

Intersectionality in practice

Talat Yaqoob

The compounding, but ignored experiences.



Mrs Bibi Syndrome;
discrimination in
primary healthcare



O'Hara (2003)
Cultural Competence
needs in social work



Covid-19; Same Sea, Different Boat:
Disproportionately worse health outcomes
according to Class/Disability/Race

Intersectionality – A framework for analysis

We do not exist in siloes, and we all have multiple aspects of our identities.

Our gender, sex, class, race, sexuality, disability, migration status all can play a role in our experience of systems that are built for those who have always been in positions of power.

But these characteristics can cause the experience of discrimination and exclusion to overlap, be amplified and therefore, push people even further back.

Where the term came from

- Kimberle Crenshaw 1989
- Employment rights and the fair pay of Black women in America
- Civil rights movement that didn't think enough about women and feminist movement that didn't consider its racism.
- Concept has existed long before, as the experience of compounding inequalities has.

The application of intersectionality is growing...

- In social work New Zealand to better cater to older or disabled members of the Māori community.
- In work in London to include lived experience to tackle multiple health inequalities.
- In maternity health to improve maternal outcomes for Black women in America.

It is not a new word for diversity

A synonym for “diversity” – so saying “we need more intersectionality in the room” does not make sense! We could say we need to involve intersectionally marginalised communities and NAME what these intersections are.

Having a diverse range of people in a room *can* allow for a more intersectional approach if they are asked to influence the discussion with their experiences of *intersecting inequalities*.

It does not work if it is “diluted” it is asking you to be specific

For example; using intersectionality to deliver “sameness”;

Everyone has multiple identities so we get lots of diverse people in a room, without the specialist analysis and spotlight the intersections deserve. Creating more homogenous policy outcomes.

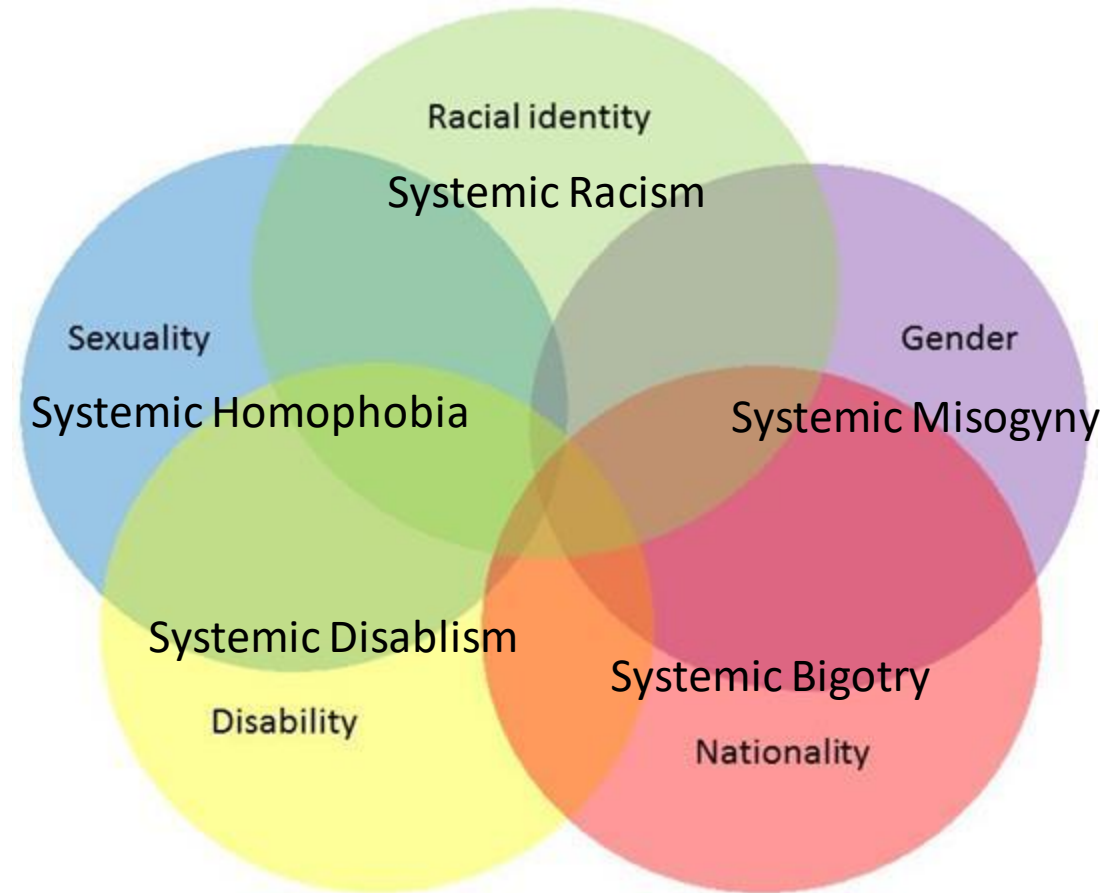
Also termed “generic intersectionality” Christofferson (2021)

