

**POVERTY, MENTAL HEALTH AND
MARGINALISATION:**

The role of community-based organisations in mitigating inequalities among racialised minority women within Scottish urban areas of high deprivation.

Name: Khutso Ranato-Dunbar

University of Strathclyde

Course: PhD Public Health & Health Policy

Department: Social Work & Social Policy

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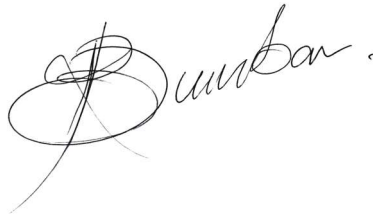
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ABSTRACT

Background/Objectives:

Poverty and mental health are interrelated public health priorities which disproportionately affect marginalised groups. Scotland's policy response to reducing inequalities centres around empowering communities; however, there is scant research on how community organisations can effectively reduce poverty and improve mental health. This exploratory qualitative study investigated the role of community-based organisations (CBOs) in the lives of racialised minority women affected by poverty and adverse mental health.

Method:

This multi-case study involved six CBOs in Edinburgh and Glasgow. Leveraging a bricolage approach, 12 CBO key informant interviews and 27 service user participations in photovoice, interviews, and focus groups were conducted using a Community-Based Participatory Research methodology. Thematic analysis was employed, ensuring trustworthiness through community checking and researcher reflexivity.

Findings & Recommendations:

Women attending CBOs experience a high level of material deprivation, food insecurity and precarious employment. Intersecting ecological factors like hostile immigration sentiment, racial and patriarchal hegemony, social isolation, underemployment and childcare pressures contribute to adverse mental health. CBOs are culturally informed and intersectionally competent, providing safe spaces for mutual support and empowerment, but can create second-class services. They address the social and material needs of women by providing preventative and interventionist programmes, cultural capital, and community connectedness, but face funding shortages that limit long-term planning and capacity. The study suggests policy should promote substantive CBO funding and strategic partnerships for a coordinated effort to sustainably reduce inequalities faced by racialised minority women in Scotland.

Contribution to Knowledge:

This thesis contributes new knowledge by privileging marginalised women's voices and their community organisations through dyadic inquiry. It uses a novel emancipatory bricolage approach that combines an intersectional lens, an empowerment framework, and ubuntu praxis in CBPR, creating epistemically just, culturally appropriate, and socially valuable knowledge.

Keywords: Community-based Organisations, Poverty, Mental Health, Racialisation, Gender Inequalities, Empowerment, Critical Social Constructionism, Ubuntu, Intersectional Marginalisation, Determinants of Mental Health, Participatory Research.

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'Umuntu ngumuntu ngabantu.' - 'Motho ke motho ka batho.'

'A person is a person because of other people.'

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It truly takes a village, or in this case, a community.

'I come as one but stand as ten thousand.' - Maya Angelou.

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LIST OF ABBREVIATIONS

Black and Ethnic Minority Infrastructure in Scotland	(BEMIS)
Community-Based Organisation	(CBO)
Community-Based Participatory Research	(CBPR)
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition	(DSM-5)
Economic and Social Research Council	(ESRC)
Empowerment Theory	(ET)
International Classification of Mental and Behavioural Disorders	(ICMBD)
National Health Service	(NHS)
National Institute for Care and Excellence	(NICE)
Post-Traumatic Stress Disorder	(PTSD)
Problematic Substance Use	(PSU)
Reflexive Thematic Analysis	(RTA)
Scottish Community Development Centre	(SCDC)
Scottish Index of Multiple Deprivation	(SIMD)
UK Research and Innovation	(UKRI)
United Nations	(UN)
World Health Organisation	(WHO)

CHAPTER ONE

'The quality of light by which we scrutinise our lives has direct bearing upon the product which we live, and upon the changes which we hope to bring about through those lives.' (Lorde, 2012, p.1)

INTRODUCTION

1.1. Study Overview, Aims, & Objectives

This thesis is a qualitative inquiry into the role community-based organisations (CBOs) play in the lives of racialised minority women with experiences of adverse mental health and poverty in Scotland's urban areas of high deprivation. Undertaken between 2022 and 2025 using a multi-case study design, the project leveraged a participatory research approach to dyadically analyse the objectives, methods, and experiences of CBOs in the two largest Scottish cities (Glasgow and Edinburgh), and to explore the experiences and feedback of racialised minority women as CBO service users.

The project is the result of a collaborative studentship with a lived-experience candidate, supported by The Mental Health Foundation, The Poverty Alliance, and The Edinburgh Health and Social Care Partnership, through the University of Strathclyde. The primary objective of this study is to understand the current contributions of CBOs in mitigating inequalities for racialised minority women in Scotland's urban areas of high deprivation and to explore their potential to better address and alleviate the challenges faced by this demographic. In tandem, the study also investigates the experiences of racialised minority women who interact with these organisations to better understand the context of their lives, identify the challenges and requirements of this population, and compare how well CBOs align in addressing these needs.

The research objectives are listed below and are later incorporated to formulate the main research questions.

1. To investigate how CBOs operate and to discover what are their objectives are.
2. To examine how the success and impact of CBOs are evaluated.
3. To explore what facilitates or hinders CBO activities.
4. To assess how CBOs (as organisations) view their roles in the lives of racialised minority women affected by poverty and adverse mental health.
5. To explore the experiences of the CBO volunteers/staff (as individuals) in delivering their services, and how do they understand their role in the women's lives.
6. To investigate how CBOs currently engage and attract service users.

Regarding the racialised minority women as 'service users', the objectives are:

1. To explore what the women's experiences of poverty and/or mental health are.
2. To investigate the role CBOs play in the lives of service users- i.e., what do women feel they gain from engaging with the CBOs?
3. To explore what service user women wish CBOs could offer that they do not currently.

Thesis Structure and Overview of Chapters

This thesis is organised into eight chapters, along with relevant appendices, tables, and figures.

Chapter Overview:

- Chapter One: Introduction

The introductory chapter provides an overview of the project, outlining its aims and objectives. The thesis structure is outlined here, accompanied by succinct summaries of each chapter. The research problem and justification for this research are specified; a brief socio-political context is provided; the researcher's positionality is declared; and the ideological schemas of the variables and identity markers used are interrogated to ensure conceptual clarity and transparency.

- Chapter Two: Literature Review

The literature review begins with an outline of the search strategy and approach. The chapter is then divided into two parts: the first assesses CBOs and the second addresses racialised minority women. The section concludes by summarising findings and identifying gaps in the literature.

- Chapter Three: Philosophical Assumptions

In chapter three, the philosophical assumptions underpinning this study are outlined. A social constructionist epistemology, a subtle realist ontology, and the axiology of Ubuntu's reciprocity, interdependence, and mutuality are proffered as the study's overarching paradigms.

- Chapter Four: Theoretical Frameworks

The fourth chapter outlines the theories to be employed in this study: Empowerment Theory and Intersectional Black Feminist Theory (Intersectionality). Justification for their use is provided by reconciling them with the literature review and demonstrating their appropriate application.

- Chapter Five: Methodology

In Chapter Five, a participatory methodology is proposed. Rationale and justification are then provided for selecting a community-based participatory approach, and the influences of the theoretical frameworks on the methodology choice are also explored. The research questions are specified, and the research design is detailed, including the research methods and procedures, participant recruitment, ethical considerations, the dissemination plan, and the presentation of findings.

- Chapter Six: Findings

Herein, the dual findings from the CBO interviews and the racialised minority women's photovoice, individual interviews and focus groups are presented.

- Chapter Seven: Discussion

The findings from Chapter Six are interpreted and critiqued in a comprehensive discussion in this chapter, which examines the significance of the findings and insights gained from the study.

- Chapter Eight: Conclusion

In the concluding chapter, the study's salient findings are recapitulated, and its value and significance are summarised to conclude the thesis. Any shortcomings and limitations within the study are discussed in this chapter as a point of critical rigour, and recommendations are put forth based on the study's findings.

1.2. Research Problem and Study Justification

Research Problem, Study Originality, & Anticipated Value

1.2.1. Research Problem

In Scotland, socio-economic and health inequalities have been identified as widening over time and have been designated by the Government as challenges to the nation's overall welfare (Scottish Government, 2013, 2017a, 2023c). Poverty and mental health inequalities disproportionately impact marginalised groups, with racialised minorities being heavily affected (Cebula et al., 2021; Scottish Government, 2017a). This demographic is steadily increasing in numbers, having doubled between the 2001 and 2011 censuses (Scottish Government, 2011). This shifting population profile presents challenges in understanding the varying needs of diverse groups and in addressing these requirements effectively (Eiser et al., 2022; Scottish Government, 2020a). Scotland prides itself on being a welcoming country and is committed to 'A fair society for all'; as such, addressing and resolving inequalities is seen as a priority endeavour for the Government (Scottish Government, 2017b, 2020a, 2021a).

Racialised minority people are disproportionately represented in urban areas of high deprivation, facing racism, stigma, social exclusion, differing forms of discrimination, as well as higher rates of adverse mental health (Cebula et al., 2021; Cogan et al., 2021; Strang & Quinn, 2021). Poverty and mental health challenges work dialogically as mutually reinforcing adversities and are instigated and aggravated by the aforementioned negative experiences specific to this demographic (Allen et al., 2014; Marmot et al., 2008). Racialised minority women in particular face further intersectional burdens by overrepresentation in precarious, low-paid jobs and contending with both a gender-based pay gap and a race-based pay gap (Blau & Kahn, 2000; Living Wage Foundation, 2022; Office for National Statistics (ONS), 2019). Minority communities are documented in the literature as being a 'hard-to-reach' population for health and welfare services- racialised

minority communities more so, owing to barriers such as immigration status, language barriers, hesitancy and mistrust around engaging with official services, as well as other culturally specific issues which are expounded upon within the literature review (Cogan et al., 2021; Knifton et al., 2010; Quinn et al., 2020). CBOs may be well-positioned to engage this demographic and act as mediators for formal services to reach and engage this population, as well as provide support and sanctuary for the life challenges this group faces (Carlisle, 2010; O'Mara-Eves et al., 2015).

1.2.2. Study Originality

Research that centres the voices of racialised minority women as co-producers in investigating their own challenges is scant within Scotland (Bassel & Emejulu, 2018; Emejulu, 2013). Another rarity is a dyadic approach where CBOs are evaluated in conjunction with the communities they serve to understand the challenges faced by both. This study also combines the culturally appropriate, non-occidental framework of Ubuntu with Black feminist intersectional theory to acknowledge the cultural hybridity at play in the lives of the researched community (Bhabha, 2015; Chigangaidze et al., 2023). The project simultaneously examines how CBOs address the community's needs and demonstrates how the two can be mutually informative in driving change and strengthening partnerships to tackle the challenges at hand. Innovative concepts, such as bricolage research design, are leveraged to foster methodological flexibility, and Ubuntu praxis reciprocates the researched community's efforts and contributions by offering research reports and practical recommendations for service delivery and community practice, rather than simply extracting information. Being an emic-situated researcher also offers added distinctiveness, as it involves sharing a lived experience with

participants and understanding the context of the challenges firsthand, thereby offering an epistemically congruent perspective.

1.2.3. Anticipated Value

This project brings diverse voices to the academic corpus and enriches knowledge production by advancing a socially just approach to academic inquiry (Jolivéte, 2015; Smith, 2021). Research has historically privileged a Western colonial lens whereby researchers investigated, extracted information and interpreted communities from a Western lens, exerting hegemonic power over people by dictating and defining problems and solutions for populations in an infantilising and inferiorising fashion, without meaningful involvement from the communities themselves- this project, conducted by a community member, aims to avoid these injustices (Fricker, 2007, 2013; Ndlovu-Gatsheni, 2021).

The subject matter at hand requires urgent attention as disparities plague the nation at every turn (Scottish Government, 2017b). This study explores an alternative approach to addressing inequalities in Scotland, as the issue requires a multifaceted solution. Racialised minority women often exist on the margins of society as undervalued subjects who are acted upon rather than co-opted as assets, possessing the most knowledge in their own experiences (Bassel & Emejulu, 2018). By leveraging an Ubuntu framework and a community-based participatory methodology, this study reframes the perceived status of victimhood by centring the needs of the community and positioning the women as autonomous agents effecting change in their own lives. CBOs will benefit from a better understanding of the needs of those they serve and from having their work clearly explained to relevant stakeholders, thereby furthering their mission and objectives. The

overarching hope is for this study to document the unique experiences of racialised minority women facing poverty and mental health adversities through an intersectional and Ubuntu lens, develop a conceptual understanding of these experiences and along with investigating the impact of CBO services, contribute to the evidence base needed to influence policies that can better cater to these nuanced needs as well as fortify the facilities and infrastructures which undergird the women's lives.

1.3. The Study's Socio-Political Context

Scotland has a distinct socio-political landscape shaped by devolved governance and progressive policies amid ongoing challenges related to economic pressures, gender inequality, racial disparities and a migration-induced changing ethnic profile of the population (Christie, 2011; Scottish Government, 2017b). Racialised minority women in Scotland are diverse, comprising multi-ethnic immigrants, asylum seekers, refugees, and native-born individuals with a spectrum of identities. The highest concentrations of racialised minority people are found within Scottish cities, with Glasgow comprising 12%, Edinburgh 8%, Aberdeen 8%, and Dundee 6%, according to the 2022 Census (Scottish Government, 2022d). The compounding intersectional challenges faced by this demographic expose them to disproportionate rates of poverty and adverse mental health experiences (Cebula et al., 2021; Emejulu, 2009). While the Scottish Government promotes multiculturalism, social inclusion, anti-racism, and equality, racialised minority women in Scotland continue to experience structural inequalities and barriers to full socio-economic participation (Meer, 2015b; Scottish Government, 2013, 2015, 2023a).

Key Policies:

The pivotal policies affecting the lives of racialised minority women are outlined and explained below, and are referenced throughout the thesis to examine their impact on outcomes for this demographic.

Anti-Racism Policies:

Scotland has introduced progressive anti-racism initiatives, such as the Race Equality Framework (2016-2030), aimed at reducing racial disparities in education, employment, healthcare, justice, and public services. The Hate Crime and Public Order Act (2021) enhances legal protections against racial and religious hate speech. In addition, the Race Equality Action Plan (2017-2021) focuses on increasing institutional accountability by improving data collection on racial inequalities and ensuring equitable access to public services.

Gender Equality Policies:

Policies that address gender discrimination, reduce pay gaps, and increase the representation of women in leadership roles include initiatives such as the 2019 Fair Work Action Plan, which tackles wage inequalities and workplace issues, alongside the Equally Safe Strategy (2014, 2018, 2023), aimed at ending violence against women and girls. Additionally, the 2018 Gender Representation on Public Boards (Scotland) Act aims to promote greater gender balance in leadership positions across public institutions.

Mental Health Policies:

Mental health policy in Scotland is focused on improving access and promoting early intervention and support. The Mental Health Strategy (2017-2027), along with the Mental Health (Care and Treatment) (Scotland) Act 2003, aims to ensure fair access to mental health services by addressing barriers such as cultural stigma, systemic bias, and issues related to service access, which particularly affect racialised minority women. The 2003 Act also offers legal protections and safeguards to uphold the human rights of those receiving mental health care and treatment.

Anti-Poverty Policies:

Several anti-poverty measures have been implemented to reduce economic inequality and support disadvantaged groups. The 2019 Fair Work Action Plan aims to guarantee fair wages and job security, while the 2016 Fairer Scotland Action Plan details initiatives to improve access to social security, employment, and education. The Child Poverty (Scotland) Act 2017 sets a target to eradicate child poverty by 2030. In response to the increasing prevalence of child poverty, the government also introduced the Scottish Child Payment in 2021 to provide financial support to low-income families.

Policy Implementation and Economic Pressures:

Scotland's political powers are limited, and the country operates under economic constraints determined by a devolved budget (Danson & Gilmore, 2018). The Scottish Government established the Christie Commission in 2010 (Christie, 2011) in response to rising public sector costs and inefficiencies, as well as increasing social inequalities, poverty, and the need for more community-based decision-making. The Commission found that: '... unless Scotland embraces a radical new collaborative culture throughout

our public services, both budgets and provision will buckle under the strain ...' (Christie, 2011, p. 1). The Christie Commission (2011) laid the foundation for community-centred public service reform in Scotland, shaping key policies such as the Community Empowerment (Scotland) Act 2015. By emphasising prevention, collaboration, and people-powered services, the Commission recognised the vital role of community organisations in delivering efficient, inclusive, and sustainable services, concluding that: 'effective services must be designed with and for people and communities- not delivered 'top-down' for administrative convenience' (Christie, 2011, p. 1). The Commission (2011) underscores the inefficiency of top-down service models and argues that public service transformation should be driven by communities, recognising that local organisations are often best suited to tackle social issues. In line with these ideas, this research explores how CBOs can help reduce inequalities experienced by racialised minority women in Scotland.

1.4. Reflexivity

Mertens and Ginsberg (2009), Hammersley (2016) and Mason (2018) highlight the pivotal influence of the researcher's historical, socio-political and cultural context. A reflexive practice is recommended to help the researcher develop self-awareness and engage in critical self-interrogation to understand their relationship to the topic under study, the researched community, and the current and historical socio-political context (Mason, 2018; Mertens & Ginsberg, 2009). A reflexive practice is often recommended to minimise bias; however, subjectivity inherently entails some bias. It forms part of the unique, 'socialised lens'(p.6) that results from biography (Bourke, 2014). The aim of reflexivity, according to Whitaker (2020), is therefore to contend with the 'epistemic, positional, and methodological processes of researcher influence' (p.14) as a means of

constructing a coherent research project. As per the critical social constructionist epistemology and subtle realist ontology, explored in greater detail in the third chapter on philosophical assumptions, the researcher's positionality and subjectivity are acknowledged as the lens through which the project's knowledge claims will ultimately be produced- reflexivity thus becomes a matter of methodological rigour (Bourke, 2014; Mason, 2018). I have thus maintained a reflexive journal as an introspective exercise to explore the issues that inform my decisions and appraise matters of cultural awareness and sensitivity. Excerpts from the reflexive journal are incorporated throughout the thesis, thereby maximising transparency and accountability in the research process.

Brown and Strega (2005) argue that the researcher's positionality is essential for good research, not only as a matter of integrity, transparency, and responsibility, but also as a means of expanding the bounds of research by making room for 'marginalised knowledge'(p.37) and enriching academic discourse by adding new and previously silenced voices. The researcher's positionality is not presented here as a static stance but instead reflects how I, the researcher, situate myself and relate to the research project's subject matter, the study participants, and the research process itself, and how these positions consequently affect the interpretation of the findings (Brown & Strega, 2005; Holmes, 2020; Whitaker, 2020). Below, I declare my positionality as a researcher in alignment with these principles.

1.5. Researcher Positionality

I am a socialised cisgender woman racialised as Black. These are the visual and salient markers of my identity, which predicate, govern, and inform all my social interactions. I am also an immigrant: liminally situated- no longer fully South African, yet not entirely

Scottish. I am suspended in a space of uncomfortable hybridity emerging from a colonised culture as unfavoured and situated in a new culture, not fully belonging. I have also traversed in and out of various levels of poverty and middle-class comforts, as well as battling adverse mental health intermittently. Who I am is, of course, much more than the sum of my segmented social identities, status, or challenges. I mention them here as they are the most impactful determinants of my lived experience and pertinent to my stance within this project.

As a matter of self-disclosure, I must admit to being an advocate for social justice and anti-oppression. I was galvanised in my childhood at the height of the apartheid era in South Africa, my place of birth, during what we called ‘The struggle’. We, the majority Black people, struggled for the end of oppression, for equality and freedom against the hegemonic White minority. Growing up within the absurd polarities of the apartheid regime, I learned that ‘race’ has a veiled currency that denotes privilege, prominence, and power to some and robs it from others.

With the fall of the apartheid administration, many also anticipated the collapse of racial injustice, but this did not happen. Racism, it would seem, was not regulated by policy and legislation alone. It permeates society at a deeper level, forming self-conceptions, mediating interpersonal relationships, and being systemically embedded in societal infrastructures, sometimes in obvious ways but often disguised.

As I moved to new shores in the United Kingdom and learned about the inequities in the wider world, I quickly realised that ‘the struggle’ continues worldwide. Inequality and oppression in their many guises seemed to stalk specific sectors of society: the non-hegemonic ‘others’ such as racialised minority women (a group to which I belong).

This personal account is necessary for establishing my positionality as a researcher with an emic perspective: a racialised Black immigrant female with direct lived experience of both poverty and adverse mental health. Reflecting my strong social justice ethos, I have consequently oriented this research project towards a subtle realist ontology and a critical social constructionist epistemological paradigm in acknowledgement of the value lived experience participants bring to knowledge production and in cognisance that the diverse nature of the participant's countries of origin, educational backgrounds, religious beliefs, and different languages may sometimes situate me into an etic position (Brown & Strega, 2005; Fricker, 2007; Jolivéte, 2015).

My positionality, however, sits within a wider frame, not just relational but also contextual. I locate myself as contending with historic colonial epistemologies of knowledge production and persistent racial hegemonies that require acknowledgement to situate this project, its researcher and the researched community as cultural proselytes (Bhabha, 1994, 2015; Brown & Strega, 2005). This locus is important to discuss: for racially and culturally marginalised people, the appropriation and adoption of Western practices in the Western world as a non-Western individual requires self-subversion, prioritising the new cultural mores necessary for survival in the new environment and eschewing their own traditions that do not fit into the new environment (Bhabha, 2011, 2015; Said, 2003, 2014).

The participants in this study primarily come from previously colonised 'developing' countries as first- or second-generation migrants, carrying a particular history of dislocation, disempowerment, and the associated epistemic harms (Bhabha, 2011; Brown & Strega, 2005; Smith, 2021). Being situated as immigrants in the 'developed' world,

whose systems, infrastructures, and institutions are constructed to fit a distinct and specific way of living that does not accommodate their ethnocultural traditions and schemas, undermines autonomy, belonging and power (Bhabha, 1994, 2011). To fit in and survive in this context requires ‘adaptation’; thus, the colonial project persists through self-erasure in the name of acculturation because even though multicultural societies tolerate diversity, they do not welcome deviation (Bhabha, 2011, 2019). Through laws, ideology, and internalised and often unconscious self-censure, explained by Foucauldian (1982, 2002) normalising power, hegemonic norms and mores are maintained, preventing or suppressing full self-expression that diverges from society’s established practices.

This evaluation of the broader historical and socio-political context is key to a deeper understanding of my positionality as a cultural proselyte researcher emerging from the Global South and how I relate this Global North research project, the Occidental academic endeavour, and the liminally situated researched community (Bhabha, 2011, 2015; Brown & Strega, 2005; Smith, 2021). I have expanded on these standpoints throughout this thesis, where relevant, within clearly signposted reflexivity notes to contextualise the various decisions made in producing this study.

1.6. Conceptual Clarification: Justification For Operationalised Identity Variables

‘Race’: ‘Ethnic minority’ or ‘Racialised minority’ - What’s in a name?

As a matter of preliminaries, it is essential to address the issue of names, terms, and designations; their meaning, relevance, and suitability in the context of this study. ‘Race’ and ethnicity are burdened concepts, yoked to historical legacies of political power dynamics, laden with various contentious meanings that complicate identity and impact

on lived experience (Allen, 2001; Anderson, 2002; Gans, 2017). With this in mind, careful consideration is given to what terms to use as descriptors for the research participants, their implications for the resultant research design, corresponding ontological stance, epistemological assumptions, and axiological perspective.

There is no universal consensus-based nomenclature to capture the diversity of Scotland's Non-White population. The collective terminologies adopted over time have been continuously contested and changed (Atkinson et al., 2018; Scottish Government, 2011). The UK government's anti-discrimination legislation uses 'race' as a descriptor, while the Scottish census uses 'ethnic' categories ("Equality Act," 2010; Scottish Government, 2011). While these two concepts are theoretically different, with race broadly referring to phenotypic traits while ethnicity refers to cultural origin, they are closely related, ambiguous terms which are often conflated and misinterpreted with real-life impact on lived experience outcomes (Allen, 2001; Miles, 1990).

This conceptual inconsistency is expressed further with the concurrent and often interchangeable usage of terms such as 'ethnic minority', 'people of colour' and/or 'Black and minority ethnic (BAME/BME)' within discourse. Race and ethnicity are thus nebulous and also highly contested in scholarly circles and the broader zeitgeist (Helms & Talleyrand, 1997; Worrell, 2014). They are often used as umbrella terms that encourage superficial homogenisation of vastly distinctive peoples, but fail to capture the divergent cultures, distinct experiences, and sometimes conflicting needs of these groups (Lakha et al., 2011; Meer, 2015b).

The labels and categories used are ultimately markers of 'non-Whiteness' that 'racialise' individuals by designating phenotypic difference, cultural or religious practices and

foreign origin as a unifying, essential and meaningful quality of identity (Anderson, 2002; Lakha et al., 2011). These labels also carry associated multivocal and tacit meanings (often hostile and disparaging) with socio-political implications that can result in individuals being subjected to differential treatment (Allen, 2001; Miles, 1990). The racialisation process often results in various inequalities that foster a higher prevalence of poverty and adverse mental health experiences for the affected minority groups (Miles, 1990; Torres, 2020). It is important to note that in racially stratified societies, where race or ethnicity is used as an identifying marker of individuals and racism consequently exists, all individuals are racialised. The lived experience of those racialised as the hegemonic 'White' differ from that of those racialised as the non-normative, subordinate 'Other' or 'Minority' (Meer & Hervik, 2019). The value judgements and associated meanings corresponding to the racialised identities situate individuals at various levels within the structures of inequality (Allen, 2001; Crenshaw, 2022).

Research indicates a significant difference between self-ascribed identity (the race/ethnicity an individual perceives themselves to be) and socially assigned identity (the race/ethnicity others perceive an individual to be) (Campbell & Troyer, 2007; White et al., 2020). The scoping review by White et al. (2020), which investigates the health implications of socially assigned race, reveals a positive correlation between being socially assigned to a disadvantaged or minority racial status and poorer health outcomes. Mental health is especially implicated in those individuals who are erroneously assigned to a 'lower status' group by others than their self-ascribed identity- for example, if others perceive a White individual as 'Mixed race' or otherwise 'Non-White' or an individual who self-identifies as 'American Indian' is misclassified as 'Black' or 'Asian' by others (Campbell & Troyer, 2007; Roth, 2010). This reveals that race is stratified, hierarchical and intertwined with issues of class and social standing. Campbell and Troyer (2007)

have evinced that the cumulative distress across the life course experienced by miscategorised individuals can be so acute as to lead to suicide attempts.

The literature is clear that socially ascribed race is ‘experienced race’, which determines the quality of day-to-day interpersonal relations, access to life opportunities, and mediates health outcomes (Campbell & Troyer, 2007; Roth, 2010). This form of identity is based on ‘racial appearance,’ which encompasses both the phenotypic expression and cultural or religious attire. Members of the same family with different skin tones, facial features, and hair textures can have vastly different life experiences and consequently varying health outcomes based on their racial appearance (Campbell & Troyer, 2007). Furthermore, racial identity is fluxional, often experienced and even designated differently according to geographic location: for example, a ‘mixed race’ individual (visibly expressing as such) may be assigned a higher social standing in South Africa than in the United States (DaCosta, 2020; Pauker et al., 2018). Racial designations and their corresponding value judgements vary across historical and political contexts (Allen, 2001).

The fluidity and indeterminate nature of racial/ethnic identity go beyond geographical interpretations of racial status and meaning. DaCosta (2020) and Vertovec et al. (2022) demonstrate how increased globalisation, multiracial, and multicultural integration have led to ‘superdiverse’ populations that extend beyond the simplistic and fixed ‘Black/White’/‘Asian/ Arab’ binary-based ideas of ‘mixed race’ populations. In cosmopolitan societies, where individuals with mixed heritage integrate with people from an intermingled ancestry and a spectrum of ethnic backgrounds, confusion arises beyond lexical concepts and exposes the specious nature of racial and ethnic categorisation of people (Foner et al., 2018; Vertovec et al., 2022). This hyper diversification in

populations is increasingly blurring racial boundaries and rendering superficial categories along colour lines meaningless. In these superdiverse societies, racial and ethnic categorisation becomes complicated, and ‘race’ associated investigations must account for this complexity to produce meaningful data (DaCosta, 2020; Foner et al., 2018; Vertovec et al., 2022).

These findings reveal several issues of note: that racial designation matters and is often used as a proxy for ethnic designation, it is complex, its implications determine and pervade lived experience at every level in meaningful ways and that these issues must be earnestly considered and accounted for when researching affected demographics (Lakha et al., 2011). Understanding, as the research above suggests, that race is not inherent in an individual but arises and draws meaning from its variously interpreted social constructions and results in differentiated economic and health outcomes for affected individuals, is instrumental in orienting this research project towards a social constructionist epistemology and subtle realist ontology that privileges the women’s diverse perspectives against set societal systems and structures.

This research, therefore, approaches racial/ethnic identity from a perspective of how individuals are ‘racialised’: cognisant of the socio-political processes that groups are subject to because of their phenotypes and/or religious or cultural attire, rather than as embodied, inherent, static, and essential conditions that individuals possess. Hochman (2019), Lopez et al. (2018), Mays et al. (2003) and White et al. (2020) are among the strong voices which suggest that this approach can be efficacious in drawing out the materially significant nuances of how various systems of power interact to produce similar inequalities in the lives of diverse but homogeneously aggregated groups such as

‘ethnic minorities’ (which are henceforth referred to as racialised minorities in this thesis).

Racialisation is a relatively nascent concept still in development, but one that has received much support in sociological discourse for offering an emancipatory alternative to addressing the problem of race and ethnicity in multicultural and super-diverse contexts (Gans, 2017; Hochman, 2019; Meer & Hervik, 2019). Although some scholars, such as Barot and Bird (2001, p. 616), are sceptical about the usefulness of the concept and view it as merely an ill-defined term that muddies the waters further by adding yet another epithet to a people who are already excessively labelled. Other scholars, such as Omi and Winant (1994), Gans (2017) and Hochman (2019) agree that where the concept is clearly defined, it can be effective in decoding the process and effects of racism and liberating those oppressed by the essentialist demands of racial terms and their associated meanings. In his paper defending the concept of racialisation, Hochman (2019) notes that race is a spurious notion with no genetic basis, yet one that is ubiquitous and insidious as a social construct for classification, and one that remains a part of the lived experience of individuals globally (p. 1248). He argues for the classifier of racialisation to be adopted more widely as it has more analytical utility than ethnicity or ‘race’, which he argues should be abolished altogether from scholarly discourse as it is essentially a meaningless concept that is perpetuated and afforded credibility only by its continued usage in academic literature. The concept of racialisation is therefore adopted within this study, as it is a more effective explainer of the mechanisms of phenotypic and ethnologically based identity categorisation and its implications for lived experience outcomes. It acknowledges the personal, political, and socio-economic complexities of ‘experienced race’ and serves as a better unifying descriptor for this project’s diverse participants. For

consistency, the term racialised minority is also used as a consolidating substitute for all the divergent designations found in source data and literature.

(Reflexive note: *The adoption of the term ‘racialised minority’ to replace ‘ethnic/racial minority’, or any other terms of classification in usage, is revelatory of my emic positionality as a researcher and the corresponding social and epistemic justice considerations I am bringing to shape this study. Subjugated groups experience oppression as a multi-level and multilayered burden, and identity is core to a sense of manumitted self-ownership. My assertion, from personal experience and as underpinned by the research findings above, is that imposed racial categories for minority groups are often disempowering and are experienced as an encumbrance to self-determination and a violation of autonomous personhood and thus further add to the oppressive burden of an already repressed people. The concept of racialisation acknowledges the effects of socially ascribed racial identities without infringing upon self-designation.)*

Gender: defining or defying womanhood?

Gender, likewise, as a socio-cultural construct in contention and a site of potential oppression, requires conceptual deliberation. Gender is a multidimensional construct, whether self-identified or socially ascribed: it is fluid and performed differently, according to cultural norms and expectations, personal dispositions, and situationally (Chodorow, 1995; Torgrimson & Minson, 2005). It also has economic and socio-political implications, as well as being widely recognised as a key determinant of health outcomes (Cabezas-Rodríguez et al., 2021; Palència et al., 2014).

In this project, the research participants are primarily first- and second-generation migrants from diverse parts of the world, with varying religions and distinct cultures, resulting in nuanced notions of womanhood. The singular essentialisation of womanhood is a colonial fallacy which Black feminists have long rejected as a normative conception based on the White Western standardisation which subjugates, undermines and erases other women's way of being (Hill Collins, 2019). A cross-cultural study by Arends-Toth and Van der Vijver (2009) assessing the cultural differences in gender-role values among various immigrant groups (Turkish, Moroccan, Surinamese and Antillean) living in the Netherlands demonstrated that there are differences in how the different groups construct and perceive gender roles- this difference was also seen within groups generationally suggesting that gender ideas are preserved and persistent even against acculturation. Assuming that gender is interpreted uniformly across specific geographical contexts or places of origin is therefore an unreliable and flawed approach. These studies, based in similar societies to Scotland, highlight the importance of cultural awareness when assessing the role of gender within diverse communities. There also needs to be an appreciation of the conflict that may arise in the relational expression of immigrant gender ideals and local norms within their receiving culture (Arends-Tóth & van de Vijver, 2007).

This study exclusively focuses on self-identified cisgender heterosexual women as a group because they make up most of the Scottish racialised minority females' gender expression and sexual orientation (Office for National Statistics (ONS), 2015; Scottish Government, 2017c). This selection also acknowledges that non-binary, transgender and women with other sexual orientations face distinct issues, which may intersect as points of marginalisation and conflate the findings of this study. Cisgender heterosexual women (who are shorthand as 'women' henceforth) are cross-culturally genderised in nuanced

ways which produce unique challenges which are unpicked within the study to explore how they confluence and interplay to produce the mental health and socio-economic inequalities so prevalent within this demographic.

(Reflexive note: I operationalise the concept of 'genderisation' whereby gender is a socialised construct similar to race and has both implicit and explicit meaning, which leads to prejudicial, discriminatory and oppressive treatment to draw an equivalence to the process of racialisation. Gender is experienced personally and ascribed socially. These two forms of identity may, for some, be at odds, making gender identification a point of power contestation and a potential source of marginalisation. The explicit deliberation and acknowledgement of gender plurality when demarcating gender as a study variable are issues of analytical rigour and social justice, as well as being materially significant to this study. As demonstrated in the studies above, gender has historically been applied and discussed in overly simplistic generalisations, which standardised and privileged a Western conception of womanhood that glossed over cross-cultural particularities that may add to understanding sources of inequality. I am here intentionally anchoring the criteria of cisgender heterosexual women within a conceptually wider frame and articulation of womanhood that recognises the complexity in gender discourse. Understanding genderisation in this way, as a continuum along a spectrum and subject to multifactorial socio-cultural interpretations, is essential in meaningfully operationalising the concept to unpick its influence in the lives of women from varying backgrounds with nuanced gender norms.)

CHAPTER TWO

'Within the interdependence of mutual (nondominant) differences lies that security which enables us to descend into the chaos of knowledge and return with true visions of our future, along with the concomitant power to effect those changes which can bring that future into being.' (Lorde, 2012, p.18)

LITERATURE REVIEW

2.1. Background and Aims

Mental health and poverty are some of the most significant public health challenges of our time (Marmot, 2015; Patel et al., 2018; WHO, 2022). The World Health Organisation (WHO) has identified adverse mental health as one of the leading causes of disability globally, and the United Nations (UN) in their 2015 'Agenda for Sustainable Development' designated poverty eradication as 'The greatest global challenge facing the world today'(p.1) (United Nations, 2015; WHO, 2022). Poverty and mental health are complexly interrelated and further entangled with issues such as stigma, discrimination, social exclusion, and many other negative circumstances (Allen et al., 2014; Halliday et al., 2022; Kapadia, 2023).

Literature shows that in Scotland, the greatest burden of both poverty and adverse mental health falls on minority communities such as asylum seekers, refugees, racialised minorities, and women (Emejulu & Bassel, 2015; Inglis et al., 2019; Quinn, 2014). However, there is a paucity of research on the intersectional challenges explicitly faced by racialised minority women experiencing poverty and adverse mental health (Cebula et al., 2021; Knifton & Inglis, 2020; Netto et al., 2011). The circumambient events of the 2020 COVID pandemic have exposed inequalities and social injustices around mental health and socio-economic standing for racialised minority communities globally, which has prompted closer scrutiny into engagement, participation, and impact of health services for these underserved groups (Smith et al., 2020). Minority communities in

Scotland are found in higher concentrations in urban areas of high deprivation, facing a multiplicity of adverse individual, social, cultural and environmental conditions which negatively impact mental health outcomes and general quality of life (Kapilashrami & Marsden, 2018; Netto et al., 2011). Within these disadvantaged areas, CBOs are often the lifeblood of communities- acting as multifunctional facilities, providing space for social gatherings, educational pursuits, health activities, access to technical equipment and general support, as well as being resource and information hubs (Cordero-Guzmán, 2005). CBOs are often run by local community members or have locals as volunteers within the organisation (Chaudhary et al., 2010). Their geographic and socio-cultural centrality within the community makes them well-positioned to understand local issues, develop close ties with individuals within communities, and represent the needs of the communities in which they are based (Chaudhary et al., 2010; Cordero-Guzmán, 2005). For hard-to-reach, marginalised population groups, these organisations may be among the very few trusted points of contact, making them a crucial asset to local people and potential conduits for vital service delivery (Wilson et al., 2012). It is thus imperative to critically explore what role CBOs play in racialised minority community life and evidence how they impact the lives of this underserved group.

The aims of this literature review are thus fourfold:

1. To explore and critically appraise the current research on the factors and challenges framing racialised minority women's experiences of poverty and adverse mental health.
2. Ascertain the experiences and impact CBOs currently have in tackling poverty and mental health inequalities for this demographic.
3. Identify gaps in the extant literature to guide my research and highlight its original contribution to knowledge.

4. Consolidate these findings to orient and anchor this study within a rigorous understanding of the contemporary research landscape and provide a comparative context for this project's findings.

2.2. Literature Review Chapter Structure

The review begins with a brief summary of the strategy and approach employed during the literature review, accompanied by a table outlining the inclusion criteria. The central part of the review is then divided into two sections reflecting the dyadic nature of the inquiry. The first section explores the literature on CBOs in general to gain an understanding of CBO operations. Then the review shifts focus to CBOs that support women affected by poverty and mental health issues, aiming to identify existing knowledge and gaps. The second section concentrates on the experiences of racialised minority women concerning poverty and mental health challenges to understand the needs of this demographic and gauge the service alignment with CBOs. The chapter concludes with a summary and identifies gaps.

2.3. Literature Review Approach and Strategy

This thematic narrative review was exploratory, drawing on research from the past 25 years to understand CBOs and their connection to the lives of racialised minority women within a recent socio-political timeframe. Although it did not employ a systematic approach, the review was methodical to enhance academic rigour. The process employed is outlined below.

This thesis addresses topics that are individually quite broad and well-researched when separated into independent themes like ‘poverty’, ‘mental health’, and ‘community-based organisations’, yet they become very niche with limited literature when combined into a single subject, as outlined in this thesis’s research problem below. Therefore, the review was conducted by breaking down the thesis title into distinct topics to capture and address the salient subjects fully.

‘Investigating the role of **community-based organisations** in mitigating the effects of **poverty and mental health inequalities among racialised minority women** within **areas of high deprivation in Scotland.**’

The initial isolated topics were broadly: community-based organisations, poverty, mental health, race/ethnicity, gender (women), and research specific to Scotland. These topics were formulated into different search term combinations to gather relevant literature. For instance, ‘poverty’ was examined using a combination of terms such as ‘poverty’, ‘poverty Scotland’, ‘poverty mental health’, and ‘poverty ethnicity Scotland’, along with associated terms such as ‘deprivation’, ‘socio-economic’, with various combinations applied. Each main topic was searched in turn using the same approach, which involved rearranging terms and utilising Boolean operators (AND, NOT, OR) where appropriate. An example search string is provided below for methodological clarity, but not all search strings are included, as this was not a systematic review.

(TITLE-ABS-KEY(poverty OR socio-economic OR economic disadvantage) AND TITLE-ABS-KEY(mental health OR mental well-being OR mental well* OR mental illness)) AND (LIMIT-TO (LANGUAGE, ‘English’)) AND (LIMIT-TO (AFFILCOUNTRY, ‘United Kingdom’)) AND (LIMIT-TO (DOCTYPE, ‘ar’))

The literature was organised into an Excel spreadsheet according to topic. Once read, identified as relevant to the project, synthesised and critiqued for quality, the articles were input into EndNote (a citation management software) (Machi, 2022). Although a quality assessment tool was not employed as a part of the literature review process, the included studies were still evaluated for reliability and validity by scrutinising methodological choices and risk of bias. These strengths and limitations were incorporated into the critical analysis within the narrative of the literature review.

An excerpt summary of the included studies is provided in Appendix A. Given the wide range of topics and the time and resource limitations of this PhD project, conducting an exhaustive literature search was impractical. Therefore, the search strategy focused on peer-reviewed journal articles, grey literature, academic books, and government websites. The literature search was limited to the period from 2000 to 2024 to trace the historical development of various topics and to monitor the evolution of debates within a relatively recent socio-political context. This timeframe encompasses significant social shifts and developments, including immigration trends, which are materially relevant to this study. The primary databases used were Scopus, Web of Science, PsycINFO, and Google Scholar. To offer a broad comparative perspective on issues pertinent to Scotland, international literature was included, subject to language restrictions, with the primary focus on English. Priority was given to studies from Europe and the Global North, as these regions are considered comparable to Scotland.

The method of citation chasing from key articles was utilised to identify pivotal research and prominent, authoritative voices on specific subjects (Machi, 2022). The search strategy was informed by a literature review workshop I attended prior to undertaking the

review (which is offered as part of the postgraduate certification programme at the university) and by suggestions from recommended books (Hart, 2018; Machi, 2022). Twenty-three articles on CBOs were identified, exploring their multifaceted roles in improving health outcomes, promoting mental health, facilitating social integration, and building organisational capacity. The review also synthesised thirty-one peer-reviewed studies that cover diverse racialised minority immigrant populations, predominantly from Europe, North America, and Australia, which critically examine the key influences on the mental health and socio-economic outcomes of this demographic, focusing on cultural and gender role shifts, social determinants, stigma, service access, coping mechanisms, and structural inequalities. Therefore, the dual review totalled 54 articles to synthesise. Although most of the studies were of satisfactory quality, some shortfalls were evident: some relied on small sample sizes, often the result of research on minority communities. Most of the literature was from outside Scotland, highlighting the need for Scotland-based research projects, such as this thesis project.

Subthemes naturally emerged from the literature review. For example, I observed empowerment as a recurring theme in the existing literature, both as a framework and as a general goal of initiatives targeting poverty and mental health. I chose to explore empowerment as a theoretical framework and included it in my literature review search. Much of the literature also adopted a feminist perspective. In discussions with my supervisors, it became clear that many of the issues I aimed to address in this project could be better understood by incorporating a feminist perspective as an adjunct theoretical framework. This then became part of my search terms. One issue that arose during my literature search was the inconsistent terminology used across studies. For example, in research on ethnicity and 'race', various terms are employed, such as BAME (Black and Minority Ethnic), Minority Ethnic, Ethnic Minority, People of Colour (POC),

BiPOC (Black, Indigenous and People of Colour), etc. Similarly, community-based organisations used a range of terms; over 20 appellatives were used in the literature.

