Agenda Alliance Representation
Commission on Race and Ethnic Disparities inquiry into
Ethnic disparities and inequality in the UK

About Agenda

Agenda is an alliance of over 100 organisations working in England and Wales to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction, contact with the criminal justice system and homelessness to get the support and protection they need.

Women and girls facing multiple disadvantage

Women and girls facing multiple disadvantage experience a combination of complex and overlapping problems including homelessness, violence and abuse, substance misuse, mental ill-health, poverty and contact with the criminal justice system.

Black and minoritised[1] women and girls are further disadvantaged by the multiple forms of discrimination they experience. Structural racism and socioeconomic inequalities intersect with gender inequality and make Black and minoritised women disproportionately at risk of multiple disadvantage.

For many women and girls, their experiences of disadvantage are often underpinned by a history of extensive violence and abuse. Agenda research shows that women are ten times as likely as men to have experienced physical and sexual abuse during their lives, with one in 20 women affected.[2] Of this group of women, more than half have a common mental health condition, one in three have attempted suicide, nearly half are in the lowest income bracket, a quarter have been homeless and a third have an alcohol problem.[3] National data from Rape Crisis England and Wales shows that for 2017-18 where ethnicity is known, 23% of women accessing support across the network identified as 'minority ethnic' – a disproportionately high number considering minority ethnic communities make up an estimated 14% of the UK population.[4]

---

[1] The term 'Black, Asian and Minority Ethnic' is commonly used in policy contexts but it can reinforce the idea that certain groups automatically occupy a minority position. Drawing on critical analysis of this term by services led by and for marginalised groups, we refer to 'Black and minoritised' girls and young women to highlight the way in which these groups are constructed as 'minorities' through processes of marginalisation and exclusion.

[2] Agenda (2016) Hidden Hurt – Violence, abuse and disadvantage in the lives of women https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf

[3] ibid

[4] Imkaan (2020) Reclaiming Voice: Minoritised Women and Sexual Violence Key Findings https://829ef90d-0745-49b2-b404-cbea85f15fda.filesusr.com/ugd/f98049_a0f11db6395a48fbbac0e40da899dcb8.pdf

Agenda's Evidence

Agenda welcomes the opportunity to respond to this inquiry on ethnic disparities and inequality in the UK, and is encouraged to see that addressing these inequalities is a government priority. This response draws on previous research conducted by Agenda, as well as knowledge and expertise developed through working with specialist organisations at the frontline of supporting the most marginalised Black and minoritised women and girls in our society.

The evidence we present in this submission is drawn primarily from our recent interim report on the impact of the Coronavirus crisis on women and girls facing multiple disadvantage, *Voices from Lockdown: A Chance for Change*, which outlines clearly the inequalities in mental health outcomes for Black and minoritised women and girls. This research involved a survey of 72 organisations across the UK supporting the most disadvantaged women and girls, and in-depth interviews with professionals and women during the first three months of lockdown.

Evidence on Black and minoritised women's distinct and disproportionate experiences of the criminal justice system draw in large part from Agenda and Women in Prison's (WIP) 2017 report *Double Disadvantage: The experiences of Black, Asian and Minority Ethnic women in the criminal justice system*. In September and October 2016, Agenda and Women in Prison (WIP) spoke to 20 Black and minoritised women from a range of ethnicities and backgrounds across three focus groups: one in a community based service in London for women in contact with the criminal justice system and two in women's prisons. The immense value of specialist 'by and for' services' expertise and tailored support offer for minoritised communities, and the tremendous harms of the No Recourse to Public Funds policy - particularly on Black and minoritised migrant women fleeing abuse - has been highlighted and evidenced consistently throughout Agenda's research and campaigns.[5]

---

[5] For examples, please see:
Agenda (2017) Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales https://weareagenda.org/wp-content/uploads/2017/10/Mapping-the-Maze-final-report-for-publication.pdf
Agenda (2018) Making Places Work for Women: Gender and Systems Change https://weareagenda.org/wp-content/uploads/2018/10/Making-Places-Work-for-Women_Gender-and-Systems-Change_October2018-FINAL.pdf
Agenda (2019) Breaking Down the Barriers: The National Commission. The National Commission on Domestic and Sexual Violence and Multiple Disadvantage https://weareagenda.org/breakingdownthebarriers/
Agenda (2020) Briefings for the Domestic Abuse Bill https://weareagenda.org/briefings-ask-and-take-action/

Question 6: Which inequalities in health outcomes of people in different racial and ethnic groups are not (wholly) explained by inequalities in underlying determinants of health (for example, education, occupation or income)?

