwise you'll drown. And as things go back to normal, many people will not want to return to the old normal. I have a bookmark from the Women and Girls Network that asks: "Why should our rage be tidy?" and remind me that it is ok to be angry in the face of violence and injustice. It's ok not to want to go back to normal; to demand change.

We are not in this together because we never were.

EMMA



For some of us our work was hit harder than ever from the outbreak of Covid-19 and often in unexpected ways. The initial impact on Alliance for Choice was a block to the abortion medicines, a block to being able to travel to England to access abortion care as thousands were used to doing every year and a block to telemedicine which would have enabled 100s more to get access without travel to a hospital or clinic or doctor at the height of a pandemic.

The law was decriminalised but until 1st April we had no regulations laid down for services to begin, **it was not illegal to provide and no longer could any person ordering pills online be arrested but medical staff had no clinical guidelines**, on top of no training, and as far as we could tell absolutely no engagement with the department of health in NI.

Even without Covid-19 we knew the Department of Health (DoH) were going to be difficult but now the health crisis gave them a further excuse not to act. In the end we had to threaten to become the providers of abortions ourselves (we were in truth already doing that service for many who couldn't travel pre-pandemic.)



We were so scared that we would face women in desperation and not be able to help. In the end our regulations got passed, we managed to get help for everyone who contacted us (though some holding them through weeks of needless delays and worry) and eventually some very brave medics and health trust personnel pushed through services despite the blockages caused by the department of health.

On a personal note, I am a single working parent who suddenly had no childcare, I was working all hours and answering calls from desperate women from home with my 3-year-old, getting so frustrated at his lack of social interaction and play with anyone but me. Also, even though I had been trying to get back into university after a long post pregnancy hiatus, by March the 6-month long process had JUST come to a head and I was finally back to finish my PhD... except I suddenly couldn't access the library, the very thing I had been hoping to get me back on track to finish. I cancelled a number of trips to see my partner in London (including her 40th Birthday celebration) and cancelled our much looked forward to holiday to Portugal.

On top of which I was terrified for my mum and my sister working in frontline medical services at a GP city centre office and a Covid Step-down clinic, really frightened for them as we all watched the footage from Italy where everything just floored them and the health services. It was so hard no longer seeing my parents and we did our 1st attempt at a family video get together when we did Mother's day by Skype. One of my best friends lives round the corner- I moved to Belfast to be closer to my support network at Xmas, so we settled on daily yoga sessions with each other on Skype and had a catch up before or after.

EMMA



The artist collective I'm in, Array Studios Collective, had a few groups zooms and a few Friday night's dress-up and sing a long on zoom, and it was really key to keeping our spirits up in the first month whilst we all adjusted to the new normal.



Once we all settled into more of a pattern I got braver at taking Luca out during the day for walks in the park, being gentle with myself regarding my PhD by focusing on reading (in the end I managed to get a whole chapter done). I had also begun some Abolition reading groups in early March with reclaim the Agenda and the appetite for these and for the Alliance for Choice online Happy Activist and Pills training workshops actually increased in interest during covid. Something else which seemed to help was volunteering for the The 343 /Framework Soup kitchen on Thursdays, doing deliveries around Belfast and beyond!

What also really helped was knowing that I was relatively lucky, no one I loved died from covid, my family were all coping, my friends took turns to be there for each other when one of us had a bad day. My sleep is still now, off the wall, but listening to calm podcasts like Blindboy, Renee Brown and Dear Jessamyn all soothed me at night. Making sure I had regular scheduled online dates with my partner in London, even though at first we just had no idea when we would be able to see each other again, helped ease that heartache a little. Alliance for Choice secured some emergency funding for our new exciting Doula project <https://www.luchtcabhrach.com/>.

We are all easing out of the most extreme measures gently in our own ways, I have been able to have some childcare again and see friends in real life, my son has seen other children and I finally was able to have my partner stay for a couple of weeks. My mum and my sister are no longer having such a stressful time on the frontlines and women and pregnant people are now in a much better place in terms of accessing abortion services, even without any further commissioning as of yet, from the department of health. With noises of steroids easing symptoms and potential vaccines on the horizon I think for now **if we can all mask up and hold tight, we will be able to make it safely through the other side.**

M A R I N A



Anger and Hope in the times of COVID

I see a society that has woken up to domestic violence and it doesn't like what it sees

We live in a society rife in inequality, I'm painfully aware of this. I work in a sector that witnesses and addresses (as best we can) violence against women and girls facing disadvantage. I know many women in my family and circle of friends who have been affected by male violence, all to a different degree, including myself.

