

Written evidence submitted by FORWARD (CVB0052)

1. Summary

FORWARD is the leading African women-led organisation working to end violence against women and girls. We work closely with women from Black, Asian and Minority Ethnic (BAME) communities in the UK to provide community engagement, culturally appropriate counselling and support, young women's leadership programmes and participatory research. For the last 35 years, FORWARD has also shaped the agenda on violence against African women and girls, through fostering strategic networks and partnerships, training of key professionals, and advocacy.

During the coronavirus (Covid-19) pandemic, FORWARD has been providing comprehensive support for women, offering virtual safe spaces to discuss their experiences and their needs, as well as opening discussions about mental health, self-care, family relationships, child care, and domestic abuse. We have also been providing virtual counselling and advice sessions, and signposting women to services they may need.

This submission provides insights from FORWARD's online survey, conducted among BAME women from our national network and social media following, to examine the impact of the coronavirus pandemic on their lives. The survey explores issues such as mental health, family relations, and domestic abuse, among others, to help us identify ways to better support them. While we report on findings from BAME women participants as a group, due to limitations in study scale, we recognise that this approach does not in any way represent the diversity and unique experiences of different ethnic groups.

2. Introduction

Since the start of the coronavirus outbreak, its disproportionate effect on BAME communities in the UK has become increasingly clear, exposing existing health, economic and social inequalities.

Evidence shows that BAME communities are more vulnerable to Covid-19 than the rest of the population. Black people, in particular, have been four times as likely to die from Covid-19 compared to white people¹. This disproportionate risk appears to arise from complex and interlocking factors, such as overrepresentation among key workers, smaller, over-crowded accommodation, and systematic racial discrimination².

Evidence suggests that gender inequality has also led to a disproportionate social and economic impact on women from the pandemic. Women have taken on added childcare and housework responsibilities arising from lockdown, and have lost jobs or received pay cuts more than men³. In addition, many are now more vulnerable to domestic abuse while in lockdown. FORWARD has seen these effects while working closely with BAME women in the UK, and our research aims to improve our understanding of their experiences and needs.

3. Research methodology

FORWARD conducted a short online survey with BAME women from our national network and social media following to quickly generate insights about their experiences and needs. Its aim is to identify ways in which we could support them during this time. The survey enabled participants to voice their experiences, concerns and needs, and presented an opportunity for FORWARD to signpost them to support services available locally.

In total, 116 women took part between 15th May and 5th July 2020. The sample was collected via various platforms: our newsletter, our social media, our national partners, and distribution among women we work with or support directly (for example, alumni of young women's leadership programmes, our young women's advisory council, members of community safe spaces, and supporters and volunteers). Participants consisted of different ethnicities, ages and geographical locations. However, the majority were young women from Black African and Caribbean communities, living in London. A detailed sample profile is in Annex 1.

Our survey is not nationally representative and does not attempt to offer a nationally representative picture of the experiences of BAME women in the UK or how they compare to other ethnic groups. It only represents the views and experiences of the women from our networks who took part. Due to the small sample size and the non-representative nature of the data, these results should be treated with caution. The data should not be used to draw concrete conclusions, and is for exploratory insights only.

In addition to the survey, FORWARD is running qualitative interviews in London and in Bristol via telephone for more in-depth insight into women's lived experiences and needs during the pandemic. We anticipate that these issues will have long-term impact, and so we aim to understand our communities' needs now and in the near future.