Black and minoritised women and girls experience diverse inequalities in health outcomes that cannot be attributed to pre-existing health conditions. Structural racism and socioeconomic inequalities intersect with gender inequality to produce the vulnerabilities that are imposed on women and girls from minoritised communities – and drive inequalities in health outcomes.

These inequalities in health are diversely manifest but often overlooked. For example, in the UK, Black women are five times more likely to die in pregnancy or childbirth than white women.[6] Black and minoritised women are at disproportionate risk of poor mental health: 29% Black women, 24% Asian women and 29% mixed-race women has a common mental health problem, compared to 21% White British women, and 16% 'White other' women.[7] The uneven impact of Covid-19 on Black and minoritised women and girls is only the most recent and pervasive example of structural inequalities driving inequalities in health outcomes, with devastating impacts on whole communities.[8] Early evidence already points to factors such as living conditions, occupational exposure, access to care and exposure to financial hardship as key determinants of Covid-19 health outcomes.[9] Analysis by the ONS states explicitly that the disproportionate impact of Covid-19 on Black and minoritised communities "cannot be explained by pre-existing health conditions".[10]

Research conducted by Agenda during the first three months of lockdown highlighted in particular the **inequality in mental health outcomes for Black and minoritised women and girls experiencing multiple forms of disadvantage**.[11] It highlighted the severe impact of lockdown on women and girls' mental health, particularly increased isolation, loneliness, stress, anxiety, depression, self-harm and suicidal thoughts – with Black and minoritised

[6] MBRRACE-UK (2019) Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17 https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf
[7] Race Disparity Audit https://www.gov.uk/government/publications/race-disparity-audit
[8] Public Health England (2020) Disparities in the risk and outcomes of COVID-19 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf
[9] Lawrence, D. (2020) An Avoidable Crisis: The disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities https://www.lawrencereview.co.uk/
[10] ONS (2020) Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England and Wales: deaths occurring 2 March to 28 July 2020 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/deathsoccurring2marchto28july2020#main-points
[11] Agenda (2020) Voices from Lockdown: A Chance for Change https://weareagenda.org/wp-content/uploads/2020/08/Voices-From-Lockdown-A-Chance-For-Change-v2.pdf

women disproportionately impacted. This is supported by evidence from the wider sector and research community. One large-scale research study revealed that during the first month of the pandemic, a higher frequency of abuse, self-harm and thoughts of suicide/self-harm was reported among women and Black and minoritised communities.[12]

Interviews with women and specialist services run 'by and for' the communities they serve helped to elucidate possible explanations for this concerning trend. In addition to being more likely to experience a common mental health problem, Black and minoritised women and girls have experienced the cumulative impact of both the lockdown and the collective trauma of racism brought to the fore following the events that triggered an upsurge of the Black Lives Matter movement.

Trauma and racism

One organisation reflected on the impact of lockdown on Black women and girls: "*It is a positive time in terms of change, but at the same time, it just brings back a lot of stuff around trauma and racism. And all those micro-aggressions that happen, that they have let go in their lives*".

Self-harm was identified as a particular risk for younger women by specialist services working with Black and minoritised women and girls. Studies have shown that children experiencing racism are likely to experience low self-esteem and high levels of anxiety and depression,[13] which are strongly linked with self-harming. Previous research by Agenda has also highlighted that young women living in the lowest income households are five times more likely to self-harm than those in the highest income homes.[14] Black and minoritised girls and young women disproportionately represented in low-income groups: in 2015/16, 50% of Bangladeshi households, 46% of Pakistani households and 40% of Black African/Caribbean households were living in poverty compared to 19% of White British households.[15] Poverty, disadvantage and trauma linked to discrimination are key drivers of

---

[12] UCL (2020) Covid-19 Social Study https://www.ucl.ac.uk/epidemiology-health-care/events/2020/oct/covid-19-social-study

[13] Roe, J. (2018). Ethnicity and children's mental health, The Lancet: Planetary Health, 2: 234- 235; Rees R. et al. (2016) Prevalence of mental health disorders in adult minority ethnic populations in England: a systematic review. London: EPPI-Centre, UCL Institute of Education.