As part of a reflective exercise, it is important to acknowledge that this narrative review was shaped by my positionality as a lived experience researcher. This influenced the search criteria, particularly in areas such as the framing and operationalisation of ‘race’, an inclusive analysis of gender, and a broad view of poverty and mental health as issues extending beyond the monetary metric and biomedical diagnostic criteria for disorders, although the literature reflected and supported these positions. Consequently, this review aggregated and assessed the existing literature to understand what is currently known or available regarding the research topic, identified knowledge gaps, provided contextual information to inform the development of research questions based on the review findings, and helped determine an appropriate theoretical framework and methodology.

2.3.1. Table 1: Literature Review Inclusion and Exclusion Criteria

Criteria	Include	Exclude
Time Frame/ Date	2000 - 2025	<2000, >2025
Language	English	Any other languages
Location	Scotland, UK, Europe, and the Global North	Rest of the world
Publications	Peer-reviewed articles, Grey Literature (non-governmental organisations, think tanks and policy bodies), Reports, Books, Government Websites	Non-peer-reviewed articles, Blogs and unofficial reports

Databases	Scopus, Web of Science, PsycINFO and Google Scholar	All other databases
Topics (Main Search Terms)	Poverty, Mental Health, Mental Well-being, Socially Disadvantaged, Community Based Organisation*, Community Based Organisation*, Community Organisation*, Community Organisation*, Women, Female, Race/ Ethnic*, Ethnic minority, Racialised minority, Scotland *Multivarious combinations of these search terms were used as described in the literature review strategy approach section.	
Study Design	Qualitative, Quantitative, Mixed- Methods	

2.4. Literature Review Part 1: CBOs

2.4.1. Theorising Community and Defining Community-Based Organisations

CBOs can be understood more effectively by parsing their purpose, setting and functions. In other words, by interrogating and defining what communities are and what function a formalised organisation serves in that context. Spicker (2020) and Bhattacharyya (2004) assert that communities can be defined by geographic location, such as neighbourhoods or cities, as well as by association through commonality, such as identity, interests, or categorisation. In terms of geography, there can be concentric boundaries that extend

from an individual, from the micro to the macro, from the neighbourhood to local authority regions, to national and international boundaries. These geographic bounds matter in terms of structural access to services and the policies that govern individuals, as well as forming part of the premise for defining and determining belonging (Bhattacharyya, 2004). This project, therefore, situates CBOs within this broader geographic and socio-political purview- understanding Scotland's place and power as a devolved nation of the UK, the remit of Scotland's local authorities, and how these inform people's lives in local settings, and the organisations formed there.

Bhattacharyya (2004) contends that 'place as a proxy for community' (p.5) is inadequate because of the diverse identities, interests, and needs of individuals within standard geographic settings that may not necessarily result in cohesion. He further argues that technological advances enable the community to transcend locale, allowing people with a common interest to connect across different locations and form virtual communities. However, for CBOs, geography matters because they are often founded in response to local needs, have physical premises in specific locales, depend on local funding, and engage with local networks as part of their service provision (Cordero-Guzmán, 2005). CBOs can therefore be identified by common affiliations or identities, such as church or sports groups, as well as by locale, such as neighbourhood committees and place-based third-sector organisations. In their scoping review, which assessed 186 articles on CBOs addressing public health issues, Wilson et al (2018) (2018) identified the ambiguous and ill-defined nature of CBOs. They note that a vast range of terms and concepts is used in the literature to describe CBOs, with each term varying by discipline and each with differing definitions, functions, and structures (Wilson et al., 2018). The most common terms, besides CBO, were voluntary organisation, faith-based organisation, community mental health centre/organisation, community coalition/ network/ partnership,

community health agency/organisation/centre, neighbourhood association, congregation, health centre/organisation, non-profit organisation/agency/consortium/sector, and community agency. These varying terms illustrate the nebulous nature of the concept of CBOs and pose a challenge in conducting a comprehensive review of the literature. A systematic analysis evaluating 32 studies on CBO engagement by Adebayo et al. (2018) distilled a definition of CBOs from various studies as:

‘a public or private non-profit organisation that represents a community or a specific part of a larger community, and targets meeting a specific need in that community’ (p. 475).

This term is necessarily broad, thereby encompassing many different organisations that individuals could engage with and participate in throughout their lives. It acknowledges the varied nature of CBOs.

Community engagement (CE) is also relevant to this review as it is central to the functions of CBOs. Cyril et al. (2015) define CE in their systematic review exploring the role of CE in addressing the health of disadvantaged populations as:

‘a process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations, with respect to issues affecting their well-being’ (p.9).

These definitions are adopted in this study to maintain consistency with the established literature.

2.4.2. The role of CBOs in Community Engagement and Health Promotion

Meta-analyses on minority community engagement for health promotion suggest that CBOs can play a constructive role in engaging marginalised populations, often considered ‘hard to reach’, and in mitigating disparities therein (Adebayo et al., 2018; O'Mara-Eves et al., 2013). For example, a study by Elliot and Bopp (2023) found that a cycling advocacy program aimed at improving mental, physical, and economic outcomes had increased the success of engaging hard-to-reach communities by partnering with organisations that already had connections to the communities and had established trust. A study by Garcia et al. (2022) also demonstrated that formal services can gain an understanding of the social determinants of health inequalities for marginalised communities by partnering with CBOs that have cultural and contextual knowledge and deliver targeted interventions at the community level. However, the literature also contains mixed data on community engagement (CE) success in addressing whole populations, which are often artificially homogenised, with specific sectors experiencing marginal or no positive effects according to the different models of CE used, a finding that highlights cognisance of diversity within groups (Marmot, 2015; O'Mara-Eves et al., 2015). The meta-analysis by O'Mara et al (2015) concluded that: ‘There are some variations in the observed effectiveness, suggesting that community engagement in public health is more likely to require a ‘fit for purpose’ rather than ‘one size fits all’ approach’ (p. 137). A study investigating the role of CBOs in addressing South Asian American health concerns also emphasised the need to parse homogenised groups, recognising that an umbrella demographic can include people of different educational, socio-economic and cultural backgrounds, which require a thorough and considered understanding in order to cater to diverse needs within a community (Chaudhary et al., 2010).

In a community-based participatory study by Allen-Meares et al. (2024) investigating the promotion of health literacy among marginalised communities, ‘cultural humility’ (p.49) (which is the consideration of a demographic’s cultural differences and nuances) was identified as a key factor in engagement efforts, as it establishes trust and credibility with marginalised communities. Similarly, a mixed-methods study by Yasmin et al. (2022) investigating CBO public health partnerships to engage marginalised communities found that CBOs’ contextual cultural knowledge can be leveraged to develop tailored interventions that optimise health outreach and improve the efficacy of health promotion among immigrant populations. In this study, language and cultural barriers were cited as a limitation to in-depth engagement between researchers and participants, and the researchers conceded this as one of the issues that arise with cross-cultural and etic situated researcher-researched dynamics that can undermine the strength of the research (Yasmin et al., 2022). Nonetheless, the contextual cultural knowledge of CBOs as a bridge to better community engagement is consistently supported in the literature, such as the study by Taylor and Byhoff (2021) who found that this embedded cultural expertise places CBOs at the nexus of social and health services, addressing issues such as housing, food security, and employment by understanding the specific social determinants of health within the communities they serve.

The relevance of cultural considerations is significant when addressing culturally nuanced health issues, such as mental health, as noted by Pederson et al. (2022) in their study on the mental health perspectives of racialised Black immigrant women, they highlight that mental health is conceptualised differently cross-culturally (pp.311-312). Pederson et al. (2022) note that CBOs play a critical role in translating these cultural differences and increasing help-seeking by addressing the specific cultural stigmas and systemic barriers faced by immigrant women. Although this study’s small sample was not representative

of the broader racialised-Black population of the US, the racialised groups represented demonstrated variance in the conceptualisation of mental health, supporting the extant literature of this finding (Pederson et al., 2022; Bhugra, 2006). A qualitative study by DiClemente-Bosco et al (2024) investigating the role of community support in the mental well-being of African refugee women found similar support for CBOs as culturally informed mediators that buffer against culturally specific inequalities as well as social exclusion, isolation, stigma and systemic barriers faced by this demographic. However, as etic situated researchers, DiClemente-Bosco et al. (2024) also found, similarly to Yasmin et al. (2022), that language and cultural barriers affected the researcher-researched dynamic and the level of communication. It could be argued that these barriers in communication could pose limitations on the subsequent depth of data collection and study findings, which is indicative of the challenges within the available research conducted in the Global North on immigrant populations, as most is based on this outsider perspective, and much can be lost in translation (DiClemente-Bosco et al., 2024; Yasmin et al., 2022).

In a study assessing the mental health of Latino immigrant families living in urban poverty in the US, leveraging strategic partnerships that align evidence-based interventions to the cultural competence of CBOs is cited as the key to sustainable impact among these marginalised communities (Rusch et al., 2015). Although this study has limited generalisability as it relied on a small sample size, and, like most of the studies engaging CBOs, found recruitment challenging due to limited resources and capacity within CBOs (Pederson et al., 2022; Rusch et al., 2015). However, Rusch et al. (2015) also found that training community members as mental health paraprofessionals provided CBOs with the necessary capacity and further empowered the community to provide culturally relevant solutions (Rusch et al., 2015). The paraprofessional model is not

without its critics, however, as the use of non-professionals in low-resourced contexts can lead to poorly trained and overworked staff (Anvari et al., 2023). Furthermore, for vulnerable populations with low help-seeking tendencies and mistrust of formal services, the paraprofessional model could entrench marginalisation, as it risks constructing ‘second-tier’ healthcare that does not involve fully qualified professionals.

2.4.3. CBO Collaborations and Partnerships

The literature broadly suggests that CBO partnerships can be an effective public health strategy to engage marginalised and hard-to-reach communities (Elliott & Bopp, 2023; García et al., 2022; O'Mara-Eves et al., 2015). However, in a Scottish study investigating the tackling of health inequalities and social exclusion through CBO partnerships with statutory bodies, Carlisle (2010) found that power imbalances can plague these partnerships. The partnership project resulted in rivalry and suspicion among members, all of whom had unarticulated priorities that differed (Carlisle, 2010). Funding and competition for resources among community projects were further sources of friction and resentment, entrenching mistrust (Carlisle, 2010). As observed by Bhattacharyya (2004), who problematised the simplification of ‘community’, the study highlighted that divisions within neighbourhoods, cultural differences, and territorial disputes also made community engagement challenging, as the concept of ‘community’ was often ill-defined and oversimplified, ignoring the diverse sectors within communities (Carlisle, 2010). While this study highlights many pitfalls in CBO collaborations, it focuses solely on a single case study and reports on the partnership processes alone, rather than outcomes (Carlisle, 2010).

To mitigate some of the power tensions in CBO partnerships, Yasmin et al. (2022) advocate for participatory approaches in partnership formation and emphasise that successful partnerships rely on building trust by engaging CBOs and community members in the planning and implementation of health initiatives. In a US-based randomised trial aimed at building partnerships between CBOs and a local health system, Wu et al. (2018) found that transparency, mutual respect, resource sharing, and shared decision-making in engaging community stakeholders led to successful partnerships and bidirectional learning between CBOs, stakeholders and academic investigators. While this mixed-methods study provided key insights into establishing strategic CBO partnerships, it was setting-specific and had limited generalisability. It also presented limitations stemming from a superficial analysis of the qualitative data, which did not extend beyond meeting notes (Wu et al., 2018). However, these findings are supported by the broader literature, including Rivera and Knock (2024), who conducted a multi-case study involving six CBOs that implemented community-clinical linkages to improve health outcomes in underserved areas, who similarly found that trust-building, clear communication, and shared goals are essential for successful partnerships. When exploring community perspectives on partnerships in public health initiatives, Pinto (2009) also emphasises transparency, mutual respect, and equitable power dynamics as crucial elements for successful collaborations. This exploratory study, despite its small sample size, further supports findings of the success of co-produced partnerships (Pinto, 2009; Rivera & Knock, 2024; Wu et al., 2018). Similar to Carlisle (2010), Rich et al. (2001) in their quantitative investigation of collaborations between CBOs and City Halls across US cities on poverty reduction also found that, while there were some power-differential issues, effective partnerships combined mutual goals that involved community advocacy with service provision.

2.4.4. CBO Impact and Evaluation

Individuals interact with various CBOs according to life circumstances, and CBOs themselves are dynamic entities changing according to individuals' needs, societal demands, and government policies (Cordero-Guzmán, 2005; Laverack, 2006). The way services are delivered is equally complex, differing according to organisational frameworks, stakeholder interactions and social contexts (Rich et al., 2001; Rusch et al., 2015). The purposeful multi-sectoral collaboration of private, public, and third-sector organisations with communities is viewed within UK policy as an innovative and effective way of addressing the vexing problems of health inequalities within marginalised and otherwise disadvantaged communities (Christie, 2011). Research has supported this aspiration, as evidenced by the meta-analyses on community engagement to mitigate health disparities by O'Mara-Eves et al. (2013; 2015) and the systematic reviews by Adebayo et al. (2018) and Cyril et al. (2015) which all concur that CBOs are generally effective at engaging minority, vulnerable, and other marginalised or hard-to-reach populations and show some success in reducing the disparities and inequalities faced by these groups. Although all also agree that the disparate nature of CBOs and their operationalisation within communities makes impact analysis and comparison challenging (Cyril et al., 2015; O'Mara-Eves et al., 2013). The difficulties in measuring outcome variables are specifically echoed by Cyril et al. (2015) who argue that quantitatively measuring the impact of community engagement initiatives is challenging due to a lack of appropriate tools and the multitude of engagement models in use. Burton et al. (2006) also call for more universal evaluation frameworks to determine what works, why and how- while acknowledging the difficulties in implementing such frameworks within the inherently complex nature of community-based initiatives.

Despite the challenges posed by incomparable impact measures, heterogeneous models, and amorphous frameworks, area-based initiatives and community engagement (CE) continue to be recognised within UK policy as valuable tools for targeting health inequalities (Carlisle, 2010; Purdam & Crisp, 2009). In policies such as Scotland's Public Health Priorities (2018) and Protecting Scotland's Future (2019b), the Scottish government made explicit commitments to prioritise community mental health, especially for vulnerable communities. This, along with the Community Empowerment (Scotland) Act 2015 (which, among other powers, gives communities a greater stake in decision-making in their local areas), demonstrates a clear orientation by the Scottish government in supporting area-based initiatives to address health inequalities and the social and structural determinants of health.

Carlisle (2010) however, warns against viewing community engagement and development as a panacea, citing the example of the East Kirkland Social Inclusion Partnership, where implementation efforts floundered due to distrust, misaligned goals, and a lack of meaningful community engagement. Not all community-based initiatives are successful, and existing research suggests that further investigation is needed to understand the underlying factors contributing to this variability (Burton et al., 2006; O'Mara-Eves et al., 2015). There is also criticism from the broader literature, levelled at central governments, viewing the devolved powers of community initiatives as an evasion of responsibility by governments, burdening already struggling communities, abandoning them in their vulnerabilities through underfunding, possibly further entrenching inequalities and relegating important issues such as poverty reduction and mental health into a 'DIY' form of social care (Bassel & Emejulu, 2018; MacLeod & Emejulu, 2014).

Assessing the direct impact on individuals' experiences of CBO engagement initiatives, Attree et al. (2011) observed in their rapid review that overall, individuals reported positive physical and psychological outcomes from participation in initiatives, although some reported negative consequences such as stress and exhaustion (p.250). Where the nuanced contextual, cultural and intragroup dynamics are adequately addressed, CBOs can act as place-based intermediaries where top-down community engagement initiatives can meet bottom-up community development efforts such as suggested by O'Mahony and Clark (2018) in their investigation of immigrant women's mental healthcare in Canada, but the evaluation of organisational impact mostly depends on CBO capacity.

2.4.5. Organisational Challenges and Capacity Building within CBOs

Organisational capacity is key to CBO community impact (Cordero-Guzmán, 2005; Larrieta et al., 2023). In a multi-case, community-based participatory study investigating organisational capacity building as a strategy to reduce racial health disparities, Griffith et al. (2010) discuss how enhancing organisational skills, leadership, and resources enables CBOs to implement evidence-based interventions more effectively, thereby empowering them to support their communities. Although this study acknowledges limitations in measuring longer-term outcomes, CBOs reported that the viability of general operations was greatly influenced by organisational capacity in the form of human and financial resources (Griffith et al., 2010). Similarly, a mixed-methods study by Mayberry et al. (2008) found that organisational capacity to plan, implement, and evaluate programs, which depends on human and financial resources, is crucial for sustained impact. This study was exploratory and relied on a small sample size and programme-specific measures; however, these similar findings suggest that CBO capacity is an

important factor to consider in community development, engagement, evaluation and potential impact (Griffith et al., 2010; Larrieta et al., 2023; Mayberry et al., 2008).

Kegeles et al. (2005) suggest that capacity extends to financial resources as funding poses barriers to building program evaluation capacity among CBOs, because limited budgets curtail staffing, skills development, and overall time allocation in struggling organisations. They found that when evaluation data are collected, they are often left unused due to a lack of expertise or staff availability (Kegeles et al., 2005). Further, because evaluation is often closely related to funding requirements, CBOs are reluctant to engage in meaningful programme evaluation that could improve programmes but could negatively impact funding opportunities (Kegeles et al., 2005). These findings were made explicit through the study's cited limitations, which included limited transparency from participating CBOs and the unwillingness of other CBOs to participate due to the requirement to admit shortfalls, which may jeopardise future funding (Kegeles et al., 2005). Chaudhary et al. (2010) also noted similar findings to those of Kegeles et al. (2005), indicating that, due to limited funding, CBOs relied heavily on volunteer labour and faced high staff turnover, and that evaluation was consequently not prioritised. In this mixed-methods study, they found that although CBO staff are often degree-level educated, lower pay within the sector and short-staffed organisations lead to high staff turnover, which undermines service provision and seamless continuation of evaluations (Chaudhary et al., 2010). Funding for CBOs is scarce, fiercely competitive, and often aligned with funder-prescribed outcomes, which may be incongruent with the CBO's core mission, leading to conflict and compromise to remain financially viable (Chaudhary et al., 2010). Taylor and Byhoff (2021) note that the mission drift to secure funding is exemplified by shifts in healthcare funding towards addressing social determinants, which have influenced some CBOs to adopt medicalised language and evaluation metrics

to attract funding, moving away from a non-pathologised community-centred ethos. However, the generalisability of this finding is limited by potential sampling bias, as the study relied on CBOs already engaged in specific funding pools (Taylor & Byhoff, 2021).

Funding is identified in the literature to be a pervasive issue affecting CBOs, for example, in their report on funding for CBOs in global mental health, Larrieta et al. (2023) highlight the urgent need for equitable and sustainable funding mechanisms, noting that without stable resources, many organisations struggle to maintain programs, scale successful models, or remain solvent and viable in the long term. They note that there are often gaps in the understanding of service provision and target communities between funders and CBOs, and that funders often have limited knowledge of CBO operations and their subsequent impact, leading to an undervaluation of the financial resources needed (Larrieta et al., 2023). A competitive funding landscape also makes inter-CBO collaborations challenging, as CBOs must justify the impact of their unique programmes to funders and thus create a siloed, rivalry-based ecosystem (Chaudhary et al., 2010; Larrieta et al., 2023; Kegeles et al., 2005).

2.4.6. The Role of CBOs as Social Support for Immigrant and Marginalised Communities

For financially stable organisations, the literature suggests that CBOs are uniquely placed to engage with marginalised groups and enable participation in an empowering way (Adebayo et al., 2018; Wallerstein, 2006). The presence of lay practitioners, their integration into community life, and the democratic structure of these organisations make them accessible and unintimidating for individuals who may otherwise be deterred from more formal services (Adebayo et al., 2018; Cordero-Guzmán, 2005). Individuals from refugee and migrant communities may be more inclined to participate with individuals

from the same background, just as those with a mistrust or hesitancy around authorities may feel more comfortable around familiar neighbours than they would accessing government-run services (Inglis et al., 2019; Knifton & Inglis, 2020; Laverack, 2006; Quinn & Biggs, 2010). The literature is generally favourable towards CBO strategies as positive solutions for addressing inequalities and engaging marginalised peoples when initiatives are not tokenistic and are implemented strategically and meaningfully (Pederson et al., 2022; Yasmin et al., 2022). Despite the disparate nature of CBOs and various models of engagement, a commonality is the positive impact experienced by individuals and extended to communities (Attree et al., 2011; O'Mara-Eves et al., 2013). O'Mahony and Clark (2018) conducted an environmental scan highlighting immigrant women's unique mental health challenges, including cultural expectations, and found that a key role of CBOs in community development is providing linguistic competence and cultural advocacy, which immigrant women need to establish trust in services and increase help-seeking. DiClemente-Bosco et al. (2024) also suggest that social integration through the relational and communal ethos of CBOs serves as a determinant of mental well-being among African women who recognise these qualities as 'African norms' of belonging and interdependence, which eases the resettlement experience and lessens the associated acculturative stressors of immigrants.

The relevance of culturally competent services was especially emphasised during the pandemic, which posed a challenge of social isolation for all groups, but meant that those already experiencing social exclusion were further marginalised. However, Wurtz et al. (2024) demonstrated that CBOs played a vital role in addressing emerging needs during this period, including relevant mental health support and food access for marginalised communities, further highlighting their significance as a societal asset. Unfortunately, this study only involved CBO representatives and did not include service users, thereby

offering a biased perspective on CBO outcomes and impact (Wurtz et al., 2024). Käkälä et al. (2023) also emphasise CBOs as culturally competent spaces of care and resistance especially against hostile policy environments.

Guhlincozzi (2023) and Chaudhary et al. (2010) both suggest that the importance of CBOs for racialised minority immigrant groups lies in their ability to tailor programmes to address community-nuanced needs, such as racism, language proficiency, and cultural mores, which may pose obstacles to healthcare access and full social participation. Community development strategies, such as social inclusion, community participation, and capacity building, were among the overarching benefits of CBO participation for marginalised women (Adebayo et al., 2018; Cordero-Guzmán, 2005). A US-based study looking at the efficacy of CBOs for Latinx immigrant mental health concluded that stigma is lessened by the equitable service provision that harnessed peer support and capacity building through an empowerment-focused model in these settings (Rusch et al., 2015). Larrieta et al. (2023) also highlighted the unique benefits of harnessing community trust for this demographic to overcome help-seeking hesitancy, stigma and prejudicial treatment. They noted that CBOs being run by community members for community members offer culturally competent services with direct knowledge of relevant issues and needs, while minimising shame and stigma (Larrieta et al., 2023). Understanding the role culture and religion play for this demographic is also important in reaching users in a way that is appropriate and sensitive to the community's ideologies and way of life, such as seen in the role of faith-based organisations as conduits for relevant initiatives and service support (DeHaven et al., 2004; Williams et al., 2014). Indeed, targeting CBOs as place-based measures for mitigating inequalities is about recognising the specific challenges of a demographic, how communities operate and understanding that CBOs are assets within

communities that have an intimate understanding of their community's needs (Cordero-Guzmán, 2005; DeHaven et al., 2004).

2.4.7. CBOs as Facilitators of Economic and Personal Empowerment

The reviewed studies also demonstrate that CBOs can be instrumental in upward social mobility and economic empowerment through delivering tailored programmes (Bloom, 2009; Chaudhary et al., 2010; Patraporn et al., 2010). In a case study of an anti-poverty CBO for women encouraging university education as a pathway out of poverty, Bloom (2009) found that a supportive community with similar lived experiences, encouragement from peers and mentors, as well as specific literacy programmes for recognising economic structural barriers, were key to women's social mobility. However, this study relied on a small sample size, self-reported data, and limited intersectional analysis, which excluded potentially influential identity axes such as disability and immigration status. Nonetheless, the case study conducted was in-depth, offering a rich analysis of the CBO program (Bloom, 2009). Similar findings were presented by Patraporn et al. (2010) who investigated the role of CBOs in wealth creation among Asian Americans and found that tailored programmes with an understanding of cultural and structural contexts can help address barriers, while CBOs can act as mediators and translators of financial information as well as assisting with applications to the various financial institutions, thereby easing access into what may otherwise seem to be a daunting and unfamiliar frontier. Cordero-Guzmán (2005) also found that for immigrant populations in New York, CBOs played a central role in socio-economic adaptation through education programmes, information provision, and assistance in accessing and applying to key institutions.

2.4.8. Summary of Findings

The reviewed literature suggests that CBOs deliver culturally appropriate health promotion, mental health support, social integration, and economic empowerment (e.g. (Pederson et al., 2022; Chaudhary et al., 2010; Cordero-Guzmán, 2005); however, methodological issues were identified in the overgeneralisation of heterogeneous populations in studies and in sampling issues related to recruiting hard-to-reach demographics. The embeddedness of CBOs within communities and the presence of lived experience staff members was found to provide situated knowledge that addresses the intersectional social determinants impacting racialised minority women, such as racism, stigma, social isolation and socio-economic barriers (Bloom, 2009; García et al., 2022). One of the key findings of the review is that partnerships with health systems and public health entities can enhance the impact of CBOs (O'Mara-Eves et al., 2015). However, the literature also suggests that for partnerships to be successful, they must address power imbalances and adopt community-participatory methods to foster community trust (Carlisle, 2010; Yasmin et al., 2022). For community members who mistrust formal institutions, CBOs are found to offer trusted services that bridge service gaps (O'Mahony & Clark, 2018). Several studies call for more rigorous evaluation practices within CBOs and participatory research approaches to strengthen evidence, community engagement and development (Mayberry et al., 2008).

While many studies support the effectiveness of CBOs as culturally attuned and contextually relevant strategies for mitigating inequalities, the literature also suggests that effectiveness is inconsistent and heavily context dependent (O'Mara-Eves et al., 2015). Funding-contingent evaluation limits the ability to generate robust, credible evidence of impact, thereby undermining what can be known about the success of programmes

(Kegeles et al., 2005). The review also found that limited staff capacity and resource constraints due to funding insufficiency may hinder organisational sustainability, while mission drift and funder dominance may erode the grassroots ethos and identity (Taylor & Byhoff, 2021). Several studies highlight that the precarious nature of CBO funding undermines the sustainability of programmes and threatens the viability of grassroots organisations (Larrieta et al., 2023). Equitable collaboration is also identified as a challenge facing CBOs, which undermines their greater impact (Pinto, 2009; Rivera & Knock, 2024). In all, the studies generally agreed that the intersectional barriers and stigma facing racialised minority women require broader societal change, and CBOs may offer culturally and contextually relevant support and tailored interventions that are vital in providing targeted solutions (Chaudhary et al., 2010).

2.5. Literature Review Part 2: Racialised Minority Women (Service Users)

The second part of the literature review focuses on existing knowledge on the experiences of poverty and mental health among racialised minority women. The review discusses the various conceptions of mental health, provides a general background on gender differences in mental health outcomes, investigates specific socio-political contexts and policies where relevant, and then synthesises the studies thematically.

2.5.1. Concepts and Prevalence of Mental Health

There are differing terms and definitions used within the literature to classify mental health experiences, such as mental health issue, illness, disorder, distress, problem, difficulty, adverse mental health, poor mental health and other nosologically nuanced iterations to describe negative outcomes (Lyon & Mortimer-Jones, 2020). International

diagnostic criteria, such as those in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or the International Classification of Mental and Behavioural Disorders (ICMBD), are used to define mental health illnesses/disorders (American Psychiatric Association, 2022; World Health Organization, 1992). However, the World Health Organisation (2022) defines mental health as a ‘state of mental well-being...existing on a complex continuum’ that is ‘more than the absence of mental disorders’ (p.13). This review investigates the literature on this mental health continuum, which views mental health as existing on a spectrum from mental well-being to problems/illnesses as medical diagnostic criteria, such as depression, but excluding learning disabilities and dementia conditions, which are sometimes termed neurological disorders.

The mental health continuum acknowledges the fluxional nature of mental health, which is often affected by different experiences throughout the life course. This flexible conceptualisation of a continuum also allows for an inclusive approach where cross-cultural expressions of mental health, as suggested by Pederson et al. (2022) and DiClemente et al. (2024), are accommodated, and the bio-power inherent in the medicalisation of mental health is challenged and disrupted (Foucault, 2019). This conceptualisation then becomes part of the emancipatory framing of mental health, allowing participants to express their individual experiences freely without being delegitimised by diagnosis or prescribed within narrow definitions. It also aligns with the Ubuntu axiology, which espouses the commonality and shared understanding of the human experience, a key aspect of the philosophical paradigm underlying this study.



Figure 1. The Mental Health Continuum: Everyone experiences mental health on a spectrum at varying degrees throughout the life course (WHO, 2014)

Traditional medicalised models are explored in the literature to provide context, as the mental health continuum is a relatively recent conceptualisation that is not reflected in historical literature and is not currently universally adopted. The most common mental health conditions in the general UK population according to the National Institute for Health and Care Excellence (NICE) (2011), The Royal College of Psychiatrists (2023) and the Mental Health Foundation (2016) are Anxiety, Depression, Stress, Post Traumatic Disorder, Phobias, Obsessive Compulsive Disorder, Panic disorders, Bipolar Affective Disorder and psychotic disorders which include Schizophrenia. Suicidality and self-harm, although not classed as mental health diagnoses, are related to mental health and affect a high proportion of the population, with one in five people in Scotland being reported as having suicidal thoughts (The Scottish Public Health Observatory, 2022). These common conditions are explored in relation to their pervasiveness between the binary genders (cis-man/cis-woman) and prevalence within the racialised minority demographic of Scotland, as well as exploring any conditions which may be high within this demographic but not commonly experienced in the general population.

Meta-analyses show significant differences globally across the binary genders in the more common mood conditions, such as anxiety, depression and substance abuse disorders, but show negligible differences in rare disorders, such as bipolar disorder and schizophrenia (Steel et al., 2014; WHO, 2022). The World Health Organisation (2023) reports that 5% of the world's adult population is affected by depression, with women having 50% more prevalence of the disease than men. In the European Union (EU), 20% of women and 18% of men over the age of 20 experienced mental disorders in 2019, with depression being 1.7 times higher, anxiety twice as common and eating disorders thrice as prevalent in women as in men (Ding et al., 2022; Mental Disorders Collaborators (GBD), 2022). Conversely, problematic substance use (PSU), sometimes referred to as substance abuse/misuse, is twice as likely in men as in women (Ding et al., 2022; Mental Disorders Collaborators (GBD), 2022). In 2013, depression was the primary cause of disability in 26 countries, while in Scotland, mental health and PSUs were the second leading contributors of disease burden in 2016 and have continued to be the most significant drivers of rates of economic inactivity in Scotland to the present (Public Health Scotland, 2022; Whiteford et al., 2013). According to the Global Burden of Disease (GBD) (2022) data, depression made up the most significant proportion of mental disorders between 1990 and 2019 and was ranked among the world's top five leading causes of disease burden among the non-communicable diseases measured in 'disability adjusted life years' (DALYs) (Ding et al., 2022; World Health Organisation (WHO), 2023).

The pattern is consistent in both developed and developing countries: with women generally having a higher prevalence of what are termed 'internalised' problems, characterised by covert cognitive, emotional, and somatic symptoms as seen in affective disorders and post-traumatic stress disorder (PTSD) (Steel et al., 2014). Contrarily, men

have higher propensities of ‘externalised’ conditions, which are overtly observable, such as antisocial behaviour and aggression (Kessler et al., 2005; WHO, 2022). These global and regional trends are mirrored at a local level in Scotland, with the Scottish Health Survey (2021c) showing congruous gender variabilities, with 18% of women reporting anxiety versus 10% men and 13% men in the 2024 survey (Scottish Government, 2024). General loneliness appears to be more evenly distributed, as experienced in 8% of women, contrasted to 7% of men for two consecutive surveys (the levels of loneliness are most pronounced in deprived areas) (Scottish Government, 2021c; 2024). While men and women show similar levels of positive mental well-being scores as measured by the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)(2007). Women generally report higher propensities of mental distress and mental ill-health (terms which are clarified in a later dedicated segment on ‘mental health’) (Scottish Government, 2021c; 2024).

Scotland and Glasgow in particular are historically known to have worse health outcomes than the rest of the UK (Walsh et al., 2017). Statistics also show that among Western European Countries between 2018 and 2020, Scotland had the lowest life expectancy (Eurostat Data Browser, 2023; Scottish Government, 2022c). Terms such as the ‘Scottish Effect’ and ‘Glasgow Effect’ were previously coined to describe the higher mortality rates seen in Glasgow and Scotland relative to other parts of the country- now these are referred to as ‘excess mortality’, as the previously unexplained factors causing the difference, such as deindustrialisation and political decisions, are being accounted for (Walsh et al., 2017). In 2011, Scotland had 5000 more deaths than England and Wales, even after adjusting for deprivation differences (Walsh et al., 2017). Glasgow had a 30% higher mortality rate than Belfast, Liverpool and Manchester, which have similar histories and deprivation levels (McCartney et al., 2015; Walsh et al., 2017). Mental illness affects one in three

Scots in any one year; thus, the Scottish government has designated mental health a public health priority (Scottish Government, 2018, 2019a, 2019b). This recognition of the correlation of mental and physical health has prompted a call for mental healthcare to be integrated into broader primary and secondary healthcare systems as well as social policy, with the World Health Organisation declaring that there can be ‘no health, without mental health’ (Prince et al., 2007; World Health Organization, 2005).

Scottish Mental Health Strategy 2017-2027:

The Scottish Government’s ten-year commitment to improved mental health throughout Scotland, as laid out in the Scottish Mental Health Strategy 2017-2027, shows political will and clear recognition of the burden mental health poses on society, as well as the need for a broad-spectrum response to tackle the many factors encompassing mental health support (Scottish Government, 2017d). The action plan was devised with consultation and input from individuals with lived experience, as well as various organisations from research, policy and service delivery sectors, with a dual focus on prevention and treatment strategies (Scottish Government, 2017d). The strategy recognises the role that intersecting forms of identity play in the prevalence of mental health and outlines measures which account for these vulnerabilities within specific demographics within the four major themes of 1. ‘Prevention and early intervention’, 2. ‘joined up accessible services and improved access to services’, 3. ‘supporting the physical well-being of those affected by mental health problems’, 4. ‘providing a human rights based approach which is supported by competent mental health legislation (with a commitment to review the Mental Health (Care and Treatment) Act 2003 to ensure it is fit for purpose for the changing population and circumambient needs of Scotland)’ (p.7). The entire strategy is summarised in 40 action points as commitment goals, which offer

a transparent approach and provide accountability for the Government (Scottish Government, 2017d) .

2.5.2. The Intersectional Challenge of Cultural and Gender Role Influences

Women from racialised minorities in Scotland are a diverse group, including immigrants, asylum seekers, refugees, and native-born women, with a wide range of identities, languages, religions, and cultural backgrounds. This demographic encounter multiple intersecting challenges that increase their risk of poverty and negative mental health outcomes (Bassel & Emejulu, 2018; Cebula et al., 2021). Netto et al. (2001) critique research on racialised minorities in Scotland for lacking intersectional analysis, a gap echoed by Nandi and Platt (2024), who argue for nuanced approaches that acknowledge how gender and immigration status jointly shape mental health risks, especially as Scotland's (2011, 2022d) census showed that the racialised minority demographic is growing, with the non-White population having grown exponentially from 2% to 4% to over 7 % between the 2001, 2011 and 2022 censuses.

The Mental Welfare Commission for Scotland in their (2021) call to action on 'Racial Inequality and Mental Health in Scotland' note that, while the racialised adult population in Scotland were only 4% of the population in 2011, they made up 7% of adult mental health admissions, 8% of detentions to adult mental health facilities, 12% of intensive psychiatric care units (IPCU) admissions, 11% of IPCU detentions and individuals racialised as Black are up to four times more likely to receive emergency detention certificates. This lack of parity in the well-being of racialised minority Scots versus their peers who are racialised as White is not fully understood and is attributed to many factors, including but not limited to socio-economic disadvantage, discrimination, and other

adverse life conditions (Cebula et al., 2021; Knifton et al., 2010). Migration is often a transformative and traumatic experience encompassing cultural displacement, socio-economic upheaval, and shifts in identity and family dynamics (Accordini et al., 2018; Quinn, 2014). These multifaceted factors interact with pre-existing vulnerabilities and systemic barriers, shaping immigrant women's mental health in ways that differ from the general population.

Migration can induce shifts in traditional gender roles, which can profoundly affect immigrant women's mental health. In a study exploring Muslim women's perspectives on how migration challenges couple relationships, Accordini et al. (2018) reveal that role renegotiations arise as women navigate new cultural expectations that may clash with traditional norms (p.10). These changes can induce stress, identity conflict, and mental distress. The participants in this study were recruited through a CBO. They were not representative of the broader population, as they were predominantly women who were Muslim but from different countries (Morocco and Pakistan) and language backgrounds, resulting in limited generalisability (Accordini et al., 2018).

Arends-Tóth and Van De Vijver (2007) similarly found that immigrants in the Netherlands exhibited significant differences in gender-role beliefs compared to majority members, with immigrant women frequently experiencing greater household responsibilities despite migrating to more gender-egalitarian contexts. Although this study relied on self-reported data with potential for bias, the findings were consistent with existing literature in suggesting that dissonance between traditional expectations and new societal norms can generate feelings of burden and marginalisation, contributing to poorer mental health outcomes for immigrant racialised women in a Western setting (Arends-Tóth & van de Vijver, 2007). Frank and Hou (2015) similarly found that source-country

gender roles persist and affect family labour division, demonstrating that immigrant families from countries with strict gender roles continue similar patterns abroad, impacting women's mental health by limiting opportunities for empowerment and increasing caregiving burdens. This was supported by findings from Roeder (2014), who shows that religious beliefs and country-of-origin gender norms maintain a strong influence post-migration, often sustaining patriarchal attitudes that restrict women's autonomy and reinforce mental health vulnerabilities. In Scotland, Kapilashrami and Marsden (2018) revealed that many racialised minority women, especially older first-generation immigrants, experience social isolation due to limited mobility, cultural barriers, and low levels of community integration, and that cultural and religious practices limit access to specific resources due to the lack of women-only sessions.

The persistence of these norms within racialised communities can create intra-community pressures that limit women's social and emotional support options, as community members may reinforce these expectations and stressors. Wang and Coulter (2019) highlight that the ethnic composition within neighbourhoods of resettlement shapes generational differences in gender role attitudes among immigrants in Britain, with younger generations adopting more egalitarian views within culturally diverse neighbourhoods. In contrast, older immigrants may hold more traditional beliefs, creating intra-family tensions that affect women's psychological well-being. In this study, gender attitudes were primarily measured in terms of women's participation in paid work, which is a narrow conception of gender role shifts and may not capture the full spectrum of attitudes (Wang & Coulter, 2019).

The concept of mental health is likewise challenged as being too narrowly conceived within studies, as noted by Galderisi et al. (2015) who argue that the widely proffered

definitions within the mental health literature are ‘hedonic and eudemonic’ (p.231) as well as being Western-centric, excluding the experiences of marginalised groups, which may not necessarily share the same pathologised view of negative mental health experiences. They argue that psychiatry, like most scientific pursuits, has long imposed Western ideologies on other cultures and call for cross-cultural assessments and conscientious definitions of mental health (Pederson et al., 2022; Galderisi et al., 2015; Vaillant, 2012). Vaillant (2012) acknowledges that there are universally important features of mental health, but that there is room for change because current definitions are inadequate across heterogeneous populations in an increasingly globalised world (such as the diverse racialised population of this study), and maintains that definitions of mental health should be culturally contingent to reflect values consistent with the culture of demographics in question (Galderisi et al., 2015; Vaillant, 2012).

Mental health outcomes of racialised communities are highly influenced by life experiences, with specific demographics facing higher risk due to the particularity of their experiences: for example, research by Issacs et al (2022) and Quinn (2014) have shown that immigrant and refugee populations undergo specific stressors such as political and economic instability, threat from war, political upheaval and persecution, as well as separation from family and social networks from their countries of origin and the associated trauma borne from these experiences with direct implications for their mental health. The immigration trajectory is burdensome at every stage, including the ‘settling in’ period, with acculturation and assimilation also being associated with stress and mental health burden (Quinn, 2014). Discrimination is most acute at this stage when individuals face language barriers, unaccustomed cultural expectations and expression, isolation and stigma (Quinn, 2014; Strang & Quinn, 2021).

The majority of Scotland's racialised minority population are immigrants or from immigrant families (Scottish Government, 2011; 2022). This raises issues of cultural differences, acceptance and belonging, which in Scottish society are overlaid by the visible phenotypic and dress-code differences of racialised minority populations (Netto et al., 2001). Although Scotland prides itself on being a welcoming nation, the experience on the ground, as reflected in hate crime rates, the 'race' pay gap, poverty rates and mental health outcomes, paints a stark picture of inequality and marginalisation for the racialised minority population (Crown Office & Procurator Fiscal Service (COPFS), 2022; Netto et al., 2011; Office for National Statistics (ONS), 2019; 2023). Racialised minority communities are found in higher concentrations in urban areas of high deprivation, resulting from lower socio-economic status (Quinn, 2014; Scottish Government, 2020c). Research shows that immigrant communities form and congregate in areas as cultural/religious enclaves, places of support, acceptance, safety, and belonging, according to shared language, place of origin, physical similarities, and common cultural practices- in other words, a community (Emejulu, 2013). Immigrants adapt and integrate into the receiving culture to varying degrees, and this adaptation often occurs over time, sometimes spanning multiple generations (Arends-Tóth & Van de Vijver, 2009). Racism and prejudice pose barriers to assimilation and acculturation and can be a factor in acculturative stress, leading to further adverse mental health outcomes for immigrant communities (Greenwood et al., 2017). There is also evidence that acculturation, integration and assimilation may be experienced as a sense of ethno-cultural oppression, suppression and erasure, which leads to a form of trauma and adverse mental health (Greenwood et al., 2017). Hostile immigration policies, coupled with the uncongenial political rhetoric from the UK Government on immigration, mean that belonging is becoming more challenging as hate crime rates rise and more anti-immigration protests

ensue in step with the hostility implemented into policies (Crown Office & Procurator Fiscal Service (COPFS), 2022; Scottish Government, 2023b).

2.5.3. Prejudice and Discrimination

For racialised minority people, racism and prejudice are a salient and ever-present part of their life experience (Allen, 2001; Anderson, 2002; De Costa, 2020; Hopkins, 2004). Prejudice is the mother of discrimination, just as thought is the mother of action: these two operate concurrently as internalised and interpersonal schemas which influence lived experience in racialised societies (Allen, 2001; Meghji, 2022). Indeed, the evidence is well-documented and overwhelming that racism permeates all levels of society, from individual schemas to societal institutions, systems and structures (Bonilla-Silva, 2021; Dean & Thorpe, 2022; Gee & Ford, 2011). Of course, no concept is without opposition: structural and systemic racism are currently being contested in the academic, political and public arenas as a symbol of the shifting of old 'colonial' and Occidental hegemonic epistemes to globalised egalitarian paradigms of thought, which are being resisted and reinstated according to political persuasion (Bonilla-Silva, 2021; Mignolo, 2009; Ndlovu-Gatsheni, 2021).