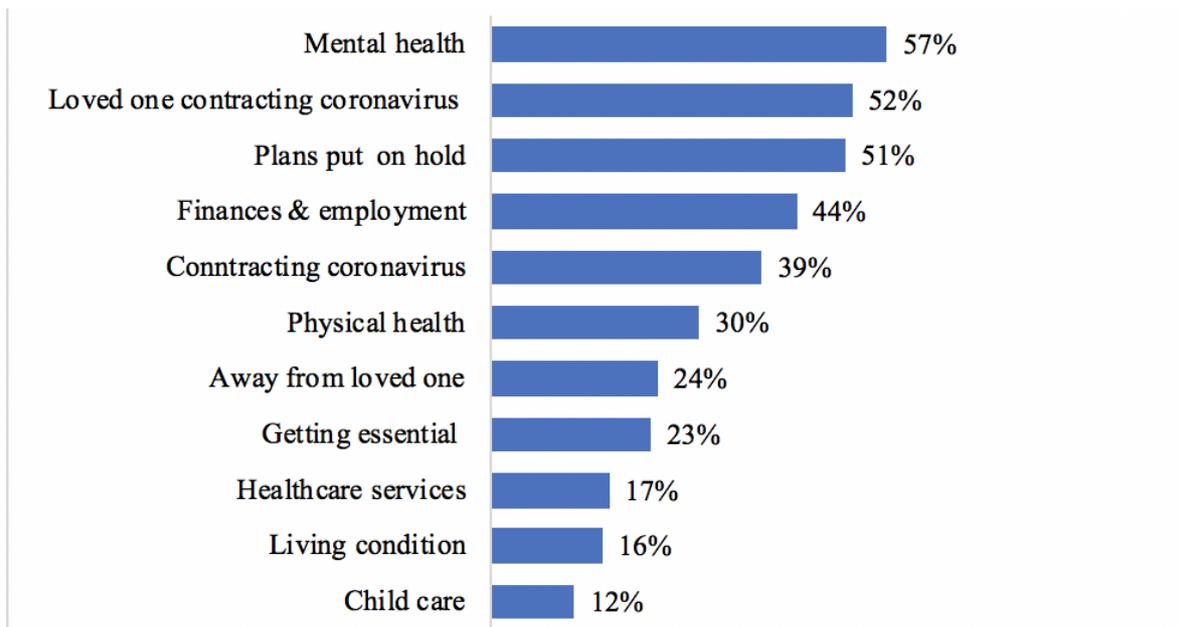
4. Results

4.1. Worries and concerns during the pandemic

To capture participants' concerns during the coronavirus pandemic, we asked them to tell us the issues currently worrying them a great deal.

Mental health and wellbeing were by far the most prevalent source of worry. Nearly three in five (57%) participants say they are concerned about their mental health. This is followed by concerns about a loved one contracting coronavirus (52%), putting life plans on hold (51%), finances and employment (44%), contracting coronavirus (39%), and their physical health (30%). Less prevalent, yet substantial, were concerns about being away from loved ones (24%), getting essentials e.g. groceries, medicines (23%), access to healthcare services (17%), living conditions e.g. overcrowded homes (16%), and caring for children e.g. home schooling (12%). See figure 1.

Figure 1: Percentage of participants worried about the below issues a great deal



Some differences were observed among participants of different age groups. For example, those under the age of 35 were more likely than those over 35 to be concerned about finances and employment (56% vs 26%) or living conditions (22% vs. 5%). Concern about contracting coronavirus was higher among those 35 or older (51% vs. 32%), potentially reflecting public health messaging around older people’s vulnerability to the virus.

4.2. Coronavirus risk and health

A large proportion of participants who took part in our survey are at high risk of contracting coronavirus. A third (32%) of participants are key workers, and 46% live with a key worker. Our data also shows that one in ten (11%) of participants have lost someone close to them due to coronavirus, 17% has someone close to them who is or has been in hospital due to coronavirus. This may explain why more than half of participants are worried a great deal about a loved one contracting coronavirus and two in five are worried about contracting coronavirus themselves (see section 4.1).

4.3. Finances and employment

We have found that the coronavirus pandemic has had a significant impact on our participants’ financial and employment situation. As seen in section 4.1, more than two in five are concerned a great deal about this. A quarter (26%) of our participants had experienced a significant reduction in household income, and 14% are unable to pay their bills or mortgage.

These issues may result from the fact that nearly a quarter of participants have been furloughed or lost their job (22%), or live with someone who has been furloughed or lost their job (24%).