Intersectionality – the current challenges

- **Whilst the term is being used more in Scotland there is not a coherent approach across Scotland's public institutions and it is in "buzzword territory"**
- Intersectional and disaggregated data is rarely made available or utilised in the analysis and development of policy (including by businesses, third sector and beyond)
- A diluted understanding exists which runs the risk of a "one size fits all approach"
- Further investment is needed in data collection, analysis and skills development across public, private and third sector. (Our routes to conduct research and collect data also needs to be reviewed)
- Policy making in Scotland is largely siloed between communities and topic areas
- An "additive approach" which still puts one protected characteristic above others (this is a risk for this group) – there must be parity of esteem.

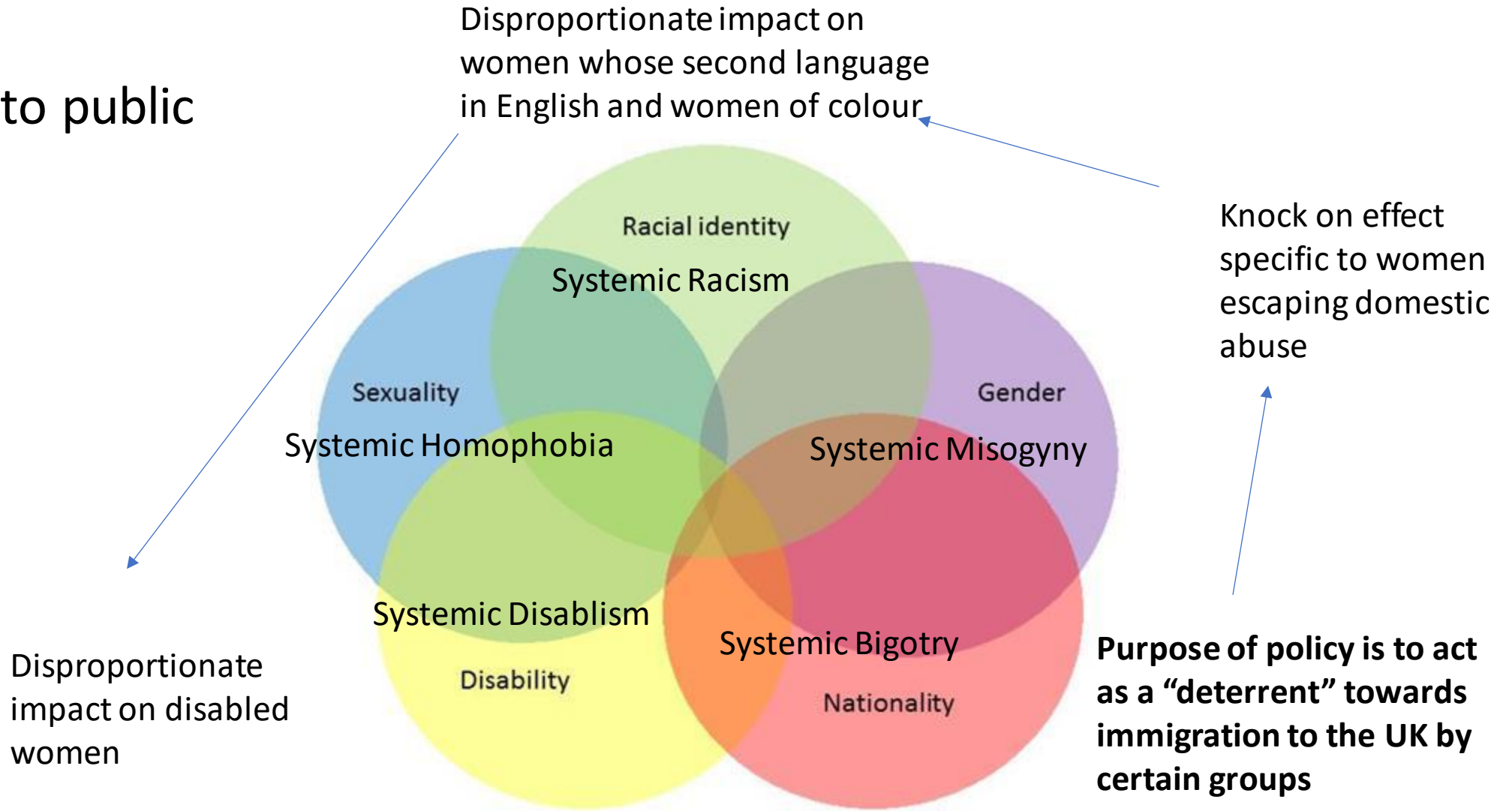
The individual, within the collective and within oppressive systems