During COVID-19 I read two books written by very different female authors, Isabel Allende and Elena Ferrante, both following female protagonists through their lives and that of their families in the 1910s and 1950s. In both, gender violence was very present, it seems to be part and parcel of women's lives, almost unavoidable. **I wonder how many women haven't been affected in one way or another by male violence.**



I'm angry, in fact I'm furious that my children will have to face this, and that they will spend their formative years feeling wary and vulnerable, and if they become one of the 1 in 4 or 1 in 5, face a lifetime getting over their experience.

The Home Office says that 1 in 4 women will experience domestic abuse and 1 in 5 sexual assault during their lifetime in the UK. This is a scandal in 2020. Judging by my experience, this violence which was around for my great-grandmother, my grandmother, my mother and me is likely to affect my daughters who are just teenagers. I'm angry, in fact I'm furious that my children will have to face this, and that they will spend their formative years feeling wary and vulnerable, and if they become one of the 1 in 4 or 1 in 5, face a lifetime getting over their experience.

COVID-19 seemed to exacerbate this feeling of injustice, imbalance, inequality and anger that I feel. Women during lockdown have been bearing the brunt of extra childcare and housework, they were more likely to lose their jobs, there has been a huge increase in violence against women (globally it is estimated that every three months of lockdown will result in 15 million extra cases of sexual and gender-based violence), and a lack of representation of women in the political stage tackling the pandemic in the UK. Black, Asian, and Ethnic Minority women are overrepresented in the health force and they suffered disproportionately from COVID-19.

In addition to all of the above, women at the sharpest end of inequality and their children have had to resort to food parcels to survive through this pandemic.

M A R I N A



How long until we get equal pay; how long until we can walk down the street at night with no fear; how long until the female body stops being objectified through porn and bodily assault; until we don't fear those who we love?

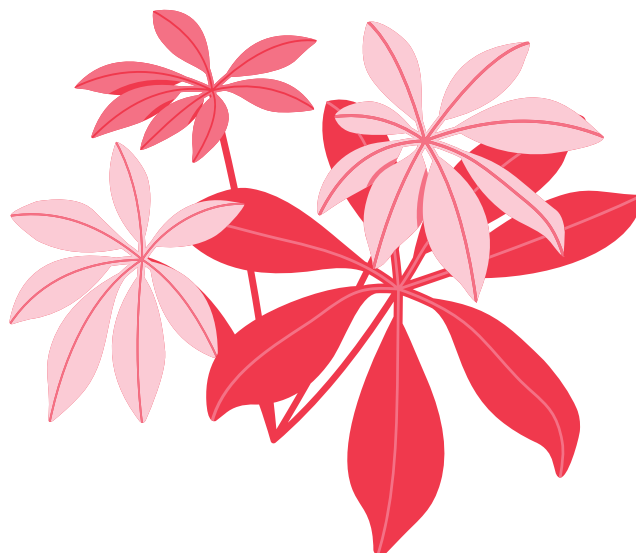


How long until we get equal pay; how long until we can walk down the street at night with no fear; how long until the female body stops being objectified through porn and bodily assault; until we don't fear those who we love?

This anger, almost rage that I feel is maybe not such a bad thing after all. It is a very natural response to the unfairness of the situation. I have tried to manage by doing something, however big or small I could. Sometimes it has been volunteering, sometimes it has been listening to a woman and just saying you are not alone, sometimes it has been coaching and joining a feminist group.

But not all is anger. I see more women bringing the female experience to the foreground through books, films, TV series and action groups. I see the Domestic Abuse Bill banning the 'rough sex defence' that perpetrators use to blame survivors. I see a society that has woken up to domestic violence and it doesn't like what it sees. I see communities developing meals on wheels for those who are hungry, I see women survivors supporting other women making hope visible as if you could almost touch it. I see a women's sector that continues to address women's needs with relentless doggedness and amplifying women's voices.

I see hope.