These results chime with other evidence highlighting that a significant proportion of BAME women believe they will come out of the coronavirus pandemic in more debt than before⁴. Our qualitative research aims to obtain further insights about these experiences and understand what financial support services would be most appropriate for the community, both in the short-term and long-term.

4.4. Relationships with others in the household

The lockdown has brought new challenges to family life. The pandemic may be straining relationships in many ways, for example because of home-schooling, reduced personal space and privacy, or economic and financial pressures.

We asked participants to tell us to what extent their relationships with people they live with have improved, worsened, or stayed the same, compared to before the coronavirus pandemic. Participants had mixed experiences. Nearly two in five (39%) said their relationship had remained the same, 36% said their relationship is now somewhat or much better, and 23% said their relationship is now somewhat worse or much worse.

Those who believe their relationship has improved said that the lockdown has provided the opportunity to spend more time with family members.

“It's been a joy being able to spend this much time with my husband. I feel closer to him than ever.”

“I would say the relationship is stronger as we have been able to spend much more time together as a family.”

“I've moved back in with my parents so I see them every day. This has increased my feelings of closeness to them in a good way. My mother and father are shielding so I can play a protective role for them, getting their food, medicine and other essentials”

Participants who have had less positive experiences described as key factors reduced personal space and privacy at home, and cultural and inter-generational tensions.

“My father is not used to me being back home and has a hard time coping with my need for independence as an adult”;

“We are in each other's space too much. Cultural pressures are placed on me as I am in constant presence of older generation (parents) who are aware of how I do not marry up to the cultural stereotypical view of women and their role in the household, and use all the time I am working from home to make me aware of how I fail to fit their mould”

Negative experiences during lockdown will potentially leave a lasting impact on relationships, stress, anxiety, and mental health. Our qualitative research being currently

conducted will explore these experiences in more depth, to better understand how women are coping, and how we can better support them.

4.5. Domestic abuse

The lockdown has resulted in a sharp increase in experiences of domestic abuse among women in the UK and across the globe. Since the start of the lockdown measures in the UK, the national domestic abuse charity, Refuge, has seen a tenfold increase in visits to its website⁵, and a 25% rise in calls to its helpline⁶. Working closely with women from BAME communities, FORWARD has heard first-hand the accounts of domestic abuse from many we support.

Our survey sought to gain a better understanding of the nature and potential scale of these experiences. Using a carefully and sensitively worded list of different forms of domestic abuse, we asked participants to tell us if they had experienced any of them over the last month. This included a range of experiences, including control of their money and movement, emotional manipulation, as well as physical harm. The survey questions avoided any emotionally triggering words such as ‘violence’ or ‘abuse’, and safeguarding was signposted for women who needed it.

Seven per cent of participants reported experiencing some form of domestic abuse. Seven per cent reported experiencing what is commonly known as gaslighting (someone making them doubt their sanity or grasp of reality), and 4% reported experiencing emotional abuse (someone attempting to manipulate them, put them down, or cut them off from speaking to family and friends). One per cent reported that someone had attempted to physically harm them.