Intersectionality forces us to consider how **systems** of multiple oppressions impact us as individuals and communities.



The individual and the system

No recourse to public funds policy.





IDEAS FOR EQUALITY
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Example – the gender pay gap

We use overall figures (10%) and gender pay gap reporting does not currently require any further disaggregation, and **as a consequence we erase the experience of women of colour and the overlapping impact of racism and sexism**

The pay gap for Bangladeshi migrant women is 12.3% when compared to a British born white woman.

For disabled women it is 19%.

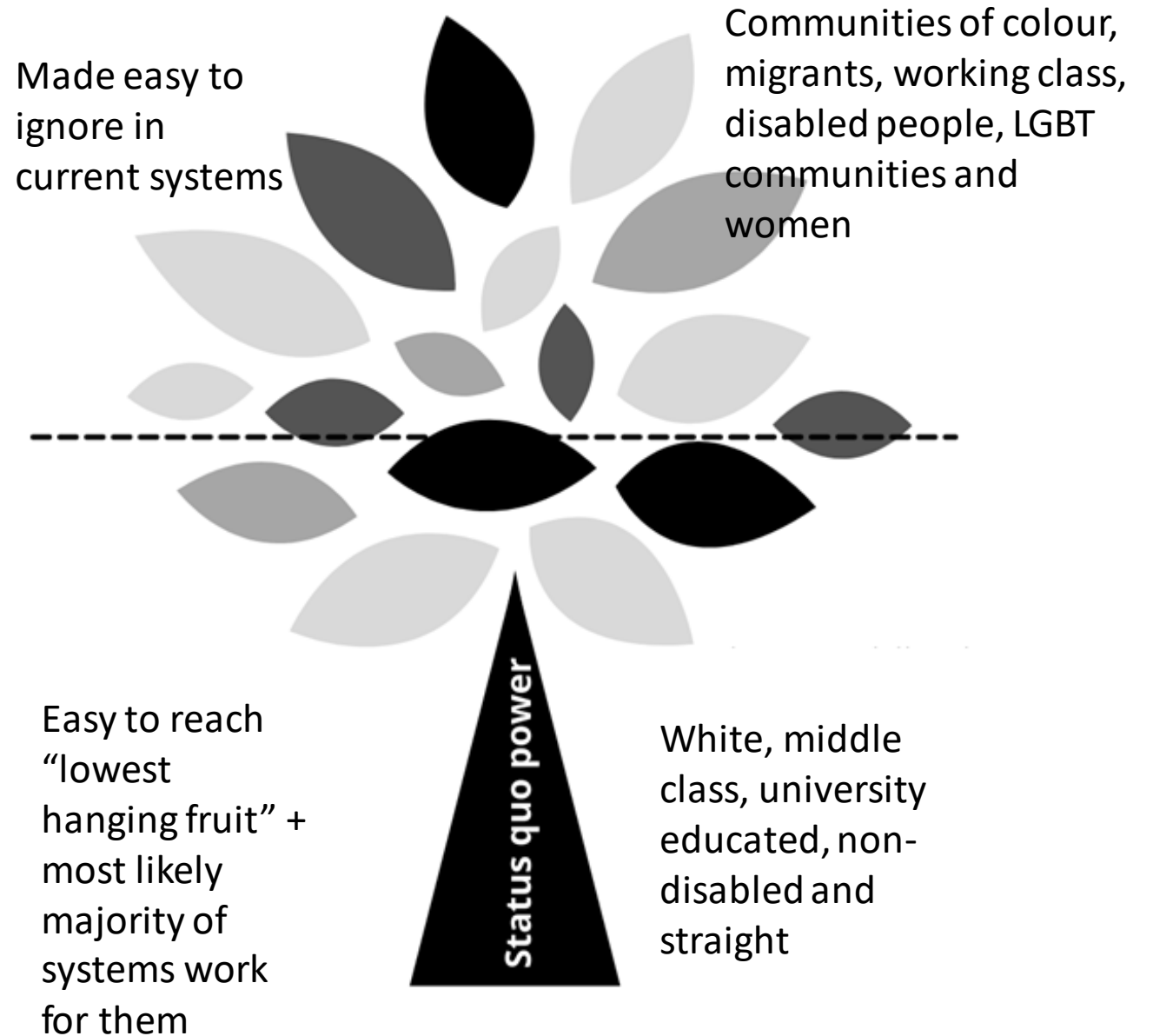
We encourage this to be ignored when we use overall figures.



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An intersectional approach requires thinking about the lived experience of those experiencing compounding, multiple discriminations, it collects and analyses disaggregated data about those experiences and designs and delivers systems which are non-hierarchical and respond to the needs of those often ignored.



Lived experience and intersectionality

**It is not about “giving voice to”,
It’s about power re-distribution.**

Tacking an intersectional approach across healthcare and social care provides an opportunity to build deeper relationships and trust with marginalised communities, as they are more likely to become more visible in the work we do.

<p>Internal culture:</p> <ul style="list-style-type: none">- Recruitment practice- Pay and promotion- Learning opportunities- Strategy and budget allocation	<p>Community outreach:</p> <ul style="list-style-type: none">- How to build trust and relevance- Lived experience engagement
<p>Service delivery:</p> <ul style="list-style-type: none">- How information is distributed and language used- The relevance of services to communities- Questions asked in assessments	<p>Influencing of policy:</p> <ul style="list-style-type: none">- National health and social care priorities, and who they work for/against.- Response to health crises (Covid)

Build a checklist:

1. Is disaggregated data available? If not, why not and how have you highlighted this?
2. How have those with lived experiences of intersecting inequalities been resourced and supported to develop/co-produce/design this work?
3. Have you developed this from the top of the tree down?
4. When you say or write “people”, “women” or “disabled people” who within this group do you mean to prevent this from being interpreted as the experiences of a homogenous group?
5. Does your policy position/service delivery/project have direct or indirect negative consequences for those who experience compounding inequalities?