B E R N I E & L O U I S E



Hello, my name is Bernie Donaghy, Operations Manager at Footprints Women's Centre and my name is Louise Harbinson, Community Food and Health Promotion Coordinator. We would like to give you an overview of our work over the past months since the onslaught of Covid-19 and its impact on us all.

Footprints Women's Centre has provided services for women and children within the Colin area since 1991. Located in an area of multiple disadvantage and managed by a Voluntary Board of Directors the Centre has been acknowledged as a valuable asset within the community and has developed a diverse range of services in response to identified needs. These include Children's services, Family Support Services, Women's Support, Crisis Interventions and Referral, Women's Empowerment Programme, Social Supermarket, Training and Education, Diet, Nutritional Health and Physical Activity Programmes, Sustainable Living Project and Community Development.



What we know (various sources):



It is widely acknowledged that the impact of COVID 19 has disproportionately affected women and children. A report published by the United Nations Population Fund (UNFPA) points out that disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls worse.



With women representing 70 percent of the health and social sector workforce globally, special attention should be given to how their work environment may expose them to discrimination, as well as their sexual and reproductive health and psychosocial needs as frontline health workers.



In times of crisis, women and girls may be at higher risk of intimate partner violence and other forms of domestic violence due to increased tensions in the household.



Sexual and reproductive health and rights is a significant public health issue that requires high attention during pandemics. Safe pregnancies and childbirth depend on functioning health systems and strict adherence to infection prevention.



“Clearly, we must fight the virus for all of humanity, with a focus on people, especially the most affected: women, older persons, youth, low-wage workers, small and medium enterprises, the informal sector and vulnerable groups,” Secretary-General António Guterres has stressed throughout the pandemic.



Leaders must also find a way to include women in response and recovery decision-making. Whether at the local or national level, bringing the voices of women into decision-making will lead to better outcomes.

B E R N I E & L O U I S E



Footprints and other Women's centres in Northern Ireland were ideally situated within communities most in need and were able to respond immediately to the COVID 19 crisis. Staff in Footprints immediately put into operation plans to maintain essential services and to keep the centre 'open' even if not physically there. The Senior Management team and key staff used laptops linked to Footprints server to access and update information. We responded to emails through remote access and a call diversion system to ensure phones were answered and requests for support during office hours Mon - Fri 9am-5pm. We continued to take referrals for Domestic violence incidents from the PSNI and women who contacted us.

Our staff continued communication and engagement to women and families providing support to women and children remotely through, telephone, text messages and social media posts. Over 300 of our members were contacted to provide a check in and assess their needs. We developed activity packs, play resources which were delivered to family's homes along with food support packs. We delivered live streamed activities and story time sessions, and other activities that parents and children could follow along in own home including behaviour management, support and advice re anxiety plus educational toys to support learning outcomes for children.



Footprints Support continue to work with our parents and young girls through Zoom or via telephone or online on particular themes. Parents linked in to ask questions or post, and we share links and resources on a daily basis which had a gendered focus and provide information and awareness on the additional burdens that women had to deal with including rising levels of domestic violence, food poverty, home schooling and dependent care of both young children and/or elderly dependents.

Footprints social supermarket continues to operate and maintain access to food support to high need families. Food deliveries were and are made on a weekly basis to 200 adults and children identified as the most vulnerable families signed up to our membership. Each family will receive 3 packs, one of ambient good and the other with milk, butter, yoghurts, fresh meats and bread. Families with small children will also receive nappies and wipes.