[14] Agenda (2020) Often Overlooked: Young women, poverty and self-harm https://weareagenda.org/wp-content/uploads/2017/03/Often-Overlooked-Young-women-poverty-and-self-harm-2.pdf

[15] WBG and Runnymede Trust (2017) Intersecting Inequalities: The impact of austerity on Black and Minority Ethnic women in the UK http://bit.ly/2jLave5

inequalities in mental health outcomes for Black and minoritised women and girls.[16]

Question 9: What do you consider to be the main causes of the disparities in crime between people in different racial and ethnic groups, and why?

Much like inequalities in health outcomes, disparities in the rates of arrest, prosecution and length of custodial and community-based sentences faced by Black and minoritised women and girls can be **attributed to structural inequalities and discrimination.** In the adult criminal justice system, approximately 17% of women are from 'ethnic minorities', compared to 14% of the general population. Approximately 9% of women are Black, 5% are Asian and 4% are mixed race. [17] Black and minoritised girls are also disproportionately overrepresented in custody, making up 28% of the sentenced population and an even higher proportion (36%) of the remand population.[18] Of all women and girls sentenced in 2019, Black women and girls had the highest custody rate at 23%.[19]

Ministry of Justice data from 2016 shows that Black adult women and women of mixed ethnicity were more than twice as likely to be arrested than white women.[20] Asian women are over 40% more likely than white women to be convicted at a magistrates' court.[21] Disproportionate outcomes are particularly noticeable for certain offences. For example, for every 100 white women sentenced to custody at crown courts for drug offences, 227 black women received custodial sentences. [22] Recent data from the Ministry of Justice shows that white women consistently had the shortest average custodial

[16] Agenda (2020) Struggling Alone: Girls' And Young Women's Mental Health
https://weareagenda.org/wp-content/uploads/2020/11/Struggling-Alone-3.pdf

[17] Ministry of Justice (2019) *Race and the criminal justice system statistics 2018, Ch 6, Table 6.01.* https://www.gov.uk/government/statistics/race-and-the-criminal-justice-system-statistics-2018

[18] The Griffin Society (2017) Outnumbered, locked up and overlooked? The use of penal custody for girls in England and Wales
https://www.thegriffinssociety.org/system/files/papers/executivesummary/griffins_research_paper_2017-02_-_executive_summary_finalupdated_14.06.2019.pdf

[19] Ministry of Justice (2020) Women and the Criminal Justice System 2019
https://www.gov.uk/government/statistics/women-and-the-criminal-justice-system-2019

[20] All Party Parliamentary Group on Women in the Penal System (2019) *Arresting the entry of women into the criminal justice system* https://howardleague.org/wp-content/uploads/2019/09/APPG-Arresting-the-entry-of-women-into-the-criminal-justice-system.pdf

[21] Lammy, D (2017) The Lammy Review: An Independent Review into the Treatment of, and Outcomes for, Black, Asian and Minority Ethnic Individuals in the Criminal Justice System https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf

[22] Ministry of Justice, Black, Asian and Minority Ethnic disproportionality in the Criminal Justice System in England and Wales, 2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/568680/bamedisproportionality-in-the-cjs.pdf

sentence length (ACSL) while Asian women had the longest ACSL for indictable offences in 2019.[23]

Explaining the disparity

In 2017, Agenda and Women in Prison spoke to Black and minoritised women about their experiences in the criminal justice system. Four key themes emerged across all three focus groups: **that women did not feel their voices and stories had been heard** in court proceedings and were confused over process; that women felt **that prejudices and subconscious ethnic or racial bias** can affect jury assumptions and sentencing decisions; that the **impact of their sentences on their family** is extensive and far-reaching; and **language and lack of translators** can be a significant barrier throughout a woman's experience of the criminal justice system if they do not speak English fluently.

[24]

Double Disadvantage

Agenda and Women in Prison (2017) spoke to Black and minoritised women about their experiences in the criminal justice system. Women reported feeling discriminated against in the courts and in prison.