This current epistemic schism in the conception of how racialisation and racism manifest into societal inequalities is material to the understanding of how to tackle these inequalities- is it systems, structures, or individuals that need to be targeted? The evidence points to all of the above as inequalities are ecologically contingent on the policies and practices within societal institutions, along with the pervading ideology in the society. The ("Gender Representation on Public Boards (Scotland) Act," 2018) which proposes a 50% quota of women on public boards, is an example of such a measure to counter gender

inequality in specific spheres in Scotland. However, no similar policies can be found to redress racialised inequalities, which are equally rife.

Racism:

Data in Scotland reveals that in 2021-22, 62% of all recorded hate crimes had a racially aggravated element, and of these racially aggravated hate crimes 64% had a visible minority (non-White) victim, this rose to 75 % in 2024-25 (Crown Office & Procurator Fiscal Service (COPFS), 2022; Scottish Government, 2023b; 2025). In 2021-22 individuals racialised as Black (Black African/ Black Caribbean/ Black British) made up the highest proportion of these victims at 18% followed by those identifying as Pakistani at 16% but this changed in 2024-25 to 20% of those identifying as Pakistani and 9% those racialised as Black (Crown Office & Procurator Fiscal Service (COPFS), 2022; Scottish Government, 2023b; 2025). 36% of all racially aggravated crimes had specific ‘anti-Black’ language, 25% anti-Pakistani language, and 20% used general xenophobic language (Crown Office & Procurator Fiscal Service (COPFS), 2022; Scottish Government, 2023b). Racism is detrimental to mental health, educational outcomes, and economic trajectories, as previously documented and is a highly influential factor in societal inequalities as it pervades employment practices, healthcare treatment and other consequential arenas of society (Marmot, 2015; Williams & Mohammed, 2013).

Sexism:

Sex and gender related aggressions are not currently included as offences within the hate crime legislation ("Hate Crime and Public Order (Scotland) Act," 2021; "Hate Crime and Public Order (Scotland) Bill Information Note," 2020). This omission is troubling when

juxtaposed with the rates of domestic abuse (64,807 recorded incidents in 2021-2022 and 64 967 in 2024-25), of which 81% have a female victim and a male perpetrator (Scottish Government, 2022b; 2025a). Research by the All-Party Parliamentary Group (APPG) for UN Women UK (2021) revealed that 71% of women in the UK have experienced some form of sexual harassment (p.6), and 96% do not report incidents (p.17). This revelation is parallel with the findings by the Scottish Social Attitudes Survey (2020d), which showed that only 39% of the population believe that sexual harassment, such as men wolf-whistling women, is wrong. In 2021-22, 86% (rising to 87% in 2024-25) of all sexual assaults recorded in Scotland had a female victim, as did 94% of all rapes and attempted rapes (Scottish Government, 2023d; 2025a). Sexism and misogyny are exemplified in the above stated statistics and further attested by the rates of gender inequality seen in the gender pay gap, underrepresentation in positions of decision making and influence in the job sector and inequalities in health outcomes which all suggest the existence of a patriarchal society where women are marginalised and disadvantaged, even though women are now in majority by over 150 000 in Scotland (Scottish Government, 2011, 2023c; 2025c).

Religious discrimination:

Scotland's sectarianism is a long-established, pernicious idiosyncrasy of 'White on White' tension which eclipses other forms of religious discrimination in Scotland, demonstrated in the hate crime figures which show that the highest religiously aggravated hate crimes were against Catholics (47%), with the Muslim and Protestant communities both recorded at 16% respectively (Crown Office & Procurator Fiscal Service (COPFS), 2022; Scottish Government, 2023b; 2025c). Within racialised communities, the Muslim and Sikh communities are at higher risk of religious discrimination due to the visible and

distinct religious attire. The discrimination experienced by these communities is intersected by racialised and religious status, coalescing as indistinguishable markers of difference (Meer, 2008; Munoz, 2010). Political events such as the 9/11 terrorist attacks and the Islamophobic political rhetoric that resulted provoked and heightened anti-Muslim sentiment within communities, making Muslim people targets of heightened prejudice and discrimination (Meer, 2008).

Social exclusion:

Racism, gender subordination, poverty, and mental health challenges can singularly lead to social exclusion through stigma, shame, prejudice and discrimination; however, these variables converge as intersecting challenges producing synergic outcomes in the lives of this study's demographic (Knifton & Inglis, 2020; Quinn, 2014). Link and Phelan (2006) discussing the public health implications of stigma outlines the processes of stigmatisation, which help to understand the common underlying factors in all forms of stigma. They propose five components: 1. Perceived difference 2. Negative stereotyping 3. In-group/Out-group formation based on identified differences 4. Devaluing and Exclusion of the out-group 5. Power and resistance (where the out-group attempts to reclaim loss of status through vilification of the dominant in-group, but lacks the power to effect change (Link & Phelan, 2006). Indeed, racialised status, gender, poverty and mental health challenges are statuses of otherhood which are used as sources of stigmatisation, both as internalised and interpersonal conditions, which can lead to isolation, loneliness and act as mutual aggravators in the poverty/mental health dynamic (Kapadia, 2023; Link & Phelan, 2006). The literature on social exclusion and stigma is vast and varied showing a complicated system of factors which interplay reciprocally for example: in asylum seekers, refugee and migrant communities in need of mental health

services- cultural beliefs and taboos about mental health (such as mental health challenges being a sign of demon possession or a sign of personal failing and weakness not be outwardly admitted) can lead to self-stigmatisation as well as stigma from families and communities which proliferates shame, lack of support and impedes help seeking (Kapadia, 2023; Quinn, 2014). Literature shows that racialised minorities experiencing mental health challenges are perceived as more dangerous and unpredictable, leading to overmedicalisation, less compassionate treatment from healthcare staff and higher detention rates (Kapadia, 2023; Mental Welfare Commission for Scotland, 2021).

Exclusion for racialised minority women experiencing poverty and mental health challenges can be multidirectional, precipitated by all these variables of experience and exacerbated in some communities by language barrier, lack of confidence, fear/mistrust of authorities, cultural misconceptions and lack of information about services, activities and resources, which also lead to self-exclusion (Kapadia, 2023). This can be compounded by perceived and received prejudicial treatment, culturally inappropriate services, and racist/ culturally insensitive service providers (Kapadia, 2023; Mental Welfare Commission for Scotland, 2021; Quinn, 2014).

2.5.4. The Racialisation and Feminisation of Poverty

The proposition introduced by Goldberg (1998) that poverty was becoming ‘feminised’, owing to the increasing rates of poverty among women in the US, gained traction as a concept to frame similar trends of high female poverty rates seen globally. Goldberg (2009; 1990) notes that female-headed families (Goldberg does not distinguish between sex and gender) have higher rates of poverty and that single, divorced and racialised minority women were especially vulnerable. She pointed to factors affecting these

demographics, such as gender role expectations, a lack of family support, childcare and other caring responsibilities, and an unequal burden of household chores, among many other influences. However, she chiefly blamed an inadequate welfare system and inept policies, arguing that women were being let down by policies that failed to cater for their particular intersecting needs (Goldberg, 2009). Goldberg (2009; 1990) also noted that rates of poverty among US women were highest within racialised demographics, especially those racialised as Black- an observation corroborated by other researchers (Goldberg, 2009; Northrop, 1994). Race is thus demonstrated to be an aggravating factor in increasing vulnerability to poverty, merging intersecting sites of discrimination (racialised group, immigration history and gender) and compounded by intergenerational inequalities trapping women in a cycle of poverty and can therefore warrant a similar conceptual frame: the 'racialisation' of poverty (Ezeala-Harrison, 2010; Starrels et al., 1994).

Critics of the concept contest the notion as ill-defined, unsubstantiated, or existing only in developing countries (Brady & Kall, 2008; Chant, 2008). However, Goldberg (1990; 1992) and others have shown that in developed countries, poverty is highest among women, children and the marginalised. As recorded previously, in Scotland, the highest child poverty rates are seen in single women and racialised minority households, who experience child poverty at rates of 38% and 40% respectively and poverty in the overall population is highest among Muslims (63%), Asians (49%), Mixed, Black, Black British (48%) (Scottish Government, 2023c). The Scottish Attitudes Survey (2020d) shows that in heterosexual households, budgetary decisions and income organisation are mainly dominated by the man (this may be more pronounced for some racialised minority couples who abide by cultural and religious imperatives which place the man in a position of authority within the household) (Frank & Hou, 2015). This places women at a financial

disadvantage, so even when they are adequate earners, they do not necessarily have free or full access to their earnings. Indeed, economic exclusion is dialogically produced and mutually perpetuating for this demographic through direct discrimination in the form of sexism and racism, the gender and race pay gap and marketplace policies such as inflexible working hours, poor maternity pay and inept childcare policies- in Scotland funded childcare is for 3 to 5 year olds and eligible 2 year olds and for only 1140 hours a year, leaving gaping provision gaps that make the labour market unfavourable especially for immigrant women with little social capital (Netto et al., 2001; Netto et al., 2011; Scottish Government, 2022a). Other circumstances, such as immigration status limiting access to work, language barriers, lack of work experience, low educational attainment or highly qualified individuals failing to attain commensurate employment, also push individuals into lower-paid paid precarious jobs (Blau & Kahn, 2000; Goldberg, 2009; Office for National Statistics (ONS), 2019; 2023).

Scotland's Gender Equality Index (2020b) shows that racialised minority women in Scotland are severely underemployed at only 46.9% compared to women racialised as White, of which 72% are economically active. Their report, in conjunction with Close the Gap (2019), substantiated that racialised women face discrimination at various levels within the marketplace, leading to lower recruitment rates, lower and slower progression, and lower pay in general. The experiences of UK-born racialised minorities differed significantly from foreign-born populations, with UK-born populations having slightly better outcomes than their foreign-born counterparts, alluding to nuanced forms of discrimination at play such as accent discrimination and linguistic racism amongst other factors (Close the Gap, 2019; De Costa, 2020). The Gender Equality Index is perhaps reflective of the status of racialised women in society- hyper visible in domains of subservience but rendered completely invisible within domains of power (Close the Gap,

2019; Scottish Government, 2020b). The Index (2020b) provides inconsistent reporting on intersectionality; for example, the domains of work, earnings, education, and general health contain information aggregated by gender and the various racialised groups listed within Scotland's census as ethnic groups. This information provides a clear picture of the societal inequalities that affect each group. In other domains, such as women's specific health (IVF treatment, contraception use, pregnancy termination, and maternal health), the 'intersectional' information provided does not include racialised status/ethnicity, with evidence of gaps for this demographic within the literature (Scottish Government, 2020b). Within the 'Violence against Women' domain, a cursory mention is made under the intersectionality tab about how 'cultural practices within some ethnic groups make violence against women more prevalent', but no actual data is available for these 'ethnic groups' (Scottish Government, 2020b). The only domain not to have an intersectionality tab is the Power domain (which analyses decision-making positions within large institutions in the economic, political and social spheres): here, women become represented as a monolith subsumed into a normative narrative of women vs men, appealing to the normativity of Whiteness, where racialised or other marginalised groups are rendered invisible (Scottish Government, 2020b). The only 'limitations' the index identified within their reporting is of the scale of organisations and positions identified- even though the lack of intersectional representation is mentioned in the source report by Engender (2020) (albeit as a tokenistic afterthought there too because the study was designed without provision for collecting this essential granular data on age, sexual orientation, (dis)ability status, racialised status and other markers of identity as a vital imperative from the outset that would signal a genuine understanding of the diversity of womanhood) (Scottish Government, 2020b).

2.5.5. The Poverty and Mental Health Synergy

Poverty is a well-recognised determinant of mental health in the general population but is experienced disproportionately by marginalised groups (Allen et al., 2014; Bell & Marmot, 2022). A desk-based review by Snowden (2014) underscores the link between poverty and poor mental health among African American immigrant women, represented by psychological effects, including loneliness, reduced trust, and a narrowed focus on immediate survival, compounded by systemic discrimination and insufficient safety net programs. A Scottish report shows poverty levels for racialised minority communities in Scotland are double the national average and have been steadily increasing over the last 20 years, with 44% of racialised minority people living in poverty compared to 18% of racialised White people in 2017-2020, disparities that exacerbate mental health challenges through chronic stressors related to material deprivation (Cebula et al., 2021).

The literature abounds with varying concepts, definitions, and measures of poverty, each with its own merits, but without consensus (Bourguignon & Chakravarty, 2003; Joseph Rowntree et al., 2014; Laderchi et al., 2003). Approaches differ from the reductionist, quantitative, and unidimensional perspective of calculating poverty in monetary terms alone to more integrative, multidimensional views that account for various indices, such as material deprivation, food security, health indicators, and access to education (Laderchi et al., 2003). Poverty is broadly understood as a lack of financial and other material resources necessary to maintain a basic standard of living (United Nations (UN), 1998). However, what constitutes ‘basic living standards’ is not viewed as objective and static but varies contextually according to each country’s geo-cultural norms and prosperity levels (Bourguignon & Chakravarty, 2003; Joseph Rowntree et al., 2014; Laderchi et al., 2003). The UN (1998) defines poverty most aptly with the recognition that financial

insufficiency and corresponding limitation are fundamental in poverty discourse, and they highlight both the experience and the effect of poverty on the individual and wider communities as the crux of the matter:

‘Fundamentally, poverty is a denial of choices and opportunities, a violation of human dignity. It means a lack of basic capacity to participate effectively in society...It means insecurity, powerlessness and exclusion of individuals, households and communities.’ (p. 2)

In Scotland, while other indicators such as material deprivation and food security are taken into consideration to gain a broader view of the standard of living, poverty is defined and measured as a monetary metric of relative poverty, which compares middle earners with the lowest earners (Joseph Rowntree et al., 2014; Scottish Government, 2017a, 2023c). The poverty line is drawn below 60% of the average income for that household type after housing costs (AHC) (Scottish Government, 2023c). According to the Scottish Government’s poverty and inequality statistics, between 2019 and 2022, 21% of the Scottish population (1.1 million people) lived in poverty, with 17% in absolute poverty (an inflation-adjusted measure of the UK median). Child poverty was experienced most prevalently in single-mother households (38%) and those with racialised minority occupants (38% in 2020, rising to 40% in 2022) (Scottish Government, 2023c). The measure of poverty used in Scotland is insufficient in capturing the extent of poverty, even when evaluating poverty solely on a monetary metric. Debt, savings and assets are not included in the poverty calculation, meaning that expenditure after housing costs is not used to indicate access to the standard of living (Cebula et al., 2021; Joseph Rowntree et al., 2014; Scottish Government, 2023c). The Wealth and Assets in Scotland statistics (2022e) show that between the periods 2018-2020, 30% of the

Scottish population were financially vulnerable, meaning they do not have enough savings to cover basic living costs for one month in the event of a loss of income, 8% were in debt, and 4.1% were found to be in unmanageable debt where they were struggling with repayments and falling into arrears.

These poverty rates have been exacerbated by the effects of the COVID-19 pandemic and the ensuing and ongoing cost-of-living crisis (Joseph Rowntree Foundation, 2025). The Joseph Rowntree Foundation (2022; 2025) have noted that during the cost-of-living crisis, an increasing number of households are falling into arrears on essential bills, including rent, council tax, and utilities. There is a corresponding rise in the use of high-cost and unregulated credit, such as pawnbrokers and loan sharks, as well as an increase in the use of buy-now-pay-later schemes, pushing debt rates higher for those in already compromised financial positions (Schmuecker & Earwaker, 2022). This aspect of financial accounting matters because a household spending a significant proportion of its income after housing costs on debt repayment is not on par with a household with less or no debt that can dedicate more of its income to maintaining a higher standard of living. Similarly, a household with access to savings and assets is not on par with one without those securities. Wealth inequality is stark in Scotland, with the median household in the highest wealth decile having an average wealth of £242,200, while those in the lowest decile were in debt on average by £10,800 (Office for National Statistics (ONS), 2022). Indeed, the Wealth and Assets Survey (2022) reveals that wealth is more unequally distributed than income. The discounting of savings, assets, and debt makes the picture of poverty in Scotland imprecise and problematic because although these statistics are gathered, the information is not consolidated in a way that becomes a valuable and candid measure of poverty or prosperity (Cebula et al., 2021; Joseph Rowntree et al., 2014; 2025 Scottish Government, 2022e, 2023c).

There are marked inequalities in how poverty apportioned within the Scottish population, with racialised minority groups at significantly higher risk of poverty (Cebula et al., 2021; Scottish Government, 2023c). In 2020, 43% of those identifying as Mixed and Black were reported as being in relative poverty (rising to 48% in 2022 and sitting at 51% in 2024), 41% of British Asian/Asian (rising to 49% in 2022 and sitting at 50% in 2024) and 52% Muslims (rising to 63% in 2022) (Scottish Government, 2024). However, it must be clarified that ‘Muslim’ is recorded as a faith/religious identity rather than an ethnic/racialised category. However, it is included in this study due to its proxy and salience to racialised experiential outcomes (Meer, 2008; Scottish Government, 2023c). Because racialised minority groups only constitute 4% of the overall Scottish population, these higher rates of poverty denote a desperately disproportionate representation when juxtaposed to the figure of 18% of the White-British Scots in poverty (a figure which has remained consistently stable from the 2020 survey) (Scottish Government, 2023c; 2024). The egalitarian ideal would be for no person to experience poverty, yet these figures reveal that social inequality in Scotland is staunchly stratified along gender and colour lines. It is worth noting that, according to ‘The Equality Evidence Statistics’ (2021b; 2015), the ethnicity count presented in the data is based on the ethnicity of the adult with the highest income within a household. This means that in ‘multi-racialised identity’ households where one partner is White, the lowest earner (most likely to be the racialised minority partner) is rendered invisible and their poverty hidden because they may not have access to or power over the household income. This exacerbates the marginalisation of an already vulnerable group.

The overrepresentation of racialised minorities in poverty is multifactorial and not fully understood (Cebula et al., 2021; Netto et al., 2011; Joseph Rowntree Foundation, 2025).

The average age of racialised minorities (average age 27) is given as one of the explanatory factors for why poverty rates are higher in this demographic than in the White Scottish population (average age 42) (Scottish Government, 2023c). However, this demographic faces challenges which are not age-related, such as seen in peer comparisons of employment outcomes. The Living Wage Foundation (2022) in their analysis of the UK job market has revealed that 71% of racialised minorities are employed in lower-paid shift work (involving irregular work schedules)- compared to 53% of the White population. 45% of racialised minority workers reported being given less than a week's notice for their shift compared to 28% of White workers, 38% had their hours cancelled unexpectedly compared to 24% of their White peers, 74% were paid below their full rate of pay for cancelled shifts, versus 66% of their White colleagues (Living Wage Foundation, 2022). As a result of these insecure work patterns, racialised minorities have been found to rely more on credit/debt to cover the unexpected financial gaps caused by cancelled or short-notice shifts (Living Wage Foundation, 2022). Childcare costs tend to be higher for this group due to the unstable hours and lower levels of social capital (Living Wage Foundation, 2022; Scotland, 2021; Joseph Rowntree Foundation, 2025). Research shows that this form of precarious work has implications for quality of life beyond the job quality, which is in itself deleterious, with family life, mental health, social life and general health outcomes being compromised (Living Wage Foundation, 2022). This demographic is also most likely to experience in-work poverty, due to low pay and insufficient hours, making their income inadequate to cover basic living costs (Living Wage Foundation, 2022; Work Foundation, 2022). In 2017-20, over half (61%) of adults experiencing relative poverty in Scotland were from working households, this rose to 63% in 2022-25 (Scottish Government, 2023c; 2025).

Unemployment is a salient driver of poverty rates. In 2019, the unemployment rate in Scotland stood at 3.6%, falling to 3.3% in 2022, standing at 3% in 2023 and rising to 3.8% in 2025 (Office for National Statistics (ONS), 2023; Scottish Government, 2025). These figures are encouraging, showing a quick recovery from the effects of COVID-19 lockdowns and a steady decline in unemployment rates over time, suggesting growth in the employment market, which should be reflected in the financial positions of the citizenry. However, the Work Foundation (2022) has found a rise in precarious jobs in the labour market, revealing that although increased job vacancies are outstripping the number of unemployed people, the available jobs are characterised by part-time, temporary, short-term, and casual contracts. Women (25% vs 15% men), racialised minorities (24% vs 19% White) and people with disabilities (25% vs 19% non-disabled) are overrepresented in this insecure job market, leading to a higher risk of financial instability within these populations. An intersectional study by Kapilashrami and Marsden (2018) demonstrated that poverty and unreliable income were major obstacles for racialised minority women, especially those in second- and third-generation communities, who encountered difficulties in employment, education, and training. In the study, many women voiced frustration over the insufficient support for settled migrant communities, particularly regarding job prospects and skill development (Kapilashrami & Marsden, 2018).

Another aspect of viewing poverty is through the ‘Scottish Index of Multiple Deprivation (SIMD), which assesses poverty within geographic areas across Scotland according to income levels as well as the availability of opportunities and resources in those areas by taking into account education, employment, access to services, health, crime and housing-aggregated and ranked by data zones from most deprived (ranked 1) to least deprived (ranked 6,976) (Scottish Government, 2020c). This information gives an indication of the

environmental/ ecological circumstances in which people live, which may account for life outcomes rather than being an assessment of the status of the people themselves; in other words, people may live in a deprived area but not meet the income threshold for poverty (Scottish Government, 2020c). The data is clear that living in deprived areas has a robust correlation to poor health outcomes and reduced life opportunities, and Scotland has been shown to have the widest health-related socio-economic inequalities amongst Western European Countries (Cebula et al., 2021; Marmot, 2015). When contrasting longevity by the SIMD index, men live on average 13.5 years longer and women 10.2 more years in Scotland's wealthiest communities compared to the country's poorest (although women generally have longer lives) (Scottish Government, 2020c, 2022c). Those identifying as 'White-British' are under-represented in deprived areas of Scotland at only 14%. The most over-represented group is those identifying as 'African', with over a third of the demographic living in the most deprived areas, followed by a quarter of those identifying as 'Caribbean or Black' (Scottish Government, 2020c). The SIMD (2020c) shows that Glasgow city has the highest number of areas labelled as having 'deep-rooted deprivation', meaning they have consistently been among the 5% most deprived in the country since the beginning of the SIMD in 2004. Easterhouse, Parkhead, Greenock and Drumchapel are among the areas identified in this category of deep-rooted deprivation (Scottish Government, 2020c; Walsh et al., 2017). The quality of life in these areas is dire, housing is subpar with high levels of damp and mould, there are overcrowding issues, the areas generally have dilapidated and unsafe facilities marked by vandalism, higher antisocial behaviour and crime rates, low employment rates, lower educational outcomes- social and environmental factors which intersect and interplay to compromise mental health and overall health outcomes (Pacione, 2004; Quinn & Biggs, 2010; Scottish Government, 2020c). These conditions are mirrored in other areas of deprivation in Scottish cities.

2.5.6. Coping Strategies and Resilience

Bennett and Daly (2014) review the occupational and social challenges that immigrant women face, noting that supportive family and community networks are crucial for maintaining mental health (p.41). When understood from the perspective offered by Issacs et al. (2022) and Quinn (2014) that racialised minority immigrants often travel without wider family networks and arrive in the host country to little or no community networks, mental health coping is thus undermined for this group. Daly et al. (2019) also find that social support buffers migrant workers' psychosocial stressors but note differences across racialised groups. They mention that immigrant women often experience fragmented support due to migration-related family separation, gendered caregiving roles, and cultural expectations, which can heighten feelings of isolation and mental health issues (Daly et al., 2019). Trovão, Ramalho, and David (2017) emphasise that religious coping plays a crucial role for Asian and African immigrant working mothers dealing with mental health stresses, providing them with meaning, social connection, and resilience. This finding is echoed by Accordini et al. (2018), who report that Muslim immigrant women rely on faith and cultural traditions to manage mental health challenges (p.9).

While religious coping can be protective, it may also reinforce stigma if mental illness is interpreted as a moral failing, indicating complex dynamics requiring sensitive engagement. Knifton (2010) outlines how some cultural beliefs frame mental illness as shameful or spiritual failure or judgment, discouraging help-seeking. Chow et al. (2003) challenge singular narratives of lower help-seeking within the demographic and point to cultural factors, suggesting that racialised minorities, including immigrant women, under-

utilise mental health services due to stigma and general mistrust of formal services. Although it is worth noting that this study, conducted in 2023, relied on a dataset collected in 1995, which may not accurately reflect current trends (Chow et al., 2003). O'Mahony and Clark (2018) have suggested that the underutilisation of mental health services by immigrant women, rather than being indicative of higher resilience, may underscore the need for culturally competent services. Language barriers, cultural misunderstandings, and structural obstacles are among the issues identified by Grote et al. (2007), although their study relied on a small sample size, which undermines the generalisability of their findings. Resilience is further problematised as a contentious concept that can reinforce the 'Strong Black Woman' schema as shared by Bambgbose Pederson et al. (2022; p.312), which can lead to invalidation, reinforce stigmas, further suppress vulnerability and lower help-seeking, all of which reinforce mental health inequalities (Hirani et al., 2016).

In response to these disparities, Jorm (2012) emphasises the importance of mental health literacy in empowering communities to recognise and address mental health issues by addressing stigma through culturally tailored education programmes to improve women's mental health service uptake. Quinn and Knifton (2012) describe how community development principles can reduce stigma and foster positive mental attitudes, yet immigrant community resources are often underfunded, thus hindering community-level resilience.

2.5.7. Summary of Findings

The literature underscores that racialised minority immigrant women's mental health is shaped by complex and intersecting influences spanning cultural norms, religio-cultural

gender expectations, socio-economic factors, stigma, and coping resources (Pederson et al., 2022; Kapilashrami & Marsden, 2018). Migration disrupts lives in various ways, often triggering identity conflicts, role shifts, community tensions and mental distress, while also influencing drivers of poverty such as underemployment and low pay (Arends-Tóth & van de Vijver, 2007; DiClemente-Bosco et al., 2024). As Pederson et al (2022) note racialisation and social exclusion are mutually reinforcing vulnerabilities that permeate women's lives and negatively impact mental health outcomes for racialised minority women (p.311).

Methodological challenges pervade research on racialised minority immigrant women, including the underrepresentation of diverse populations. Many studies either focus on single ethnic groups or homogenise diverse groups, both of which lead to limited generalisability of findings and highlight the difficulty of understanding immigrant communities that organise themselves differently depending on context (Accordini et al., 2018; DiClemente-Bosco et al., 2024). Research using an intersectional approach shows that it is impossible to fully understand immigrant women's mental health without considering the intersecting identities of culture, religion, racialisation, economic status, and migration history, all of which relate to specific geopolitical policies and systemic oppressions, requiring a thorough contextual analysis (Bloom, 2009; Kapilashrami & Marsden, 2018). Therefore, adopting an intersectional and multi-level approach is crucial to address immigrant women's mental health adequately. However, intersectional research also demonstrates the challenge of identifying which axes of inequality are the most influential and worthy of inclusion in intersectional analyses, as studies tend to focus on different axes (Pederson et al., 2022; Kapilashrami & Marsden, 2018). The literature also highlights the impact of stigma and systemic barriers in restricting access to culturally competent mental health care (Knifton et al., 2010). Religious coping and social

support networks are identified as key themes in fostering resilience among this demographic (Trovão et al., 2017). However, resilience remains a controversial concept, as it can sometimes reinforce inequalities in access to treatment and contribute to stigma and shame (Hirani et al., 2016).

Literature Review Conclusion and Identified Gaps in Knowledge:

CBO Literature Gaps:

The reviewed studies revealed that there is a dearth of literature focusing on CBOs supporting racialised minority women living in poverty and facing mental health challenges in Scotland. Most existing studies are based in the US; little is known about the functioning of CBOs within the Scottish socio-political environment. Additionally, there is a research gap regarding the long-term effectiveness of CBO interventions. Most of the synthesised studies relied solely on the perspective of CBOs, without including service user views. Although some studies explored participatory partnerships, co-produced research remains rare and could offer valuable community insights to the academic literature. While the studies focused on racialised minority and immigrant communities, most adopted Western frameworks; using culturally congruent approaches might yield different insights.

Service User Literature Gaps:

Research focusing specifically on racialised minority women in Scotland is limited, exposing a gap and a lack of detailed study of this group, which highlights the need for further investigation. An uncritical view of group differences was clear in research on women racialised as Black, often only distinguishing between native-born and immigrant populations rather than recognising the vast cultural differences that may exist within

geographically distinguished Black immigrant communities. Some studies point to challenges in researcher-participant interactions, such as power imbalances, language barriers, and cultural differences stemming from etic positionality, and show a scarcity of research conducted by emic, lived-experience researchers. Likewise, the importance of cultural sensitivity and the nuanced, context-specific knowledge within racialised minority communities emphasises the value of place-based research and participatory approaches to produce relevant evidence. However, most studies gather data from individuals rather than involving women as co-producers of knowledge. A culturally appropriate study that engages participants through a community-based participatory project could provide valuable and innovative insights.

CHAPTER THREE

'When I hear the deepest truths I speak coming out of my mouth sounding like my mother's...I have to reassess both our relationship and the sources of my knowing' (Lorde, 2012, p.42)

PHILOSOPHICAL ASSUMPTIONS

Epistemology, Ontology and Axiology

Praxis, in terms of theory-informed research actions, is undergirded by the following overarching philosophical paradigm, which comprises the three elements as recommended by Denzin and Lincoln (2000) of epistemology, ontology and axiology. These principles are outlined with a clear explanation of the reasoning behind each chosen stance and its implications for the project. They are used to guide every decision made within this study, thereby knitting this project into a meaningful, academically rigorous, and socially beneficial contribution to scholarship. 'Paradigm' in this context is employed as suggested by Denzin and Lincoln (2000) to be the conceptual lens, assumptions and guiding principles used to construct the research project and interpret its findings- in other words, an account of how the knowledge claims resulting from the research were formulated (McNeill, 2005).

The philosophical underpinnings are established separately prior to the methodological considerations of this study, as they serve as a project rubric to allow me, as a researcher, to maintain clarity about the overall lens, purpose, and direction of this project, as well as to think critically, strategically, and reflexively. This approach is advocated by Mason (2018) to help inform the research design and guide a more coherent and scientifically rigorous process.

3.1. Epistemology: Knowledge Assumptions

Research, as an exercise in knowledge production, requires an interrogation and an account of how knowledge is established and justified for the knower (Denzin & Lincoln, 2000; Mason, 2018). This study is grounded in the value-laden objective of addressing societal inequalities. This locus negates the traditional positivist epistemology, which posits research as a value-free endeavour and the researcher as a neutral observer of an objective reality with universal truths (Crotty, 1998). As already established in my reflexive positionality statement in Chapter One, I am an emic, situated, lived-experienced researcher with a weighted socio-political history. For the sake of transparency, I must acknowledge this lens to mitigate potential unconscious biases and disclose the conscious decisions I bring to framing ideas, analysing, and translating research findings, in other words, how my lens shapes the knowledge outcomes of this project.

Challenges to the positivist outlook are numerous within the Social Sciences. The idea that research can be value-free is opposed by some social scientists, who argue that research embedded in a social context will necessarily be imbued with social values (Crotty, 1998; Hammersley, 2016). Indeed, positivist research, which claims a value-free paradigm, is inaccurate because all research is underpinned by ethical obligations which express values (Hammersley, 2016). Furthermore, although not explicitly articulated, the motivation underlying any research endeavour is usually undergirded by some unexamined values (Hammersley, 2016; Smith, 2021). The notion of the researcher as a neutral observer is similarly problematic, as researchers are humans unable to divest themselves from the social context and all its influences (Smith, 2021). Rather than denying observer bias, it is suggested that transparency and reflexivity be implemented instead as a matter of research integrity (Denzin & Lincoln, 2000). Critiques of objective

reality and universal truth are addressed differently across epistemological approaches, and the specific epistemology of this project is discussed below.

This study adopts a critical social constructionist epistemology. Social constructionism views the knower of reality as a socially embedded being, fully enculturated into the social world and born into a system of meaning-making (Burr, 2015; Gergen, 2001). In this project, the researcher and researched community are immigrants from different countries, cultures and languages but share experiences as racialised and minoritised women with experiences of poverty and adverse mental health- these are the encultured epistemological lenses through which the research output is co-constructed. The literature review studies were mostly based on this epistemological paradigm, which explored how CBOs and their service users function within socio-political contexts that shape how racialisation, gender, health, and migration as socially constructed phenomena shape lived experience outcomes. Within this paradigm, knowledge of an external reality experienced when interacting with the world is interpreted through internal mental representations via conscious awareness, and meaning is mediated through language (Gergen, 2001). Helman (2007) suggests that this interpretation is contextually dependent on the historical, geo-political, and current cultural milieu within which the knower is situated, providing individuals with ‘an inherited lens through which they perceive and understand the world.’ (p. 2). For example, Arends-Tóth and Van de Vijver (2007) and Roeder (2014) in the literature review demonstrated that attitudes towards gender and domestic labour are shaped by cultural negotiations between origin and host contexts within an inherently constructionist process of meaning-making.

The formation of what is known by the individual is thus socially constructed and reliant on socially acquired apparatus, such as norms, language, and values, to derive meaning

(Gergen, 2001). This paradigm, when applied to the research problem of a diverse demographic from varying socio-cultural and geo-political contexts, gathering and interacting in a new cultural context (as minorities) with different values and norms, can start to illuminate how disempowerment could perhaps result from a lack of cultural capital, where the language, values and norms inferiorise and marginalise minorities as 'other'. Jorm (2012) and Quinn and Knifton (2012) emphasised empowerment through community participation, reflecting constructionist values of collective knowledge production and local community agency from a public health and well-being perspective that can inform this study's research design.

This stance, that knowledge is socially constructed, does not deny the positivist view of an objective external world. Instead, it suggests that meaning is not inherent in that external world as universal truths waiting to be discovered, but is instead derived internally through co-constructed interpretations by humans engaging with each other in the world (Burr, 2015; Gergen, 2001). In this project, the CBO can therefore be seen as a co-creation involving its members, the community in which it is embedded and the broader society. The experiences of CBO members and staff are likewise understood to be influenced by this mutually created social milieu. Research within the literature review on mental health disparities (e.g. (Pederson et al., 2022; Knifton et al., 2010) illustrated this point in highlighting how racialised and cultural narratives influence experiences of stigma, prejudice, health access, and labour participation, which are socially constructed meanings that impact lived realities.

Although social constructionism does not hold to a specific ontology, the paradigm recognises human agency and autonomy in meaning-making by stipulating that there are multiple interpretations of reality with no objective truth (Burr, 2015). This is often

confused with a relativist ontological position that posits that there is no objective reality (Hammersley, 2016). However, social constructionism merely states that reality (whether objective or otherwise) is accessible to humans only through subjective interpretation and is interpreted multifariously (Burr, 2015; Gergen, 2001). In the literature review, Pederson et al. (2022) and O'Mahony and Clark (2018) demonstrated how cultural identity is subjectively negotiated within broader geopolitical contexts influenced by migration, and that varied cross-cultural mental health conceptions shape the lived reality produced through collective discourse. Humans are therefore engaged in a dialogical process that merges objectivity and subjectivity by subjectively interpreting the objective physical world in various ways and acting in the world according to those interpretations, thereby constructing a social world (Burr, 2015). This is germane to this project, which involved women from varied backgrounds in co-constructing knowledge.

Critics of the social constructionist epistemology, such as Craib (1997), view social constructionism as a denial of empiricism and the contribution of the natural sciences to objective truth. However, proponents of social constructionism argue that empirical data must still undergo interpretation to be understood as meaningful and that interpretation is inextricably socially embedded (Burr, 2015; Gergen, 2001). Furthermore, because social sciences differ from natural sciences in their concerns, a comparison may be materially flawed because social constructionism may not be an appropriate epistemology for natural sciences, which are not concerned with social subjects (Gergen, 2001). There are also extreme readings of social constructionism, such as those proffered by Sokal (2008), that lead to solipsistic interpretations; suggesting that if social constructionism is itself a social construct based on diversely interpreted truths, then it becomes an absurdity and nihilistic because it is based on a nebulous foundation where truth is subjective and the theory itself can be diversely and incongruously interpreted, thus negating itself.

Sismondo (1993) and Burningham and Cooper (1999) have pointed out that challenges to social constructionism, which are levelled only in theoretical abstractions and fail to assess practical applications within studies, lack the substantive evidence needed for a rational and pragmatic interpretation. Those who challenge the application of social constructionism in studies also object to its multiple interpretations of reality, arguing that it renders research pointless if any and all interpretations are considered credible and valid (Burningham & Cooper, 1999).

Contrary to invalidating scientific inquiry, a constructionist evaluation accurately accounts for the social world by acknowledging multiple, varied, and contrasting experiences of individuals (Gergen, 2001). This also allows for more inclusive evaluations, which legitimise divergent viewpoints, especially of the previously marginalised voices such as women, those experiencing mental illness and other minority groups. Social constructionist studies offer a scope for broader debates that can lead to meaningful change by understanding social challenges and how they arise, as what is socially constructed can be socially dismantled and socially reformed (Gergen, 2001). Within this study, social constructionism is employed for this potential to instigate change, its ability to examine issues of identity and social positioning, explore how socialisation in different cultures and contexts produces lived experience outcomes, as well as its equality of testimony of the marginalised, supporting epistemic justice (Fricker, 2007; Gergen, 2001).

The chosen theoretical frameworks for this project, Empowerment theory and Intersectionality, outlined in the following chapter (four), are congruent with this project's critical social constructionist epistemological stance, as they interrogate the

interplay of socially constructed identities, social positioning, the structural power dynamics within which they are embedded, and the resulting experiential outcomes.

3.2. Ontology: Reality Assumptions

Ontology has been briefly explored above as part of the epistemological stance because, as Crotty (1998) notes, the concepts are intertwined and equally impactful in framing a study. While epistemology explores knowledge (what we know and how we come to know about reality), ontology sets out the nature of reality/existence itself (Crotty, 1998; Denzin & Lincoln, 2000). As elucidated above, social constructionism has one of its essential tenets, namely, that reality is interpreted multifariously, which has led some to erroneously infer that the paradigm holds a relativist ontology (Hammersley, 2016). A relativist ontology that proffers multiple realities according to interpretations is problematic because it negates the existence of 'a society' or 'a community' by denying the possibility of a singular, shared, contextual foundation that is commonly and communally inhabited and experienced as such (Denzin & Lincoln, 2000). Furthermore, a situation in which people inhabit diverse realities according to their individual interpretations also undermines cooperative endeavour towards shared goals, rendering community development, policy implementation, and research futile pursuits.

A strict realist ontology, insisting on an independent, universal and objective truth as the only possibility, is equally unattractive because of its inability to account for the heterogeneous experiences of diverse individuals and groups in society, such as this study's research participants, as well as its conflation between absolute truth and justifiable belief (Hammersley, 2016). However, Hammersley (1998) suggested a middle way in 'subtle realism'. The rationale of this ontology is that if a strict realist ontology

holds that there is an objective reality independent of human interpretation, this reality would be inaccessible to the human mind and, therefore, incomprehensible (Hammersley, 1998). To have human utility, an objective reality must be rendered meaningful, and for humans, it requires conscious interpretation (a subjective act open to divergent outcomes) (Hammersley, 1998; 2016). Subtle realism posits that, although research investigates aspects of objective reality (in this case, the lived experiences of women and the operations of CBOs), the knowledge derived from inquiry is mediated through and constructed by the researcher, who serves as both investigator and interpreter of the findings (Hammersley, 1998). The reviewed literature collectively reflected this view by combining empirical investigation with an awareness of cultural, social, and experiential mediation- Carlisle (2010) and Rusch et al. (2015), for example, illustrated this ontological stance through mixed-method inquiry, where community perspectives and quantitative data converge to reveal the real but contextually shaped determinants of health and well-being.

The knowledge produced from a subtle realist investigation should not be taken as absolute fact/truth, but rather as what can be justifiably believed about the knowledge claims regarding specific research questions posed (Hammersley, 2016). Justification is a central tenet of subtle realism, and it is based on an assessment of knowledge claims being beyond a reasonable doubt (based on a tandem criterion of *credibility*: process and error possibilities in producing knowledge claims and *plausibility*: the logical relationship between new knowledge claims and established knowledge) (Hammersley, 2016). These features have been applied in scrutinising studies during the literature review, and in analysing other supportive data, they are expounded in greater detail regarding data analysis and interpretation (Chapters six and seven). The justification criteria are not necessarily contradictory to the social constructionist egalitarianism of testimony but

instead add methodological rigour to how testimony is interpreted and, by doing so, enhance its cogency (Denzin & Lincoln, 2000). Subtle realism is not a long-established paradigm, but it has gained ground in social science due to its pragmatic solution to the realist vs relativist debate. Criticisms of the approach primarily target the justification criteria, which rely on ‘established knowledge’ to justify knowledge claims. This is seen as counterproductive to the research aim of novelty as well as being hinged on socio-historic data, which may be ‘place-time’ contingent and may also contain epistemic harms, amongst other inaccuracies (Denzin & Lincoln, 2000). Taking this concern into account, this study adopts a prudent subtle realist ontology, as it has the capacity to accommodate the perspectives of diverse individuals as equally valid within a shared reality (the community within a society and the individuals within a community), while also providing added methodological rigour.

3.3. Axiology: Value Assumptions

The values expressed within and through this study are briefly examined here for transparency and integrity (Denzin & Lincoln, 2000). Weber (1978), in his evaluations of influence, behaviour, and change in social action, views motives (which are anchored in value assumptions) as influential in determining the outcomes of any action. Therefore, axiology is explored here as the guiding principles, rationale, and ultimate *raison d'être* of this project, informing the research actions that follow. Beyond being a project for a PhD qualification, this study aims to produce high-quality academic research with social value and utility, thereby contributing to the scholarly corpus and effecting change in the researched community.

The purpose of social research is recognised as a social good, whether directly or indirectly (Mason, 2018). Therefore, the values guiding this project are outlined here to ensure transparency and rigour (Denzin & Lincoln, 2000). Accordingly, it is essential to consider epistemic justice, as discussed by Fricker (2007), to understand how power is exercised through knowledge via practices such as misrepresentation, distortion, exclusion, silencing, and the ‘inferiorising’ or othering of research participants and even non-White researchers within Western knowledge production. Fricker (2007, 2013) identifies two types of injustice: the first involves the disbelieving, minimising, or discrediting of testimonies from specific groups based on their identity characteristics such as sex, gender, race, or disability (Fricker, 2007; Ndlovu-Gatsheni, 2021). The second is hermeneutical injustice, which occurs when individuals lack sufficient conceptual frameworks to articulate their experiences, often stemming from their exclusion from knowledge creation as contributors to language and theory, resulting in their experiences being overlooked or rendered invisible (Fricker, 2007, 2013). Given its focus on social justice, this study adopts the axiology of Ubuntu, which promotes equality, interdependence, cooperation and reciprocity, forming the foundation for epistemically just research.