B E R N I E & L O U I S E



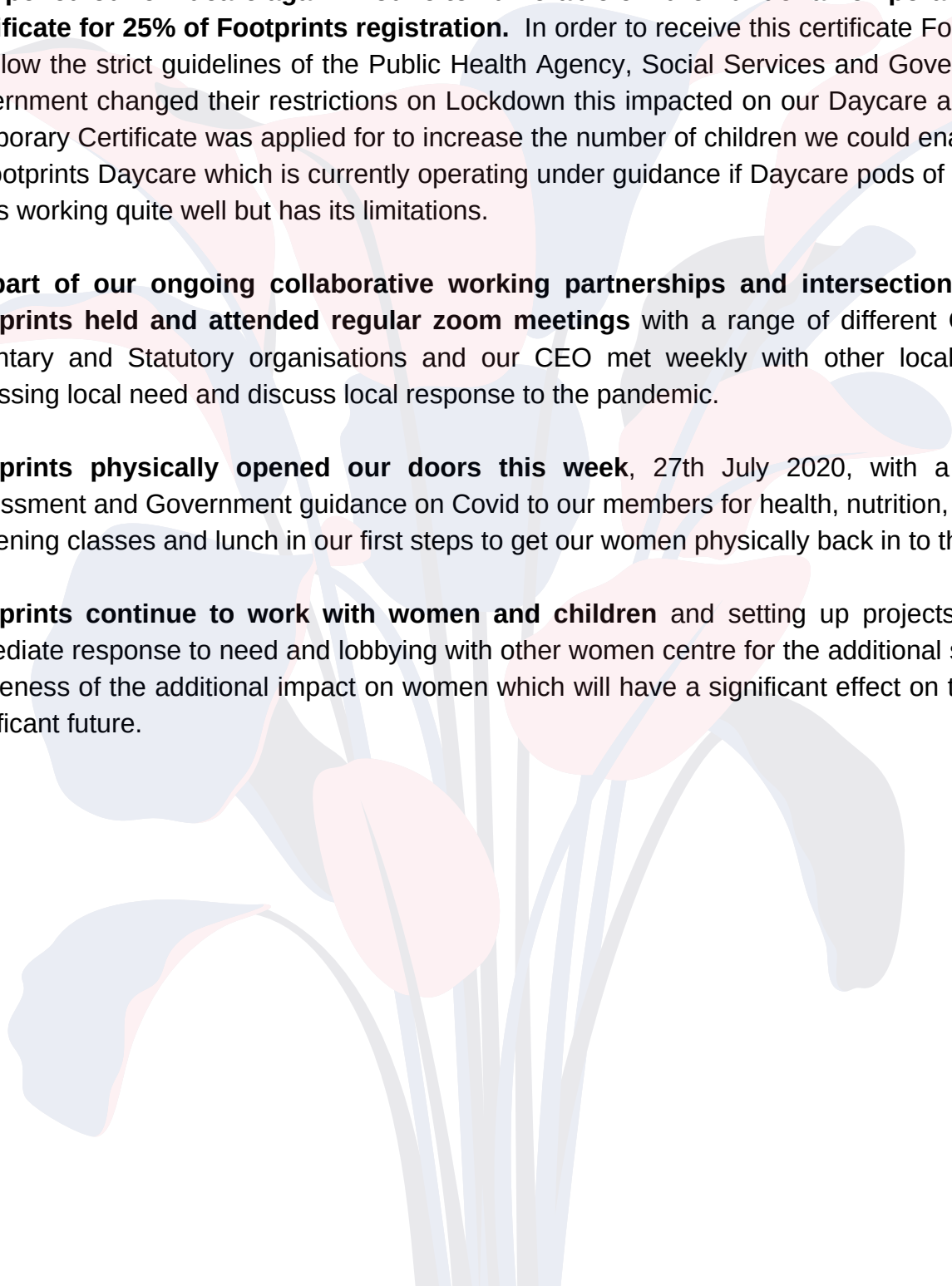
The food was delivered to the family's homes by staff who were vetted and who the families knew and had a relationship with. This enabled our member to feel safe, secure, have a friendly face and voice but most importantly it allowed them to feel hope and that someone was there or at least a telephone call away. We provided our staff with refreshments each day and encouraged them to avail of the online training for staff which included Covid training, health and well-being programmes, psychological first aid to name a few.

We opened our childcare again in June to vulnerable children under a Temporary Covid-19 Certificate for 25% of Footprints registration. In order to receive this certificate Footprints had to follow the strict guidelines of the Public Health Agency, Social Services and Government. As Government changed their restrictions on Lockdown this impacted on our Daycare and a further Temporary Certificate was applied for to increase the number of children we could enable to avail of Footprints Daycare which is currently operating under guidance if Daycare pods of 12 children, this is working quite well but has its limitations.

As part of our ongoing collaborative working partnerships and intersectional working Footprints held and attended regular zoom meetings with a range of different Community, Voluntary and Statutory organisations and our CEO met weekly with other local leaders in assessing local need and discuss local response to the pandemic.

Footprints physically opened our doors this week, 27th July 2020, with a strict Risk Assessment and Government guidance on Covid to our members for health, nutrition, art therapy, gardening classes and lunch in our first steps to get our women physically back in to the centre.