One woman reflected: *"Women are treated lesser than men and I think Black, Asian people are treated lesser than white people, so if you are a Black or Asian woman... You're already at a disadvantage, a double disadvantage."*

In terms of women and girls' pathways into the criminal justice system, the Corston Report highlighted that Black and minoritised women were "**more likely to be living in a deprived area, more likely to be subject to poverty, have experienced care and been excluded from school**."[25]

Once inside the criminal justice system, Black and minoritised women and girls **face distinct barriers to accessing vital services** to help them turn their lives around. For example, a HM Inspectorate of Prisons report noted that Black and minoritised women are more likely to experience isolation leading to increased levels of depression when in prison, whilst at the same

---

[23] Ministry of Justice (2020) Women and the Criminal Justice System 2019 https://www.gov.uk/government/statistics/women-and-the-criminal-justice-system-2019
[24] Agenda (2017) Double Disadvantage: The experiences of Black, Asian and Minority Ethnic women in the criminal justice system https://weareagenda.org/wp-content/uploads/2017/03/Double-disadvantage-FINAL.pdf
[25] Ministry of Justice (2007), *The Corston Report* http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf

time they may be less likely to seek help from health care staff.[26] In criminal justice responses to Black girls, research identifies a process of '**adultification'** whereby they are viewed as older than their age and more 'adult-like', with professionals assuming that they have greater levels of maturity and less 'innocence' than their white peers.[27] As well as informing more punitive responses, this may reduce professionals' sense of their safeguarding responsibilities to Black girls. [28] This may be particularly dangerous as girls transition and services fall away, perhaps resulting in greater levels of unmet need and increased vulnerability to extra-familial harms.

Black and minoritised women and girls also **face distinct challenges in resettlement on release from prison,** such as racial discrimination, stigma, isolation, cultural differences, language barriers and uncertainty about their future related to insecure immigration status and having No Recourse to Public Funds. A recent report by HM Inspectorate of Prisons found a third of Black and minoritised prisoners interviewed felt that their ethnicity had a significant impact on their experience of rehabilitation and release planning, but almost no staff identified this to be an issue.[29]

As with all women and girls in prison, the vast majority of Black and minoritised women and girls have **committed non-violent crimes and most do not need to be in prison**. There should be a much greater use of community-based sentencing and support for women and girls. Full consideration should be given to women and girls' circumstances in sentencing decisions. Women's stories should be taken into account and pre-sentence reports should be more widely used and should detail women's experiences of abusive relationships, mental health issues and caring responsibilities.

[26] HM Inspectorate of Prisons, The Mental Health of Prisoners, 2007 https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/07/Mental-Health.pdf

[27] Epstein, R. et al (2017) Girlhood Interrupted: The Erasure of Black Girls' Childhoods. Georgetown Law Center on Poverty and Inequality https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2017/08/girlhood-interrupted.pdf

[28] Davis, J. (2019) Where are the Black girls in our services, studies and statistics? https://www.communitycare.co.uk/2019/11/20/where-are-the-black-girls-in-our-services-studies-and-statistics-on-csa/

[29] HM Inspectorate of Prisons (2020) *Minority ethnic prisoners' experiences of rehabilitation and release planning* https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2020/10/Minority-ethnic-prisoners-and-rehabilitation-2020-web-1.pdf

Question 10: Can you suggest other ways in which racial and ethnic disparities in the UK could be addressed? In particular, is there evidence of where specific initiatives or interventions have resulted in positive outcomes? Are there any measures which have been counterproductive and why?

To address the inequalities and disadvantage that drive racial and ethnic disparities, sustained and substantial ring-fenced investment in specialist 'by and for' services is essential – and urgent. Specialist services led 'by and for' the communities they serve, such as Black and minoritised women and girls, are tailored to meet the specific needs of their communities. Without them, the most vulnerable women and girls face further marginalisation.