Ubuntu functions both as a paradigm and a praxis, supporting the participatory methodology chosen. This choice is also influenced by most studies within the literature review, which prioritise the ethical imperatives of mutually beneficial collaborative research, such as those of Griffith et al. (2010), DiClemente-Bosco et al. (2024) and Quinn and Knifton (2012), who advocate for participatory, community-driven solutions. Ubuntu aligns with the project’s research aims of producing mutually beneficial outcomes, reflecting the social justice values of the researcher, and being culturally suitable for participants from similar collectivist cultures rooted in community

interdependence (Chigangaidze et al., 2023). This locus is informed by Brown and Strega (2005), Smith (2021) and Jolivet (2015), who advocate for egalitarian and socially just research practices that consider the intersecting contexts of the researcher, participants, and the socio-political setting of the project to select culturally congruent and appropriate methodologies.

What is Ubuntu?

Ubuntu can be variously translated to mean the innate or essential quality of ‘humanness’, ‘humanity’, ‘personhood’, or ‘being personable’ (Chigangaidze, 2022). It is an indigenous African philosophy expressed through the Bantu/Nguni idiom as ‘Umuntu ngumuntu ngabantu’ in isiZulu or ‘Motho ke motho ka batho’ in Setswana, which translates to ‘a person is a person because of or through other persons’ (Chigangaidze et al., 2023; Zyl & Gouws, 2015). Ubuntu is a rich and complex philosophy, often historically disaffirmed as it relates to the epistemically oppressed African cultures, but it is ubiquitously embraced across the continent, albeit with different names and nuanced variations in different cultures (Chigangaidze et al., 2023; Chuwa, 2014). For example, it is known as ‘Gimuntu’ in Angola’s Gikwese, ‘Bomoto’ in Congo’s Bobangi, ‘Utu’ in Swahili, ‘Vumuntu’ in Mozambique’s Shitsonga, ‘Botho’ in Setswana, and ‘Ubuntu’, which is the most widely recognised term in isiZulu and isiXhosa, South African languages of the Bantu and Nguni peoples (Letseka, 2012; Zyl & Gouws, 2015). Ubuntu broadly encapsulates the ideal values and qualities of humans as interdependent, relational, and communal beings (Letseka, 2012).

It is challenging to explain Ubuntu in the English language because it lacks a direct lexical or conceptual equivalent in English, although its popularity has led to its inclusion in both

the Oxford Dictionary and the Collins Dictionary (Collins, 2020; Oxford University Press, n.d.). However, these definitions vary (Chigangaidze, 2022; Hailey, 2008). Terms such as philosophy, creed, principle, ethos, praxis, and similar classifications are used interchangeably here because they are closely related yet insufficient to fully capture the concept (Hailey, 2008). It cannot be neatly translated because it is an ‘autopoietic’ and ‘protean’ paradigm (Hailey, 2008, p. 2), not codified in books but embedded and transmitted primarily through a culture’s language as a constructive linguistic instrument conveying societal norms and values consistent with social constructionism (Chigangaidze et al., 2023; Letseka, 2012).

Features of Ubuntu:

It is essential to emphasise that Ubuntu has culturally bound variants and cannot, therefore, be accurately described as a general, undifferentiated, and monolithic concept (Chigangaidze et al., 2023; Hailey, 2008). The version of Ubuntu evoked here is that of the South African Bantu and Nguni People- my People. I chose this type of Ubuntu because I understand it well, as it is the creed of my culture. It is well-documented in scholarly works due to its renowned use during the South African Truth and Reconciliation process. It has been successfully employed as a research framework and paradigm, mainly in the Global South- offering a proven model (Hailey, 2008; Letseka, 2012). The South African version of Ubuntu gained strength during apartheid, as it became the sole means out of ‘the struggle’ for marginalised people who inspired the international community to stand in solidarity with them and dismantle a socially unjust regime. Consequently, this version is recognised as an effective way for disadvantaged communities to overcome social injustice (Letseka, 2012). Indeed, social justice is the core ethic of Ubuntu, which aims to promote equity within communities by opposing

discrimination and oppression, as well as fostering reconciliatory practices to build harmonious community relations (Chigangaidze et al., 2023; Letseka, 2012).

For an Ubuntu practitioner, any interaction with another is based on the recognition of our innate existential interdependence, and that survival mandates communality- from family dynamics, intimate relationships, working communities, political entities, and the societies in which they are embedded- human beings are community-centred- ‘Motho ke motho ka batho- a person is a person because of others’- this is Ubuntu consciousness (Letseka, 2012). In this way, Chigangaidze et al. (2023) describe Ubuntu as rooted in interaction and cooperation. Although this study is conducted in English and therefore removed from Ubuntu’s lexical matrix, these elements are harnessed and translated into a framework for practice. Ubuntu is implicit in every culture’s ideologies to a greater or lesser extent, as its values underpin community formation, and its core principles of solidarity and equality are fundamental to successful societies and effective communities.

Community organisations naturally embody elements of Ubuntu. Intentionally bringing a community together is guided by values of social cohesion, togetherness, kindness, mutual support, compassion, courtesy, interdependence, and solidarity (Letseka, 2012, p. 180). These are the core principles of Ubuntu, recognising that society is a co-created effort that requires recognition and respect for all its members (equity and equality) to function effectively. When these values are neglected, society suffers and eventually collapses. Metz (2010) argues that Ubuntu is a theory of right action. He states that ‘the most justified normative theory of right action with an African pedigree is the requirement to produce harmony and reduce discord, where harmony is a matter of identity and solidarity’ (p.240). Metz (2010) claims that Ubuntu is fundamentally rooted in reverence

for human life. According to Ubuntu, the marginalisation of groups and all forms of inequality in society are dysfunctional and need to be addressed through reconciliation.

This social constructionist epistemology represents the power of the people that Ubuntu nurtures. However, people must intentionally foster a community consciousness rather than an individualistic mindset. Ubuntu requires individuals to become a community united by shared values, purpose, and goals. Although Scotland, like most Western nations, is not considered a collectivist culture, Ubuntu rejects the idea of individualism as a false abstraction. In other words, the individual cannot be understood outside the community context- even if people do not act with shared values and goals, they remain connected to the community or society as parts of a whole. Ubuntu, therefore, adopts a holistic view of society as integrated through togetherness and mutual support. Community organisations already function in a collectivist manner. However, these organisations and the people they serve may lack the broader connections and support needed to enact this collectivist ethos in society's policy and decision-making processes. In this way, Ubuntu is practical and applicable for understanding issues at a population level, ranging from public health concerns to individual needs, by providing baseline values as a framework for community support and social harmony.

Within this research, Ubuntu can serve to acknowledge the oppression and marginalisation of racialised minority women as a social injustice and seek a remedy (however minor) through participatory research. Ubuntu can further aid in bolstering a sense of dignity and worth in women (which racism, poverty, and mental health challenges strip away) through promoting positive peer regard and support. It can also reinforce the sense of togetherness, cooperation, and shared purpose between the

researcher, CBOs and the women they support, enabling them to work towards mutually beneficial outcomes.

*(**Reflexive note:** I was steeped in Ubuntu throughout my upbringing in South Africa, as a set of moral values and normative behavioural expectations. It is therefore an integral part of my sense of self, my worldview, and the primary guiding principle that directs my life. I evoke it here as an unavoidable aspect of my identity and core ethic in engaging with others in society. I could not separate myself from its moral commitments while conducting this project. As a researcher, this informs and permeates every aspect of this study, serving as a fundamental aspect of my positionality and perspective. Ubuntu is not merely something you do as an optional act; it is regarded as the highest ideal and aspiration of who you should be as a member of the global community, guiding all your actions. It is expressed here as an axiological criterion because it functions as a culturally relevant methodological tool for research involving racialised minority women, most of whom come from collectivist cultures espousing some form of Ubuntu. Ubuntu is also apt for application in community-based projects because it embodies an ethic that promotes solidarity, cooperation, mutuality, and interdependence as principles for community development. I therefore disclose and present it as an ethical paradigm that aligns with and supports the philosophical assumptions and social justice objectives of this study.)*

CHAPTER FOUR

'There is no ... person who can afford to wait to be led into positive action for survival. Each of us must look clearly and closely at the genuine particulars (conditions) of his or her life and decide where action and energy are needed and where they can be effective. Change is the immediate responsibility of each of us, wherever and however we are standing...' (Lorde, 2012, p.46)

THEORETICAL FRAMEWORKS

This study employs two analytical frameworks to address the dual nature of the inquiry. Empowerment Theory and Intersectional Black Feminist Theory (Intersectionality) have been identified within the literature review as efficacious power-conscious analytic tools with the explanatory capacity for addressing issues of synergistic multi-level inequalities of gender oppression, racialisation, poverty and adverse mental health as established within the research problem (Hankivsky & Jordan-Zachery, 2019; Zimmerman, 2000). At its core, intersectionality interrogates how axes of identity affect power relations at various levels (interpersonally, systemically and structurally) and how these inform lived experience outcomes (Crenshaw, 2022; Hill Collins, 2019). While Empowerment is cited both as an explicit and implicit goal of 'community development', with CBOs focusing on how individuals and communities gain control over their lives through access to resources, critical awareness, and participatory decision-making (Zimmerman, 2000). These frameworks overlap thematically in evaluating the power dynamics of intersecting forms of identity, social positioning, socio-economic status and health outcomes, yet each offers a nuanced lens through which the different aspects of identity can be assessed for their impact upon lived experience in different settings (Joseph, 2020; Maynard, 2013; West et al., 1995).

In the literature review, Bloom (2009) employed this combination of theoretical frameworks to examine an anti-poverty CBO case study in the USA. This was among the few studies that incorporated the voices of service users in exploring CBO operations,

aims, and impacts (Bloom, 2009). Bloom (2009) explored the identity axes of service users to understand how racialisation, gender, and immigration status in the US context may lead to socio-economic disadvantage, contrasting these with the CBO programmes that enable both individuals and organisations to attain their aims of self-actualisation and social mobility (empowerment). This study is methodologically influential on my research design because of its ability to simultaneously privilege the voices of both CBO service users and their organisations as equally relevant and valuable. However, other reviewed studies are integrated into the upcoming justification and explanation of the chosen theoretical frameworks.

4.1. Black Feminism: An Intersectional Perspective

Feminist theory, as a critical lens, can be instrumental in excavating the roots of disparities arising from power imbalances within socio-economic and political structures, thereby interrogating the mechanisms and impacts of gender subordination, class oppression, racialisation, and other intersecting inequalities faced by participants (Hill Collins, 2019). First and second wave feminisms, although having set a clear foundation for disaggregating how gender produces disadvantage and inequalities, have received much criticism from their inception for failing to include the needs and perspectives of racialised minority women and other minority groups (Crenshaw, 2022). The failure to capture other forms of oppression as salient, along with the claim of the normative White Feminist perspective as universal womanhood, alienated Black feminists, who formed their own movements and ushered in the third wave of feminism by developing theories to capture their unique experiences of entangled oppression (Crenshaw, 2022; hooks, 1982). The binate experience of genderised racialisation was salient and formative to early conceptualisations of Black feminism (Alinia, 2015; Hill Collins, 2019). The two

experiences were initially analysed in tandem as parallel oppressions (separate but similar) until later being viewed as concurrent, entangled and mutually informative (Crenshaw, 2022; Hankivsky & Jordan-Zachery, 2019; Hill Collins, 2019).

Crenshaw (2022) demonstrated, in her critique of the legal system's treatment of women racialised as Black, that analysing single identity variables is an artificial extraction that bears little resemblance to how identity is experienced in real-world settings. In her development of intersectionality as a formal and methodical framework, she outlines three tenets: 1. No identity category is experienced in isolation; identity markers intersect as mutually informative. 2. The intersecting identities position individuals within systems of oppression (racism, sexism, ableism, classism, etc.), which are intricately linked with structures of power (laws, policies, institutions, etc.). 3. These social positions produce outcomes, such as disadvantage or privilege, and inequalities in lived experiences (Crenshaw, 2022). Intersectionality, therefore, challenges methods that view gender, race, class, and sexuality as isolated, merely additive, or unchanging categories. Instead, it highlights how these social divisions are intertwined, historically constructed, and intricately linked to institutional power structures (Sumi Cho et al., 2013; Hankivsky & Jordan-Zachery, 2019).

The socio-political context is therefore seen as the forum within which identity finds meaning and produces outcomes. In other words, a patriarchal society informs gender experiences, racialisation is constructed within racial hierarchical discourses, and poverty manifests within unequal capitalistic economies: these socially constructed epistemic values shape lived experience (Choo & Ferree, 2010). This contextualised perspective also explains the differing outcomes individuals can experience within various geopolitical settings, for example, the salience of racialisation and racism is present in

societies where the logics of imperialistic ‘racial hierarchies’ dominate, such as historic colonisers/colonised societies and is often exacerbated by minority status (Allen, 2001; Choo & Ferree, 2010). Understanding societal sentiments, the influences of historical narratives, and the Scottish policy landscape within which CBOs operate, along with the broader laws and environment shaping racialised minority women’s experiences, is therefore essential to fully grasp the causes of marginalisation and related inequalities for this study’s service user participants (Kapilashrami et al., 2015). The women participating in this study bring with them unique histories and challenges, such as migration trauma, which further complicate their interactions in new environments as immigrants navigating integration, assimilation, and cultural adaptation and as minorities in settings dominated by structures of racial stratification. In the literature review, Pederson et al. (2022) demonstrated that social exclusion, racism and stigma were ecological intersectional issues that racialised minority migrant women faced (p.311). Elevating the voices of the similarly situated women in this study is particularly important given these epistemic tensions and the women’s diverse paths into Scottish society.

Black Feminist theory leans on standpoint feminism, which posits that women, as a marginalised group, occupy a specific ‘standpoint’ and possess unique knowledge as a result (Alinia, 2015; Naidu, 2010). Within Standpoint theory, women’s experiences of navigating systems of oppression differ from those of men, and as such, women are uniquely positioned to critique patriarchy and other forms of oppression to which they are subject in ways men without those experiences cannot (Naidu, 2010). Standpoint is rooted in Marxist thought and directly challenges the dominant notion of male power within patriarchal systems as the masters of knowledge, which also extends to the normalised dominance of Whiteness (Naidu, 2010). Standpoint theorists regard women’s perspectives on issues affecting women as authoritative and superior to those expressed

by men who lack direct lived experience of women's lives and their specific challenges (Naidu, 2010; Yuval-Davis et al., 2006). This theory problematises similar dynamics, as emphasised by Smith (2021), particularly the legitimacy of etic research, where there is an established history of group oppression, such as the practice of hegemonic White scholars producing knowledge about racialised minority groups. This stance is significant when addressing the epistemic and hermeneutic justice issues concerning this study's demographic, and it further emphasises the relevance of an emic researcher (Fricker, 2007). The White gaze of researchers might be perceived as doubly oppressive because of their hegemonic social status as both the racialised majority and holders of academic or institutional power (Brown & Strega, 2005; Jolivé, 2015).

Racialised minority women face complex and challenging circumstances, which are often concealed from 'outsiders', especially where there is a history of irregular migration, culturally specific abuse and misunderstood group practices such as remittances, even in situations of poverty (Pederson et al., 2022; DiClemente-Bosco et al., 2024). These issues are often not easily generalised; therefore, the women's lived experience can thus be considered a form of expertise vital to knowledge production (Smith, 2021). It is therefore surprising that in the literature review, Wurtz et al. (2024), while applying an intersectional lens in their study investigating CBO strategies to serve immigrant women during the COVID pandemic, collected data only from CBO representatives but excluded service users. This approach creates a disempowering situation where vulnerable women are spoken about as if they have no agency, rather than directly to them, thereby devaluing their situated expertise. The CBO strategies were thus deemed effective only by CBO representatives, not by service users, who are better placed to judge whether the strategies truly met their needs (Wurtz et al., 2024).

Crenshaw (1997) outlines three vital facets of intersectionality: ‘structural, political, and representational’ (p.25), all crucial for intersectional analysis. Structural intersectionality describes how systems of oppression intersect within institutions and real-world contexts. For example, racialised women facing domestic violence confront not only gender-based abuse but also racialised economic hurdles, discriminatory housing policies, and restrictive immigration laws that make leaving abusive situations extremely precarious. Political intersectionality examines how racialised women experience marginalisation within feminist and anti-racism efforts. Often, initiatives addressing ‘women’s issues’ centre on white, middle-class perspectives, focusing on issues such as glass ceilings or reproductive rights while neglecting racism and racialised poverty and overlooks significant concerns such as childcare, social security, or immigration laws that uniquely affect racialised minority women (Crenshaw, 1997). Representational intersectionality analyses how media and popular culture shape societal views of racialised women, influencing which forms of suffering are recognised or ignored. Stereotypes portraying racialised Black women as hypersexual, unintellectual, ‘resilient’, or blameworthy for their victimisation reinforce marginalisation and undermine their claims to epistemic justice (Crenshaw, 1997).

Yuval-Davis (2006) elaborates that racialised social divisions are often ‘naturalised’, meaning they are portrayed as inherent, biological, or obvious (p.199). This depiction hides their historical origins and the ongoing political conflicts behind them. Naturalisation frequently creates invisibilised exclusionary boundaries between those considered part of the hegemonic group and those who are not, thus justifying hierarchies in access to economic, political, and cultural resources. These social divisions function on various levels: structural (laws, policies, institutions), intersubjective (social norms and relationships), experiential (personal feelings of inclusion or exclusion), and

representational (images, narratives, ideologies) (Yuval-Davis, 2006, p.199). Intersectionality argues that social categories such as gender, class, ethnicity and age are ontologically distinct but experienced in relation to one another simultaneously, albeit subjectively and differently by each individual as subtle realism holds (Yuval-Davis, 2006). For instance, class is rooted in the economic processes of production and consumption and proximity to White Western ideals of ‘civilisation’, while gender relates to social relations centred on sexual difference and reproduction. Race and ethnicity involve constructs of origin, culture, and phenotype. These salient social identities are deeply interconnected in real lives and institutions.

The standpoint of the service user women within this study is explicitly intersectional, linking gender and racialised status as visible markers of identity that shape lived experience, but is also connected to other axes of inequality, such as socio-economic standing, religion and migration history, although experienced as a unique and unified experience that forms distinctive outcomes (Crenshaw, 2022; Hill Collins, 2019). The easy expansion of the multiplicity of identity within the intersectional framework means that oppression and outcomes can be understood beyond Black/White, man/woman binaries into a more inclusive discourse about the various and synergistic ways marginality manifests, and it interrogates how accumulated marginal identities produce varying societal inequalities (Crenshaw, 2022; Hankivsky & Jordan-Zachery, 2019). Hill Collins (2019), departing from the essentialist notion of a generalised woman’s perspective, argued that women’s experiences are diverse and there is no single essentialised ‘woman’s perspective’. Instead, the Black feminist standpoint is deliberately multivocal and multilogical to allow for a broader understanding of the complexities of melding racialisation and other intersecting identities across diverse contexts.

This aligns with the study's subtle realist ontological position, which considers reality to be objective yet subjectively interpreted. In the literature review, Pederson et al. (2022) emphasised the importance of recognising this multivocal imperative in intersectional studies. While examining the perspectives of 'Black immigrant women' in mental health in the US, they note that the meaning of being a 'Black immigrant woman' is nebulous, since Black women can originate from various countries with diverse migration trajectories, religions, languages, cultures, and life experiences (Pederson et al, 2022, p. 308). This diversity makes homogenisation an artificial abstraction of a complex demographic. Therefore, intersectional analysis must account for this multivocal complexity to be both rigorous, earnest and practical.

Critics argue that intersectionality is too focused on identity as the source of social inequalities; however, Cho et al. (2013) suggest this is a misunderstanding of the theory, which considers variables beyond just additive identity categories. Both Cho et al. (2013) and Yuval-Davis (2006) emphasise that intersectionality primarily concerns power relations and structural dynamics rather than simply listing identities. Therefore, when intersectionality is reduced to a simple inventory of differences without examining how institutions and historical processes create, sustain, and most importantly, *functionalise* these differences, its critical significance diminishes. Intersectionality recognises the function of social stratification, e.g. much of the oppression and exploitation of women is connected to their function as unpaid caregivers, just as racialised minority peoples have functioned historically as unpaid or low-paid labourers- these exploited functions serve the machinations of capitalistic societies, they are not the outcome but the very foundation of how such societies organise themselves for profitability.

Intersectional theory is thus selected as this study's framework because of this conscientiousness. The racialised minority groups in Scotland originate from diverse parts of the world, which gives them a wide range of features, skin tones, accents, hair textures, and dress codes; markers that can either reinforce or challenge prejudice and discrimination (Meer et al., 2012; Netto et al., 2001). The different combinations of these phenotypic traits mean that, in racialisation alone, experiences can vary significantly (Netto et al., 2001). When religion, socio-economic status, migration history, and mental health are also taken into account, multi-perspectival viewpoints become unavoidable. Racialised women in the Global North also occupy a liminal and often overlooked space that transcends geography and culture, and a multilogical feminist exploration of these experiences, such as that offered by intersectional theory, can provide a perspective that enriches the epistemic corpus (Greenwood et al., 2017; Warner et al., 2020).

By asserting that identity can only be meaningfully understood through its interaction with systemic power structures, intersectionality shows that how people engage with policy is directly shaped by their axes of identity; in this case, migration history, access to childcare, healthcare, and the right to work are some of the materially significant issues that intertwine with racialisation, gender subordination, and religious tensions to create a complexity of outcomes that are difficult to disentangle but essential to recognise (Bambra, 2022; Christoffersen, 2021; Kapilashrami & Marsden, 2018). Therefore, it is crucial to communicate this demographic's diverse axes of marginalisation through an intersectional lens, which provides the scope to weave together these unique axes of identity to harness the nuanced 'situated knowledge' and better understand how inequalities emerge. The intersecting identities identified in this study are those of disadvantage, marked by stark inequalities (Eiser et al., 2022; Inglis et al., 2019). As discussed in the literature review, in Scotland these inequalities are not anomalies but

longstanding and increasingly worsening (Cebula et al., 202; Close the Gap, 2019; Mental Welfare Commission for Scotland, 2021).

Intersectionality considers lived experiences as authentic, expert, and vital in the knowledge production process and encourages participatory methodologies which this study will adopt to contribute to a broader conceptual understanding of varied social positionings and potentially informing pragmatic policy-making (Naidu, 2010). However, the reliance on ‘anecdotal’ subjective experiences is often criticised as unreliable and unscientific, even though anecdotal and lived experience testimony have long been foundational in social science research, serving as descriptive data in qualitative studies (Mason, 2018). There is nothing inherently unscientific or inferior about this form of knowledge production, which remains well established within qualitative research. It broadens the understanding of various social identities and experiences that cannot be captured by quantifiable data or simple observation (Denzin & Lincoln, 2000; Mason, 2018). Advocates such as Fricker (2007, 2013) and Jolivet (2015), among others, emphasise the need to include marginalised voices in research to achieve genuine and holistic knowledge production. They assert that voices of the marginalised must be given a platform to articulate the nuances of their experiences without suppression, discredit, minimisation, control, or delegitimisation, as often occurs for these groups (Fricker, 2007; 2013; Jolivet, 2015). This is especially important within a UK socio-political context marked by a troubled and racist imperial history, hostility to immigrants, widespread misogyny on social media, and media-fuelled culture wars used to delegitimise experiences of racism and other marginal communities (Meer et al., 2020a; Miles, 1990).

Critics of intersectional feminism also accuse theorists of essentialising demographics and reinforcing stereotypes and victimhood in marginalised groups by portraying these

demographics as disadvantaged (Geerts & van der Tuin, 2013). This stems from a misunderstanding of the framework, which clarifies that membership in certain groups can position individuals within systems of oppression, rather than guaranteeing disadvantage; therefore, Intersectionality highlights vulnerabilities rather than predetermined paths (Crenshaw, 2022; Hankivsky & Jordan-Zachery, 2019; Hill Collins, 2019). Some argue that the framework creates hierarchies of oppression, where gender and racialisation- particularly reflected in the experiences of women racialised as Black, are prioritised over other types of oppression or racialised groups (Geerts & van der Tuin, 2013; Hankivsky & Jordan-Zachery, 2019). Intersectionality does emphasise the experiences of women racialised as Black, not because their oppression is viewed as more significant, but because the framework was initially developed by women of this background who used their own standpoints and those similarly situated as starting points for analysing other forms of oppression (Alinia, 2015; Cho et al., 2013; Crenshaw, 2022). Interestingly, other feminisms are not heavily criticised for centring gender as an analysis point, as though it were more important than other oppressions; it is accepted as a lens and platform for exploring a specific variable (Alinia, 2015; Cho et al., 2013). This perhaps accentuates the very points made by Black feminists- that the narratives of racialised minorities are often interloped, opposed, and criticised in blatantly biased ways when directly compared with other groups (Alinia, 2015; Cho et al., 2013).

Standpoint feminism, as the foundation of intersectionality, counters against this clandestine and passive-aggressive form of delegitimation by granting the experiencer ultimate authority over their experiences as an authentic and valid source of expert knowledge. Instead of denying, minimising, or even emphasising racialised status, within intersectionality, racism is understood as one of many systems of oppression, a normal and inherent result of a racialised society: meaning that where racial categories are used,

racism operates as part of the in/out group dynamic of that society, both overtly and covertly (Delgado, 2023; Razack & Jeffery, 2002; West et al., 1995). In this way, intersectionality argues that all aspects of identity equally inform lived experience outcomes, with significance depending on the specific context. For example, within an all-women's group, gender might not be a source of oppression, but racialised status, economic position, education, and disability may become more prominent sites of marginalisation. Emejulu's (2013) study in the literature review illustrates this when examining 'Being and Belonging' among Scottish Pakistani women through an intersectional lens. She finds that by applying a gender, ethnicity, and national identity lens, certain aspects of identity challenges become salient and muted in both private and public spaces (Emejulu, 2013).

Applying intersectionality to health research has proven particularly effective in demonstrating how different forms of inequality impact health outcomes (Kapilashrami et al., 2015; Kapilashrami & Marsden, 2018). Traditional public health studies usually focus on socioeconomic factors like income, education, and occupation as primary influences on health, often considering ethnicity or gender as secondary factors. However, Kapilashrami and Marsden (2018) contend that this approach can oversimplify the complex nature of health disparities and hide the structural forces behind diverse experiences within the same social class. Their inter-categorical method uses categories such as racialisation, gender, class, and migration status to analyse structural relations, avoiding the mistake of treating these categories as fixed or uniform. For example, rather than seeing migrants as a homogeneous group, they examine how gender, legal status, racialisation, and class shape migrant experiences and health outcomes. This intersectional view shifts attention from individual behaviours or isolated risk factors to underlying structural causes, recognising that health results from interconnected systems

of oppression and privilege. Migrant health risks cannot be fully understood without acknowledging factors like immigration laws, border policies, labour market segmentation, xenophobia, and gendered expectations related to care and work (Kapilashrami et al., 2015). Thus, intersectionality enriches and complicates traditional social determinants frameworks by emphasising power dynamics and historical context.

The challenges of diversely conceptualising and defining Intersectionality as it is ubiquitously employed across multiple disciplines and sectors, as underscored by Hill Collins (2015), is echoed by scholars like McCall (2005) and Christoffersen (2021), who suggest that for intersectionality to be employed rigorously, its operationalisation must be explicit. McCall (2005) and Christoffersen (2021) both explore the various ways in which intersectional theory has been conceptualised and operationalised, which are outlined in Tables 2 and 3 below.

4.1.1. Complexities and Approaches in the Application of Intersectionality:

Approach	Methodology	Goal
Anti-categorical Complexity This approach deconstructs analytical categories, viewing them as simplifying social functions that produce inequalities. It emphasises the socially constructed and fluid nature of categories like gender, race, and class, rejecting fixed categorisations.	Methodologies include genealogy, deconstruction, and new ethnography, which challenge the completeness and stability of categories.	The goal is to critique and dismantle the normative assumptions underlying categories to address inequality.

Intra-categorical Complexity This approach focuses on particular social groups at neglected points of intersection, such as individuals whose identities cross traditional group boundaries. It critically examines the boundary-making processes of categories while acknowledging their stability and durability at specific points in time.	The methodology often involves narrative or case studies that delve into the lived experiences of specific groups, revealing the diversity and complexity within those groups.	It balances scepticism toward categories with their strategic use to highlight structural inequalities.
Inter-categorical Complexity Also known as the categorical approach, this method provisionally adopts existing analytical categories to examine relationships of inequality among social groups. It focuses on documenting and analysing structural inequalities across multiple and conflicting dimensions, such as race, gender, and class.	The approach is comparative and multigroup, systematically analysing intersections of multiple categories to explore patterns of advantage and disadvantage.	It uses both qualitative and quantitative methods to study how inequalities vary across contexts and configurations.

Table 2: Approaches to Analytical categorisation- Adapted from McCall (2005)

Table 2: Competing concepts of intersectionality

Name	Meaning	Practice examples
Generic	No focus or very little focus on any equality strand or strands in particular: the same work is delivered to benefit 'all'. Addressing issues that affect 'everybody' (that is, not only or even primarily marginalised equality groups).	Work is addressed at and intended to benefit 'everybody', so intersectionality is envisioned as being 'mainstreamed', or a general approach to the work. Since this concept treats everyone the same, work on specific inequalities is not consistent with this understanding of intersectionality.
Pan equality	Addressing issues that affect all/most marginalised equality groups.	Issues include mental health, hate crime, addressed through joint campaigning and research.
Multi-strand	Addressing equality strands in parallel, separately and simultaneously.	Some network collaboration and engagement on local equality strategies.
Diversity within	Addressing intersections within an equality strand, for example, differences among women, etc. One strand/inequality viewed as primary.	How intersectionality is often addressed within single strand organisations: inclusion projects targeted at intersectionally marginalised groups.
Intersections of strands	Work of/with specific groups sharing intersecting identities, for example, women of colour, disabled women, etc. No particular strand is primary or more in focus than the other(s).	'Intersectional' organisations (constituted at the intersection of equality strands, for example, a Black LGBT organisation, as distinct from single strand organisations). Intersectional alliances (formal and informal partnership projects across equality strands; relatively equitable partnerships).

Table 3: Competing Concepts of Intersectionality by Christoffersen (2021, p.24)

In this study, McCall's (2005) 'Inter-categorical analysis' (p.1784) is employed within Cho & Ferree's (2010) framework because it applies recognised analytical categories to examine social inequalities. It aims to document and analyse compounding structural disparities across various, often conflicting, dimensions such as gender, socio-economic status, and religion. This method is comparative and involves disaggregating the challenges faced within groups, systematically examining how different categories intersect to reveal patterns of disadvantage. Christoffersen (2021) in her critique, recognises that some intersectional approaches can overlook the synergistic way in which simultaneously inhabited axes of inequality can exacerbate marginalisation and inequality, viewing strands as parallel rather than entwined. The 'intersection of strands'

(p. 581) model proposed by Christoffersen (2021) is similar to the inter-categorical analysis by McCall (2005) in that they both adhere to Crenshaw's (2022) initial conception of identity axes that coincide and are inextricable from each other as informers of life outcomes.

Choo and Ferree (2010) present a practical framework that distinguishes three levels of intersectional analysis: group-centred, process-centred, and system-centred. This model clarifies how intersectionality is applied and highlights common pitfalls. Group-centred intersectionality concentrates on the lived experiences of multiply marginalised groups (inter-categorical), usually through qualitative methods. For example, their research explores how migration impacts racialised minority women workers, emphasising language barriers and workplace exploitation. Process-centred intersectionality shifts the focus to the dynamic interactions among different axes of inequality, examining how aspects such as racialisation, class formation, and gendering develop across various social contexts and levels. This approach reveals how inequalities evolve, change, and persist over time, rather than merely mapping individuals' positions in social hierarchies. System-centred intersectionality studies how entire social systems- such as the economy, government, family, education, and criminal justice- collectively shape inequalities through feedback loops and complex interactions (Choo & Ferree, 2010). For instance, workplaces might publicly endorse equality but still promote informal networks that favour White men for promotion, assign women and racialised minorities to insecure roles, and idealise workers without caregiving responsibilities. This perspective opposes the idea that one axis (often class) is primary and others secondary; instead, it views capitalism, patriarchy, racism, and other systems as interconnected and mutually reinforcing.

Institutions substantially contribute to the creation and perpetuation of intersecting inequalities. Intersectionality demonstrates how different institutions have historically been linked to specific types of inequality- such as class with the economy, gender with family, and race with the nation- and these institutions are interconnected through feedback loops, like racial categorisation leading to racialisation and discrimination, which produce outcomes such as the race pay gap (Choo & Ferree, 2010; Yuval-Davis, 2006). Understanding the historical context is essential to grasping these dynamics. Social divisions are not fixed or universal but are shaped by specific histories of colonisation, industrialisation, migration and societal ideologies (Yuval-Davis, 2006). Cultural narratives, such as negative stereotypes about racialised minority migrants, become deeply embedded over time and influence how policies are framed and implemented. An intersectional approach, therefore, situates current inequalities within historical and ongoing contexts, acknowledging that social categories can shift in meaning across different times and locations (Cho et al., 2013; Yuval-Davis, 2006).

Intersectional analysis must consider the complexities of axes of inequality as they interact within specific geo-cultural contexts and incorporate these into the application of the theory. It involves questioning how racialised experiences inform policies such as the MacPherson Report (1999), which explicitly mentions institutional racism as a factor in race-based inequalities, and how this has shaped Scotland's Race Equality Framework (Scottish Government, 2023a). These small victories indicate that evidence from lived experiences is influencing policy and driving change. While policies alone do not ensure change, a society that openly recognises and discusses problematic issues- supported by the political will to address them, as highlighted in 'A Fairer Scotland for All' (2015)- offers hope and provides some safeguards for individuals in a challenging environment.

For this demographic, gender subordination is as intrinsic to their lived experience as racialisation. The UK continues to struggle with gender inequality, where stereotypical gender roles shape women's division of labour at home, including caring responsibilities such as childcare and elderly care. These expectations can hinder access to education and employment, leading to socio-economic disadvantages (Arends-Tóth & Van de Vijver, 2009; Mickelson & Hazlett, 2014). These broader issues were briefly discussed in the literature review but are explored in greater depth below as part of the intersectional framework consideration. Culture and religion can, in some cases, exacerbate the effects of gender role expectations, whereby women from certain African and South Asian cultures, as well as specific interpretations of Christian and Muslim religions, may be barred from employment and education, are expected to be subordinate to their husbands and in-laws, and often face various forms of oppression and abuse as a result (Afrouz et al., 2020; Agadjanian, 2024). The intersectional analysis by Frank and Hou (2015) in the literature review, which explores the influence of source-country gender roles on the division of labour within immigrant homes, indicates that traditional gender roles are strongly prevalent and change little over time.

Violence against women is often a hidden issue linked to gender subordination and stems from multiple sources, highlighting the lack of power associated with womanhood and gender oppression (Fahmy & Williamson, 2018). Racialised minority women encounter specific intersectional challenges that heighten their vulnerability to violence, making them a difficult population to protect. Factors such as poverty and poor mental health can both cause and result from gender-based violence, trapping vulnerable women in vicious cycles. Challenges like insecure immigration status, language barriers, cultural differences, racism, mistrust of authority, loss of community, and socio-economic inequalities intersect to increase the vulnerability of racialised minority women to various

forms of violence, including violations of reproductive rights (Fahmy & Williamson, 2018). This group is diverse but often erroneously homogenised, further marginalising specific subgroups, such as those facing culturally specific abuse like female genital mutilation, forced marriage, and honour-based violence (Aplin, 2022).

Being marginalised means that racialised minority women are often misunderstood and suffer in silence, with limited access to services and heavy reliance on informal support from community organisations. Many remain trapped in hostile homes with their children, lacking the financial resources or knowledge to escape. This insidious intersectional marginality manifests as the hidden violence of inequality, which frequently extends to children, creating legacies of intergenerational trauma. Nonetheless, violence against women does not occur in isolation; the broader culture exerts a significant influence. Poverty and adverse mental health are regarded as consequences of these fundamental inequalities, which can both reinforce and exacerbate experiences of oppression. While these factors can reinforce cycles of suppression, they are regarded as effects rather than core identity axes (West et al., 1995; Crenshaw, 2022).

***(Reflexive Note:** As noted above and prior in the literature review, there is a tendency both in the culture and within research, to an oversimplification, homogenisation, and ersatz characterisation of racialised minority groups and women. Although these groups are aggregated into a single participant population within this study, this is done with a clear intention to problematise this practice and highlight the differences as well as similarities within and between groups that may congregate in the same spaces, share the same services, but have divergent needs. Power is not diffused equally within and between groups- the intersectional challenges of class, colourism, accent discrimination and other similarly veiled points of oppression stratify groups to create hierarchies of inclusion.*

The assessment offered by Hill Collins (2019) within the intersectionality framework to eschew the essentialised perspective of womanhood and concede instead to the diversity of experiences helps address this study's demographic.)

4.2. Empowerment Theory

Empowerment theories are concerned with enabling individuals, communities and organisations to gain access to power in the social, economic and political spheres to improve their lives (Rappaport, 1987; Solomon, 1976; Zimmerman, 2000). These theories have a longstanding history of application across social work, social psychology, community development, health policy, education, politics, and many other sectors involved in tackling inequalities (Ibrahim & Alkire, 2007; Joseph, 2020). Each discipline has its own interpretation of empowerment, resulting in varied definitions that can both enhance and undermine the concept. By offering a universal language that transcends specific subjects, the concept becomes useful in interdisciplinary efforts; however, nuanced theories can complicate its application and weaken the integrity of research when they are ill-defined or poorly implemented (Joseph, 2020).

A paper by Ibrahim & Alkire (2007) exploring internationally comparable indicators of agency and empowerment identified over 29 different definitions of empowerment in use within the literature, while Joseph (2020), in his critical analysis of empowerment theories, identified a minimum of 19 theorists espousing nuanced versions of empowerment theory (ET) within nine different domains. At first glance, these appear to be insurmountable shortcomings that would render ET too nebulous to be useful; yet, the literature abounds with compelling empirical evidence of its efficacy in various settings (Bloom, 2009; Cyril et al., 2015; Wallerstein, 2002). Key to its utility are clear and

explicitly articulated parameters. In his critical analysis of ET, Joseph (2020) noted that, although various theories of empowerment are in use, in studies where a precise definition is provided and the employed framework is explicated, the theory proves efficacious as an analytic tool and possesses strong explanatory power.

The theory often discussed in the literature review concerning CBO operations is Zimmerman's (1990, 1995, 2000) empowerment theory, which defines empowerment at the individual, organisation, and community levels. This theory extends early ideas of empowerment as a socio-political process that encourages active participation by individuals, organisations, and communities to achieve greater control, political efficacy, quality of life, and social justice (Zimmerman, 1990, 2000). It is influenced by Wallerstein's (1992) definition of empowerment as:

'a social action process that promotes participation of people, organisations, and communities toward the goal of increased individual and community control, political efficacy, improved quality of community life, and social justice' (p. 198).

Zimmerman (2000) further develops this concept by proposing a tripartite and multi-level model of empowerment, which distinguishes between the processes that foster empowerment and the outcomes that result. This is the theory that this study adopted, as outlined in Table 4 below.

4.2.1. Operationalising Empowerment Theory:

Level of Analysis	Process (Empowering)	Outcome (Empowered)
Individual Empowerment Also referred to as psychological empowerment,	Developing Decision-Making Skills Resource management Cooperative behaviour	An empowered individual typically exhibits a combination of the three components, including:

consists of three key components: <u><i>1-Intrapersonal Component:</i></u> This includes beliefs about one's competence, a sense of personal control, and motivational aspects such as self-efficacy and locus of control. It reflects an individual's belief in their ability to influence decisions that affect their life. <u><i>2-Interactional Component:</i></u> This involves critical awareness and the ability to analyse and understand one's social and political environment. It includes understanding causal agents (those with power), their resources, their connection to issues of concern, and the factors influencing their decision-making. <u><i>3-Behavioural Component:</i></u> This refers to actions taken to exert control, such as participation in community organisations, collective actions, or activities aimed at influencing the socio-political environment.		✓ A sense of control ✓ critical awareness ✓ participatory behaviours. These components are interconnected but not necessarily hierarchical, meaning an individual can possess varying degrees of each.
Organisational Empowerment refers to the processes and outcomes that enable organisations to provide opportunities for their members to gain control over their lives (empowering organisations) and to achieve broader goals in the community (empowered organisations). Both types of organisations are interconnected, as empowering processes within an organisation contribute to its ability to become empowered in the larger community context.	Participation in Decision-Making Shared Leadership Shared Responsibilities	✓ Attract Resources ✓ Foster Networks and partnerships across sectors ✓ Policy Influence
Community Empowerment refers to the processes and outcomes that enable a community to improve its quality of life, address local needs, and provide opportunities for citizen participation. It involves collective action and	Access to Resources Transparent & Democratic Structure Diverse & Equitable	✓ Cooperation for mutual gain ✓ Pluralistic Leadership ✓ Community Member Participation

collaboration among individuals, organisations, and agencies within the community.		
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Table 4: Adapted from Zimmerman (2000) Empowerment Theory

Zimmerman (1995, 2000) proposes that empowerment functions at three interconnected levels: individual, organisational, and community. Change at one level can reinforce or trigger change at another (Zimmerman, 1995, 2000). Individual empowerment, sometimes called psychological empowerment, is described as ‘the perception of personal control, a proactive attitude towards life, and a critical understanding of the socio-political environment’ -conversely, organisational empowerment is explained as ‘the processes and structures that promote members’ skills and offer mutual support necessary to foster community-level change’ (Zimmerman, 1995, p. 581). Community empowerment is characterised as ‘individuals working together in an organised manner to improve their collective lives and strengthen links among community organisations and agencies that sustain that quality of life’ (p. 581-2). According to Zimmerman (1995), ET has three interconnected components: 1. Intrapersonal (community-specific self-efficacy, motivation, and the intention to act and control within an individual’s community), 2. Interactional (critical awareness that facilitates skill development enabling social and political engagement), and 3. Behavioural (participation in collective action to modify social, economic, and political conditions through the application of acquired skills). This theory builds on Rappaport’s (1987) theory, which explained empowerment as an ecological, context-bound ‘process and mechanism by which people, organisations and communities gain mastery over their affairs’ (p. 122).

This tripartite approach, which addresses individuals, organisations, and communities, effectively tackles the research problem by focusing on women, their communities, and the CBOs they engage with. Therefore, the study adopts Zimmerman's (2000) empowerment theory as its analytical framework to explore how CBOs and their staff support racialised minority women experiencing poverty and mental health issues. Empowerment is both a process and an outcome, emphasising how the communities studied articulate their own issues as they perceive them, which supports the epistemic justice aims of this study, as suggested by Fricker (2007). It encourages communities to become collectively aware of the socio-economic and political factors shaping their lives and leverages individual self-efficacy to promote community participation for positive change. Additionally, this theory aligns with social constructionist epistemology, subtle realist ontology, and ubuntu axiology, which view individuals as interdependent, socially anchored, and reliant on their socio-political context to drive social change through shared community action (Burr, 2015; Hammersley, 1998; Zyl & Gouws, 2015).