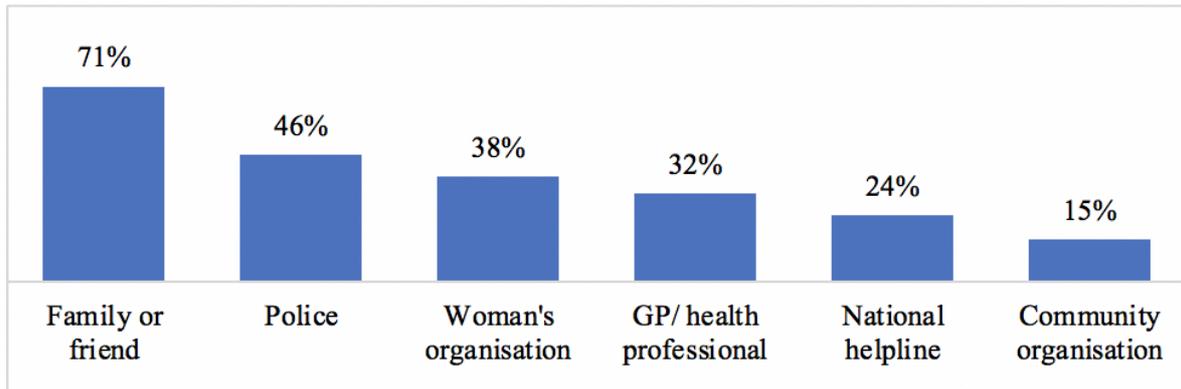
While these figures seem small, they remain alarming. Domestic abuse in any form has a long-term scaring effect on women’s mental health, and it suggests an urgent need for investment in specialist and culturally-sensitive support for BAME women who may be vulnerable to or experiencing abuse.

4.6. Preferred source of support when feeling unsafe

Our survey also sought to understand how confident participants are about knowing where to go for support if they ever feel unsafe. Nearly four in five (78%) participants are ‘very’ or ‘fairly’ confident about where to seek support, with 45% ‘very’ confident. Sixteen percent were not very confident or not at all confident, and 6% not sure.

When asked where they would go for support, 71% said they would speak to family and friends, 46% would call the police, 38% would seek support from a women’s organisation, 32% would speak to their GP or health professional, 24% would call the national helpline, and 15% would contact a community organisation. See figure 2.

Figure 2: Percentage of participants who would seek support from these sources



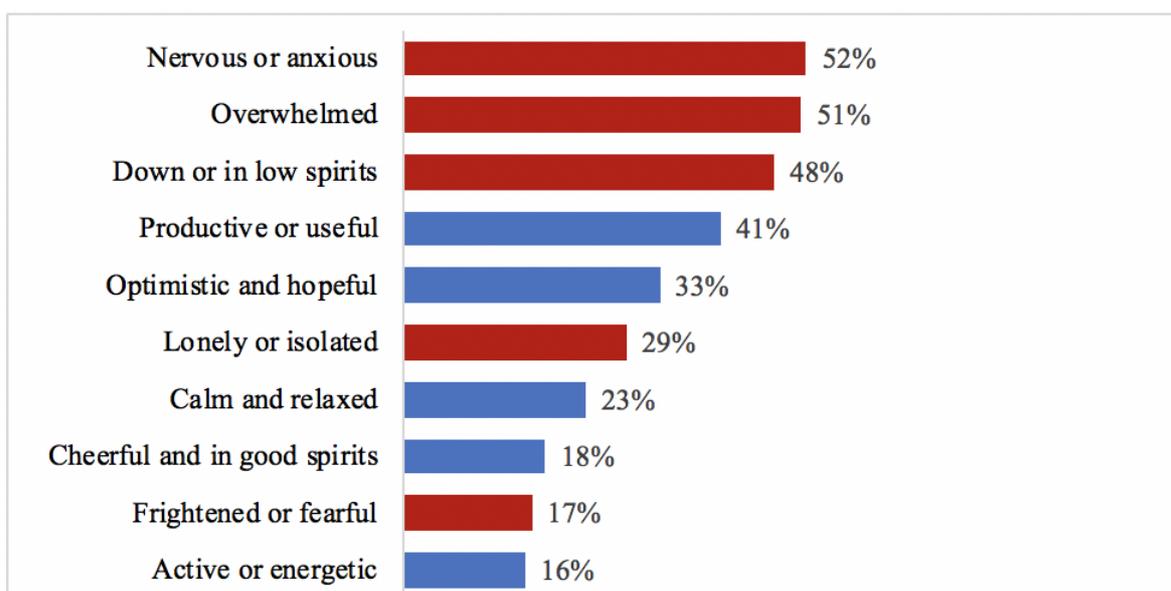
These results suggest that our participants are more likely to use informal support networks rather than seek professional help when feeling unsafe. Our qualitative research will seek to understand the drivers behind these choices, and identify ways to encourage more women to seek formal support.