Ring-fenced investment in specialist 'by and for' services

Mainstream services are not as accessible or effective for Black and minoritised women and girls. Women and girls from minoritised communities report they often do not feel comfortable or are not able to access support from statutory services or mainstream women's services, which often do not have the specialism, capacity or cultural understanding to meet their needs. Imkaan's 2018 report *From Survival to Sustainability* found Black and minoritised women and girls often report dissatisfaction with the responses from statutory services, and report an overwhelming preference for specialist, women's services led by Black and minoritised women.[30]

Mental health services are a key example. Black and minoritised women and girls face inequalities in access to mental health services, with research highlighting the under-resourcing of services in economically-deprived areas where they are more likely to live. [31] Furthermore, within mental health services, models of 'recovery' can overlook the impact of forms of discrimination such as racism, thereby failing to connect women and girls' mental ill-health with the oppression they face.[32] Services can characterise reactions to racism as signs or symptoms of illness, meaning that this, rather than the ongoing discrimination women and girls face, is addressed.[33]

[30] Imkaan (2018) From Survival to Sustainability https://www.imkaan.org.uk/survival-to-sustainability
[31] Firmin, C. (2014) 'MsUnderstood: the benefits of engaging young women in anti-violence work' in, eds. Ellis, J. and Thiara, R. Preventing Violence against Women and Girls: Educational Work with children and young people (Policy Press).
[32] Women's Health & Equality Consortium (2017) Taking a forward view on women and mental health: key messages for government; Fitzpatrick, R. et al. (2014) Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change, London: Lankelly Chase Foundation, Mind, The Afiya Trust and Centre for Mental Health; Kalathil, J (2011) Recovery and Resilience: African, African-Caribbean and South Asian Women's experience of recovering from mental illness, London: Mental Health Foundation and Survivor Research.
[33] Agenda (2020) Struggling Alone: Girls' And Young Women's Mental Health https://weareagenda.org/wp-content/uploads/2020/11/Struggling-Alone-3.pdf

> **Marie's story**
>
> Young women speaking to Agenda often attribute their struggles in education, and contact with the criminal justice system, to poor mental health stemming from issues which they felt went unaddressed at the time. After a sexual image was shared without her consent at school, Marie was excluded on the basis of her consequent behaviour:
>
> *"I just felt like I gained a stereotype… Like loud, Black girl... And instead of [being asked] "What's going on... are you okay?"... they ask[ed] me about school counselling once... It was a while after... It was just too late."*

Black and minoritised migrant women with 'No Resource to Public Funds' (NRPF) often do not have the economic resources or are not eligible to access vital statutory and mainstream services. NRPF refers to a visa condition that prevents most non-European Economic Area migrants from accessing most state-funded benefits, tax credits and housing assistance. These restrictions are inclusive of migrant women not on a spousal visa who are fleeing abuse, limiting their ability to access financial support, legal aid and safe accommodation. This creates a two-tier system of safety for Black and minoritised migrant women, which drives other experiences of disadvantage such as poverty, homelessness and abuse and exploitation.[34]

Specialist 'by and for' services are best-placed to meet the need of Black and minoritised women and girls. Specialist services led 'by and for' women from Black and minoritised communities are expertly placed to support women and girls experiencing multiple disadvantage in these communities. These grassroots organisations have built trusted relationship with women and girls over time, and offer a range of gender-, age- and trauma-responsive support that takes account of the impact of discrimination and oppression in women and girls' lives in a culturally sensitive way. 'By and for' services are inclusive of migrant women with NRPF and migrant women with insecure immigration status - with support, advocacy, advice and refuge made available to women who would otherwise face high risk of abuse, violence, destitution and possible deportation.

---

[34] Step Up Migrant Women coalition (2020) THE DOMESTIC ABUSE BILL: MIGRANT WOMEN LEFT BEHIND
https://drive.google.com/file/d/1rrLwxJtRdIqGseByDUOb8_QoHQY5YTrA/view

Specialist 'by and for' services driving innovation

The Angelou Centre is a black-led women's community organisation providing specialist support to black and minoritised women and girls. In an interview conducted as part of Agenda's *Voices from Lockdown* research, the Angelou Centre shared the ways in which their organisation has been collaboratively working with other specialist Black women's organisations to share expertise, support one another and adapt to the fast-changing ways of working to support Black and minoritised women and girls.

"We have been working really closely with the black feminist sector throughout the pandemic via different means: sharing practice; policy etc. on the demand they are under and understanding how they are doing things; capacity building as there's been a massive increase in police calling for support and advice to work with black minoritised women. I feel hopeful about the future of specialist organisations due to collaborative working between organisations and efforts of capacity building."