Individual empowerment, also described by Zimmerman (2000) as psychological empowerment, applies to both CBO service users and staff through a process where they develop critical awareness, gain control, and actively participate in their environment. For CBO staff, this mainly involves their work setting, the support they receive in their tasks, and understanding service users' needs to align with the CBO's goals and deliver effective services that create change. It also enhances a sense of fulfilment and job satisfaction, covering all three components of individual empowerment: the intrapersonal aspect (self-perception and influence, such as self-efficacy and perceived control), the interactional aspect (understanding and navigating the socio-political environment), and the behavioural aspect (taking action through participation, advocacy, or leadership) (Zimmerman, 1995). In the literature review, Havlin's (2015) research on post-migration

gender role shifts indicated that social networks and support, such as those gained through CBO involvement, serve as sources of empowerment for women by facilitating cultural adaptation, social integration, and sometimes economic independence. Meanwhile, Bloom (2009) demonstrated that individual empowerment exists among CBO service users and staff in an anti-poverty organisation. Here, CBO staff improved their understanding of the barriers faced by diverse service users, leading to better comprehension of individual needs and the development of effective group programmes. This approach promotes critical awareness of systemic problems, fostering agency, collaboration, and mutual support among service users and staff to create change. Bloom (2009) also cautioned against pseudo-empowerment efforts that increase feelings of empowerment without challenging the root systems of disempowerment, noting that some interventions labelled as empowering merely adapt individuals to unjust conditions without transforming them. For instance, teaching financial literacy to low-income individuals can be helpful, but without addressing wage inequality and housing policies, it may not lead to genuine empowerment (Bloom, 2009).

Zimmerman's tripartite model (intrapersonal, interactional, and behavioural) provides a clear framework but is criticised for its ambiguity and broadness. Many see empowerment as a 'catch-all' term with varying meanings across different contexts, which limits its practical utility (Riger, 1993). Riger (1993) especially criticises the focus on individualistic interpretations (such as self-efficacy), suggesting that they may inadvertently reinforce neoliberal ideals centred on personal responsibility rather than fostering collective action. In this way, Zimmerman's (2000) focus on psychological empowerment might inadvertently align with a neoliberal culture that blames individuals rather than addressing structural issues. Speer and Hughley (1995) also argue that emphasising personal agency can overshadow systemic barriers such as racism, sexism,

or poverty. Although Zimmerman discusses ‘control’ and ‘influence,’ scholars like Cornwall and Brock (2005) contend that the theory does not adequately address higher-level power dynamics, including political struggles, nor does it thoroughly explore who holds power, how it is maintained, or how it could be redistributed.

Solomon (1976; 1987), a social worker focusing on economically insecure racialised communities, and Gutierrez (1990), also a social worker and educator working with racialised women, both argued that socially constructed labels contribute to disempowerment by fostering internalised oppressive beliefs passed down through generations. Therefore, the theory’s portrayal of individuals as powerless and in need of empowerment may itself be a form of disempowerment. These beliefs become ingrained in individuals’ self-concepts and self-imposed limitations. In their iterations of empowerment theories, they also emphasise that power cannot simply be bestowed; it is instead facilitated through group awareness of personal and societal barriers (Gutierrez, 1990, p. 230) or by overcoming internalised and systemic power blocks by recognising them (Solomon, 1987, p. 81). Zimmerman’s (1995, 2000) ecological theory supports this idea, asserting that individuals must develop a critical understanding of social constructs shaping their social positions and act on this knowledge to create change. Consequently, organisations can support empowerment by providing the information needed to develop this critical consciousness. The framework is deeply rooted in Freire’s (1970) concept of critical consciousness, which combines awareness of societal inequalities with the capacity to change them through praxis (reflection and action). Freire emphasises that critical consciousness develops through dialogue and collective reflection, helping individuals and groups challenge prevailing norms (Freire, 1970). His perspective places the individual within a community, showing that social change results from collaboration, dialogue, and critical thinking. Through praxis, people gain the ability to critically

evaluate their reality and take transformative action to improve it. Building on Freire's (1970) theory, Gutierrez (1990) explored how personal empowerment connects to group awareness. Her research with Latino/a college students found that those engaging in group discussions about shared challenges developed a stronger sense of collective identity and shared destiny than those without such opportunities (Gutierrez, 1990). This supports the idea that group interaction and dialogue are key mechanisms for fostering critical consciousness and empowerment.

However, this view can be problematic as it assumes that marginalised groups face inequalities due to their ignorance rather than considering that an awareness of structural issues cannot automatically change those issues, as they are historic and entrenched. This minimisation of structural barriers promotes neoliberal notions of individual blame and must be explicitly challenged for the framework to be epistemically just and workable for this study's demographic. The literature review indicates that racialised minority women in Scotland are a marginalised group facing disproportionate levels of poverty and mental health inequalities, often experienced as disempowerment (Joseph Rowntree Foundation, 2021). Poverty and adverse mental health situate individuals on the periphery of society, limiting economic participation and access to good-quality food, housing, and clothing, thereby inhibiting self-determination and undermining personal autonomy and agency (Corvo & Robinson, 2021; WHO, 2014; Laverack, 2006). CBOs can act as vital intermediaries, providing spaces for individuals with shared concerns to unite, learn, and collaborate (Zimmerman, 1995; 2000). Such organisations can support personal growth and improve access to resources necessary for broader impact (Gutierrez, 1990). CBOs are place-based initiatives that reflect individuals' and communities' self-determination to develop and exercise autonomy and agency in creating change in their lives. In this way, CBOs can serve as forums to facilitate empowerment through collective critical

engagement (O'Mara-Eves et al., 2013; Laverack, 2006). All of this takes place within the context of the Scottish government's clear agenda and mandate to empower communities through the Community Empowerment (Scotland) Act 2015, the establishment of Well-being Economy Governments (2023e), and the implementation of public health policies that promote community participation and co-production in decision-making. These efforts are transforming the distribution of power and fostering an environment where empowerment is both achievable and actively encouraged (Scottish Government, 2015; 2018; Public Health Scotland, 2022).

However, this government stance must be scrutinised as it could be seen as state-imposed interventions by the powerful dictating their agenda to the 'powerless', which would lead to an absurdity and paradox where empowerment efforts further disempower the already disenfranchised (Lukes, 2021). For activists and practitioners within CBOs, empowerment is fundamental in all social justice efforts aimed at addressing disparities by striving for an equitable distribution of resources, value, and power (Joseph, 2020). Zimmerman (2000) differentiates between empowering organisations, which foster individual growth, participation, and leadership, and empowered organisations, which have real influence over external environments and decision-making systems. Empowered organisations often grant employees and service users participatory roles in decision-making, promote leadership development, and cultivate inclusive structures (Zimmerman, 2000). For example, a CBO that includes staff and service users in strategic planning meetings exemplifies an empowering organisation.

Empowerment can be both a preventative measure and an intervention, making it a sustainable and prudent framework (Joseph, 2020; Rappaport, 1987; Solomon, 1976; Zimmerman, 2000).

It acknowledges the dynamic interplay among individuals, organisations, and the broader community. Individuals grow personally by working to instigate change within their communities or influence public policy. Organisations affect both individuals and the community by shaping access to resources and opportunities. Communities play a crucial role in shaping the experiences of individuals and organisations, especially through access to social, economic, and political assets. Therefore, community empowerment is interdependent on empowerment at the individual and organisational levels.

Because empowerment is complex and context-specific, measuring it presents challenges. Joseph (2020) suggests that empowerment theory aligns well with mixed-methods research, which combines quantitative and qualitative approaches. Quantitative measures like psychological empowerment scales, perceived control assessments, or community participation indices can quantify certain aspects of empowerment, while qualitative and participatory methods are vital for understanding meanings, processes, and local dynamics (Joseph, 2020). Researchers such as Zimmerman and Rappaport (1988) have created scales to assess perceived control and empowerment at individual, organisational, and community levels. These tools demonstrate that involvement in organisations and leadership roles correlates with higher perceived control, reinforcing the link between action and empowerment. However, numerical measures may not always be appropriate, as they can overlook what empowerment entails within specific cultural and political contexts. Jupp et al. (2010) recommend a participatory approach that begins with people's own definitions. This method serves two main purposes: it empowers community groups by providing a structured space for reflection, recognising achievements, and planning future actions. It also highlights that empowerment is non-linear, involving progress and setbacks, and that indicators should be based on local experiences and self-defined criteria rather than external standards. Qualitative methods may offer the most culturally sensitive

way to measure empowerment, especially for populations such as this study's participants that are over-surveyed but rarely heard.

Zimmerman (1995, 2000) emphasises that measures of empowerment should be adapted to specific populations and contexts. While this flexibility enhances the framework, it also presents challenges for standardisation. Christens (2012) argues that the lack of universal measures limits cross-study comparability and diminishes empirical strength. However, this criticism may stem from Western, individualist assumptions about autonomy, self-efficacy, and control that underpin empowerment theory's psychological dimension (Jupp et al, 2010). These values may not resonate within collectivist cultures, where empowerment is more often expressed through group identity, harmony, and shared responsibility (Jupp et al., 2010). In collectivist contexts, a community-determined approach to measuring empowerment may better reflect emancipation (Brown & Strega, 2005; Fricker, 2007).

4.3. Theoretical Frameworks Conclusion: Theoretical Contribution to Knowledge

Empowerment is compelling because it encompasses a broad, transcendent value as a paradigm, process, and outcome (Zimmerman, 2000). It evokes aspirational connotations that can motivate and inspire community support initiatives with marginalised groups, while also offering a practical framework capable of fostering meaningful change; from individuals (micro level), through communities (meso level), to society (macro level), as required in this research (Rappaport, 1987; Solomon, 1987; Zimmerman, 2000). Intersectionality, as an adjunct theory in this study, is a framework for understanding how identity-based inequalities are created, experienced, and challenged, and it highlights the fundamental causes of oppression rooted in personal experiences (Hill Collins, 2019). In

contrast, empowerment theory provides pathways for individuals and communities to gain greater control and agency to challenge systemic injustices. However, this model needs to be adapted when applied to racialised minority women, for whom empowerment must be viewed through the lens of layered disadvantages and collectivist cultural ideologies of the demographic (Jupp et al, 2010; Zimmerman, 2000). For this group, genuine empowerment involves addressing intersectional barriers, including racial discrimination, gender subordination, economic exclusion, and migration history. Integrating intersectionality into empowerment theory enhances its capacity to explore how CBOs can develop more inclusive and effective initiatives that enable racialised minority women to attain social, economic, and political agency (Crenshaw, 2022; Hill Collins, 2019; Solomon, 1987).

These frameworks are selected because they mutually support and complement each other in analysing the complex power dynamics of this study's diverse population. Their combination highlights both the structural barriers that must be contested and the personal and collective resources that can be leveraged. This study makes a unique theoretical contribution by merging intersectionality and empowerment theory within a dyadic framework to explore social power at both individual and collective levels. Although the frameworks are applied separately- intersectionality for women service users and empowerment theory for CBO representatives- their shared focus on social power offers a unified analytical approach. Intersectionality shows how overlapping identities influence oppression and marginalisation, and here, it examines how women's intersecting identities can either restrict or enable access to power amid poverty and mental health challenges. This usage deepens intersectional analysis by providing a nuanced view of lived experiences in community settings. Empowerment theory, typically applied to individual or group agency, is applied here to view CBOs as collective

agents that foster agency beyond individuals and drive community-wide change. The key contribution is integrating these perspectives within a problem/solution framework: intersectionality highlights barriers women face, while empowerment theory emphasises the potential for collective action through CBOs. Together, they demonstrate how power is constrained or enabled across personal, relational, and structural levels. By positioning women and their organisations within broader socio-political structures that create inequalities related to poverty and mental health disparities, the study demonstrates that combining intersectional and empowerment perspectives offers a more comprehensive understanding of systemic and relational power. The innovation lies in merging both theories and exploring how power manifests and is exercised across interconnected social levels. This approach bridges individual identity analysis and collective or organisational agency, providing new insights into community responses to structural inequality. It advances both theoretical debates on empowerment and intersectionality and offers practical guidance for CBOs to meaningfully foster inclusive, transformative change for intersectionally marginalised, racialised minority women.

***(Reflexive note:** Power is not a well-spoken-of concept in daily discourses. It is often discussed in overly simplistic terms as the arena of politics and business, but rarely as inherent and formative to what it means to be a social being. ‘Power to the people!’ as the mantra of social justice activists worldwide, has connotations of something that is withheld and denied but must be fought for to acquire. This is a superficial, unidimensional, and disempowering conception of power, which positions power in the hands of the ‘powerful’. It renders it inaccessible to the ‘powerless’ unless it is conceded, relinquished, or seized. The theorists above suggest that power is ideological and requires a form of buy-in. We are socialised and convinced into accepting and conforming to ideas, even when they do not serve us (e.g., internalised inferiority or*

subordination in class, gender and racialisation). Yet, these theories suggest that with adequate awareness, ideology can be resisted, denied, opposed, and changed.

This is, of course, only one element of power as power operates within already established systems and structures such as policies and institutions which frame society - this is 'The master's house' (Lorde, 1983, 2012), a socially constructed paradigm of entrenched beliefs, mores and competing ideologies within which we find ourselves. The master's house is built to suit the master's needs, a patriarchal capitalistic pyramid of insatiable oppression and exploitation. So, is it possible to cohabit within the master's house as equals? Moreover, if so, who will do the cleaning and the cooking? Is the ideology that has elevated the master to the house and the 'others' to the outhouse one that can be overcome? These are pertinent questions that require earnest consideration if we are ever to attain meaningful societal change.

Feminists and civil rights activists, as a heuristic path, enter academia to learn, teach and research ways out of oppression. They enter the political spheres, attempting to exert change. They adopt specific language to bridge into legitimising domains, and even where grassroots protesting is employed, it is to influence the political arena- these seemingly indelible and inescapable systems. Lorde (1983, 2012) eloquently expressed this dilemma: 'The master's tools will never dismantle the master's house.' Thus, the subordinated employ the master's tools with the intent to dismantle the systems of oppression that are the master's house, inadvertently extending and reinforcing the master's house. Examples of this are seen in activists evoking the racist ideology of racial categorisation in the name of anti-racism or using colonial practices of research and education to 'decolonise'...these are cosmetic 'quick-fixes' that soothe our sensibilities. However, real change requires that we organise ourselves differently, conceive and

construct ourselves anew- by interrogating and deconstructing the old categories and systems altogether. This is neither easy nor quick, but it is the task of ethically anchored social science.

Oppression is also multi-level, where those perched on their own precarious levels are so determined to climb ever further, the poor idolising the rich as examples of the highest possibilities on the ladder of unsustainable excess and so afraid to fall, that they despise those below, seeing them as reminders of how low the bottom is- this is the cunning machination of the neoliberal ideology of the Masters House, categorise, divide and conquer: in the name of individualism, we are encouraged to make meaning of our differences and convinced to shun our common humanity and better judgments of fellowship, interdependence, compassion and community but instead trample and shove our way to the top at the cost of our fellow men, labelling them 'feckless shirkers' rather than seeing them as natural outcomes of a prejudicial exploitative system- it's survival of the meanest. Earnest empowerment then requires 'power to the people', all the people, to be seen as capable of contending with power literacy as an emancipatory practice, because growing untamed inequality is an existential threat to all within a society.)

CHAPTER FIVE

'What does it mean when the tools of a racist patriarchy are used to examine the fruits of that same patriarchy? It means that only the most narrow perimeters of change are possible and allowable'
(Lorde, 2012, p.17)

METHODOLOGY

5.1. Bricolage: Methodological Freedom and Flexibility

Conducting genuinely socially just research requires an honest and sober evaluation of the academic pursuit, including the tools and perspectives used to investigate peoples and the corresponding problematic history of this pursuit. Said (2003, 2014) and Smith (2021) have highlighted the unequal and oppressive dynamics of Western academic research concerning non-Western populations. Historically, the academic enterprise has been built on Western hegemony (and its systems and methods) as the primary authority and legitimiser of knowledge and truth (Said, 2014; Smith, 2021, p.100). Additionally, the self-declared colonial view of Whiteness as dominance has led to what Said (2003) describes as 'positional superiority' (p.15), promoting the objectification of racialised minority groups as intellectually inferior and socially underdeveloped subjects to be studied and measured against Western standards that are often cross-culturally incompatible and inappropriate. This outdated approach still influences unexamined research practices that uncritically follow colonial academic orthodoxy, with a tendency for marginalised groups to be othered by etic researchers (Smith, 2021).

Even in participatory or co-produced research, the self-censure created in racialised minority communities by the imperial gaze of racialised White researchers amplifies other power imbalances present in the institutionally legitimised 'knowledgeable' academic versus the un-legitimised 'unacademic' community member dynamics, as well as other social class issues. These factors undermine equitable collaboration and perpetuate the epistemic harm caused by dominant groups creating 'knowledge' about

oppressed groups, ironically, even in equality research (Fricker, 2007; Jolivé, 2015; Smith, 2021). As an emic researcher, I bring cognisance of these issues and choose bricolage as a progressive approach that aims to mitigate oppressive power dynamics by reducing the rigidity of research design and processes and allowing the researched community greater choice and flexibility in shaping the project.

Progressive research encourages the researcher to interrogate history in order to improve current practices, recognising that knowledge production is not neutral; it shapes the ideas and concepts through which we construct the social world and, consequently, affects those whom the knowledge concerns (Smith, 2021; Wyatt & Zaidi, 2022). Barnes (2018) cautions that ‘...the concepts used in decolonising research methodologies such as decolonisation, social justice, inclusion, empowerment, and so forth are sometimes used simplistically.’ (p.382) often without addressing their complex, contested histories and implications. The bricolage approach is therefore employed in this study as part of the emancipatory toolkit to address the complex nature of this research problem and fulfil its social justice aims, situating it in the contested sociopolitical power tensions that the participants and the researcher inhabit. Bricolage as a research methodology involves applying multiple, diverse methodologies, theories, and conceptual tools to engage with a multifaceted research issue (Kincheloe, 2001; Rogers, 2012). Initially, bricolage requires the researcher to possess what Wyatt & Zaidi (2022) refer to as a ‘literacy of complexity’ (p.172), which involves understanding the multidimensional aspects of a research problem, recognising that social phenomena and actors are embedded within a complex web of intersecting historical, cultural, and socio-political influences (Quintana, 2023).

Women from racialised minority groups in Scotland come from a variety of geopolitical and cultural backgrounds. These factors interact with various ecological influences, including Scotland's policy landscape, the historical and ongoing impacts of racialisation, and issues related to class, gender oppression, and stigma around mental health and poverty (Meer, 2015b; Netto et al., 2001). Consequently, CBOs in serving this demographic operate within this intricate web of interpersonal, socio-political, and cultural factors. The bricolage approach dismisses an abstract view of variables, instead emphasising the interconnectedness of phenomena, bringing coherence to the research design; which emphasises social constructionism, subtle realism, ubuntu and the intersectional and ecological empowerment analytical perspective (Wyatt & Zaidi, 2022). As bricoleurs, researchers use any suitable tools they deem necessary to analyse the specific details of the research challenge, providing tailored responses rather than relying on generic, reductionist, or ill-fitting formulas (Kincheloe, 2005; Pratt et al., 2022).

Bricolage is a versatile, responsive, and adaptable approach that grants researchers the intellectual freedom to creatively address problems without being limited by strict and outdated scientific orthodoxy, which can impede scholarly advancement. This is the emancipatory rationale behind bricolage (Kincheloe, 2005; Rogers, 2012; Yardley, 2020). Researchers engage with their positionality and incorporate tools into their knowledge base to craft unique perspectives, interpretations, and mechanisms of meaning (Kincheloe, 2005; Wyatt & Zaidi, 2022). Denzin and Lincoln (2000) suggest that bricolage can deepen conceptual understanding through analyses from multiple perspectives, while Kincheloe (2001) emphasises that, by avoiding superficial reductionist lenses, this methodology can strengthen the rigour of a study.

This project utilises Denzin and Lincoln's (2000) five dimensions of bricolage; methodological, theoretical, interpretive, political, and narrative as a guide to develop and implement a complex but rigorous research approach. Previously, the study established a dyadic structure, analysing CBOs and women service users together. It employs two complementary frameworks: empowerment and intersectionality, as well as multiple data collection methods (interviews, photovoice and focus groups). This methodological approach advances the thesis's original contribution by uniting diverse tools into a unified, adaptable framework.

5.2. Research Questions

This PhD project is a co-funded initiative between The Poverty Alliance, The Mental Health Foundation, the Edinburgh Health & Social Care Partnership and a lived experience researcher. It aims to explore inequalities related to poverty and mental health, as well as the role of CBOs in tackling these issues. While this broad goal guided the research, I, as the researcher, focused on a specific group: racialised minority women and the CBOs serving them. This area presents a notable gap in the Scottish literature. Due to the limitations of this project being for an academic award, the research questions were developed independently by me, which limits the application of core CBPR principles (Israel et al., 2001; Wallerstein et al., 2018; Wilson et al., 2018a). However, the organisations and participants were invited to provide feedback on whether the questions accurately reflect community challenges. Any input received was included in the analysis and discussion of the thesis.

The following questions were formulated from the findings and research gaps identified in the literature review.

5.2.1. CBO-Related Research Questions

1. What facilitates or hinders CBO service delivery?
2. How do CBOs currently engage and attract service users?
3. What are the experiences of the CBO volunteers/staff in delivering their services?
4. How do CBOs operate?
5. What are their objectives?
6. How are results and impact evaluated?
7. How do CBOs see their roles in the lives of racialised women impacted by poverty and adverse mental health?

5.2.2. Racialised Minority Women (Service Users) Related Questions

1. What are the women's experiences of poverty and/or mental health?
2. What role does the CBO play in the service user's lives- i.e what do they feel they gain from engaging with the CBO?
3. What do service users wish the CBOs could offer that they do not currently offer to address inequalities arising from poverty and mental health?

5.3. Study Design & Procedure

A multi-case, qualitative, community-based participatory inquiry.

5.3.1. Multi-Case Study

The research problem for this study guided the selection of a case study approach. Case studies aim to explore the dynamics of real-life social phenomena, in this case: how CBOs operate for a specific group (Hancock, 2006; Yin, 2018). Crowe et al. (2011) describe a case study as 'a research approach used to gain an in-depth, multi-dimensional

understanding of a complex issue within its real-life setting' (p.1), involving five stages: defining the case, selecting the case(s), gathering and analysing data, interpreting results, and reporting. This method is suitable for investigating complex real-world problems related to a particular demographic, location, and context. Yin (2014, 2018) emphasises that this rationale supports the use of a case study approach.

The literature review identified a gap in knowledge in Scotland regarding how CBOs serve racialised minorities, making this an exploratory study. Yin (2018) suggests that exploratory case studies are suitable for generating insights and formulating hypotheses for future, more detailed research on understudied phenomena. Such case studies require a flexible research design to support discovery (Yin, 2018). The bricolage approach is thus also aligned with this aim, as it allows for the use of various tools as needed to explore the subject, and the use of multiple data collection methods enables a broad and nuanced understanding of the phenomenon from different perspectives (Kincheloe, 2001; Stake, 1995).

Six CBOs have been selected as a multi-case set for within and across-case comparative analyses, all sharing a similar profile: CBOs situated in Scottish urban areas of high deprivation that serve racialised minority women affected by poverty and poor mental health. These cases were selected from a purposive sample and are detailed in Table 5 below. This sampling method is typical for case studies, aiming to select relevant cases that are appropriate for the research question and capable of exploring particular phenomena within a specific context (Stake, 1995, 2006).

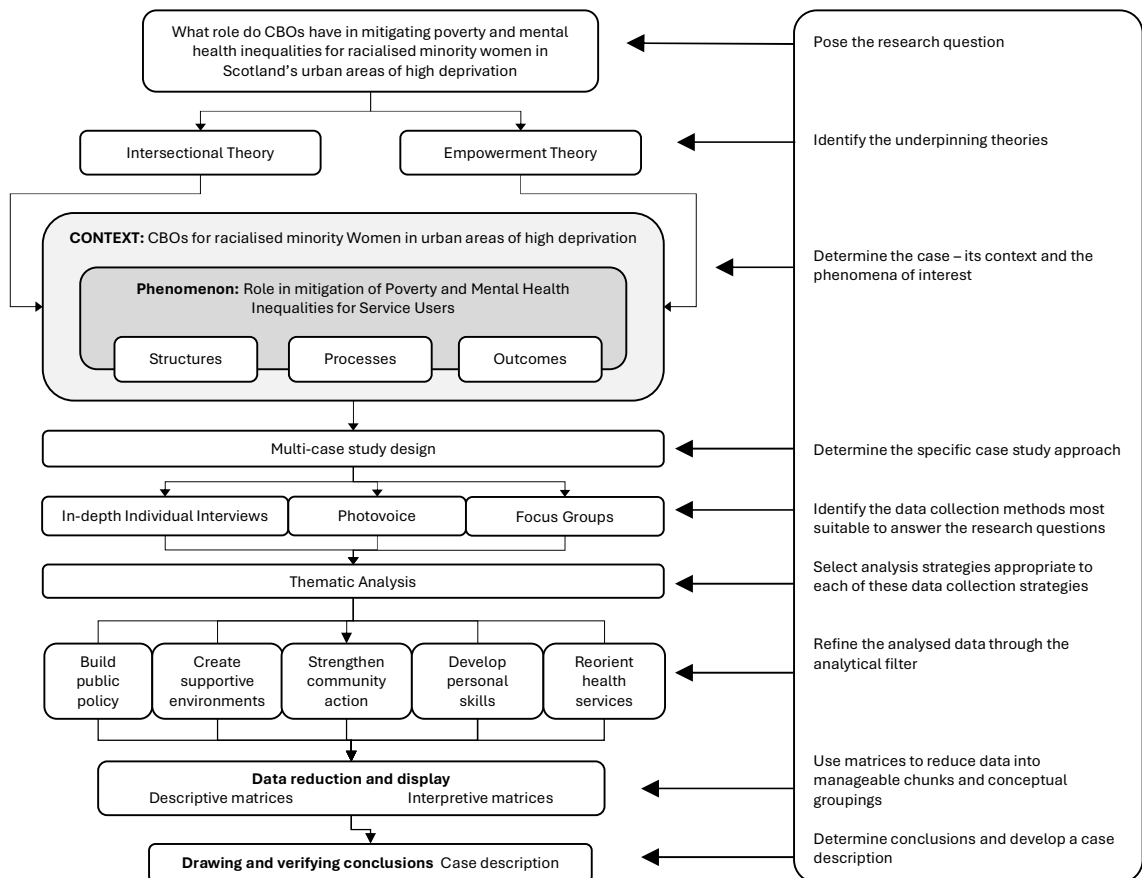
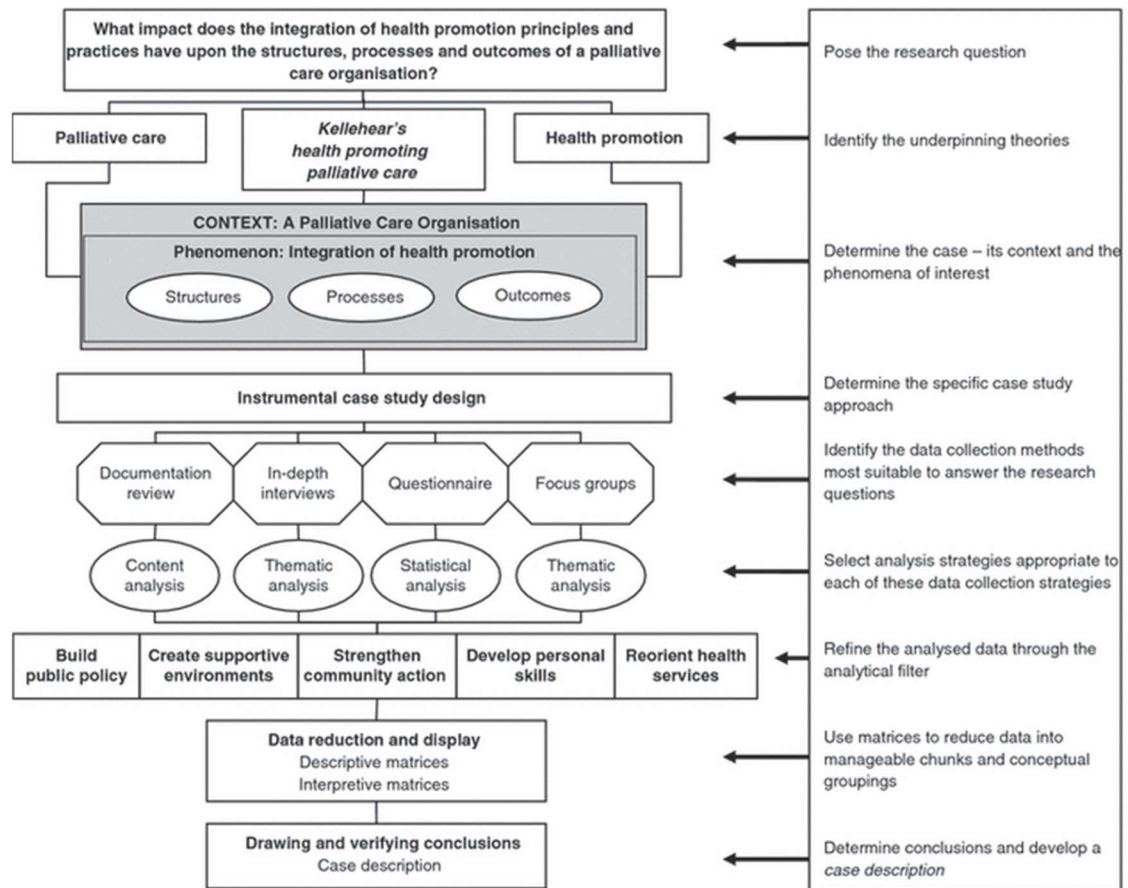
The literature review indicated that Scotland's racialised minority populations are mainly concentrated in Glasgow and Edinburgh, which is why these cities were selected for this

research. Only a few CBOs serve this specific demographic, making purposive sampling an appropriate method. Although Campbell et al. (2020) caution that purposive sampling can introduce bias, this risk was minimised due to the limited number of relevant CBOs in these areas. Sixteen CBOs were identified and invited to participate, and all six respondents then participated in the study. This approach helped avoid bias, as there was a sufficiently small pool of responses with whom to conduct an in-depth study. Managing multiple cases can be demanding and may lead to disorganisation. To ensure methodological and procedural rigour, Rosenberg and Yates's (2007) process and schematic were adopted and adapted to fit this project, creating an audit trail of the steps taken during the study.

The general process undertaken in this study is outlined in the nine steps below, which are based on recommendations from Rosenberg and Yates (2007).

1. Pose the research question
2. Identify the underpinning theories
3. Identify the case, its context and the phenomena of interest
4. Determine the specific case study approach
5. Determine which data collection methods are most suitable
6. Select data analysis methods that correspond to data collection methods
7. Refine the analysed data through a predetermined analytical filter
8. Utilise matrices to reduce data into manageable chunks and conceptual groupings
9. Determine conclusions to develop a case description

Figure 2: Study's adaptation of Rosenberg & Yates (2007, p.449) Case Study Schematic



One limitation of case studies is their potential for over-generalisation, which can lead to stereotyping and stigmatisation of the studied demographics (Thomas, 2013). This is especially concerning because racialised minority women are already vulnerable to stigma and stereotyping. It is therefore vital that the study minimises this risk and focuses on preventing epistemic harms (Fricker, 2007; Thomas, 2013). Ritchie (2014) identifies three ways to mitigate typifying cases and applying the generalisation of findings: inferential (extending findings to settings outside the sampled group), representative (generalising to the broader population from which the sample was drawn), and theoretical (where findings are applicable only in terms of the concepts derived). Sharp (1998) suggests that generalisability from case studies should be primarily theoretical, as claiming a representative sample is impractical due to the specificity of individual cases. Conversely, Stake (1995) believes sufficient information about each case should be provided and leaves the judgment of generalisability to the readers. As an exploratory project, this study adopted the latter approach and suggest a direction for future in-depth investigations.

5.3.1.1. The Cases

Table 5: Case Information and Participant Numbers

CBO Cases
1. ORG-A City: Glasgow Data collected: Total participants: 10 (2 CBO KI, 8 service user women) (2 Key Informant Interviews, 3 SU Photovoice, 2 Focus Groups)
2. ORG-B City: Glasgow Data collected: Total participants: 7 (1 CBO KI, 6 service user women)

(1 Key Informant Interview, 3 SU Photovoice, 5 SU Individual Interviews)
3. ORG-C City: Glasgow Data collected: Total participants: 4 (1 CBO KII, 3 service user women) (1 Key Informant Interviews, 3 SU Photovoice)
4. ORG-D City: Glasgow & Edinburgh Operates via WhatsApp & Facebook- no physical premises. Data collected: Total participants: 8 (4 CBO KII, 4 service user women) (4 Key Informant Interviews, 4 Individual Interviews)
5. ORG-E City: Edinburgh Data collected: Total participants: 5 (2 CBO KII, 3 service user women) (2 Key Informant Interviews, 3 SU Photovoice)
6. ORG-F City: Edinburgh Data collected: Total participants: 5 (2 CBO KII, 3 service user women) (2 Key Informant Interviews, 3 SU Individual Interviews)

The participating CBOs are listed and described in detail below, outlining their user base, services offered, and organisational mission, accompanied by a Scottish Index of Multiple Deprivation (SIMD) map. The SIMD measures area-based relative deprivation in Scotland, comparing geographic poverty across seven domains: income, employment, health, education and skill development, access to essential services, crime, and housing (SMID, 2020). Although it does not assess individual or household poverty, the map provides a broad view of deprivation within the CBO catchment area, highlighting the challenges faced by the local demographic (Bambra, 2022).

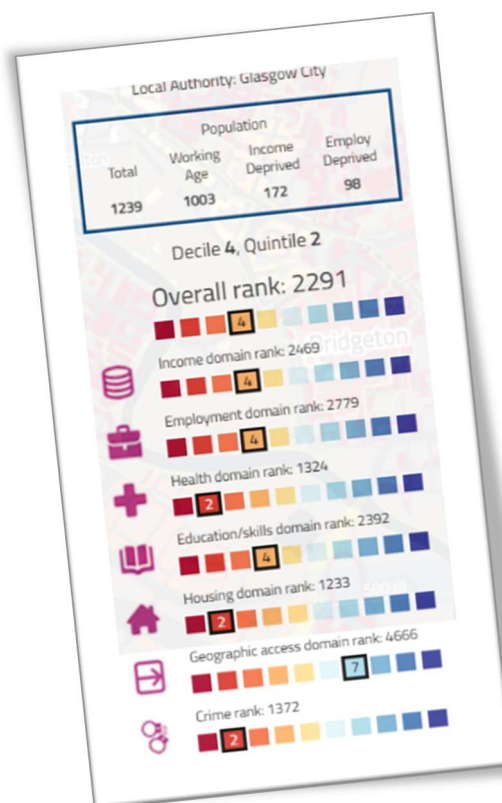
1. ORG-A

City: Glasgow

Data collected: Total participants: 10 (2 CBO KII, 8 Service User Women)

Scottish Index Multiple Deprivation Map:

ORG-A is a community organisation serving racialised minority women in Glasgow. As shown in the map above, this area ranks in the fourth decile for overall deprivation in Scotland, with specific rankings of 4th for income, 4th for employment, 2nd for health, 4th for education, 2nd for housing, and 2nd for crime. However, it has relatively better access to essential services, placing it in the 7th decile.



The CBO primarily supports women of African descent. Established in 2019, it now assists over 150 women from the African diaspora and beyond in Glasgow. ORG-A aims to address barriers to participation and build capacity for African women's success. The founder, an immigrant with personal experience of these issues, has a background in Sociology, Human Rights Law, and Behavioural Therapy. This multidisciplinary education informs her community support efforts, enabling her to create and implement effective programmes. ORG-A is a grassroots organisation, mainly volunteer-led, with community board members.

ORG-A's activities include befriending programmes, mentoring, inspirational talks, empowerment sessions, workshops with organisations like NHS women's health programmes, events for Mother's Day and International Women's Day, a weekly

Wednesday virtual discussion, a sewing project, cycling lessons, and day trips. These are mainly scheduled on an ad hoc basis, depending on funding. ORG-A has offices and a small workshop space for service users, supporting 12 people, which limits full participation. The premises are secured through the funding received.

2. ORG-B

City: Glasgow

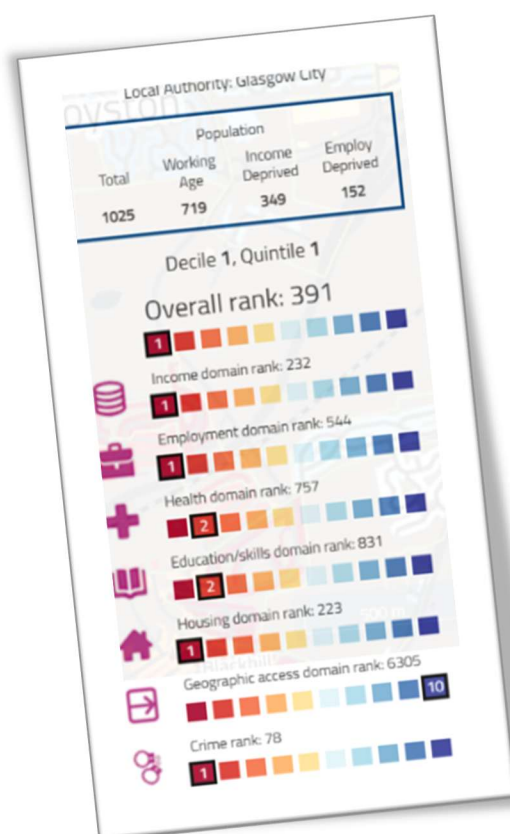
Data collected: Total participants: 7 (1 CBO KII, 6 service user women)

Scottish Index Multiple Deprivation Map:

ORG-B is located in Glasgow and ranks in the top decile for deprivation in Scotland across income (1st), employment (1st), health (2nd), education (2nd), housing (1st), and crime (1st). Despite this, it has the highest access to essential services, which are in the tenth decile.

Founded in 2013, the CBO was established by a community developer with lived experience who identified a lack of services for African immigrants in the northern Glasgow area. It aims to build more successful, integrated

communities by reducing poverty, supporting education, and fostering cultural and sporting links between Africans and the Scottish population. ORG-B provides support to men, women, and youth, including women-only programmes like a Saturday club that covers various topics through partnerships with other organisations, such as women's



health and home energy efficiency. It also delivers culturally appropriate food parcels. Women participate in a weekly Tuesday sewing club and enjoy regular outings.

3. ORG-C

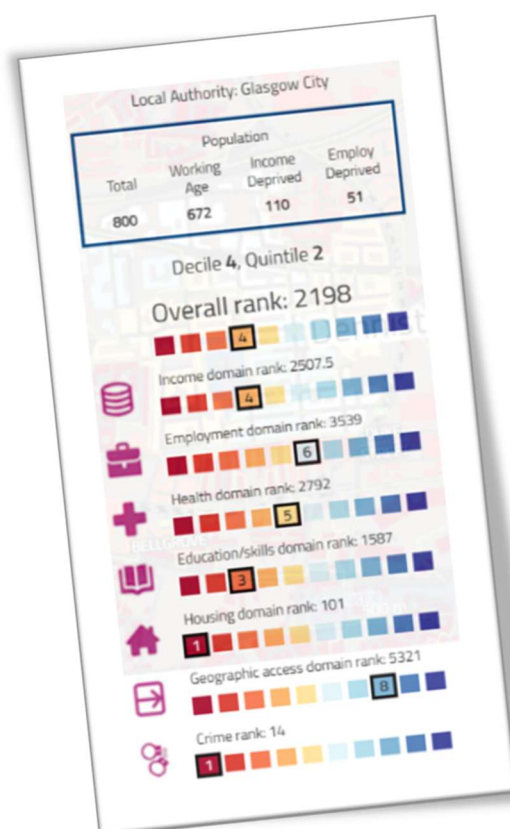
City: Glasgow

Data collected: Total participants: 4 (1 CBO KII, 3 service user women)

Scottish Index Multiple Deprivation Map:

ORG-C is located west of Glasgow's city centre and falls into the fourth decile for income in Scotland. It ranks in the sixth decile for employment, the fifth for health, the third for education, and the first for housing and crime. Access to essential services is relatively high, at the eighth decile.

Since 2009, ORG-C has mainly supported asylum seekers and refugees, while also assisting other immigrants and racialised minorities in need of community. Their annual



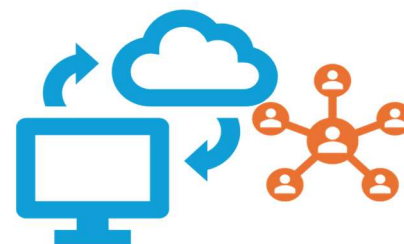
report emphasises that their primary goal is to support asylum seekers, refugees and BME communities in accessing services. They organise activities such as weekly community meals, exercise classes, English lessons, gardening, knitting, and sewing, creating spaces where racialised minority women can meet and socialise. Additionally, they provide broader resources including information dissemination to community networks and formal services, along with a food bank for those facing food insecurity.

4. ORG-D

City: Glasgow & Edinburgh

Locale: WhatsApp & Facebook based- no physical premises.

Data collected: Total participants: 8 (4 CBO KII, 4 service user women)



ORG-D is a WhatsApp-based network run by and for racialised Black African-origin women in Glasgow and Edinburgh. As such, it does not have a corresponding SMID map. Founded in 2022, it supports immigrant women who are neither asylum seekers nor refugees. The founder, having experienced circumstances unique to this group, created the organisation after noticing a service gap and attending various organisations in Glasgow. The network mainly operates on WhatsApp, with additional presence on Facebook for women in the two cities. They hold weekly Zoom gatherings for socialising and organise monthly empowerment sessions- both online and in person- led by industry experts. These sessions cover topics such as career advancement, childcare, mental health, and financial and marital advice. They also host in-person meetings in rented church halls and other affordable venues. Their Facebook page states they aim to ‘empower and support African women in Glasgow, Scotland and the environs.’

5. ORG-E

City: Edinburgh

Data collected: Total participants: 5 (2 CBO KII, 3 service user women)

Scottish Index Multiple Deprivation Map:

ORG-E is situated in Edinburgh, ranking in the third decile among Scotland’s most deprived regions based on



various indicators: income (4th), employment (5th), health (3rd), education (2nd), housing (2nd), crime (1st), and with relatively good access to essential services at the 8th decile.

Founded in 2016, ORG-E initially aimed to support women of African descent living in Edinburgh, but it has since broadened to include other racialised minority groups. Its services now extend to families and young people, expanding its original focus. The organisation was established by a lived experience activist who recognised a need for culturally sensitive services in Edinburgh. ORG-E offers women-only programmes that include activities such as gardening, sewing, cooking, English classes, mental health support, and employability assistance. The organisation describes its mission as an initiative offering women of African heritage culturally appropriate race- and faith-sensitive services.

6. ORG-F

City: Edinburgh

Data collected: Total participants: 5 (2 CBO KII, 3 service user women)

Scottish Index Multiple Deprivation Map:

ORG-F is located in the area of Edinburgh, which is in the third decile of Scotland's most deprived regions based on various indicators such as income (second worst), employment (third worst), health (second worst), education (second worst), housing (second worst), crime (sixth), and access to vital services (ninth).



ORG-F was founded in 1984 by community activists and has continuously developed over 40 years to meet community needs. Based in Scotland, it serves a diverse population with tailored programmes such as English classes, cooking sessions, and the ‘Talk Café’- a women-only safe space mainly attended by racialised minority women. In this space, women share meals, socialise, and build connections. ORG-F highlights its aim to address health inequalities through empowering service users towards better health and wellbeing.