4.7. Mental health and wellbeing

To understand the impact of the coronavirus pandemic on participants' emotional wellbeing, we first asked them to select from a list of positive and negative thoughts and feelings. Participants reported a mix of emotions; however, these were predominantly negative. Around half said they feel nervous or anxious (52%), overwhelmed (51%), and down or in low spirits (48%), and nearly a third (29%) said they feel lonely and isolated. Some of the more common positive emotions include feeling productive and useful (41%), and optimistic and hopeful (33%).

Less commonly reported emotions include feeling calm and relaxed (23%), in good spirits (18%), frightened or fearful (17%), and active and energetic (16%).

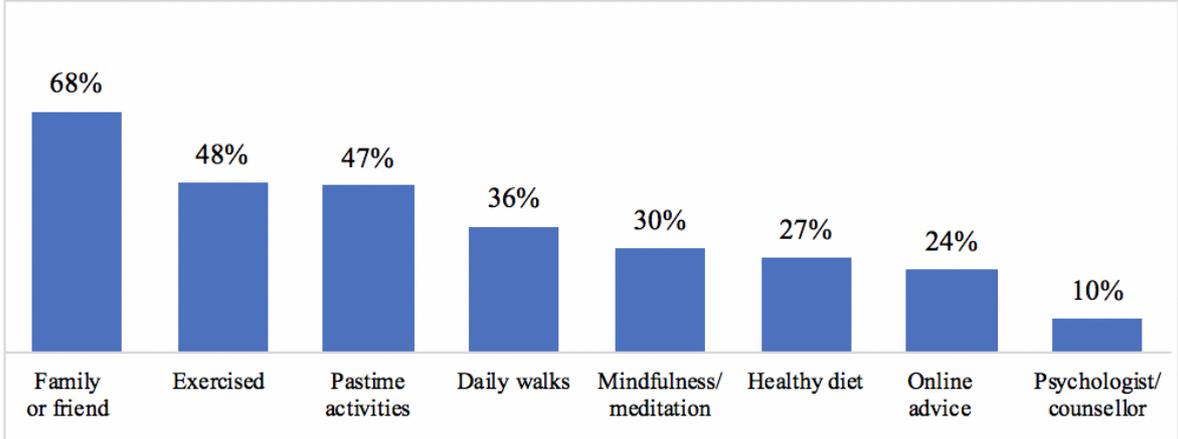
Figure 3: Percentage of participants who selected the following thoughts and feelings



We then asked participants to tell us if they think their mental wellbeing has improved, worsened or stayed the same compared to before the coronavirus pandemic. A significant proportion (53%) said that their mental wellbeing is somewhat worse or much worse now than before, 27% said it has remained the same and 17% said it is somewhat better or much better than before. Women who are 35 years or older were more likely to report that their mental wellbeing had worsened (60%) compared to those under 35 (49%).

When asked about what they are doing to support their mental health, the majority (68%) said they spoke to family or friends. Other activities include: exercising (48%), engaging in pastime activities e.g. playing an instrument or learning a new language (47%), going for daily walks (36%), practicing mindfulness (30%), and maintaining a healthy diet (27%). Nearly a quarter of participants (24%) read online resources on mental wellbeing, and only a small minority (10%) sought professional help, such as a psychologist or counsellor. See figure 4.

Figure 4: Percentage of participants doing these activities to support their mental health



Considering that a significant proportion of participants are concerned about their mental health and believe it has worsened as a result of the coronavirus pandemic, it is worrying that such a small proportion report seeking professional support. Our qualitative research is exploring this in more depth to understand barriers to accessing help, as well as whether the lockdown itself has been a barrier to seeking support.