Despite the immense value of these services, specialist 'by and for' services face economic precarity. Chronic under-funding has been compounded by fundraising challenges during Covid-19, leaving many organisations at risk of permanent closure. Imkaan report that one-third of specialist refuges for Black and minoritised women fleeing violence and abuse have been decommissioned since austerity measures were introduced, resulting in a reduction of 50% bed space capacity.[35] Research conducted in April found that close to 90 per cent of 137 Black and minoritised ethnic community-led organisations who responded to the survey were at risk of closing permanently within months.[36] This is supported by Agenda's own research, which found that smaller organisations, including many small 'by and for' specialist services, earning less than £100,000 were least likely to have accessed any emergency funding from government, trusts and foundations or other forms of emergency funding in the first three months of lockdown.[37]

---

[35] Imkaan (2020) The Impact of the Two Pandemics: VAWG and COVID-19 on Black and Minoritised Women and Girls https://829ef90d-0745-49b2-b404-cbea85f15fda.filesusr.com/ugd/2f475d_6d6dea40b8bd42c8a917ba58ceec5793.pdf

[36] The Ubele Initiative (2020) IMPACT OF COVID-19 ON THE BAME COMMUNITY AND VOLUNTARY SECTOR https://static1.squarespace.com/static/58f9e592440243412051314a/t/5eaab6e972a49d5a320cf3af/1588246258540/REPORT+Impact+of+COVID-19+on+the+BAME+Community+and+voluntary+sector%2C+30+April+2020.pdf

[37] Agenda (2020) Voices from Lockdown: A Chance for Change https://weareagenda.org/wp-content/uploads/2020/08/Voices-From-Lockdown-A-Chance-For-Change-v2.pdf

> **Smaller services unable to access vital funds**
>
> As part of the *Voices from Lockdown* research, Agenda spoke to services about how their financial position changed in the first three months of lockdown - 46% of organisations reported that their financial position had worsened during the lockdown.
>
> One larger organisation reflected:
> *"Whilst we have been successful in accessing funds the deadlines have been very short and we have had to draw on all of our resources to write bids, including using freelance bid writers who we have worked with previously. I cannot imagine how a smaller organisation could realistically cope with the speed required to apply for funding. We have used our partnership model to secure funding and include our smaller partners."*

The risk of losing these grassroots, specialist, community-based organisations is sizeable, with the many Black and minoritised women and girls who rely on these organisations at risk of being left without support. **To address the disadvantage and inequalities driving racial and ethnic disparities across the UK, these specialist services must be valued and sustainably resourced with ring-fenced funding from central and local government.**

Recommendations

To reduce disparities in mental health, crime and policing outcomes for Black and minoritised women, the government must:

1. **Increase ring-fenced investment** in specialist women and girls' services run 'by and for' the communities they serve, which most effectively address the multiple disadvantage and inequalities driving racial and ethnic disparities.
2. **End No Recourse to Public Funds,** to ensure all Black and minoritised migrant women experiencing violence and abuse can equally access support, welfare systems and legal tools that provide appropriate protection and prevent destitution.
3. **Disaggregate data** about women's mental health and health outcomes, and women in the criminal justice system, across all protected characteristics, in particular age, gender and ethnicity, and make this data publically available and accessibly presented to allow for further analysis.
4. **Improve recruitment and cultural competency** across systems where Black and minoritised women are girls are overrepresented or report poor outcomes. Staff should better reflect the gender, race and ethnicity of those with whom they work, and receive cultural and gender awareness training in order to understand the realities of Black and minoritised women's lives and the impact of unconscious bias.
5. **Learn from existing evidence and expertise,** and take on board the recommendations already made in comprehensive reviews and research by experts and specialist 'by and for' organisations.
6. **Commit to a cross-departmental and intersectional gendered approach** to addressing and tackling issues facing all Black and minoritised women throughout government policy. This should go beyond health and criminal justice to address disparities in other policy areas such as: poverty; violence against women and girls; exploitation; homelessness; safeguarding; exclusion from education; experience of care; and experiences of gendered and racialised inequalities.

About Agenda

Agenda, the alliance for women and girls at risk, is working to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction, contact with the criminal justice system, and homelessness to get the support and protection they need. www.weareagenda.org

For further information, please contact: Hermione Greenhalgh
hermione@weareagenda.org