The CBOs recruited serve a vulnerable demographic, racialised minority women exposed to multiple social adversities such as socio-economic challenges, social exclusion, discrimination, intersecting stigmas, migration-induced family separation and adverse mental health (Cordero-Guzmán, 2005; Roeder, 2014; Wang & Coulter, 2019). As Adebayo et al. (2018) and Cyril et al. (2015) found, CBOs are organised in similar but distinct ways because service provision is responsive to the needs of the specific community within which each CBO is embedded and therefore reflects the uniqueness and diversity of these communities. In theorising community, Spicker (2020) and Bhattacharyya (2004) propose that communities be defined through both geographic location and association by commonality, such as shared identity and interests. This multi-case evaluation employs these two criteria (geography and demography) for within and across-case comparisons to generate an in-depth, multifaceted understanding of a complex issue in its ‘real-life context’ (p. 1), as suggested by Crowe et al. (2011).

Area deprivation was assessed using the Scottish Index of Multiple Deprivation (SIMD) (2020c) map, a Scottish area-based measure that compares geographic poverty across seven domains: income, employment, health, education and skills development, access to essential services, crime, and housing. These domains are allocated a deprivation score

comparing outcomes with other areas within the country, and the individual scores are then aggregated to provide an overall ‘deprivation level’ score in deciles, with ‘1’ representing the most deprived and ‘10’ the least deprived. Bambra (2022) highlights the important influence of place on health, asserting that ‘compositional and contextual factors contribute to the complex relationship between health and place- an ecosystem made up of people, systems and structures’ (p.2).

All six participating CBOs were located in areas of Edinburgh or Glasgow (cities with the highest racialised minority populations), ranking in the fourth decile overall of the most deprived areas in Scotland and below (Scottish Government, 2022d). ORG-A, a CBO mainly serving racialised Black women, is situated in Glasgow, which falls within the fourth decile of deprivation. ORG-B, primarily serving African-origin migrants in Glasgow, scored first, indicating the highest level of deprivation. ORG-C, serving a more ethnically diverse demographic mainly with an asylum migration background, is located in Glasgow and also scored in the fourth decile. ORG-D was not scored, as it operates mainly online without a fixed physical location. ORG-E, supporting racialised women from various migration backgrounds in Edinburgh, scored third, as did ORG-F, serving a similar demographic in Edinburgh. While SIMD ranking helped understand the contextual challenges faced by the CBOs and their service populations, this study was exploratory and did not include metrics such as household incomes or CBO revenue, which could have provided a more detailed cross-case comparison. Instead, SIMD served as a baseline to measure area deprivation concerning general income levels, employment, and health, which are among the lowest in Scotland within these localities, indicating that CBOs in these areas address complex poverty-related challenges.

5.3.2. Participatory Methodology

This project aimed to develop a conceptual understanding of the intersecting needs of racialised minority women experiencing poverty or mental health issues. It also sought to examine how CBOs can support women in addressing these specific challenges. Intersectional feminism and empowerment theory offer a framework for analysing the inequalities rooted in this group's social position, guiding the selection of methods to address issues related to oppression and marginality (Crenshaw, 2022; Hankivsky & Jordan-Zachery, 2019; Zimmerman, 2000). These analytical frameworks highlight approaches that centre the voices of historically silenced marginalised groups and support communities' self-led efforts to identify concerns in their lives and communities, as well as to develop appropriate solutions (Gutierrez, 1990; Hill Collins, 2019; Solomon, 1976). Maynard and Purvis (2013) observe that feminist scholarship has evolved beyond simple theoretical and philosophical analysis, with feminist research practices promoting effective and suitable methodologies and expanding ethical considerations to meet the complex needs of marginalised groups. These frameworks are based on shared principles of social justice, aiming to foster emancipatory methodologies (Fleming et al., 2023; Gutierrez, 1990).

Aligned with these aims, a participatory approach was chosen for this study. Community-Based Participatory Research (CBPR) was selected because it involves community members as co-creators of knowledge, aligning with the study's broader social constructionist epistemology. This approach seeks to shift power from traditionally dominant institutions to a more democratic, community-led decision-making process (Israel et al., 2010; Vaughn et al., 2017; Wallerstein et al., 2018). CBPR allowed participants to share their experiences directly, discuss challenges, explore solutions, and foster community and personal change within a community-led setting (Israel et al., 2010;

Wallerstein et al., 2018; Wilson et al., 2018b). It empowered community members as vital contributors to knowledge because they are experts of their own realities. This aligns with the principles of intersectional feminism, which advocates emancipatory practices that honour lived experiences as essential knowledge for understanding diverse communities (Rappaport, 1995; Smith, 1997). CBPR served as a forum, facilitating communication between communities and stakeholders by sharing co-created knowledge to influence decision-making (Wallerstein et al., 2018). It is an Ubuntu-aligned methodology that promotes collaboration, equal partnerships between researchers and communities, the diffusion of power, and interdependence, thereby promoting mutually beneficial outcomes.

Israel et al. (2001) caution that CBPR projects can be plagued with unintentional and unexamined issues of gaze, othering, hegemonic dominance and class differentials that undermine the emancipatory ideals of co-produced research and these must be ever accounted for in equitable projects (Smith, 2021). However, there was a dispersal of power in this CBPR project because I, as the researcher, was immersed in environments where I lacked the situated knowledge of each CBO's operations and community dynamics, while community members contributed their varied cultural knowledge and developed new skills, ideas, and capabilities as co-researchers (Israel et al., 2001). This exchange promoted mutuality and community, challenging the traditional oppressive researcher-researched hierarchies (Wallerstein, 2021). Empowerment and Feminist theories support shifting power to address feelings of powerlessness among marginalised groups, and CBPR creates a democratic system where the hierarchical researcher-researched relationship can be replaced by a balanced co-production partnership (Fleming et al., 2023). Its action-oriented approach further distributes power by empowering communities through knowledge generated by the study, which informs and raises

awareness- building individual capacity, improving local CBO services, and influencing broader policies for societal progress (Israel et al., 2001; Wallerstein et al., 2018).

Israel et al. (2001) describe CBPR as a community-centred approach that places individuals within their broader community context, recognising that their needs and identities are deeply linked to and shaped by their community. This perspective is relevant for this study, which focused on individuals as community members and explored their connections to the community organisations that serve them. CBPR moves away from deficit models and instead leans towards an asset-based community development ethos that seeks to identify and build on a community's underused resources through democratic, collaborative engagement of lay people as experts by experience and co-creators of knowledge (de Andrade, 2016; MacLeod & Emejulu, 2014). Community members within a CBPR project can acquire important skills and serve as repositories of valuable, often overlooked cultural and situational knowledge (Israel et al., 2010; Wallerstein, 2021).

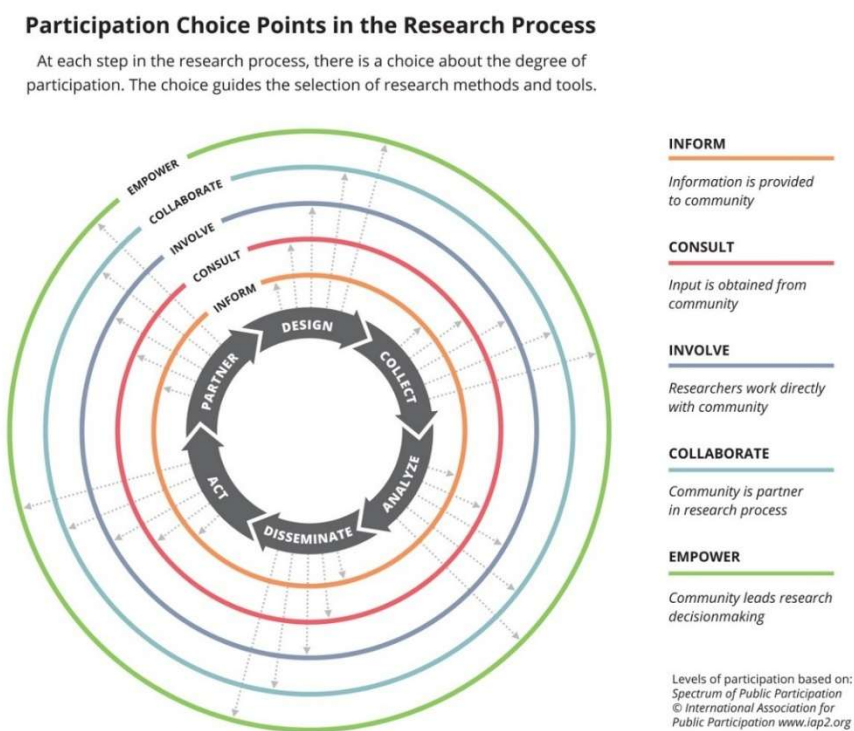
While CBPR acknowledges that individuals are situated within and influenced by their community's ecology, it also recognises the diversity of experiences congruent with Intersectional feminism's view of identity as a complex web of interconnected social categories that create multifaceted, multivocal experiences within a single 'community' (Crenshaw, 2022; Hankivsky & Jordan-Zachery, 2019; West et al., 1995). For example, racialised minority communities in major cities often include individuals from various countries, social classes, life experiences, and religious and cultural backgrounds and this diversity significantly shapes these communities (Vertovec et al., 2022).

CBPR is grounded in an anti-oppressive philosophy that explicitly tackles often-silenced oppressions and depends on personal accounts (Delgado, 2023; Israel et al., 2010). In this

project, conducted by an emic researcher, CBPR fostered a space where participants can openly share experiences related to their racialised, gendered, or stigmatised identities, free from the imperialist gaze and corresponding microaggressions such as minimisation, controlling narratives, silencing, or inferiorisation (Banks et al., 2013; Vaughn et al., 2017). Ultimately, CBPR advocates for inclusivity and recognises community collaboration as a vital asset for societal change (Delgado, 2023). CBPR approaches social issues through an ecological perspective, requiring communities to address local problems by examining both personal and societal factors as encouraged by Zimmerman's (2000) tripartite multi-level framework of empowerment. It involves analysing micro, meso, and macro levels to understand how inequalities develop and persist (Israel et al., 2010; Wilson et al., 2018a). This process was iterative, time and labour-intensive, demanding commitment from individuals facing challenges such as childcare, work, family responsibilities, mental health issues, and other commitments. Sometimes these obstacles hindered progress within the limited timeframe of the project. Participant dropout risk was considered, as Israel et al. (2001) warn they can threaten the project's success; therefore, recruiting enough participants was essential to minimise this risk.

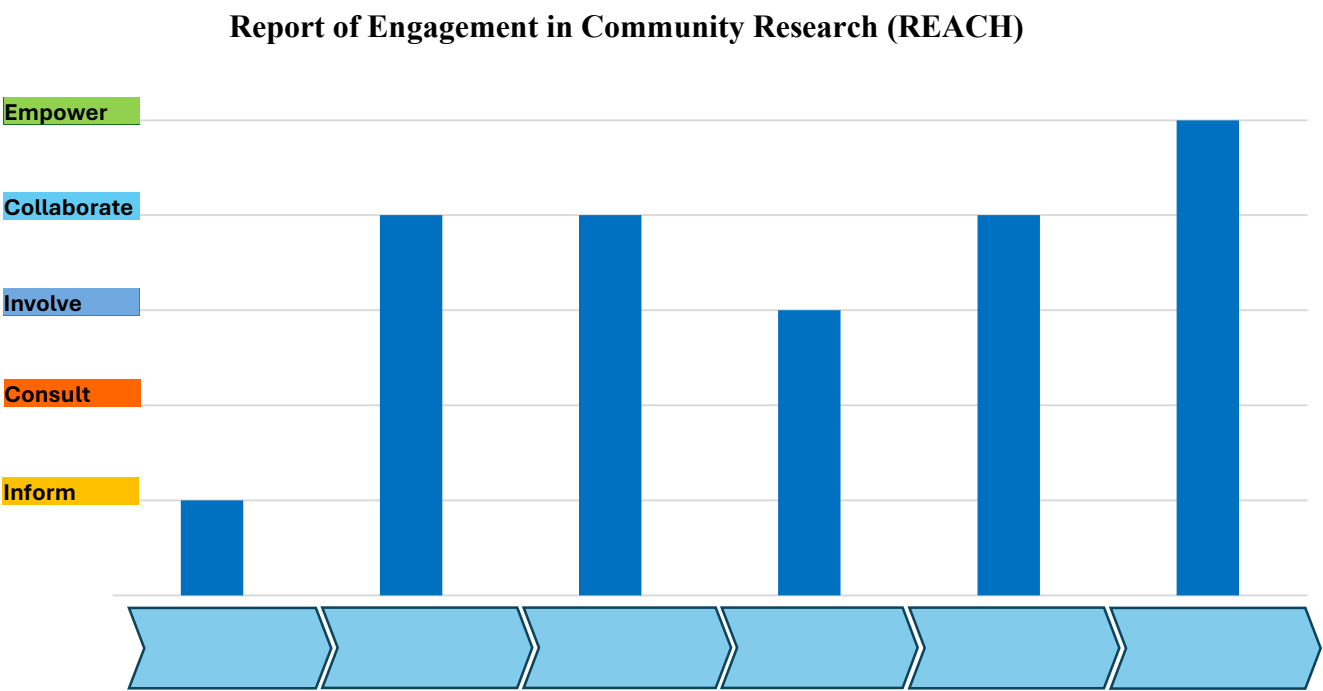
Since this research functioned as a doctoral thesis, full implementation of CBPR was not feasible, and compromises were made at each project stage regarding participation levels. Vaughn and Jacques' (2020) pragmatic approach was adopted, which views participation as a continuum with varying degrees of involvement. They describe 'choice points' in the research cycle where participation can be adjusted, tailored to each specific project. Figure 3 below illustrates the different levels of participation that can be adopted, as outlined by Vaughn and Jacques (2020). The corresponding Report of Engagement in Community Research (REACH) tool, which tabulates the level of participation occurring at each level of the project, is also included below for transparency.

Figure 3: Vaugh and Jacques (2020, p.6) participation choice point in the research process



The table below shows the level of participation at each stage of the research process within this project.

Table 6: Participation Choice Points of this research.



Research Phase	Partner	Design	Collect	Analyse	Disseminate	Act
Research Phase	Partner Brings different stakeholders together to discuss problems and the targeted opportunity space. It also includes finding partners and building relationships with other like-minded stakeholders.	Design Developing a strategy for the study and determining how the research should be conducted. It also involves selecting which stakeholders will be included in the following phases of the research.	Collect This phase involves all types of data collection.	Analyse This phase involves analysis and interpretation of the collected data.	Disseminate This phase involves the dissemination of research findings.	Act This phase encompasses any action taken as a result of research findings in order to enact change.
Contributors <i>Who was involved?</i>	Poverty Alliance Mental Health Foundation Strathclyde University Lived-Experience Researcher	Researcher Participating Community-based Organisations & Service Users	Researcher Participating Community-based Organisations & Service Users	Researcher Participating Community-based Organisations & Service Users	Researcher Participating Community-based Organisations & Service Users	Researcher Participating Community-based Organisations & Service Users Poverty Alliance Mental Health Foundation Strathclyde University
Methods <i>How were they involved?</i>	Inform The PhD studentship is a collaboration among the identified stakeholders to better understand the CBO landscape in Scotland to mitigate key inequalities. A lived-experience researcher was awarded the studentship and <i>informed</i> of research objectives. The CBOs and service users were later also <i>informed</i> of these overarching objectives.	Collaborate Following the literature review, which was conducted by the researcher alone. The researcher initiated a participatory project and collaborated with participating CBOs and their service users to identify community problems that align with the objectives of mitigating inequalities. The need for an emancipatory practice, flexibility and community choice guided a bricolage research design.	Collaborate Data collection included photo elicitation, interviews, and focus groups with organisations and service users who had collaborated with the researcher in deciding on these methods and had flexibility in which activities to participate in according to comfort level. Photo elicitation included some peer training for individuals joining the study at a later stage.	Involve Data analysis was carried out solely by the researcher; however, the community were involved in member checking, whereby the preliminary findings were presented to each organisation, with the opportunity to correct, guide, and clarify the interpretations being formulated from the collected data.	Collaborate The dissemination strategy was agreed upon between the CBOs, service users and the researcher. Dissemination is seen as the responsibility of everyone involved in the project to raise awareness and instigate community change.	Empower The CBOs and service users have requested project reports to use for funding applications, as well as general insights for better community practice. This action-oriented strategy is <i>empowering</i> as it is results-driven and motivated by the desire to implement change to improve community conditions.

The table above indicates that full collaboration, often expected in a typical CBPR process, happens only once during the research. Instead, participation varied throughout the project, reflecting the constraints and tensions associated with academic award-based projects, but may be an earnest account of participatory projects in general as Vaughn and Jacques (2020) assert that ‘the nuts and bolts of community involvement are often glossed over’(p.2). Vaughn and Jacques (2020) do not emphasise hierarchy among participation levels and see this continuum as realistic and earnestly reflecting what often transpires in fieldwork. In contrast, Israel et al. (2013) and Wallerstein and Duran (2006) theorise collaboration and equitable partnership as the primary goals of CBPR but do not clarify this granular level of how collaboration transpires in reality. This tension is acknowledged but underscores the need for flexibility, as each project involves different capacity levels from both researchers and communities. In this project, the research problem was set by key funding stakeholders (The Poverty Alliance, The Mental Health Foundation, and The Edinburgh Health and Social Care Partnership), limiting the researcher and researched community influence. Consequently, the project focused on emphasising community concerns by consulting and involving community members in constructing the research questions.

A successful partnership is fundamental to CBPR, requiring skills that go beyond academic knowledge. The process required social skills like confidence, diplomacy, flexibility, and perseverance. Along with trust, integrity, and dependability, these qualities were essential for building relationships and establishing sustainable connections in with community members. Additionally, it was crucial that, when forming relationships, all parties clearly defined their aims and objectives as suggested by Pinto (2009), Rivera and Knock (2024), Wu et al. (2018), Yasmin et al. (2022) in the literature

review to ensure shared expectations and mutual goals (Israel et al., 2001). This led to the researched community deciding that research reports which could be used in various funding applications and inform better practice would serve the community better than a one-time exhibition which may not be well-attended by stakeholders and would have a short-term impact.

For conceptual clarity, a distinction is made between participatory research and co-production. Co-production in this thesis is defined as work that requires the researcher and the researched to collaborate in order to produce knowledge. This stance eschews the hierarchical and extractive notion of social research as a one-way endeavour in which the researcher is credited with the products of research, but instead recognises the essential contribution made by research participants and the value of experiential expertise (Smith, 2021). In this progressive view, all social research involving ‘researcher and researched’ is co-produced because participants contribute their experiences to knowledge production and without this contribution there is no knowledge to be had. Participatory research is defined here as active involvement beyond experiential testimony; it requires deliberate engagement with decision making in aspects of research design as well as discharging some of the research procedures. As Vaughn and Jacques (2020) affirm, participation and engagement happens along a continuum and this was documented within Table 6 above.

***(Reflexive Note:** I was disappointed that the aspirations of a comprehensive CBPR in this project were curtailed. I was also conscious that, since the research led to an academic award, the intent and motivation for engagement could be mistrusted and give rise to feelings of exploitation. I endeavoured to overcome this by transparency and building rapport with co-producers to ensure mutual benefit: an Ubuntu praxis. Challenges with time constraints and limited resources also called for a compromise in many ways, such*

as fewer face-to-face visits when women faced childcare constraints. However, adopting the Vaughn and Jacques (2020) participation continuum approach helped assess each stage of the research process, critique, and justify the level of participation possible while maintaining the ethos and aspirations of CBPR.)

5.3.3. Qualitative

The overarching ethos of emancipatory research, along with the aim to centre the lived experiences of a marginalised community, led to the selection of a qualitative inquiry (Jolivéte, 2015; Strier, 2007; Wallerstein et al., 2019). Qualitative research helps explore human experiences, behaviours, and social contexts (Merriam, 2016). Jolivéte (2015) and Mason (2018) advise that the critical application of qualitative inquiry examines its strengths in depth and nuance, while also questioning how knowledge is produced, who controls it, and whose interests it serves. This is an important consideration in a CBPR study with marginalised women, it formed part of the discussions at the rapport-building stage in establishing the rules of engagement, full informed consent and expectations of outcomes from participating in the project.

All the key articles within the literature review employed either a mixed-methods approach or qualitative methods, further supporting the suitability of this approach for the investigation. Although qualitative methods are time-consuming, they offer detailed, context-rich insights, making them appropriate for this complex study involving diverse participants. In this research, a combination of semi-structured interviews, focus groups, and photovoice was used to explore how interactions with CBOs influence women service users' experiences of poverty and mental health, as well as to investigate how CBO representatives perceive their roles within the lives of the women they assist. These data

collection methods involved close contact with participants, which Merriam (2016) warns may lead to the researcher's own views and interpretations influencing the results; therefore, addressing subjectivity and potential bias was essential. Reflexive practice was employed to mitigate these concerns and was particularly important in this study due to my emic positionality as a researcher. While reflexivity reduces bias, it cannot eliminate unconscious biases; however, it promotes transparency- a practice I maintained through reflexivity notes throughout the thesis to explain my decision-making in designing and conducting the research. Another consideration when adopting a qualitative approach, as Mason (2018) notes, is that the interpretive nature of qualitative research raises questions about reliability and replicability, as different researchers may reach different conclusions. However, since the aim of this exploratory study is not generalisation, the subjective and detailed insights provided by qualitative data are ideal for understanding contextual factors and guiding future in-depth research. Nonetheless, triangulation was achieved through reflexivity and member checks whereby the researched community were consulted and asked to comment on how representative the thematic findings were to their experiences which enhanced the rigour and credibility of the findings (Jolivéte, 2015; Mason, 2018).

5.3.4. Data Collection

Semi-structured Interviews

Data collection involved semi-structured interviews and focus groups, guided by a schedule of prepared questions (Appendix G and H). These questions served as prompts to facilitate a guided yet flexible dialogue, promoting the achievement of research objectives while allowing participants to share their experiences and perspectives freely (McNeill, 2005; Seale, 1999). Creating interview questions in qualitative research starts

with aligning them to the study's purpose and research question. Mason (2018) highlights that well-defined objectives help shape practical, coherent questions, which create a roadmap for respondents. The semi-structured method, combining flexibility and structure, was used as a guide to cover essential topics while enabling interviewees to explore unexpected but relevant areas.

Development of interview questions:

The interview questions were developed based on the study's objectives, literature review, and research questions. Ethically, they needed to be culturally appropriate and sensitive, reflecting participants' demographics and the topic. Initially, neutral, open-ended questions were used, with more in-depth probing questions introduced as suggested by Mason (2018). These questions were revised after pilot testing with three participants from different CBOs, and adjustments were made during interviews to improve the questions' effectiveness and modify those that were less effective: an iterative, reflexive process. The final interview schedules, including all questions, are in Appendices G and H.

Interviews with CBO representatives and women service users were conducted either in person at the organisation's premises or virtually via platforms such as Teams or Zoom, if necessary. Each participant had one interview, lasting around 1 to 1.5 hours, with food, drinks, and a comfort break provided. These interviews took place from March to November 2024, alongside the photovoice sessions for CBO service users.

Focus Groups

The focus groups involved guided discussions to understand participants' views, experiences, and attitudes. They were added as a data collection method to capture group perspectives since CBOs operate within similar collective dynamics. While focus groups provide valuable, rich, and interactive data through participant dialogue, they also have strengths and limitations. (Merriam, 2016).

Mason (2018) adds that these sessions encourage deeper reflection and unveil shared or conflicting meanings, aligning with socially constructionist epistemology. Unlike individual interviews, focus groups enable researchers to observe how opinions are formed and negotiated in real time (Mason, 2018; Merriam, 2016). This approach is particularly valuable for examining social norms, group identities, and collective narratives. Mason (2018) points out several challenges linked to focus groups, such as dominant participants guiding the discussions, which can suppress quieter members or influence their responses, this did not happen much in the study's sessions- the women were courteous to one another which reflected their ease with this dynamic as they operate in these group based formats within the organisations. The power imbalances related to age, gender, or social status, that Mason (2018) observes, can distort data and compromise authenticity were also not an issue as the women were not divided by these social hierarchies. Focus groups do raise ethical concerns regarding confidentiality; unlike one-on-one interviews, where disclosures are private, true anonymity in group settings is impossible. This was a concern because sensitive topics may be avoided due to fears of judgment or social desirability bias and the focus group sessions differed significantly from interview questions which were more neutral and depersonalised. Successful focus groups rely on careful design, ethical awareness, and an understanding of how group interactions influence the data. In this study, using both individual interviews and focus groups struck a balance between maintaining discretion and gaining group insights.

Photovoice

Photovoice is a participatory research method in which participants use photography to visually depict meaningful moments in their lives as they relate to the research project (Wang & Burris, 1997). Recognised as an emancipatory technique, it has become popular for research involving vulnerable and marginalised groups because it allows participants to control how they share their experiences. Wang and Burris (1997) outline three main objectives of photovoice: (1) enabling individuals to document and reflect on their community's strengths and issues, (2) fostering critical discussion and understanding of key problems through group review of images, and (3) influencing policymakers. Photovoice was chosen as Wang & Burris (1997) suggest it can empower communities and drive social change by raising awareness of oppressive forces through community dialogue initiated by the project.

The analysis of Photovoice data poses a methodological challenge, involving tensions in construction and interpretation between the researcher and participant (Evans-Agnew & Rosenberg, 2016; McDonald & Capous-Desyllas, 2021). To overcome this, I followed Wang and Burris' (1997) advice that caption writing alleviates this tension by allowing participants to describe or interpret the photo's meaning, thereby providing a clearer voice for their experience. The participants were asked to provide captions with each photo to explain what the photo represented in their experiences and these narratives served as a discreet and ethically sensitive approach to interpret the visual data (Kirova & Emme, 2006; Plunkett et al., 2013). The self-directed nature of photo elicitation was especially valuable in this context when researching sensitive topics like poverty, racism, and mental

health, also considering participants' stigma-related challenges, and the importance of confidentiality (Wang & Burris, 1997).

Photovoice with the CBO service users began with a one-hour introductory and instructional session. This session explained the research details that participants had previously received with the consent form and participant information sheet (Appendix C). During this session, we reviewed the research questions as I sought input and clarification on community concerns and wanted our efforts to be aligned to the core mission of the project. I provided instructions on conducting Photovoice and writing captions. An instructional leaflet (Appendix F) was distributed to participants during this session, and contact information was provided on all documents for support if needed. The women were asked to submit photos ad hoc, and a follow-up session was held three months later to check on their progress and address any issues. Photovoice involved taking photos of meaningful objects, areas or events that reflected their experiences- no identifiable faces of people (unblurred) were permitted. Refreshments were offered at all scheduled meetings. Participants were instructed to use their mobile phones to capture everyday images that were meaningful and reflected their experiences of poverty and mental health. Safety guidelines were clearly explained to ensure that photos of people did not reveal identities. An example caption was shared and discussed to make sure participants only shared what they were comfortable with, prioritising their mental well-being.

At first participants were enthusiastic and there were plans of a stakeholder exhibition when the project concluded, however as time passed I started receiving a lot of images with people's faces unblurred which had to be deleted as they were unusable. Some of the women from one organisation then set up a meeting with me to discuss the idea of the

planned exhibition, relaying that they felt that photo elicitation felt like a request to prove their poverty and struggles. This was a shock as I had not considered this. I organised meetings across all participating CBOs to discuss this issue and it turned out that some women were not comfortable displaying their life challenges in such a visual way and the idea of a stakeholder exhibition was abandoned. Some women were still happy to provide photovoice for the project and these were accepted, although this significantly reduced the prominence of this data collection method in the project. As I emphasised the action oriented and mutuality of an Ubuntu project, it was agreed that research reports and involvement in dissemination of findings would be more useful for the researched communities aims to be understood by policy-makers stakeholders and funders.

5.3.5. Participant Recruitment

This study adopted MacDougall and Fudge’s (2001) three-stage framework for planning and recruiting participants for in-depth interviews. This approach was chosen because it offers clear guidance on recruitment and emphasises the significance of building researcher-participant relationships and rapport beyond the study, aligning with CBPR and Ubuntu principles that emphasise mutuality. Below is a table presenting MacDougall and Fudge’s (2001) sampling and recruitment method, along with a detailed description of each stage.

Table 7: MacDougall and Fudge (2001) Sampling and Recruiting Strategy

PREPARE
Describing the sample
Finding information sources

Finding key contacts or champions
Discovering recent or related projects
Drafting alternative samples
CONTACT
Initial approach
Negotiation with key contacts
Direct negotiations
Confirmation
Involvement
FOLLOW-UP
Feedback to and from participants
Feedback to key contacts or champions
Continuing links
Public events
Action and Advocacy

During the preparation phase, non-probability purposive sampling was employed following the exploratory case study approach (MacDougall & Fudge, 2001; Smith, 2019). Small samples were selected, including at least two key informant interviews (KII) participants and a minimum of three service users per CBO, based on Smith's (2011, 2017) recommendations for Doctorate projects to gather sufficient and rich in-depth insights. MacDougall and Fudge (2001) note that studying sensitive topics such as mental health, poverty, and racism (which are central to this research) can present challenges for recruitment and retention. Therefore, sample sizes were increased beyond Smith's (2011, 2017) minimums to allow for potential attrition. The issue of sample size in qualitative research is complex; as Vasileiou et al., (2018) state, adequacy should be supported by indicators such as saturation and community-specific norms (p.15). A total of 12 CBO KII and 27 racialised minority immigrant women (Pakistani, n=6; Kurdish, n=4; and

Black African, n=17) from six community-based organisations (CBOs) in Glasgow and Edinburgh, participating in interviews, photovoice and focus groups.

The Recruitment Criteria

CBOs:

The case criteria were: CBOs located in high-deprivation areas, as indicated by the Scottish Index of Multiple Deprivation (SIMD) (Scottish Government, 2020c). SIMD maps are provided for each CBO, including a summary of the deprivation indicator in the analysis and discussion. The selected CBOs were based in Glasgow or Edinburgh and focused on supporting racialised minority women facing poverty and/or mental health challenges. These organisations were identified through contacts with the Scottish Community Development Centre (SCDC) and Black and Ethnic Minority Infrastructure in Scotland (BEMIS), which serve as the leading umbrella organisations for community groups across Scotland.

CBO representatives for interview:

A representative employed by the specified CBO with at least nine months of direct experience working with the women the CBO supports, and an understanding of the CBO's aims, objectives, and operations.

Service user participants:

- Cisgender women - (the distinction of cis-women is made because trans individuals face additional and different intersecting challenges outside those of focus within this study).

- Non-White racialised minority (visible minorities face specific challenges due to phenotypes)
- Aged 18-66 (the lower limit of 18 is chosen because it is the age when an individual is no longer under parental responsibility and ceases to be eligible for state protections as a minor, while the upper age is 66, which is the retirement age). These criteria are established because the study explores poverty drivers which may be linked to employment.
- Have experience of poverty and/or mental health adversity. The participants' poverty and mental health is a self-assessed measure, determined by the participants themselves, where mental health is defined according to the World Health Organisation Mental Health Continuum (Keyes, 2002; WHO, 2022) and poverty is defined according to the UN (1989) definition which includes financial insufficiency, material deprivation and food insecurity. This reflects the findings of the literature review that mental health is not defined and conceptualised uniformly across cultures (DiClemente-Bosco et al., 2024) and that the money-metric measure of relative poverty does not adequately reflect poverty induced by other factors such as debt, lack of opportunity, choice and lower standard of living.
- Using a relevant identified CBO in an area of high deprivation as determined by the Scottish Index of Multiple Deprivation (SIMD) (Scottish Government, 2020c) within the two selected cities (Glasgow & Edinburgh).
- Have settled immigration status (Indefinite leave to remain) or UK citizenship. This distinction is made between settled immigration status and UK citizenship because asylum seekers face unique stressors related to their immigration status, which lead to different experiences.

- Have conversational English proficiency and be able to read English, since participants are likely from diverse ethnicities and cultures with different languages; English was used as the common language in all communications.
- They must have access to a mobile phone with a camera, as photovoice is conducted using their own devices.

Exclusion criteria:

- White British or White minority racialised group, male, (trans or non-binary individuals), under 18 or over 66 years old, no experience of poverty and/or mental health adversity, asylum seeker, not attending relevant CBO, non-conversational English proficiency.

Summary of inclusion/exclusion recruitment criteria:

- A minimum of three (up to six maximum) CBOs in an area of high SIMD deprivation within the two selected cities (Glasgow & Edinburgh) participated. From each CBO, two minimum (four maximum) representatives were interviewed, and three minimum (eight maximum) women service users engaged in Photovoice activities such as taking photographs, writing captions, focus groups, and interviews. Overall, the study targeted 6 to 24 CBO Key Informant Interviews (KII) and 9 to 48 service-user women. These figures were determined considering the sensitivity of the research topic and expected high dropout rates due to childcare and unforeseen life commitments.

The final participant recruitment numbers are below:

CBOs: N=6

CBO Service Users: N= 12 Age (range): 18 - 66

CBO Representatives: N= 27 Age (range): 18 - 66

Recruitment Process

This is the second stage of MacDougall and Fudge's (2001) sampling and recruitment approach. At first, CBOs received an email (the gatekeeper email in Appendix D) to inform them about the study and invite their organisation to participate. Along with this, a participant recruitment poster (Appendix E), Participant Information Sheet (PIS), and consent forms (Appendix C) were also sent to ensure complete transparency. After the initial email, CBO respondents received a request for an in-person introductory meeting with the CBO representatives to build rapport and address any remaining questions.

Participants identified as 'service users' were recruited through CBOs that displayed the recruitment poster (Appendix E) at their sites. Women learned about the study through word of mouth during key sessions at the CBO, with staff pointing them to the poster. Those interested received copies of the A4 recruitment poster and the PIS. The poster served both as an advertisement and a reminder and was kept displayed at the CBO premises.

The recruitment poster and PIS listed the researcher's email, allowing CBO representatives to contact me to obtain further information. Service users interested in participating received the PIS and consent form to review and consider carefully for at least a week. Before collecting signed consent forms, participants had the opportunity to ask additional questions in person.

Once half of the service users (three) had been recruited, information sessions were held at each participating CBO. Participants were notified of the date and time via email or their preferred contact method, with options for online or telephone sessions for those unable to attend in person. Additional sessions (either in person, online, or by phone) were offered later for volunteers, depending on their preference, to prevent unnecessary delays. The final ‘follow-up’ phase involved contacting the SCDC and BEMIS to inform them that the study was complete, thanking them for their early assistance in identifying relevant CBOs, and offering to share the study’s findings with them as part of the dissemination process. Throughout this stage, CBOs and participants were involved through consultation during key analysis points and the Ubuntu praxis, which involves community reflections on participation and the study’s impact.

5.3.6. Ethical Considerations

This study adhered to the university’s research ethics policy on ‘Investigations involving human beings,’ guided by the UK Research and Innovation (UKRI) and Economic and Social Research Council (ESRC) ethics framework. Ethics approval was obtained from the Strathclyde University Ethics Committee (UKRI, 2022; Strathclyde University, 2008).

This study is grounded in the core research ethics principles of beneficence, respect, and justice, as outlined in the Belmont Report (1978). It thoroughly examines how the chosen theoretical frameworks, methods, and overall research design align with these essential ethical standards. The goal is to ensure the research is socially beneficial, academically valuable, and mutually advantageous for all stakeholders while minimising harm (Hammersley, 2016, Mertens & Ginsberg, 2009). These fundamental principles also

include ethical responsibilities such as integrity, responsibility, accountability, and transparency, which are crucial for professional conduct and producing high-quality research (Denzin & Lincoln, 2000, Mertens & Ginsberg, 2009). As the lead researcher, I was tasked with selecting appropriate methodologies and designing a project that is rigorous, maximises participant benefits, and reduces risks and harm (Denzin & Lincoln, 2018, Mertens & Ginsberg, 2009). Transparency- by clearly explaining the research process, engaging with participants, and sharing data and results- is essential for demonstrating honesty and integrity (Denzin & Lincoln, 2000). Upholding these ethical principles and professional standards fosters trust within the research community, especially when engaging with marginalised groups, and supports the creation of credible knowledge as a societal benefit (Hammersley, 2016, Mertens & Ginsberg, 2009).

Autonomy and Informed Consent

Voluntary participation is essential for ethical research, requiring that participants are fully informed about the research's aims, procedures, their role, and potential risks and benefits. This ensures they make a 'meaningful choice' as described by Beauchamp and Childress (2019, p.58) before giving consent. Participants received an information sheet and a consent form (Appendix C) explaining the study, which they could review over a week to encourage transparency and accountability.

This study's participants come from diverse educational backgrounds and have different levels of English proficiency. Therefore, the information sheet provided during recruitment was written in clear, accessible language and was verbally explained during meetings to ensure understanding and to allow participants the opportunity to ask questions or raise concerns before giving consent. Since the research was conducted in

English, only individuals with conversational English skills were recruited. Participants, as service users, were recruited through CBO gatekeepers and organisation representatives, with the participant information sheet and consent forms shared with these organisations.

Self-determination, which is part of the autonomy principle, requires that participants understand their right to dissent or withdraw at any stage of the research. This was clearly stated in the participant information sheet, the consent form, and reinforced during the debriefing at the end of the project (Denzin & Lincoln, 2018).

Risk and Beneficence

The topics of mental health and poverty, along with discussions about racialisation and racism, can be sensitive, contentious, and stigmatised, posing risks of re-traumatisation. The chosen theoretical frameworks, methodology, and methods are designed to address these ethical concerns. Feminism is an inherently ethical approach, and feminist research requires prioritising women's needs and sharing power in ways that empower women and challenge patriarchal structures. This was achieved by dividing data collection into two parts: key informant interviews conducted with CBOs, and focus groups with service users about the organisation's general operations, and individual interviews with service users, which may include private information that participants do not wish to share publicly. Photovoice and accompanying captions were used as key methods for women as service users, promoting autonomy and privacy. All data was anonymised, with personal identifiers removed, giving participants greater freedom of expression. These methods help empower women and rebalance the power dynamic, which is often an ethical challenge in researcher-participant relationships (Ntseane, 2013; Thomas, 2013).

Participants also received an information sheet with contact details for relevant support organisations, available during and after the research to safeguard against potential unforeseen issues.

Feminism emphasises the importance of subjective and experiential knowledge, expanding the definition of credible knowledge to include ‘personal narratives, diaries, and poetry’ (Thomas, 2013, p.13). This approach suggests that the ethical challenge faced by marginalised communities- being unheard, dismissed, and misrepresented- can be addressed through methods such as photovoice (Fleming et al., 2023). Thomas (2013) also note that feminism’s social justice goals for racialised minority groups demonstrate that harm can impact not only individuals but entire communities. Therefore, situating individuals within their community contexts and employing methods such as CBPR and an ubuntu ethic can counter the exploitative tendency to view participants merely as subjects or objects of extractive research, instead recognising them as co-producers of knowledge (Ntseane, 2013; Thomas, 2013).

Intersectional Feminism’s social justice aims focus on the rights and dignity of marginalised groups, promoting anti-oppressive practices and recognising that specific issues need tailored attention (Delgado, 2023). Accordingly, participants’ cultural and religious backgrounds were respected throughout the study, including observing prayer times, wearing appropriate attire, and avoiding language or expressions that could cause offence. The analysis aimed to prevent misrepresentation, stereotyping, or distortions. As a researcher with an emic perspective, I am sensitive to cultural nuances and can conduct culturally competent research; however, given the community’s diversity, I remained cautious about potential gaps in cultural understanding. I acknowledged this openly and sought community guidance by fostering open dialogue with participants, inviting them

to feel comfortable correcting me when they felt I was not respecting any cultural differences we may have.

Power imbalances can still happen in democratic settings where more outspoken members dominate and possibly overshadow less confident participants. The initial group discussions with each CBO and participating service users aimed to set expectations, establish ethos, and define guidelines for the participatory process, safeguarding both individuals and the process (Banks et al., 2013). These talks also provided an opportunity for all participants to share their hopes and expectations regarding what the project might achieve, both personally and collectively, involving participants, organisations, and the community. This approach helped to avoid misunderstandings by clarifying what is realistic and achievable.

Over-researching poses a concern for marginalised communities, as their smaller size can lead research efforts to focus more on communities willing to participate. This can cause frustration and burnout over time (Wilson et al., 2018a). Initially, recruitment enquiries aimed to prevent over-researching these groups. It was also vital to inform participants from the outset, via the participant information sheet, that the project is part of an educational award requirement. This transparency maintained honesty, revealing my personal benefit as a researcher pursuing a PhD, and helped foster mutual understanding and benefit for participants.

The final issue to consider is payment, which is increasingly debated in participatory research where participants also serve as co-investigators and co-producers (Gelinas et al., 2018; Warnock et al., 2022). The question of offering financial compensation remains unresolved: some scholars support paying participants as an incentive and reward, while

others believe reimbursing expenses such as travel is sufficient (Gelinias et al., 2018). Currently, there are no clear guidelines, leaving both researchers and participants vulnerable to disputes and controversy. Additionally, payments can influence benefit claims and cause complications beyond what researchers and participants may anticipate, further complicating the issue (Gelinias et al., 2018; Warnock et al., 2022). In this study, no monetary compensation was provided beyond refreshments and reimbursement of travel expenses to prevent coercion or ‘undue inducement’ to participate. Instead, the data collected was shared with the CBO as research outputs they could use in funding applications, reflecting the reciprocity and mutuality central to the ubuntu praxis (Warnock et al., 2022).

Data collection was mainly carried out on-site at different CBO locations, taking into account health and safety requirements such as adequate facilities, first aid provisions, and smoke alarms, as specified by the Health and Safety Executive in the Health and Safety at Work etc. Act (1974). I verified with each organisation that their premises complied with the regulations before beginning the research.

Confidentiality and Anonymity

The research did not require personal identification, as all personal data collected was anonymised by removing identifiers, including converting handwritten notes into digital fonts and replacing participant names with pseudonyms. Confidential information was handled with strict discretion, following research ethics guidelines (UKRI, 2022; Strathclyde University, 2008). Participants explicitly gave consent for the use of their data, and discussions clarified how contributions would be credited to maintain recognition while safeguarding privacy. Data management complied with UK GDPR and

Data Protection Act 2018 standards, with secure storage throughout to protect privacy and ensure proper data disposal. This was especially important due to the project's collaborative nature, involving multiple partners (Strathclyde University, 2008; UKRI, 2022).

These ethical challenges were weighed against the potential benefits of the study, which aims to address long-standing societal inequalities faced by racialised minority women. The approach prioritises giving voice to the historically silenced community members through CBPR's democratised methodology, demonstrates community agency by supporting asset-based research, and helps produce representative knowledge about this growing demographic (Mertens & Ginsberg, 2009). The research outputs are immediately accessible to individuals and communities through the insights gained. Furthermore, they are likely to create long-term advantages, as the findings can inform policy development and improve the operations and services of CBOs to better support racialised minority women.

5.4. Data Analysis

The data collection process yielded 12 key informant individual interview recordings from CBO representatives, each lasting approximately 1 to 1.5 hours. The 27 women service users provided various data, including 57 photovoice photos with captions, 12 individual interviews, and 2 focus group recordings. A table summarising this data, organised by CBO, is included below.