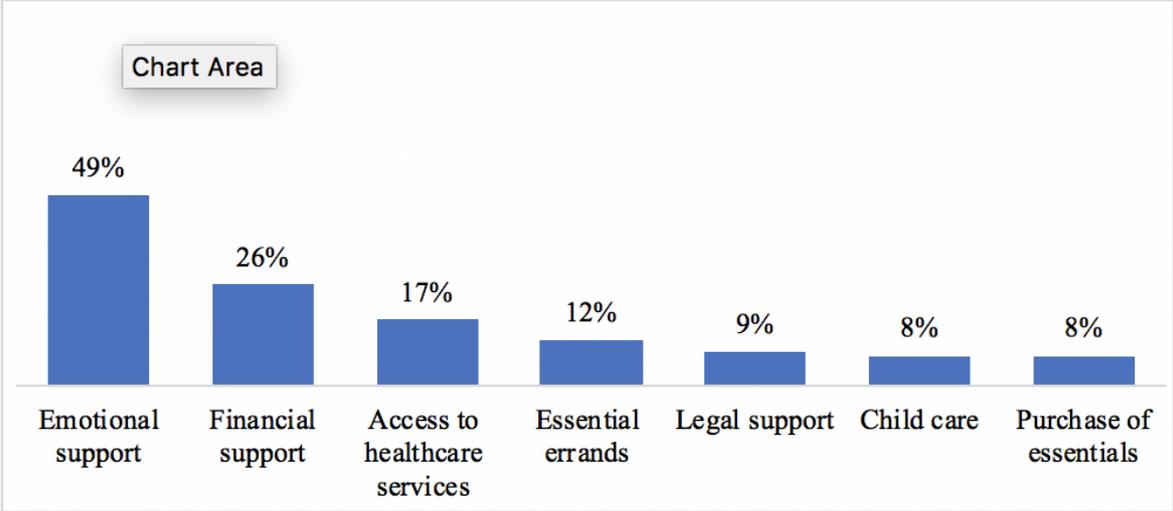
4.8. Support services

We asked participants to tell us the support services they consider to be an urgent need for them and their families during this time. Half (49%) of participants considered emotional support, such as therapy or counselling, to be urgent. This is unsurprising considering the significant proportion who have seen their mental health worsen during the coronavirus pandemic.

This is followed by need for financial support (26%), and access to healthcare services, other than coronavirus (17%). A minority selected help with essential errands such as food

shopping and medicine collection (12%), legal support (9%), help with children care or schooling (8%), and support with purchases due to loss of income (8%). An alarming 6% said they urgently needed access to a safe space or shelter. See figure 5.

Figure 5: Percentage of participants considering the below an urgent support need



5. Recommendations

Our results show to a concerning degree the impact the pandemic has had on participants’ mental health, their physical health and that of their loved ones, financial situation, family relationships, and, in cases of domestic abuse, safety. As well as addressing these issues immediately through its support services, FORWARD is exploring these experiences in more depth through our qualitative study, to develop short and long-term interventions.

As mentioned in section 3, our results are not nationally representative and cannot be used to draw definite conclusions about the experiences of women from BAME communities in the UK. However, the insights indicate areas that require urgent investigation and action.

5.1. Culturally appropriate mental health services

The coronavirus pandemic has had a significant impact on participants’ mental health, and emotional support is considered an urgent need. Yet few have sought professional support, which may or may not be a result of the lockdown.

However, we know from our community work and existing studies⁷ that a lack of culturally-appropriate services is a key barrier to seeking formal support. We anticipate that BAME experiences during the pandemic will drive increased demand for these services, and existing culturally appropriate services provided by community-based organisations should receive increased funding in order to meet this demand.

More broadly, there is a pressing need for investment in creating inclusive national mental health services to ensure they can effectively help those from a variety of ethnic

backgrounds and age groups. This means, for example, increased ethnic diversity of staff, ensuring better cultural understanding, and tackling structural racism and discrimination in service provision. Expanding specialist, culturally appropriate bereavement services is also crucial to support BAME communities most affected by loss during the pandemic.