Footprints continue to work with women and children and setting up projects to provide immediate response to need and lobbying with other women centre for the additional support and awareness of the additional impact on women which will have a significant effect on them for the significant future.



P A S C A L E



My name is Pascale and I am the mother of Khem, 7 who, like many children in the world during the pandemic, stopped going to school from mid-March until the end of the academic year at the end of July. I work as a teaching assistant in an independent, specialist school for children with additional emotional needs. I am a key worker. Lockdown was challenging but also made me realise how much I love my job and how grateful I am for it. I refused to go onto total lockdown yet remained safe and every two days, my son and I would be in contact with nature: woodlands in our area Croydon.

Being in nature has helped us to have another perspective of lockdown. We kept on top of our mental health, ate a lot more fruits and vegetables from local farmers and lived intuitively (we were listening to our bodies not the clock). During the pandemic, I worked on site one week and two consecutive weeks remotely from home doing zoom lessons with my year 6 students. The head teacher put this system in place to limit the risks of covid spread. When I was at work, Khem would spend time at his father, we are separated and he lives around 20 minutes drive from where I live.

We cannot face and succeed in time of crisis without helping each other, genuinely caring for one another and supporting community projects. In time of doubt, we become our own leaders and we follow our hearts, don't we?



*While Earth is unsettling,
And fainting,
The show is showing
And the light, coming.
While I caress you, Earth,
Under my foot sole resides my Heart.
I am attentive,
To Earth calling,
I am sensitive,
To the renewing.*



VANESSA



*I call it a blessing!
For a minute I thought I was going to be stuck in Belfast after the amazing opportunity with
WRC - Feminist Leadership Training.
I made a decision to not panic and remember this too shall pass!
I made it home!*

Suddenly

*The shopping shelves were empty and the viral videos started going around
People fighting over toilet roll!
I didn't get it!
But I prayed that this too shall pass!*

*Slowly anxiety started to creep in!
Schools were closing!
But I believed that this would pass!
Well it worked out for me as my child was struggling with it!*

*Mums On a Mission had to sit back and wait,
something I didn't even know was possible.
I realised that actually we can make this work!
We can use the little skills and resources we have to make something great happen.
We got busy with soil and the whatever seeds we already had!*

*Guess what!
The wait was worth it
We managed to get some food parcels, we managed to help some families with laptops to help the
children with their schooling!
We managed to start outdoor activities 3 months later, all with caution and awareness!*

4 months into this & my home looks really green and fresh after all, things are falling into place.

*What I learnt
The Lord's prayer by heart!
To stay grateful through every season
The fear of the unknown is a real joy killer but
My faith is bigger than that
I passed that faith on to the people who live with me and that's a blessing!*



Women's Resource Centre

FEMINIST LEADERSHIP

Through a combination of theory, practice and action learning elements, WRC's Feminist Leadership training programmes investigate and explore what makes a successful leader and a leader of social change.

HALF-DAY TRAINING

The half-day session is approximately 3 hours, inc. comfort breaks

Feminism, Intersectionality and Leadership

Reflecting on and exploring feminism, intersectionality and leadership, with a particular emphasis on personal reflection and the relationship between power and empowerment.

Emotional Intelligence

Investigating components of emotional intelligence and its relevance to the feminist leader.

ONE DAY TRAINING

The full day training includes the modules in the half day training plus the following:

Unconscious Bias

Investigating the concept and meaning of unconscious bias, where it comes from, how it manifests, and, importantly, how to interrupt it.

Burnout: Signs, Impact, Cause and Prevention

Exploring burnout, including its symptoms, causes, impact and how it can be prevented.

TWO DAY TRAINING

The full day training includes the modules in the one day training plus the following:

Power, Values and Practice

This module investigates the context, values, organisational cultures and practices that are important to be aware of, consider and work with for the feminist leader. It investigates the role of power and values in your organisation and their relation to creating social change.

Relationships, Communication and Creating Social Change

This module focus on the practice and voice of the feminist leader. It covers topics relating to how to manage projects, relationships and conflicts as well as negotiation and pitching.

TWO DAY TRAINING WITH SOCIAL ACTION PROJECT

This training includes the modules from the full-day training plus the following:

Project Management and Presentation Skills

This session explore project management and presentation skills and provide the participant with a plethora tools and techniques.