Table 8: List of Data Collected from each CBO

CBO Cases	Total Participants	CBO Representatives Data	Service User Data
1. ORG-A City: Glasgow	10	2 Key Informant Interviews	8 Service User Participants: 3 Photovoice (9 photos) 2 Focus Groups (8 Service Users)
2. ORG-B City: Glasgow	7	1 Key Informant Interview	6 Service User Participants: 3 Photovoice (9 photos) 5 Individual Interviews
3. ORG-C City: Glasgow	4	1 Key Informant Interview	3 Service User Participants: 3 Photovoice (9 photos)
4. ORG-D City: Glasgow & Edinburgh	8	4 Key Informant Interviews	4 Service User Participants: 4 Photovoice (12 photos) and Individual Interviews
5. ORG-E City: Edinburgh	5	2 Key Informant Interviews	3 Service User Participants: 3 Photovoice (9 photos)
6. ORG-F City: Edinburgh	5	2 Key Informant Interviews	3 Service User Participants: 3 Photovoice (9 photos) and Individual Interviews
Total Data Collected	39	12 Key Informant Interviews	27 Service User Participants 57 Photovoice Photos 2 Focus Groups 12 Service User Individual Interviews

5.4.1. Reflexive Thematic Analysis

The data were analysed using thematic analysis, a constructionist approach that identifies patterns and themes of meaning (Braun, 2022; Braun & Clarke, 2014). Specifically, Braun and Clarke's (2006, 2019, 2022) six-step reflexive thematic analysis (RTA) was employed. RTA differs from other thematic analyses by emphasising the researcher's active role in identifying themes (Braun & Clarke, 2019). It does not aim for fully replicable results but instead recognises each researcher's unique perspective and promotes reflexive engagement with the interpretation process (Braun & Clarke, 2019). When interpretation involves collaboration, such as engaging the community in CBPR, Braun and Clarke (2019) suggest that consensus is neither necessary nor preferable; instead, multiple interpretations enrich the analysis. This approach aligns with a subtle realist perspective of ontology, viewing reality as subjectively and variably interpreted. Within this study, I, as the lead researcher, was solely responsible for analysing the data, and the researched community was provided with the analysed data as a form of member checking to receive their opinions and input on my interpretation of their words. In all, I did not receive any requests for changes to the findings provided, and community members were happy with how I had interpreted and represented their voices.

Braun and Clarke's (2019) RTA process supports both inductive and deductive analysis through open coding, which was helpful when analysing the diverse datasets collected. The initial stage involves familiarisation with the data, an ongoing, immersive process undertaken throughout data collection, compilation, organisation, and transcription (Braun, 2022; Braun & Clarke, 2019). I analysed community focus group data manually to enable community member participation; however, for the interviews, I used NVivo. I first created initial codes manually in Microsoft Word after transcribing each interview, then imported the data into NVivo (v14) for a more systematic, structured coding approach. Although RTA is divided into steps, it is not linear; the steps- familiarisation,

code generation, theme development, and review- are iterative, with repeated cycles as new insights emerge (Braun and Clarke 2019; 2022). In my analysis, I initially read all transcripts and examined the photos without annotations to gain an overall understanding. I then proceeded to code in batches by CBO to support cross-case comparison.

The initial manual coding was intuitive and deductive, although I cannot ignore the influence of the literature review findings; at this stage, I was not consciously applying them. My aim was to explore the data instinctively. After inputting data into NVivo, I continued coding deductively, gaining confidence as similar patterns emerged across cases. Once I reached a point of deductive coding saturation, I deliberately shifted to an inductive approach, actively searching for patterns related to the literature review findings. It is worth noting that the boundary between inductive and deductive coding is blurred because I was already aware of the literature review results before collecting data. Nonetheless, I tried to set aside biases to allow new, subtle insights to emerge. Braun and Clarke's (2019) assertion that the researcher's perspective is unavoidable but must be reflexively considered is highly relevant. Despite this time-consuming, iterative, and reflexive process, it produced rich findings. NVivo coding extracts are included below.

Table 9: NVivo Coding Extracts

Example Codes For CBO Data:

Name	Description
Funding undermines progress and growth	How funding affects CBO prospects and viability.
Insufficient Staff (Inductive)	Issues expressed regarding staff capacity and availability- including reliance on volunteer roles.
Staff mutual support (Inductive)	How CBO staff support one another in various ways.
Staffing Insecurity (Inductive)	The precarity of work brought on by insufficient funds.
Staff time & Capacity (Inductive)	How CBO juggle time between various responsibility- in relation to inadequate staff.
Insufficient space (Inductive)	Issues with premises and location of CBO for serving members.
Longevity of funding (Deductive)	The availability of long-term funding and what timeframe CBOs deem long-term for funding purposes.
Specified funding issues (Deductive)	Where funding comes with prescribed requirements or conditions.
Competitive funding landscape (Deductive)	CBOs competing with other organisations for available funding sources.
Stress from funding inadequacy (Inductive)	The pressures CBO staff express regarding funding situation.
CBO Staff Mental Health Burden	CBO staff express their own mental health challenges.

Example Codes For Service User Data:

Name	Description
Racism (Deductive)	Any experiences of prejudice and/or discrimination based on racialized status.
cultural connection mitigates racism (Inductive)	How exposure and interaction with other cultures can lessen incidents of racism.
justification as coping mechanism (Inductive)	The way service users justify their experiences or incidents of racism to make sense of it.
racism at schools affects mothers (Deductive)	Women are affected by the racist incidents their children experience at school.
Safe spaces to talk (Inductive)	CBOs provide opportunities and forums for sharing experiences.
Service User Mental Health (Deductive)	How mental health features in CBO activities and service provision.
Abuse (Inductive-Deductive)	Service users express incidents of different kind of abuse- e.g. GBV, IPV, FGM etc
Women talking about mental health	How women <u>open up</u> about their mental health challenges.
Conceptions of Mental Health (Deductive)	How women talk about/understand mental health.
Shared experiences (Deductive)	Service users encounter people with similar lived experiences within CBOs.

Although the codes are labelled as either inductive or deductive, in practice, there was some overlap because the data findings closely aligned with the results of the literature

review. Using the labels mainly helped me organise my process, as mentioned earlier. Once I felt I had achieved coding saturation, I proceeded to the final steps: defining and naming themes (Braun & Clarke, 2019; 2022). I grouped similar codes into thematic clusters and linked these to the research questions, while maintaining reflexive notes to guide me. Braun and Clarke (2006; 2019) emphasise that themes do not naturally ‘emerge’ from data as if they are inherent; instead, they are actively created by the researcher and must reflect the researcher’s perspective. In this study, although I conducted the analysis personally, I consulted the community for feedback about the generated themes to uphold testimonial, epistemic, and hermeneutic justice within an Ubuntu CBPR framework (Chigangaidze et al., 2023; Israel et al., 2001; Fricker, 2007). I received no corrections or comments, possibly due to time constraints, acceptance of my interpretations, uncertainty about what to amend, or indifference. However, I did receive words of encouragement to continue, so I finalised the themes, which are presented in Chapter Six (The Findings Chapter).

5.5. Presentation of Findings

5.5.1. Dissemination Plan, Knowledge Exchange & Impact

Following Community-Based Participatory Research (CBPR) principles, participants and stakeholders were prioritised and actively involved in sharing the research outcomes. The dissemination plan aims to reach a broad audience, fostering effective knowledge exchange and positive influence across various sectors. This part of the study was agreed upon with the research community- CBO representatives and service users identified avenues they felt would have the most impact for their funding needs.

The key audiences for dissemination include:

- Service providers, particularly CBOs
- Community stakeholders and local activists, as well as the broader public
- Academics across relevant disciplines
- Policy makers at various levels

A variety of dissemination methods will be used to guarantee inclusive and effective communication.

- Direct communication with all identified stakeholders to share findings in accessible and relevant formats
- Academic dissemination through peer-reviewed journals, conferences, and academic meetings, encouraging interdisciplinary and intersectoral collaboration and inspiring future research (Conference presentations of the study have already taken place with more opportunities being actively pursued.)
- Targeted messaging to policy makers to inform and potentially influence policy development (Research presentation to Glasgow City council has already taken place and opportunity with Edinburgh Council is currently pursued)
- Engagement with the broader media to promote public awareness of the research and its implications (several news articles have been published with STV news (Dunbar, 2023) and BellaCaledonia (Dunbar, 2023;2025) relating the cost-of-living crisis to the disproportionate inequalities in racialised minority communities)
- Contributions to sector-specific journals, industry publications, newsletters, and other professional outlets to ensure findings reach practitioners and professionals in relevant fields

This comprehensive dissemination plan aims to foster mutual knowledge sharing, amplify community voices, and promote social and policy change.

5.6. Methodology Conclusion: Methodological Contribution to Knowledge

Leveraging the flexibility of bricolage has resulted in innovative approaches in this study, making a unique contribution to academic knowledge. Although seldom used in mainstream research, bricolage offers a diverse methodological approach that challenges rigid boundaries and highlights adaptability over standardisation (Kincheloe, 2001). This study shows how combining different tools and techniques through bricolage can be responsive and foster a deeper, more nuanced understanding of complex social realities. The innovation lies not only in the methodological approach but also in deliberately aligning methods with community priorities, challenging dominant epistemological hierarchies that often favour academic convenience over participant empowerment.

This study therefore makes significant methodological contributions in various ways. Most previous research has been conducted from an outsider's perspective, risking language barriers, cultural misunderstandings, and the potential epistemic harms of the dominant creating knowledge about the oppressed (Smith, 2021). In contrast, this project was led by a community insider with direct lived experience of the subject. While some scholars caution that insider researchers might become too involved, this study reduced that risk through transparency, reflexivity, and member checking (Holmes, 2020). Instead of claiming neutrality, I as the researcher, openly acknowledged and highlighted the influence of value judgments on the research, thereby enhancing its credibility and ethical integrity. Including a detailed positionality statement and reflexive commentary throughout the thesis encourages ongoing discussion about the researcher's subjectivity. By viewing subjectivity as a resource rather than a weakness, the study shows how transparency can strengthen, rather than weaken, methodological rigour (Bourke, 2014; Braun & Clarke, 2019). Moreover, the project's participatory design is an important contribution. Women from the community actively participated, helping shape the

research approach and using bricolage allowed participants to choose their preferred engagement methods, such as interviews or focus groups, which provided flexibility that respected their comfort and autonomy (Wyatt & Zaidi, 2022). The multimethod strategy of highlighting women's voices through a layered qualitative approach that combined photo elicitation, individual interviews, and focus groups enriched the data and also provided various ways for self-expression, ensuring inclusivity for different communication styles.

As an exploratory and participatory project, the ability to blend various data collection methods according to the community's preferences was essential for sustaining an anti-oppressive, empowering, and emancipatory approach (Wyatt & Zaidi, 2022). This flexibility highlights a key tension in participatory research: while academic standards often emphasise consistency and reproducibility, bricolage values contextual understanding, situatedness, and co-creation. Such methodological flexibility challenges inflexible frameworks that could silence marginalised voices, stressing both the political and epistemological aspects of research design (Wyatt & Zaidi, 2022).

Incorporating the culturally sensitive practice of Ubuntu within CBPR was another innovative element, which enhanced rapport and mutuality throughout the project. Ubuntu, centred on relationality and interdependence, served as an ethical guide which influenced decision-making and knowledge co-creation and offered a vital counter-narrative to the Western individualist frameworks prevalent in academia (Chigangaidze et al., 2023). By prioritising Ubuntu, the project acknowledged the participants' cultural backgrounds and utilised indigenous ethics and cultural values as legitimate foundations for rigorous inquiry. This approach challenges epistemic colonial research practices, positioning the community as central in the inquiry, as active co-constructors of knowledge rather than mere subjects of study (Chigangaidze, 2022; Smith, 2021). This approach aligns the study with progressive decolonial and social constructionist methods,

demonstrating how an African ethic can inform participatory research design (Smith, 2021). Overall, the methodological innovations include blending insider positionality with transparency, applying CBPR principles through bricolage, highlighting women's voices with multimethod qualitative research, and grounding the process in the ethics of Ubuntu. These strategies broaden discussions on positionality, reflexivity, participatory design, and decolonial ethics, offering a distinctive model for community-based feminist research.

The decision to move away from the initially proposed photovoice exhibition towards a community-preferred dissemination approach exemplifies the core values inherent in ubuntu ethics and the flexibility provided by bricolage. Although photovoice could have produced powerful visual narratives for external audiences, prioritising the community's choice to focus on thesis presentations and reports to funders underlines the project's dedication to practical utility and advocacy rather than mere performativity. This choice demonstrates an understanding that research outcomes should be more than symbolic; they should also deliver tangible resources for marginalised groups. By emphasising actionable outputs that directly support funding applications and advocacy efforts, the study aligns its dissemination with community-identified impacts. The immediate, practical, and potentially transformative results of this study foster mutual benefits rooted in the principles of Ubuntu to generate real-world positive outcomes. Simultaneously, this prompts important questions: how can researchers balance academic contributions with the need to prioritise community utility? What compromises are made when methodological innovation aims to empower rather than seek traditional academic validation? By emphasising bricolage and Ubuntu, this study challenges and broadens existing notions of rigour, suggesting that research is evaluated not only by its theoretical novelty or methodological orthodoxy but also by its capacity to promote emancipation and social change.

(Reflexive Note: *The overall aspiration of this study was to centre the experiences of racialised minority women living through poverty and/or mental health adversity in Scotland and contribute knowledge on the needs of this community. CBOs derive their purpose and existence from the needs of individuals, and this study investigated the organisations in conjunction with those they serve to understand how the organisations' objectives/efforts are translated and received by the community. In harnessing my emic gaze as a lived-experience community member and leveraging the voices of the broader community through participatory methods, my aim was to act not as a representative but rather as a custodian of our individual and collective truths and a channel through which our stories can be heard and needs understood. Epistemic justice was the intention behind this endeavour (Fricker, 2007, 2013). Racialised Minority People, those experiencing poverty and mental health challenges, have historically been rendered voiceless and seen as incapable of reason, let alone academic rigour. I present this work to the academic corpus as further attestation that marginalised voices are credible, legitimate, and capable of telling their own stories through academically robust knowledge production (Barnes, 2018; Jolivéte, 2015; Smith, 2021).*

CHAPTER SIX

'My silences had not protected me. Your silence will not protect you. What are the words you do not have yet? What do you need to say? What are the tyrannies you swallow day by day...We have been socialised to respect fear more than our own need for language. And, of course, I am afraid- you can hear it in my voice- because the transformation of silence into language and action is an act of self-revelation and that always seems fraught with danger.' (Lorde, 2017, p. 122)

FINDINGS

This study aimed to explore how CBOs can contribute to reducing poverty and mental health disparities among racialised minority women in Scotland's urban areas of high deprivation. It involved six CBOs serving women in Edinburgh and Glasgow, the cities with the largest populations of racialised minorities in Scotland (Scottish Government, 2022d). The research was conducted collaboratively with CBO representatives and women from racialised minority groups who use these services. The research aims were:

1. To understand the needs and experiences of women experiencing poverty and/or adverse mental health, attending CBOs in Scotland.
2. To investigate how CBOs operate to serve this demographic and mitigate the challenges they experience.

To explore this, the research questions were posed as follows:

Racialised Minority Women (Service Users) Related Questions:

1. What are the women's experiences of poverty and/or mental health?
2. What role does the CBO play in the service user's lives- i.e what do they feel they gain from engaging with the CBO?
3. What do service users wish the CBOs could offer that they do not currently offer to address inequalities arising from poverty and mental health?

CBO Related Questions:

1. What facilitates or hinders CBO service provision?
2. How do CBOs currently engage and attract service users?

3. What are the experiences of the CBO volunteers/staff in delivering these services?
4. How do CBOs operate?
5. What are their objectives?
6. How are results and impact evaluated?
7. How do CBOs see their roles in the lives of racialised women impacted by poverty and adverse mental health?

As outlined in the previous chapter, the data collected from the six participating CBOs included 12 key informant interview recordings and information from 27 service users, consisting of 12 individual interviews, two focus groups, and 57 photovoice images. NVivo was used to analyse interview data, while community focus groups were analysed manually with community members reviewing the codes and emerging themes at intermittent stages in the process, following Braun and Clarke's (2006, 2019) six-step reflexive thematic analysis (RTA). Triangulation was achieved through reflexivity and community validation. The findings are divided into two sections: the first presents the results of the women service users' photovoice, interviews, and focus groups, which present community needs and service responses, while the second details the outcomes of the CBO key informant interviews.

The findings are organised with themes and subthemes as headings, with participant quotes linked to each theme to clarify and support them, following the approach of Bingham (2023). This approach provides a clear and effective way to present qualitative thematic results (Bingham, 2023). At each quote's end, the pseudonym consists of a participant group identifier (CBO Service user/ Key Informant) followed by 'Age', 'Single' or 'Partnered', (Parenting status) 'Mother', 'Unemployed' or 'Employed', and ethnic/geographic origin (Pakistani, Kurdish and Black African), as well as the anonymised name and location of the CBO. However, focus group participants are not individually identified because personal information was not collected during focus group

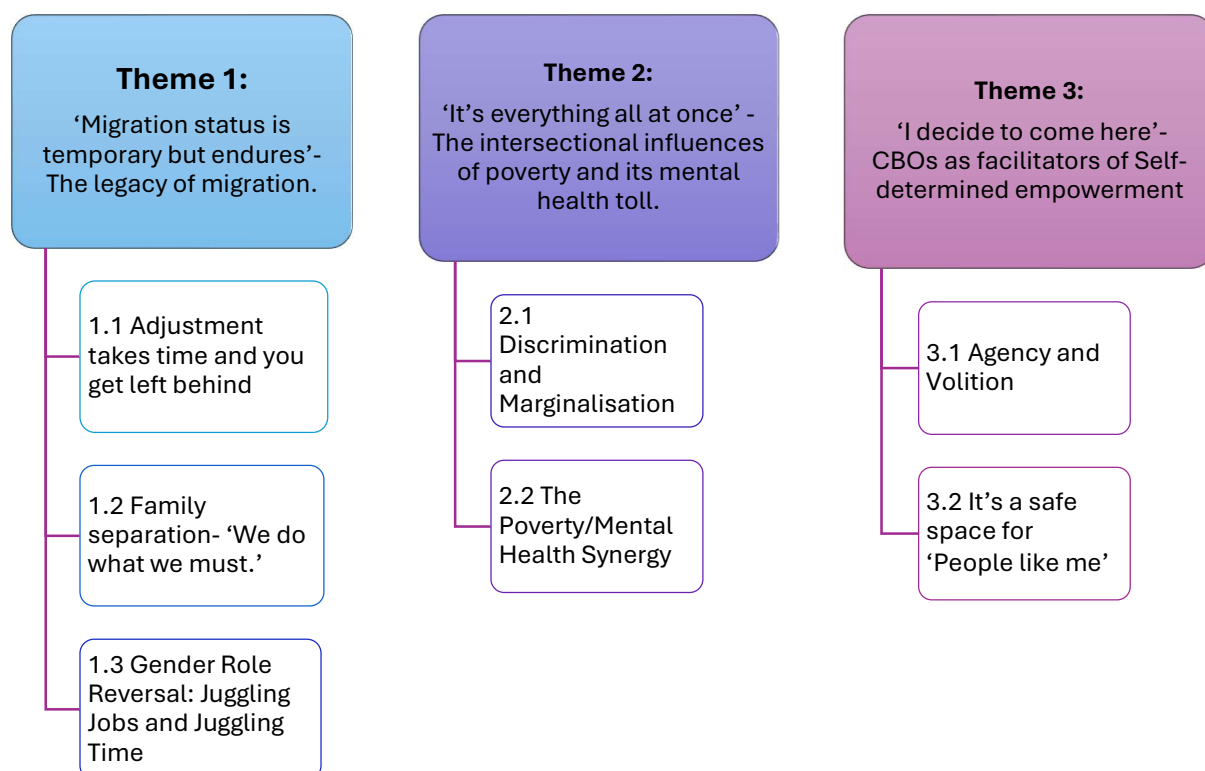
sessions; they are simply referred to as ‘FG-P’ (Focus Group Participant) then ‘Service User’, while CBO staff are labelled ‘Key Informant’. Quotes from focus groups are marked with ‘FG’, and individual interview quotes are marked with ‘II’. Information about age, employment, relationship, ethnic/ geographic origin and parenthood status, collected in individual interviews, is significant to women’s experiences and forms part of the discussion in chapter seven.

6.1. Service User Findings

The Service User investigation yielded three themes, which are listed in the table below with their subthemes:

Table 11: Service User Themes

The investigation with the women yielded three themes listed below, with their subthemes as follows:



The themes relate to the research questions thus:

RESEARCH QUESTIONS	Theme 1	Theme 2	Theme 3
Service User Research Question 1: What are the women's experiences of poverty and/or mental health?	✓	✓	✓
Service User Research Question 2: What role does the CBO play in the service user's lives- i.e. what do they feel they gain from engaging with the CBO?	✓	✓	✓
Service User Research Question 3: What do service users wish the CBOs could offer that they do not currently offer to address inequalities arising from poverty and mental health?			✓



(Ubuntu: research co-production with service users from the six CBOs)

Service User Theme 1: ‘Migration status is temporary but endures’- The legacy of migration.

All participants were women with settled immigration statuses, either naturalised citizens or holding ‘indefinite leave to remain’. Although they came from diverse migration backgrounds, migration plays a significant role in shaping their personal lives, impacting their settlement, sense of belonging, mental health, and socio-economic outcomes. Participants identified migration-related challenges such as family separation, cultural dislocation, economic hardship, and psychosocial needs as reasons for joining CBOs (DiClemente-Bosco et al., 2024). It’s therefore important to note that the demographic of racialised minority women accessing CBOs does not reflect the overall Scottish racialised minority population; rather, these are women facing specific challenges. Mental health issues in this group often stem from feelings of isolation, loss of support networks, and trauma from displacement, with CBOs serving as support systems for their specific challenges (Pederson et al., 2022; DiClemente-Bosco et al., 2024). Socio-economic outcomes differ among participants; many experience underemployment and wage disparities, but some find that residing in a more culturally egalitarian society (compared to their countries of origin) helps them secure their first job and gain better financial access and control. Despite these challenges, women show resilience by redefining their identities post-migration and adapting their lives, as further discussed below.

1.1. Adjustment takes time and you get left behind

The women in the study held long-term settled immigration statuses, with some residing in the UK as naturalised citizens for over twenty years. Despite this, they continued to interpret their ongoing struggles with poverty and marginalisation through the lens of their earlier statuses, as asylum seekers, refugees, economic migrants or in some cases, international students. The legacy of migration has a profound impact on racialised

minority women's mental health, gender roles, and resilience. The women's reflections highlight how lengthy asylum processes and restrictive immigration policies have lasting effects on well-being, family relationships, and economic prospects. Participants described the asylum process as demoralising, with prolonged uncertainty damaging self-esteem, worsening issues like anxiety and depression, and limiting access to work opportunities and economic stability. Women's testimonies also show that even after gaining settled status from various migration trajectories, the lasting impact of displacement continues to affect confidence, employability, family bonds, and overall well-being. These persistent effects illustrate how immigration policies that create prolonged employment inactivity and general uncertainty impede integration and cause long-term socio-economic and psychological harm, even after citizenship is achieved.

'... if you arrive and you're an asylum seeker...by the time, the asylum system has you for five years, trying to get right to work? Where is your confidence level at that point in time? Where does it go? ... to the gutter!... it takes you years to fight to get to your status, where you can work...then you've lost time, you've lost experience, you've grown older... It all starts from the foundation. It's the arrival that sets you up for the failure'

FG-P, Service User, ORG-A, Glasgow, 'FG'

Quinn (2014) and Issacs (2022) point out that extended inactivity and barriers to engaging in meaningful daily activities weaken confidence, reduce employability over time, and harm mental health. Employment restrictions cause skill loss, make re-entering the workforce more difficult, and increase economic insecurity. Women in this study faced several barriers to their personal and professional development due to migration. Many felt they were 'left behind' compared to their peers, as acquiring skills and reaching milestones such as driving, higher education, or stable employment often took much longer. For example, one woman only began learning to drive at age 57, after years in the asylum process and later underemployment had delayed her from affording lessons.

'...I think it's, it's the older you get. Like, now ... I was trying to learn to drive. I had to take a break because it was too much...and the age also. It's too much. It's like, yeah...confusing, I was terrified. I was so scared. So I had to take a break.'

CBO Service User, (57, Single, Employed, Black African) ORG-D, Glasgow, 'II'

This illustrates how migration not only disrupts life trajectories but also causes lasting gaps in milestones and progression. Women also highlighted the challenges of (re)building lives without established networks/social capital, having to start from scratch without the help and support of parents or relatives, which affected economic prospects, such as financial help, savings, wealth transfer and homeownership. Cebula and Evans (2021) highlight these as systemic barriers to economic stability that perpetuate racialised minority poverty in Scotland. The feeling of being 'behind in life' was described by economic migrants and former refugees alike as disheartening, reflecting women's sense of delay in reaching personal and professional milestones compared to their non-migrant peers.

1.2. Family separation- 'We do what we must.'

Most participants reported living without extended family, having migrated either alone or with only their nuclear family unit, consisting of a husband and children. This separation was often out of necessity as people flee unsafe zones or seek better financial prospects, and these losses affected them emotionally, socially, and economically, often altering family dynamics for women. The lack of parents, siblings, or broader kin networks often led to feelings of isolation, grief, and anxiety, especially when reunification was uncertain.

'I have no friends and family here, I'm here with my kids and it's difficult for me to manage...'

CBO Service User, (53, Single, Mother, Unemployed, Black African),
ORG-B, Glasgow, 'II'

Choudhry (2001) pointed out that immigrant women found uprooting and resettlement to be significantly disruptive to family bonds, causing long-term emotional strain. In interviews women also described the trauma of being separated from kin and, in some cases, spouses as an ongoing challenge as well as experiencing important life events alone, often relying on contacts and friendships made through CBOs to scaffold their lives, such as relying on a friend to watch children while giving birth in the hospital. These are difficult adjustments for women and a departure from cultural norms where birthing is often ritualised as the service user from ORG-B explains that in her culture, the first 40 days after giving birth are a restorative period where sisters and aunts support the new mother- however she had to adjust to this dislocation but returning quickly from the hospital and coping alone with all of the household duties and childcare.

'I'm 49, living here with my husband and four kids...my friend, she helped me. She will look after the kids while I was in the labour room. So she looked after them one day and next day, I came back home because I'm normal delivery... So I come back, and I get my kids back. In my country, we are not doing anything for 40 days, when the baby is born. But this country, I come back home next day I'm starting cooking, cleaning and everything. Oh my God. Very hard. Sometimes I can't go to the toilet...'

CBO Service User, (49, Partnered, Mother, Unemployed, Pakistani origin), ORG-B, Glasgow, 'II'

The absence of nearby extended family also affects individuals in other subtle ways, especially children who grow up without the developmental scaffolding of other relatives. Celebrations like Christmas, Eid, birthdays, and other holidays are particularly challenging for women, who report that family absence is felt more acutely during such occasions. Without grandparents, aunts, uncles, or cousins nearby, children miss the

broader support networks that foster identity and belonging (Accordini, Giuliani, & Gennari, 2018). Women find it hard to make up for these deficits or to recreate the warmth of large family gatherings, which can deepen feelings of loneliness, as celebrations become emotionally bittersweet, highlighting physical distance. Most women shared that they can't travel to visit extended family due to limited finances, weakening intergenerational bonds over time, as children often grow up without ever meeting grandparents or cousins in person, although some families attempt to compensate and create new traditions by connecting virtually. Women also highlighted the financial implications of family absence - children sometimes tell their mothers that they get fewer gifts than their peers, leading to guilt and financial stress for women, especially in the context of already strained financial circumstances. The support from CBOs during this time is reported as invaluable for women and their families.



'... The White kids, they will get from everyone, they have all relative in here. Grandma, brother, sisters everyone, the uncle, auntie but our kids they will also want the gifts. Yes. so last year (the community organisation) they gave, it makes such a big difference.'*
CBO Service User, (49, Partnered, Mother, Unemployed, Pakistani origin), ORG-B, Glasgow, 'II'

Although women demonstrated resilience by adapting to these changes, the lack of extended family heightened feelings of exclusion and increased caregiving and emotional duties, in line with Nandi & Platt (2024), who note that the intersectional challenges migrant women encounter are related to gender, racialisation and migration challenges.

1.3. Gender Role Reversal: Juggling Jobs and Juggling Time

The women interviewed noted that traditional cultural norms, which view men as breadwinners and women as homemakers, are increasingly challenged by economic pressures. Some of the women entered the workforce for the first time after migrating to support their families, resulting in changes in family roles and authority (Accordini et al., 2018; Arcarons, 2020). Women also reported that household responsibilities are being renegotiated within these dynamics, with dual-income families sharing childcare, cooking, and domestic chores, albeit unequally. Although, participants expressed these changes as coerced by circumstances rather than chosen because the lack of family support, high living costs and low wages force both partners to contribute to family finances to survive.

'... you have a baby, a toddler and at the same time as doing all those night shifts. Everything is high price, you understand... everything. So, I don't know...you have no choice.'

CBO Service User, (38, Partnered, Mother, Employed, Black African),
ORG-D, Glasgow and Edinburgh, 'II'

Frank and Hou (2015) observed that gender norms from the origin country often persist after migration but are challenged by economic realities. Participants echoed this when expressing the shift to work as 'needed' and happening because there was no other choice. In the context of family separation, partners seem to band together to adjust to the dictates of their lives in a new setting. Financial survival and childcare responsibilities take precedence over other obligations such as traditional gender roles and expectations. Roles and time are juggled as and when needed to make life workable.

'We need to go to work because there are bills to pay and we also understood it is our responsibility to look after our children. So he also does everything I do in the house.'

CBO Service User, (42, Partnered, Mother, Employed, Kurdish origin),
ORG-F, Edinburgh, 'II'

These shifts in gender roles are expressed as an inescapable part of post-migration adaptation, acculturation and survival (Accordini et al., 2018). The most significant gender role changes occur among working women with children, who often face increased financial pressures and a double burden of balancing family life with work obligations, and partners are forced to also adapt as these shifts primarily aim to meet immediate economic needs and ensure family stability. Yet, as Arends-Tóth and Van de Vijver (2007) observed, while sharing household duties enhances women's well-being, such changes may not always be accepted by their husbands or extended family. The same was found by Accordini et al. (2018), who noted that role renegotiation, while essential for family functioning, can lead to relationship strain in immigrant couples, especially in contexts marked by poverty and cultural displacement (p.16). However, some women noted that the mutual dependence and reliance developed through these changes are often regarded as a strength in their relationships, as the service user from ORG-D highlights.

'When I had my child and I wasn't working, it was a bit easier. So when I started working to combine work with family duty and all that, it wasn't easy at all. I have a work rota with my husband because my husband is now helping, unlike in Nigeria...where all the domestic chores are for the women. We now really have to work together as a family to be able to cope with the situation, you understand? If you leave every bill to be for the father to make every provision, then the family will crash. So, what we've done here is that we work together to get the bills done.'

CBO Service User, (38, Partnered, Mother, Employed, Black African),
ORG-D, Glasgow and Edinburgh, 'II'

The high costs of housing, food, and childcare can be overwhelming, forcing families into unsustainably stressful ways of organising their lives (Frank & Hou, 2015). However, women also expressed a long-term perspective, striving to balance work for immediate financial survival and education to improve prospects and achieve upward mobility, which adds extra pressure. These 'decisions' often occur under pressure and constraints that limit authentic choice. Post-migration, individuals often accept any available work,

regardless of gender norms, work for lower wages or below their qualification levels, and couples adapt as needed to make ends meet.

'So, when we came to the country, I was studying, and I was pregnant, and my man struggled for like three months to get a job. He was doing factory work for like three months, he even did like cleaning jobs before he got a care job. And luckily for him, he got all night like you have to work at night which gave us the opportunity for me to go to school during the day and knowing that someone is taking care of my little boy at home because we don't have anybody to take care of him to help us with that.'

FG-P, service User, ORG-A, Glasgow, 'FG'

While this survival mindset shows ambition and resilience, it can also negatively impact mental health due to overwhelm and heightened stress (Emejulu, 2009; Frank & Hou, 2015). Women described balancing busy schedules around work and childcare, with little time left for anything else. Without support from extended family, they lose vital emotional and practical resources. Choudhry (2001) and Trovão et al. (2017) note that the mental health of racialised minority migrant women is affected by the added mental load of adaptation, managing new responsibilities while coping with the loss of community, gender and cultural role conflicts, and poverty. Mothers, who usually perform most household and caregiving duties, deeply feel this imbalance, which can lead to burnout over time (Trovão et al., 2017). As the participant from ORG-B explains, couples engage in a constant juggling act- driven by necessity, resulting in stressful and unbalanced family dynamics.

'He works at night, I work during the day. When I'm working from home, I assist with the kids as well so he can sleep. So, it's just about collaborating and having a supportive partner that understands... I need to work. So, he has to struggle with managing the kids despite his tiredness.'

CBO Service User, (45, Partnered, Mother, Employed, Black African), ORG-B, Glasgow, 'II'

This time-scarcity, stemming from balancing paid employment, domestic chores, and caregiving without support from extended family undermines overall well-being and these issues are further exacerbated by structural inequalities such as racism and gender discrimination in the labour market, which limit access to secure, well-paid employment, making dual incomes necessary for household stability (Cebula et al., 2021; Frank & Hou, 2015). These overlapping pressures trap couples in a survival cycle, where economic demands often overshadow emotional needs. Many women find it challenging to achieve a healthy work-life balance and are concerned about the broader health impacts on themselves and their families.

'You're working, your husband is working, everybody's working and nobody's even taking care of their health but you just have to make sure there's food on the table for the children. So it's really complicated. It's a complicated issue.'

CBO Service User, (45, Partnered, Mother, Employed, Black African),
ORG-B, Glasgow, 'II'

Lindridge et al. (2016) suggest that for racialised minority migrant women, agency is exercised within a 'patriarchal or cultural bargain' (p.1), making changes without completely abandoning traditional roles. Women may gain independence through employment but often continue to carry a heavier load of household duties. However, there are times when the gendered expectations of childcare become barriers constraining women's aspirations. As the participant shares below, without family support and adequate childcare women often have to leave their jobs, which directly exacerbates socio-economic challenges.

'I was also working part-time as well. But I was obliged to stop everything because of the family, because I didn't have possibility to have childcare to continue what I wanted to do. So I always say this is the sacrifice of my life. I decided that I have to give myself first to my children. I have to be there for them.'

CBO Service User, (41, Partnered, Mother, Unemployed, Black African), ORG-D, Glasgow & Edinburgh, 'II'

Women's adaptation and economic participation is highly intersectional. Migration induced family separation is highly influential in how women and their husbands organise family life. Low paid work stemming from multiple prejudicial barriers create an ecology of financial insufficiency where traditional gender roles are sacrificed for the immediacy of economic stability and without adequate childcare partners juggle jobs and time to make ends meet.

Service User Theme 2: 'It's everything all at once' -The intersectional influences of poverty and its mental health toll.

Racialised minority migrant women encounter multiple and intersecting forms of marginalisation that complicate their lives and undermine their mental health and other outcomes in various ways. Participants described experiences of racism and discrimination in workplaces, schools, and public spaces, which result in exclusion, diminished self-esteem, and ongoing stress. As well as gendered expectations that often impose a double burden, as women balance underemployment and gender pay gaps (Close the Gap, 2019) with caregiving and household responsibilities under patriarchal subservieny (Accordini et al., 2018; Frank & Hou, 2015). Cultural and language differences often deepen feelings of social exclusion, weaken social ties, and diminish the sense of belonging (Emejulu, 2013). Parsing and segmenting these intersectional influences is challenging because intersectionality involves factors that merge and interact in complex ways, making them hard to fully understand. The following subthemes emphasise salient factors rather than attempting to separate mutually exacerbating influences (Cho et al., 2013; Crenshaw, 2022). As Kapilashrami and Marsden (2018) show, for instance, access to health enabling resources cannot be fully understood without considering gender, immigration or racialised status- all of which are overlapping challenges that deepen exclusion. Facing these issues simultaneously results in layered, cumulative effects on daily life and health outcomes. Analysing them in

isolation would oversimplify the interconnected nature of discrimination, socio-economic hardship, and cultural factors, which collectively heighten the risk of adverse mental health as discussed further below.

2.1. Discrimination and Marginalisation

Recurring topics in women's narratives highlight the persistent nature of discrimination in various forms, such as racism and religio-ethnic bias. Women mostly did not report experiencing explicit/overt gender discrimination outside their homes, apart from being implicated in the outcomes of underemployment and gender pay gaps (Cebula et al., 2021; Close the Gap, 2019). In the women's private domains, unequal household duties, labour division and in a few cases, domestic abuse, were identified as critical areas where gender inequality is apparent. Participants were from African, Middle Eastern and South Asian cultures, with strong traditional gender expectations that were intersected with religious influences of Christian and Islamic interpretations, with strict patriarchal norms. Furthermore, issues such as insecure immigration status, language barriers, cultural challenges, racism, mistrust of authorities, community loss, and socio-economic inequalities put these women at greater risk of various forms of violence. Poverty and mental health issues can serve as both causes and consequences of gender-based violence, creating vicious cycles where many women remain trapped in abusive homes with their children without resources or knowledge of escape. The service user's story below illustrates how her subordination and abuse extended to her children; a situation that amplified her mental health struggles- however, contact with her CBO helped her escape.

'... I've been stuck, like I've been like a slave in the house and then anything happen, just because there was no too much communication and ... My oldest son... because he's seen all that... He did not speak two years. He stopped speaking ... he used to hide under the bed

screaming...So he's been in the trauma as well...He still remembers the things, everything is coming still...'

CBO Service User, (Age not provided, Single, Mother, Unemployed, Pakistani origin), ORG-F, Edinburgh, 'II'

This testimony echoes findings from Accordini et al. (2018) and Lindridge et al. (2016) regarding patriarchal power structures in some migrant households. The gender-based expectations of subservience can at times lead to severe interpretations that undermine women's safety; for instance, factors such as economic dependence and toxic masculinity (magnified by religio-cultural mores) can increase women's susceptibility to abuse (Fahmy & Williamson, 2018). While these incidents of abuse were not common to all the interviewed women, the topic was also echoed in the CBO key informant interviews as a regular consideration of the challenges faced by women attending CBOs.

Racism, however, was a commonly reported form of marginalisation and discrimination that creates an ecology that governs interpersonal encounters for women across many life domains (Emejulu, 2013; Nandi & Platt, 2024). Women shared that discrimination diminishes their sense of inclusion, while also undermining mental health, confidence, and opportunities for community integration.



(Leaflets and WhatsApp messages shared by women from various CBOs following far-right protests in Glasgow)

While racism has a long history, many women reported a recent rise in overt incidents of racism in their lives coinciding with post Brexit sentiments, and the immigration related protests taking place in 2024 while the data collection was still taking place. Women reported hostility and openly xenophobic language, which undermines their sense of belonging, as illustrated by the service user's experience in her block of flats.

'... he's always in the staircase, smoking and keeping the rubbish on the stairs and sometimes his dog pees in the corridors. Yeah, very bad smell...he went to the house and he says: 'You black monkey... go back to your country!' And everyone in the neighbourhood has to put up'
CBO Service User, (49, Partnered, Mother, Unemployed, Pakistani origin), ORG-B, Glasgow, 'II'

Trovao et al. (2017) point out that the mental health impacts of these forms of discrimination lead to social isolation and emotional distress. They emphasise how these experiences can limit migrant women's integration, confidence, and psychological resilience, especially when such incidents occur as part of daily life, such as in neighbourhoods or in employment settings, as another participant explains below. While women were willing to share incidents they view as racist, they often include a follow-up comment that questions whether the incident can be universally labelled as racist, illustrating the insidious nature of covert racism, which can challenge the victim's perception of their reality (Delgado, 2023; Emejulu, 2013).

'I have done a job once... So you go to their houses, take care of them. And I've heard like one or two people say, oh, they don't want me. Well, I don't know if it's because I'm Black. Well, it could be...'
CBO Service User, (38, Partnered, Mother, Employed, Black African), ORG-D, Glasgow and Edinburgh, 'II'

The severity of the racist incidents women shared varies, with women sometimes feeling threatened enough to contact the police. Incidents reported ranged from microaggressions and subtle exclusion, such as the incident reported by the service user above, to overt hostility and racially motivated hate crimes. Women shared that incidents are rarely isolated and are often witnessed or experienced by children. Women report that children may also become direct targets, facing bullying or exclusion at school or in public, thereby increasing trauma and social exclusion for families. These incidents can worsen women's mental health, causing stress, anxiety, depression, and feelings of helplessness, especially when threats against their children escalate over time. The participant's story below illustrates the layered experiences of women, especially as a survivor of domestic abuse who moved to escape violence and protect her children, only to encounter racist abuse in her new neighbourhood. The cumulative effect of these incidents on her and her children's mental health is significant.

'...when I started wearing my headscarf...that was like my worst experience... So they stopped in my way and they took out the groceries, shouting at the youngest one.... without any reason they were abusing me, they stopped in my way and I said, I'm gonna call the police and they said, okay, we are under 14, police can't do anything...then they followed me to my house and they came at night time, 10 o'clock again. So for three months. Like, you know, I was like in a hell so I had to take off my scarf...So that was my experience. Then, my children were scared, they were saying, mum, don't go with us to school and don't drop us, don't- because we don't want to... because of the fear.'

CBO Service User, (Age not provided, Single, Mother, Unemployed, Pakistani origin), ORG-F, Edinburgh, 'II'

According to Brandt et al. (2022), witnessing or experiencing discrimination can lead individuals to internalise fear, shame, or anger, which impacts their self-esteem, behaviour, and participation in social or academic activities. Women shared that the persistent stress from such incidents weakens family relationships by diminishing communication through shame and humiliation, and undermines emotional health, often

resulting in constant anxiety for themselves and their children. Racist incidents also increase social isolation and guardedness in public, undermining community bonds and hampering integration and sense of community belonging for women and their families (Emejulu, 2013).

Women often felt frustration and despair due to inadequate protection when reporting racist incidents. Many were deeply disappointed because authorities frequently dismissed, minimised, or failed to properly address their complaints, worsening the impact of discrimination. This neglect made them feel more vulnerable and eroded trust in institutions meant to ensure their safety (Emejulu, 2013). Repeated failures to provide justice or protection led to a sense of resignation, with women starting to view harassment as an unavoidable part of everyday life. This normalisation of abuse undermined their confidence and heightened feelings of marginalisation, isolation, and exclusion from society. Such acceptance underscores the cumulative effects of systemic neglect and the emotional toll of enduring hostility without redress, as highlighted by a focus group participant from ORG-A, who expresses a sense of resignation that the abuse will continue or sometimes even escalate despite police involvement due to their inaction.

'I realised that when I called the police, the abuse intensified. Yeah, so I realised that when I stop calling the police, it minimises. So, you almost feel like you have to put up with what's happening.'

FG-P, Service User, ORG-A, Glasgow, 'FG'

Women clearly acknowledged experiencing discrimination, but their explanations varied based on their perspectives. Some attributed discrimination to traits such as skin colour or accents, while others linked it to religion or cultural identity, particularly when wearing religious attire. For some, discrimination was attributed to ignorance among perpetrators or personal bias, while others considered it systemic, rooted in laws, institutions, or

employment practices. These explanations also reflected the women's personal backgrounds and coping strategies. By variously explaining discrimination, they helped make sense of painful incidents, protect their self-esteem, or dismiss experiences to move forward (Brandt et al., 2022). This variety of explanations emphasises that discrimination, although a shared reality, is experienced, negotiated, and justified in complex, personal ways. For example, the participant from ORG-D believed understanding 'your place' or position as a minority was essential, and she therefore practised self-censorship at her workplace to avoid provoking discrimination.