5.2. Awareness and access to services

Another significant barrier to accessing formal emotional support is a lack of awareness about existing services among BAME communities⁸.

From our work we know that equipping community champions with the skills to carry out community engagement work can significantly improve awareness, access, and signposting to professional services. They also strengthen links between community members and support professionals and organisations. This is a crucial form of community-led engagement that could greatly benefit from added government investment.

5.3. Awareness on domestic abuse

An alarming six percent of participants have experienced domestic abuse, particularly emotional abuse. Evidence from our community work and existing studies suggest that discussion about domestic abuse is considered taboo in certain communities. This, along with cultural and structural barriers, BAME women are less likely to disclose and seek support than other ethnic groups⁹.

With current national rise in domestic abuse, urgent funding should be directed to BAME community-led initiatives to raise awareness and reduce stigma, as well as the provision of culturally appropriate domestic abuse support services.

5.4. Financial support

The pandemic has had a clear impact on participants' financial situation and financial support is stated as an urgent need by many. While our research does not offer nationally representative findings, existing evidence show that BAME communities are hit hardest by job losses. Fewer BAME people with reduced hours had been put on the government's job retention scheme¹⁰, and BAME women are more likely than any other group to be worrying about debt¹¹.

While many questions about these disparities are still to be answered, there is a clear need for monitoring and investigation of who accesses financial support and how. Concurrently, signposting and referrals for financial support and services available to the BAME communities should be stepped up in order to mitigate any existing structural, cultural and language barriers. Furthermore, we suggest immediate support should be provided for women who are most vulnerable due to having no recourse to public funds.

Annex 1: Participants' profile

Age	% of total sample 116
18 - 24	35%
25 - 34	28%
35 - 44	15%
45 - 54	14%
55 - 64	7%
65 +	2%
Ethnicity	
Asian/Asian British	19%
Black/Black British - Caribbean	16%
Black/Black British - African	47%
Black/Black British - other	3%
Mixed/Multiple ethnic groups	12%
Other ethnic group	3%
Region	
South East England	13%
South West England	5%
Greater London	53%
East of England	1%
West Midlands	5%
East Midlands	3%
Yorkshire and the Humber	3%
North West England	10%
Wales	3%
Scotland	2%
Northern Ireland	1%

July 2020

References

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² *Beyond the data: Understanding the impact of COVID-19 on BAME groups (2020)*. Public Health England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

³ *Parents, especially mothers, paying heavy price for lockdown (2020)*. UCL <https://www.ucl.ac.uk/news/2020/may/parents->

[especially-mothers-paying-heavy-price-lockdown](#)

⁴ *BAME women and Covid-19 – Research evidence*. Fawcett society (2020)

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⁵ *Coronavirus: Domestic abuse website visits up 10-fold, charity says (2020)*. BBC. <https://www.bbc.co.uk/news/uk-england-52755109>

⁶ *Coronavirus: Domestic abuse calls up 25% since lockdown, charity says (2020)*. BBC. <https://www.bbc.co.uk/news/uk-52157620>

⁷ *Mental health inequalities facing UK minority ethnic populations (2013)*. *Journal of Psychological Issues in Organizational Culture*. <https://onlinelibrary.wiley.com/doi/pdf/10.1002/jpoc.21080>

⁸ *Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England (2016)*. *BMJ Mental Health Research*. <https://bmjopen.bmj.com/content/6/11/e012337>

⁹ *Supporting B&ME victims – what the data shows (2015)*. Save Lives. https://safelives.org.uk/practice_blog/supporting-bme-victims—what-data-shows

¹⁰ *Black, minority Britons hit hardest by COVID job losses, researchers say (2020)*. Reuters. <https://uk.reuters.com/article/uk-health-coronavirus-britain-minorities/black-minority-britons-hit-hardest-by-covid-job-losses-researchers-say-idUKKBN23F1X5>

¹¹ *BAME women and Covid-19 – Research evidence*. Fawcett society (2020)

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