Social Action Project

Following completion of the training, the group will undertake a small-scale social action (outside the hours designated for the training). The trainers will provide follow-up support on the progress of the social action project but it is the responsibility of the group to ensure it will take place. This element will include action learning that are tailored for the needs of the group.

I will use some of the resources acquired throughout this programme to explore individually with my colleagues and within the team as a whole, the goal being, to support and encourage my colleagues to be the best they can be within their roles, to support how we work as a team and how we continue to deliver an excellent service. This is what I want to be working towards going forwards and this is what I have learned contributes to the attributes of a good leader

OUTCOMES

By the end of the programme participants will have:

- Built their confidence in taking leadership positions
- Developed their ability to manage their organisation and others according to feminist values
- Gained insight and awareness of how to use feminist values in their organisation
- Gained capabilities of how to apply an intersectional and feminist way of working
- Increased ability to lead and manage people
- Built their confidence and gained techniques in public speaking
- Increased ability to create and manage campaigns or projects
- Gained knowledge about what it entails to be a feminist leader
- Developed techniques to be a strong leader in their own right

THE TRAINERS

The training is delivered by two facilitators who are also those who have developed and designed the programme.

Tebussum (Tebs) Rashid is the Deputy CEO at Black Training and Enterprise Group. She has over 25 years' experience of working with the voluntary and community sector, not only assisting with organisational development issues, funding and fundraising but also helping create and develop new organisations and projects, influencing policy and societal change.

Evelina Svensson is the Development Manager at Women's Resource Centre. Evelina has a life-long commitment to women's human rights and is the initiator and project manager of this programme. She is passionate about feminism and human rights and has a BA in Human Rights and an MSc in Gender and International Relations.

CONTACT

If you are interested in this training and would like to find out more, please contact Evelina on evelina@wrc.org.uk.

A NOTE ABOUT THE FUTURE

The women's sector is chronically underfunded to the detriment of women's rights, safety and substantive equality. Women and so called "women's issues" have historically been excluded in public and political life. Violence against women and girls, marital rape, childcare, equal pay, and women's health are still considered issues barely political and as a rule rather on the margins than the centre of political discourse.

We need to change the narrative.

"Women's issues" are issues that are relevant to everyone, just as the economy, climate change and international security are matters for women as much as for men. The only difference is in the perspective - and the perspective will further change if that woman is working-class, Black and/or disabled.

Our Feminist Leadership programme seeks to embody, practice and teach a leadership style that is transformative, collaborative and transparent. One where power is shared. Where creativity is encouraged. And where change happens.

The women's sector is chronically underfunded despite research consistently showing that independent action of women's movements and organisations are the best guarantee to secure and protect women's rights.

Women's health services alone are estimated to save the NHS £500m every year. Research has shown that with every £1 invested in women's organisations the return is £11.

Yet, the funding for women's organisations keeps decreasing. In 2019, only 1 out of 10 organisations awarded with money from the Tampon Tax Fund - a fund dedicated for women's organisations - was a women's organisation. Research consistently demonstrates that the demand for women's services is increasing but funding is decreasing and Black and minoritised women's led organisations are those most at risk of closing, despite providing life-saving services. The hostile environment, Brexit and the Covid-19 outbreak are intensifying the need for women's rights organisations but are simultaneously contributing to an even scarcer financial climate.

We ask you to think about the women in your life and your local women's organisation when you are giving.

Thank you.

ACKNOWLEDGEMENTS

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Thank you to the team at WRC for always being there and providing support and encouragements. Thank you for being a role model organisation of Feminist Leadership.

Thank you to our trainers Evelina Svensson and Tebussum Rashid. Thank you Tebussum for all your wisdom, enthusiasm and belief in this programme. Thank you for making it what it is.

Thank you to the women who supported and contributed to the social action projects.

THANK YOU to our wonderful participants. Without your candidness, courage, resilience, compassion, knowledge, experience, your willingness to learn and being (gently) pushed out of your comfort-zones, your adaptability and flexibility, and your conviction, passion and openness, this programme would never have become the success it was. Thank you from all at WRC.



Call it success, leadership, confidence, or any dozen descriptions: what we're in pursuit for is power: the power to control our lives, to change our fates, and to win what some have been raised to take for granted.

Stacey Abrams



**Understanding and supporting
women and their organisations**

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