'I know I'm in minority group... I just have to be careful also in, what I do. Yeah, in my place of work especially. I happen to be the only minority. An African precisely...and I try just to be careful ... I converse when I need to converse- I don't talk when I don't have to...'

CBO Service User, (38, Partnered, Mother, Employed, Black African), ORG-D, Glasgow and Edinburgh, 'II'

This form of self-censorship and self-subjugation related to fear or avoidance of racism was also expressed in group settings, as it reflects a survival strategy. Many women minimised or normalised their experiences, describing harassment as 'just part of life' to reflect resilience, resignation and acceptance of hostile contexts. This aligns with findings by Emejulu (2013), who explains how racialised minority women cope with exclusion by adopting stoic, 'strong' personas that hide emotional vulnerability. In group settings, this tendency can be more pronounced, as participants might fear judgment for 'complaining too much' or conform to the cultural norms that encourage silence, patience, and endurance (Emejulu, 2013).

Focus group discussions revealed that racism is collectively experienced but variously interpreted and often effects are suppressed to minimise the humiliation, shame and loss of dignity arising from incidents. Brandt et al. (2022) note that such suppression can

negatively impact mental health, as distress remains unexpressed or unsupported. However, women in focus groups also displayed compassion for one another when discussing racism, reflecting common experience and shared understanding of the injustices articulated. Women describe racism as a persistent condition embedded in everyday life. This constant exposure compels women to continuous vigilance and self-monitoring, while the cumulative effect of racist incidents often leads to emotional exhaustion, anxiety, and reduced coping capacity. A focus group participant explains how frequent racist incidents lead to depletion and resignation.

'It's exhausting. I mean, the thing is, I think we don't focus on it because it happens so often that it's not something that we sit down and say, how racist was your week this week, you know?'

FG-P, Service User, ORG-A, Glasgow, 'FG'

These feelings of emotional exhaustion illustrate how racism becomes normalised and erodes resilience over time. According to Brandt et al. (2022) and Knifton et al. (2010) this persistent racialised stress leads to lower self-esteem, increased anxiety, and a diminished sense of confidence and belonging in individuals and their communities, especially when access to culturally competent mental health support is limited.

2.2. The Poverty/Mental Health Synergy

Poverty and mental health are deeply interconnected, with each impacting and exacerbating the other in women's lives. Mental health challenges can reduce the ability to work, while financial difficulties and lack of income worsen mental health (Allen et al., 2014; Inglis et al., 2022). Living in poverty causes persistent stress from financial insecurity, unstable/ poor housing, insecure jobs, and limited access to childcare, and these stressors contribute to anxiety, hopelessness, and exhaustion. Stigma around poverty and mental illness fosters social isolation and discourages help-seeking (Knifton,

2010). These factors entrench disadvantage, making it more difficult for affected women to access resources, maintain stable employment, or engage fully in community life- thus continuing cycles of marginalisation and inequality (Inglis et al., 2022). Many women experience these as mutually reinforcing challenges, as the service user from ORG-F explains that in-work poverty caused by low wages leads to stress.

'We find ourselves in jobs that are low-paying, and with those low incomes, you still have to meet the needs that everyone else has to meet. You still have to pay the same bills. So that is a big, big challenge.'
CBO Service User, (42, Partnered, Mother, Employed, Kurdish origin), ORG-F, Edinburgh, 'II'

The service user from ORG-D below also highlights this complex and intersectional experience of poverty, noting that migration not only leads to poverty but also exacerbates poverty-related challenges due to a lack of social connections and feelings of loneliness. Women often reflected on their pre-migration life to make sense of their current experiences. The memory of turning to neighbours for support underscores the absence of a previously available safety net, which women associate with migratory dislocation. This situation intensifies feelings of isolation and alienation, as the loss of social capital amplifies the insufficiencies women experience.

'... poverty doesn't happen the same way here - here, it's more serious, and more difficult than Africa, Why? Because in Africa, if I'm cooking and I don't have salts, I can just ask my neighbour...and they can easily give you...Here you don't even know your neighbour's name...so if you don't have, you don't have. Period.'
CBO Service User, (41, Partnered, Mother, Unemployed, Black African), ORG-D, Glasgow & Edinburgh, 'II'

Women's poverty experiences are further exacerbated by social comparison, economic survival, and ambitions for upward mobility. Comparing themselves to White peers or wider societal standards can heighten feelings of unfairness and 'falling behind' (as seen

in the first theme), especially when their qualifications or skills are undervalued or unrecognised, making their efforts for betterment feel futile. This gap between their credentials, abilities and available labour market opportunities leads to underemployment and feelings of frustration. The ongoing effort to meet basic economic needs, often through low-paying or multiple jobs, increases financial stress and physical fatigue for women and their partners. At the same time, a strong desire to improve their lives and those of their families fosters perseverance, sacrifice, and resilience, but can also lead to overwhelm. For example, the service user from ORG-B shared that she felt that the combined stress of social comparison, financial hardship, and the need to better her situation- along with caring for her children without extended family support- contributed to her experiencing a miscarriage.

'...let me tell you something. I made a lot of mistakes...I made mistakes. I tried to be like everybody- like try to during the days, go to college. I remember I started a cleaning job in the morning and I was pregnant for my second and the pregnancy started giving me complications... I realised that there's problems, the pregnancy was progressing but resulting in a miscarriage.'

CBO Service User, (31, Partnered, Mother, Employed, Black African), ORG-B, Glasgow, 'II'

The strain of making ends meet amid multiple barriers compromises personal well-being, while structural barriers like limited childcare, racialisation and gender discrimination limit access to stable, well-paid employment. This keeps women trapped in cycles of poverty and highlights the complex interplay between poverty, migration, racialisation and gender bias which contribute simultaneously to socio-economic and mental health disparities within this group (Cebula et al., 2021).

A different participant from ORG-B explains how her poor mental health affects her ability to do household chores like cleaning, which makes her feel judged, ashamed, and

like a failure. She cannot work because she needs to care for her three children with autism, who require significant attention. She also struggles to make ends meet, describing how not being able to feed her children properly adds to her mental health struggles. The participant's story below illustrates that, although all women share common poverty-related hardships, each faces unique challenges, such as caring for children with disabilities, experiencing domestic violence, or recovering from traumatic events.

'I remember I felt most of all, like I was failing as a woman...not even as a mother but as a woman. This idea of what's wrong with you, just get up. No, you are lazy... Why is your house so messy? ... I mean, I have complications. They don't know that. Maybe when you went to bed, you didn't even want to wake up, they don't know. You know, I remember at the point, I would pray. Even yesterday I was telling myself ... I pray that they shouldn't wake up early because I don't know how I'm going to feed them. Breakfast, lunch, dinner. So if they wake up late, that is lunch time. So we skip one meal and then, then I say, oh my prayer should be Oh Lord, please when my children go to bed, let them wake up nice and healthy. I shouldn't be praying that they should sleep through the afternoon because I can't feed them.'

CBO Service User, (53, Single, Mother, Unemployed, Black African),
ORG-B, Glasgow, 'II'

Women shared that the mental load of childcare extend beyond physical presence and time-management to the daily stress of affording essentials such as food, school uniforms and clothing, which adds extra pressure on them. Participants wanted their children to fit in at school by wearing clothes similar to their peers, but these items were often unaffordable, causing frustration for both parents and children. Mothers expressed that when they cannot meet their children's needs and expectations, they often experience guilt and frustration, because their children often face further exclusion or bullying, which reinforces the stigma of poverty. This leads to chronic worry, low self-esteem, and exhaustion, especially among mothers already balancing caregiving and insecure work.

Therefore, the affordability of material provision is a hidden but inescapable element of childcare stress, linking poverty directly to women's mental health and family stability.



'I'm always buying the second hand but they want the good stuff my boys, they want like Northface or Nike, like, branded items...So if I am going to the second-hand shop, I will ask and I'll buy... It's very hard because I have a teenager and babies and adult kids, so everything. Oh my God. I can't cope with them... the teenager ...I am struggling with the boy. My big boy. Oh my God!'

CBO Service User, (49, Partnered, Mother, Unemployed, Pakistani origin), ORG-B, Glasgow, 'II'

As the service users noted, food insecurity and the struggle to adequately support children are common among CBO service users. As Schmuecker and Earwaker (2022) note, when mothers are unable to meet their children's basic needs, it can lead to feelings of shame, guilt, and personal failure, even though these are consequences of systemic inequality rather than personal failures. These emotional burdens can diminish self-esteem and lead to chronic stress, anxiety, or depression (Brandt et al., 2022). For many, these intersecting factors create a cycle of disadvantage undermining mental well-being and long-term socio-economic outcomes, but CBO membership buffers against the acuteness of these insufficiencies (Pederson et al., 2022; DiClemente-Bosco et al., 2024). A service user's photovoice caption powerfully captures this pain, describing herself as a 'scavenger' for whom accessing food banks is a matter of survival rather than choice.



'Life here almost turned me to a scavenger. I collect basic items from charitable organisations to survive. I'm super grateful to the organisations that provide such help. I also got these books for my daughter from my community organisation, trust me, I was happy to present the books to her as her birthday gift. Aside from the fact that I got them timely, it saved me from the guilt of not being able to buy my little girl a birthday gift. Life as a struggling mum means constantly calculating and estimating the cost of basic items...'

CBO Service User, (36, Partnered, Mother, Unemployed, Black African), ORG-A, Photovoice Caption

Emejulu (2009) and Cebula and Evans (2021) suggest that the poverty racialised minority women experience is often driven by intersecting discrimination and systemic barriers. For example, women expressed that they were frequently compelled to accept work that did not match their qualifications which resulted in feelings of disappointment, disillusionment, and disheartenment, as well as a loss of self-esteem and hindered upward mobility (Frank & Hou, 2015). Despite years of study and training in their home countries, systemic barriers such as non-recognition of foreign credentials, accent discrimination, and racism in the labour market reinforce what Frank and Hou (2015) describe as the devaluation of migrants' occupational abilities. The emotional toll of working below their qualifications fosters feelings of frustration and disappointment, particularly when migration was motivated by hopes of progress and new opportunities, as shared in this the participant's photovoice caption.



'I hold a Public Administration degree with several years of Public Administrative and managerial work experience obtained from Tanzania. Before I came to the UK, I had a lot of expectations that I would be able to improve my standard of living through securing a well-paid job that matches my area of expertise... I only managed to secure a cleaning job, which is not only the back-breaking type of work but also it doesn't pay well enough to support me and my family.'

CBO Service User, (43, Partnered, Mother, Employed, Black African), ORG-A, Photovoice Caption

Poverty is also evident in the women's housing conditions. Many women reported living in cold, damp, and poorly maintained homes because they could not afford better housing. While many rely on social housing, those in the private rental market are especially vulnerable to landlords who neglect urgent repairs, leaving them in damp, mouldy and dilapidated environments. These conditions increase stress and feelings of helplessness, especially when women feel powerless to advocate for change.



'This picture was taken above my toilet ceiling, it has been like that for the past 2 years...I'm unable (financially) to fix the ceiling or paint over it. The ceiling is damaged with water leakage. This does affect me and my family mentally every time I walk into the bathroom.'*

CBO Service User, (45, Partnered, Mother, Employed, Black African), ORG-B, Glasgow, Photovoice caption

Allen et al. (2014) share that poor housing conditions are a social determinant of negative mental health (p.398), while Hopton and Hunt (1996) note that the mental toll of unhealthy living spaces is further worsened by the stigma and isolation associated with

poverty. For migrant women, such experiences are intensified by the loss of autonomy and control because limited finances mean they have little choice or opportunities to improve their environments- they are at the mercy of landlords and social housing. For mothers, concerns about their children's health and development in unsafe environments and the need to put on a front for them adds to the emotional stress of poverty.

'If I had money for private, I would go to some better postcode at once. The type of house I want, the area I want... I don't have that luxury...so I have to behave like It's okay... you feel the pressure to always put on the mask...No... You have to...I'm older, they are younger...Sometimes you just brush it under the carpet.'

CBO Service User, (42, Partnered, Mother, Employed, Kurdish origin), ORG-F, Edinburgh, 'II'

Women also shared their experiences of living in cramped conditions where privacy, personal space, and opportunities to relax or recharge are limited and the constant noise in overcrowded homes increases stress and irritability. The service user from ORG-B explains below the daily stress of living in a cramped space and feeling at the mercy of the housing association because they are unable to provide a house with adequate living space for her growing family.

'I came to this house, I had only three kids so that time, my kids were small, so this house was enough for me, yes, but now I have four kids, they are all grown up. My two teenage boys and adult daughter, and small daughter. And also me, and my husband. My daughter -she doesn't have any room, she's sharing with them. I have my small son in my room. Also, my toilet is still mould and dampness. Yeah, they come and look - They're not doing anything...They are telling us we don't have money for the repair.'

CBO Service User, (49, Partnered, Mother, Unemployed, Pakistani origin), ORG-B, Glasgow, 'II'

Mothers often feel guilt and anxiety about raising children in such environments, worried about potential negative effects on their development and stability and Hopton and Hunt (1996) share that in these conditions, small domestic conflicts can escalate when there is

no room to retreat. Cebula and Evans (2021) also note that overcrowding reflects deeper structural exclusion faced by racialised groups and that when combined with poverty and limited support, these conditions sustain cycles of disadvantage and poor mental health outcomes.

The participants did not always speak openly about mental health in Western or medicalised terms; they often described distress through language of hardship such as feeling ‘challenged,’ ‘exhausted,’ or facing ‘complications’. As the participant demonstrates below, when asked directly about mental health challenges, women often contextualise their distress as part of life experiences with the potential of being resolved and overcome, rather than only through the language of pathologised clinical terms, which can often frame conditions as indelible.

‘Everybody has their own way... I need to know how you can have a better life for your children because it isn’t easy...’

CBO Service User, (53, Single, Mother, Unemployed, Black African),
ORG-B, Glasgow, ‘II’

Utilising non-Western medicalised conceptions and instead anchoring challenges in experiences shows how mental health is culturally understood and helps women manage shame and maintain social respectability by framing mental health issues as a normal part of life (Trovão et al., 2017). In many racialised migrant communities, mental health remains highly stigmatised, and often framed as a moral/character failure, spiritual punishment or insanity (Pederson et al., 2022; Trovão et al., 2017; Vaillant, 2012). This wider conception offered by the women reflects the concept of the mental health continuum, which emphasises variance in mental health experiences across the life course (World Health Organization (WHO), 2014). However, this can also lead to lower help seeking and access to formal support, which worsens underdiagnosis and invisibility

within mental health systems (Trovão et al., 2017). As Pederson et al. (2022) suggest, these cross-cultural differences underline the importance of cultural awareness in understanding mental health experiences (p.307).

Service User Theme 3: ‘I decide to come here’- CBOs as facilitators of Self-determined empowerment

Women described their participation in the CBOs as a conscious and independent choice, emphasising a vital sense of agency in otherwise disempowering circumstances. Although it was a small act, it held great significance, representing a rare opportunity for women to regain control over their time, space, and personal growth. In contexts where women’s independence is often hindered by intersecting systems of exclusion such as migration, poverty, and social exclusion, deciding to seek support on their own terms was a crucial step towards asserting agency and self-efficacy (DiClemente-Bosco et al., 2024). The CBO space thus became more than just a support network; it became a site of individual and community empowerment that encourages participation, fosters self-esteem, and strengthens resilience among women whose voices are often marginalised in mainstream services (DiClemente-Bosco et al., 2024; Quinn & Knifton, 2012).

3.1. Agency and volition are a source of self-empowerment

Women choose to participate in CBO activities, and this choice signifies an empowered act of volition and agency, especially because the women’s actions, movements, and voices are so often influenced by external factors such as family duties, social norms, or unequal gendered power dynamics. Therefore, when a woman opts to engage in a community space, it shows her exercising control over her involvement rather than passively accepting decisions made for her. This choice is empowering because it affirms

that her ideas, presence, and efforts are valid and valuable in her life (Zimmerman, 2000). As the service user below shares, she actively sought an organisation that could help her improve her circumstances. Interestingly, during this interview, the participant used my personal life trajectory and story (as a postgraduate researcher, who once worked as a cleaner) as an example of her aspirations for upward mobility, demonstrating that, in communities, representation is inspirational and meaningful.

'I went to look for an organisation that can help me to see what I can do that maybe if I can do something like yourself, like doing like you... like now I see the cleaning. Let me just go to the cleaning but I can do more than that. If you can see more than that, then you can turn more than that.'

CBO Service User, (40, Single, Employed, Black African), ORG-B, Glasgow, 'II'

The act of decision-making for women, who are often hindered by religio-cultural patriarchal norms, involves shifting from merely being 'allowed' or 'expected' to participate to actively exercising self-efficacy (Accordini et al., 2018). Although women seek out CBOs for the help and support they offer, choosing to participate is a significant act of prioritising one's own needs and welfare, and a form of help-seeking behaviour. The service user below notes that her GP practice suggested the CBO to her, but the decision to attend and continue participating was hers, and she describes this as an act of self-care and self-responsibility.

*'I have fibromyalgia. So, I got stuck at home. I went to see the GP. So, GP, give me some leaflets and she said, like, you must try to go out ...she told me, like, you must try *ORG-F* because, they are really good. And like you will meet other people and ... So I have realised like this is a good place... So then after that, I decided like every Monday and Wednesday, I go there.'*

CBO Service User, (Age not provided, Single, Mother, Unemployed, Pakistani origin), ORG-F, Edinburgh, 'II'

Every time a woman joins a meeting, speaks up, or contributes in the organisation, it reinforces her sense of agency and her belief in her ability to influence outcomes, however minor and in the context of seemingly indelible structural barriers, these minor acts become major. Such involvement not only boosts self-esteem but also challenges culturally rooted gender norms that often silence and control women (Accordini et al., 2018; Emejulu, 2009; Kandiyoti, 1988; Lindridge et al., 2016). Therefore, when women choose to participate in CBO activities, it represents more than just involvement; it becomes an act of resistance against marginalisation, and a step towards empowerment and greater freedom (Käkelä et al, 2023).

Women revealed that the activities they participate in within CBOs serve as vital links between their communities and public institutions and the information they receive is vital to their integration and societal inclusion. As the service user from ORG-B shares, migrant women often need help with fundamental knowledge, such as accessing key services and generally understanding how things operate in the new environment, to be able to adapt and thrive. Her choice to attend the CBO was initially motivated by this and she has remained in the organisation over time because it continues to serve her needs.

‘There’s a lot of things that people don’t understand when they first come over, because it’s a completely different system. Yeah. So being able to have these organisations that understand the system and the system back home, that can translate that for you is so important.’
CBO Service User, (45, Partnered, Mother, Employed, Black African),
ORG-B, Glasgow, ‘II’

Classes like the weekly sewing classes are popular among all CBOs, and women expressed that they enjoy them because they provide fun socialising opportunities while also learning new skills and cultivating a new hobby or a possible business opportunity. These skill-based initiatives also help counter poverty-related stressors that undermine well-being and limit women’s ability to socialise and engage in leisurely activities.

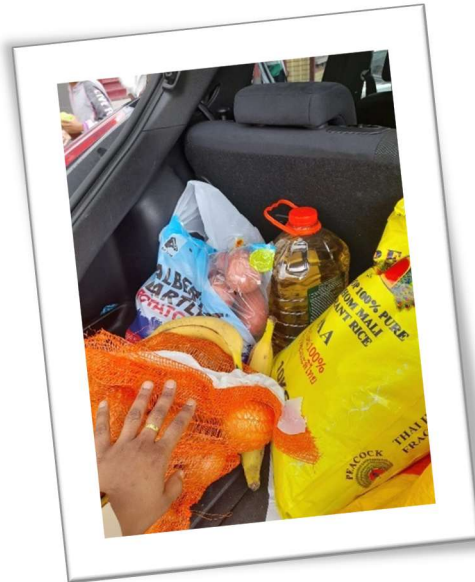
Women choose to attend these sessions as a way of building community for themselves and make friends.



This year, we are having a sewing course, these are fabulous moments, not only do we learn something new, being in a group and meeting others is a pleasant experience with different but united cultures. We share three days a week, that's 6 hours that we enjoy together. It is a privilege to be part of the project.

CBO Service User, (57, Single, Unemployed, Black African) ORG-A, Glasgow, 'Photovoice Caption'

CBO initiatives address both the social and material needs of women by fostering peer networks and community belonging (DiClemente-Bosco et al., 2024). Food banks, free shops, and community meals address the food insecurity and material deprivation that are practical challenges that add extra burdens to women's lives. Women's use of CBOs is a form of help-seeking as the service user from ORG-B shares the material assistance from CBOs is a crucial lifeline that mitigates the financial shortfalls she often faces.



*'I'm a single mum, and I have three boys. All of them have autism, but at different levels, from mild to severe. Because I am their full-time carer, I cannot work because they need around-the-clock care. This makes it financially challenging to meet their every need. We live on the ground floor and for health reasons, we use a lot of power to keep our flat warm. Sometimes I've had to choose between having the heating on or buying food. So it's a relief to know that we have support from (*ORG-B) and to know we have a food parcel each week. Because of the food parcels, I've been able to use the money I've saved to pay my energy bills.*

CBO Service User, (53, Single, Mother, Unemployed, Black African), ORG-B, Glasgow, 'Photovoice Caption'

CBOs provide practical, capacity-building initiatives such as NHS health talks, Business Gateway entrepreneurial workshops, cycling initiatives, sharing circles, community meals, food banks, free shops, and weekly social sewing groups act as informational and material resources that meet needs and provide access to life-changing opportunities. Ultimately, it is the women who choose to engage and participate in these initiatives, seeking out resources to buffer against their various life challenges.

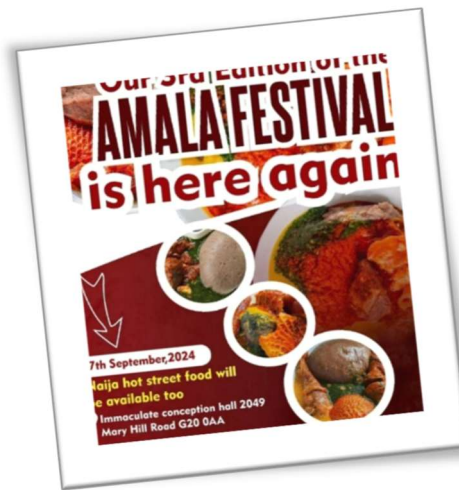
3.2. It's a Safe Space for 'People like me'

Women consistently emphasised that being a minority in society affected their confidence and sense of belonging, and that they found comfort in a ready community within CBOs post-migration, where they could connect with others with similar racialised, cultural, and migration experiences. These spaces promote emotional safety and decrease feelings of isolation (DiClemente-Bosco et al., 2024). The women expressed that cultural

representation is vital as it enables them to maintain their cultural practices, celebrate traditions, and pass down values to their children in an affirming space, especially important in the context of migration-induced family separation. The community fostered there is also essential for preserving cultural identity in a multicultural society, thereby fostering a sense of belonging (Chaudhary et al., 2010). As one focus group participant described, her CBO community was crucial when she first arrived alone and had no social networks but needed help to resettle and access services. Having an organisation with culturally/ethnically representative members was a source of comfort, relief and brought her a sense of safety.

'I just came. I don't know anybody, and that was the only source of meeting people like me, Africans... it's good for us because when you meet, you know what to expect. And you don't even need permission to come...we understand each other and it's very important ... Definitely... It's very crucial until you get into trouble or something, you don't know how important these societies are.'
FG-P, Service User, ORG-A 'FG'

Participants shared that when CBO staff and volunteers share cultural backgrounds, language, or lived experiences with CBO members, it builds trust and reduces the fear of being misunderstood or judged, especially among those who have previously faced racism or other culturally contingent forms of exclusion (DiClemente-Bosco et al., 2024). Representation within services also fosters a sense of recognition and validation, encouraging open communication of needs. Women expressed that seeing individuals who 'look like you' or have faced similar challenges also affirms that the community genuinely reflects and supports their culturally specific needs. As a participant shares below, this representation strengthens both individual confidence and offers a bit of nostalgia for the home left behind, serving as a bridge to cultural identity and community belonging.



'...you're able to go into that environment and hear the language that you're used to hearing, be surrounded by people that look like you, have a space where you can let your kids interact with other kids that are like them, taste the food that you're used to having back home. Like it's that little pocket of nostalgia. Like okay, I can feel at home here...'

CBO Service User, (24, Single, Mother, Employed, Black African), ORG-D, Glasgow, 'II'

Within these spaces of representation and belonging, shared experiences bring women together. These exchanges help otherwise isolated women build community, transforming individual struggles into collective connections (DiClemente-Bosco et al., 2024). While women expressed that sharing doesn't erase the pain of their lived experiences, they also conveyed that compassion and validation gained from other women with shared lived experiences to theirs foster strength and resilience. Women expressed that the social connections and friendships built through CBOs provide invaluable support networks, as many migrant women face deep isolation due to language barriers, cultural dislocation, and limited social ties (Nandi & Platt, 2024). Staff in these organisations offer not only practical help but also emotional reassurance, while links to broader networks improve access to referrals, services, and other life opportunities (Chaudhary et al., 2010; Kapilashrami & Marsden, 2018).

Women shared that the sense of belonging they feel within their organisations fosters emotional safety and builds trust, which contrasts with mainstream service. The inclusive and relational environment within CBOs allow women to participate without fear of judgment, thereby encouraging active engagement in key initiatives like mental health support, as women trust these services to be delivered with cultural sensitivity, empathy

and respect (Pederson et al., 2022). As the service user below expressed, the culture fostered within her CBO gives her the confidence to express herself freely, something that would probably be rare in her life as a minority in society.

‘...you can talk about anything. You can say anything. Yeah, I think that’s such a key thing to know that there are safe spaces where you can go and you can be free.’

CBO Service User, (Age not provided, Single, Unemployed, Black African), ORG-D, Glasgow, ‘II’

Chaudhary et al. (2010) suggest that mainstream services often fail to meet racialised minority women’s unique cultural, linguistic, and emotional needs. The safety of peer groups and women-only spaces provided by CBOs offers environments where discussing intimate and difficult topics like abuse, especially if it’s culturally specific like in-law abuse or female genital mutilation (FGM), can occur without shame (Pederson et al., 2022). This helps women to feel less alone and allows survivors to validate one another’s experiences. Although stigma and fear of community judgment often hinder women from seeking help, CBOs broach these topics, and the culturally sensitive peer support approaches act as protective factors that encourage conversations about sensitive issues (DiClemente-Bosco et al., 2024). The service user from ORG-F describes how her involvement with the women-only CBO eventually helped her open up about her domestic abuse situation.

‘I had some domestic violence issue there and I’ve been asking the people for help...so they helped me a lot as well. Like, always like, asking me whenever you need it, whenever you’re feeling down or like this, you can come...So it’s been a lovely place. Like, you know, since the last two years I’ve been there, you could say like I came out from the trauma just because I go there. So they always welcome me even it’s not on the Monday or Wednesday. So, usually I feel like when I feel down, I could go because I knew that ... they’re always there.’

CBO Service User, (Age not provided, Single, Mother, Unemployed, Pakistani origin), ORG-F, Edinburgh, ‘II’

These women-only groups and the culturally responsive practices make CBOs critical spaces for demographics such as racialised minority women, as Kapilashrami and Marsden (2018) reveal that religio-cultural dictates may prohibit participation in mixed-gender spaces (p.10). Women also highlighted that the CBO plays a crucial role as a safe space for sharing the complex experiences of discrimination. Within the CBO community, women express that recounting racist incidents to those who understand the experience firsthand makes them feel heard, believed, and validated without needing justification, as explained by a focus group participant below.

'So, it's not something I have to explain to them you know, we just say that stupid person...they told me this and then we'll move on. We do this, that is how we treat it. Yeah, because it's something that will happen probably on a weekly basis. And when we, and when you try and talk about it ... to other people or to another white person, they'll tell you.. Just leave it... it's them you know- it's not you, it's them. Just let them be... No! Why should I let them be?... Why should I be the bigger person all the time? Why can't I be the small person sometimes? Because this being the bigger person - it's really bad.'
FG-P, Service User, ORG-A 'FG'

Brandt et al. (2022) note that following racist incidents, the harm is often compounded not only by the event itself but by others' reactions- when stories are dismissed or questioned, it can deepen psychological distress and retraumatise the individual. CBOs buffered these feelings as women felt seen by other women who they knew understood their experiences well.

As part of fostering community, all participating CBOs offered community meals, and women highlighted that these events held different significances for them. For some, these meals eased acculturation by introducing them to new people and cultures within their locales, while for others, they promoted community integration as sharing meals provides accessible spaces where individuals can bond despite differences in language,

social background, or economic status. This is especially important for newcomers experiencing displacement, isolation, and disrupted support networks- communal eating offers a sense of normalcy and belonging, helping to reduce loneliness often intensified by poverty or discrimination (Chaudhary et al., 2010). Additionally, the relaxed setting of community meals was reported to facilitate positive inter-group interactions to help women from diverse backgrounds build a more cohesive community within the CBO.



'We're all from different countries and different like you know religions- only ladies come, all ethnic minority like you could say Africa, Pakistan, India and different countries. They are all there. So it's almost like we are 15 to 20 every Monday. So they provide us food and they ask us like you can if you want to cook something. So one week before we have to tell them like okay, for example, like I'm from Pakistan, I said, okay, I'm gonna go chicken biryani or something. So they provide all the ingredients, so we have to just get them the list. So they bring it. We have to cook, and we just eat there...So it's a good place.'

CBO Service User, (Age not provided, Single, Mother, Unemployed, Pakistani origin), ORG-F, Edinburgh, 'II'

Because racialised minority women are a diverse group, often from different countries and cultures, community meals provide informal, safe environments where women can engage in cultural exchange. As they introduce their traditional foods and stories, women often find common values, similar life struggles, or parallel migration journeys. These moments of understanding dissolve cultural barriers and build trust, encouraging

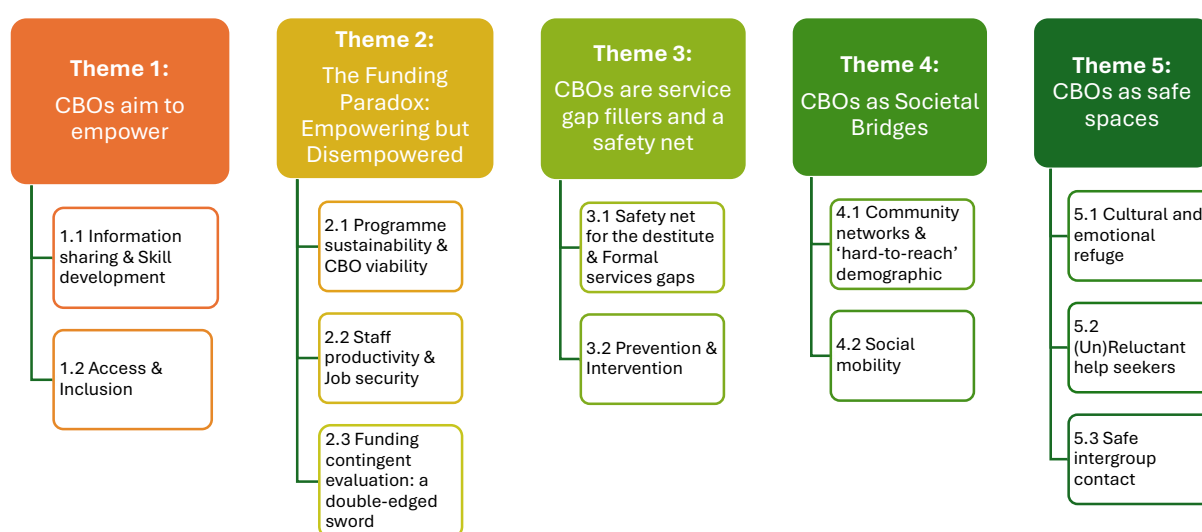
friendships to form organically. Over time, such relationships can grow into unexpected friendships that span cultural, linguistic, and religious gaps, which women often cherish as they form critical social bonds in the context of migration-related family absence. Overall, the service users found belonging to CBOs as a critical part of (re)building their lives in Scotland and mitigating the intersecting challenges they face.

6.2. CBO Findings

6.2.1. CBO Themes:

The CBO investigation yielded five themes, which are listed in the table below with their subthemes:

Table 10: CBO Themes



The themes relate to the research questions, thus:

RESEARCH QUESTION	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5
CBO Research Question 1: What facilitates or hinders CBO service provision?		✓		✓	✓
CBO Research Question 2: How do CBOs currently engage and attract service users?			✓	✓	✓
CBO Research Question 3: What are the experiences of the CBO volunteers/staff in delivering these services?		✓		✓	✓
CBO Research Question 4: How do CBOs operate?	✓	✓	✓	✓	✓

CBO Research Question 5: What are their objectives?	✓		✓	✓	✓
CBO Research Question 6: How are results and impact evaluated?		✓			
CBO Research Question 7: How do CBOs see their roles in the lives of racialised women impacted by poverty and adverse mental health?	✓		✓	✓	✓

CBO Theme 1: CBOs aim to empower

The predominant theme identified from the CBO representative responses was that CBOs mainly aim to support individuals and enhance their capacity to overcome specific life challenges related to socio-economic inequalities and marginalisation, thereby fostering their empowerment. Empowerment here is understood as outlined by Zimmerman's theory (2000), which describes it as both the process and outcome of equipping individuals with the tools, confidence, and opportunities to make meaningful decisions and gain greater control over their lives. It involves developing self-confidence, knowledge, and skills so that individuals can advocate effectively for themselves, access necessary resources, and drive positive change. Empowerment can be personal, social, or economic; it enables people to overcome barriers and implement the changes they seek in their lives (Solomon, 1987; Zimmerman, 2000). The theme of empowerment, therefore, stems from testimonial signals of agency, self-efficacy, decision-making, perception of control, influence, and access to resources, as suggested by Gutierrez (1990), Solomon (1987), and Zimmerman (1990, 2000).

CBOs aim to develop culturally inclusive and contextually appropriate services that strengthen individuals' capacities to overcome life challenges and social barriers, thus empowering them (Chaudhary et al., 2010; Cordero-Guzmán, 2005). As discussed below,

CBO representatives noted that CBOs' mission statements and activities often emphasise empowerment. CBOs see themselves as facilitators of both individual and community empowerment through accessibility, support, and information sharing.

1.1.Information sharing and Skill development



(Example leaflets from the six CBOs)

Representatives from each CBO in this study emphasised that their work focuses on increasing the capacity of service users, not creating dependency. Through skills training, knowledge sharing, and confidence-building, these organisations support women, particularly those with a migrant background, in adjusting, acquiring sufficient contextual knowledge to manage their lives more independently, and navigating challenges more effectively. Representatives describe capacity building as participatory, involving service users as active participants in problem-solving life challenges and engaging in initiatives such as skill-building activities that foster transformation, Empowering participatory

methods involve recognising individual and community strengths and using these as a springboard for transformation; an asset-based community development approach (MacLeod & Emejulu, 2014). Below a CBO key informant who is also a lived-experience activist, shares that capacity building is a key aspect of fostering change in women's lives, and this was echoed by CBO staff in the other organisations.

'What we want to do is build the capacity of women to be able to develop either a career or a business, and just... just personal development. Yeah. So, we've seen a lot of that happening.'

CBO Key Informant, ORG-A, Glasgow, 'II'

This aligns with the findings from Adebayo et al. (2018) in the literature review, who highlight capacity building as essential for effective CBO community engagement, thereby enhancing both individual resilience and community well-being (p.475). In a similar women-centred poverty reduction CBO, Bloom (2009) also found that collective participation in capacity building programmes fosters personal success and broader community change. ORG-A is a CBO in Glasgow that primarily serves women of African descent. The organisation encourages education, employment, and entrepreneurship as means for personal transformation and social mobility. Other participating CBOs adopted similar asset-based community building models- a process that relies heavily on staff and volunteers utilising their personal lived experiences related to migration or poverty to better understand service users' challenges and to develop appropriate interventions (MacLeod & Emejulu, 2014). The CBO key informant shared sentiments common among other CBO representatives, highlighting that personal growth happens when women see themselves differently and realise they're capable of more than they believed. The CBOs involved seek to foster this potential by boosting women's confidence and motivating them to set higher expectations, using various methods such as sharing targeted educational material, information offering psychosocial support and different capacity

building activities. The information provided by CBOs includes key services such as healthcare access, social security, employment, education, and similar practical guidance. They distribute informational leaflets, provide referrals to key services, and host forums for sharing information. These forums may feature talks by industry experts, such as entrepreneurship workshops from Business Gateway (an organisation promoting entrepreneurship) or women's health sessions in partnership with the NHS, which are common across many of the CBOs.

Information is often aligned with need and across all of the six participating CBOs, migrant integration was a key part of service delivery as migration induced barriers such as insecure social connections, family separation or language challenges often remained beyond naturalisation into citizenship. A key informant from ORG-C, a Glasgow-based CBO serving mainly asylum seekers, refugees, and migrants, noted that those most in need of support are often lacking other social connections. Building capacity involves offering social activities to combat loneliness and isolation among CBO service users, who rely on these services even beyond their settlement journey, as a change in migration status does not necessarily improve circumstances such as community belonging, employment and socio-economic challenges (Chaudhary et al., 2010; Cordero-Guzmán, 2005).

'...things, like loneliness, isolation, aimlessness. These are the kind of things that people come with because we offer things that are social and active and where people gain a sense of purpose.'

CBO Key Informant, ORG-C, Glasgow, 'II'

Literature such as that by Cordero-Guzman (2005) supports the finding that migrant integration is a critical aspect of CBO services, as practical information about local systems is vital to acculturation and adjustment may take many years. However, most

representatives noted that ‘need’ is transitory and differs according to service user backgrounds. Examples of transient needs mentioned by CBO representatives included an initial lack of social capital upon settling in a new area, temporary financial hardships while seeking employment or after job loss, and financial instability following marital breakdowns or similar situations. While CBOs provide structured programmes that users can depend on, representatives highlighted the need for flexibility to accommodate women’s evolving needs.

CBOs reported adapting activities, tailoring guidance, or introducing new support methods to keep services practical, accessible and relevant. This flexibility builds trust and encourages women to see CBO services as reliable continuous support amidst life changes. A representative with over 20 years of experience from ORG-F, a CBO in Edinburgh serving women from a diverse racialised minority group, shared that the role of CBOs is to act as a temporary support system and transitional spaces where service users can develop their skills and transform their lives as needed, aiming for greater personal freedom and eventually moving on from the CBO once they have built the necessary capacity and personal growth.

‘We know it’s not good for us to see always the same people. Yeah, because it means their lives are not changing... so for us... now I realise that actually your job is to do yourself out of a job in someone’s life. Like your job is to move them on so they don’t really need you... helping them, to be free...’

CBO Key Informant, ORG-F, Edinburgh, ‘II’

In this way, CBOs build capacity by sharing knowledge, enhancing skills, and providing resources to individuals, helping service users become more self-reliant and gain greater agency in their lives without creating dependency on support services (Bloom, 2009; Patraporn et al., 2010). Literature supports the view that adaptability is vital for effective

community-based services; for example, Adebayo et al. (2018) emphasises responsiveness to change as key to maintaining engagement and ensuring CBOs stay relevant in diverse, changing environments (p.480).

1.2. Access and Inclusion

CBO representatives view their mere presence as an accessible resource that can empower women, since access can be life-changing, especially for those who are socially isolated or facing challenges such as food insecurity. They understand the specific needs within racialised minority communities, which are often overlooked by mainstream services. Key informants across all six participating CBOs shared that their membership has increased over the years and this growing membership shows that their services are both relevant and essential. CBO accessibility has been expanded by the rise of online social connection platforms and means they are more available to a wider demographic for whom geography may be a barrier. ORG-D is an example of this, as they were established as an online support service for busy women who, despite juggling education and work commitments, experience social isolation due to a lack of family networks caused by migration.

'For our WhatsApp group we have weekly meeting. Every Thursday we meet online because we cannot come together in a place for different reasons. You're either going to school, or working... doing a lot of things to make ends meet. You are taking care of kids...'

CBO Key Informant ORG-D, Glasgow & Edinburgh (Online), 'II'

This dynamic model of provision also supports capacity building, as Griffith et al. (2010) point out that an organisation's ability to innovate and adapt to new community challenges is key to community empowerment. Additionally, Wurtz et al. (2024), reflecting on immigrant-focused CBOs in New York during COVID-19, stress that adaptability- such as shifting to online or hybrid programme formats- was essential for

keeping women engaged and maintaining trust during crises. By adjusting to women's changing circumstances, CBOs foster resilience and keep their services effective over time.

All the CBOs in this study have integrated a hybrid model in which online meet-ups are organised alongside traditional in-person activities and this was instigated by the COVID period where traditional outreach was not possible. Online support services and hybrid models provide notable benefits by blending digital accessibility with community-based, in-person interactions. Online platforms eliminate geographic and scheduling obstacles, enabling users to access information, and peer support at any time and from any location. This is particularly beneficial for individuals experiencing stigma or with limited mobility, transportation, or childcare options (Wurtz et al., 2024). Additionally, digital tools such as social media posts, email and WhatsApp communications facilitate the quick distribution of information and more effective communication. Representatives mentioned that adaptable models increase their availability and accessibility and help with continuity of care in times of personal crises such as the example below where WhatsApp communication allowed for service continuity with an isolated service user.

'... there's one woman who I've known through the ESOL (English as a second language classes), and she's also come to some other activities. And then for a while, she kind of disappeared ... she wasn't attending, which I thought was odd because she'd been super enthusiastic at the beginning, but actually, she had been evicted from her home, and she has children. She'd been really, really struggling, but our organisation managed to support her to get new housing and to move. And she said it was like one of the darkest times of her life. She said she really, really struggled.'*

CBO Key Informant, ORG-E- Edinburgh, 'II'

Hybrid CBOs combine virtual and in-person support, preserving the trust, cultural relevance, and community bonds of traditional in person interactions while extending

their reach via online platforms to improve accessibility and effective communication. This approach offers greater flexibility in programmes and support that is tailored to each woman's comfort and needs. Online and hybrid models boost engagement, and foster more resilient, adaptable support systems as was seen during COVID. By meeting women where they are and leveraging technology to keep them connected, CBOs can stay consistent and flexible, ensuring women feel supported at all times, which builds reliability, trust and encourages ongoing participation.

CBO Theme 2: The Funding Paradox: Empowering but Disempowered

Funding influences service delivery in multiple ways, affecting costs like overheads, premises, and resources, as well as the organisation's overall sustainability and viability. CBO representatives, particularly founders, noted that funding insecurity results in low staff pay, diminished confidence, job insecurity, staff shortages, high workloads, and limited resources- factors that disempower staff. Although funding is crucial for operations, dependence on short-term, competitive, and highly restrictive funding can weaken service quality and long-term sustainability. Underfunded CBOs often lack time for thorough impact evaluation (Mayberry et al., 2008; Kegeles et al., 2005), and the emphasis by funders on proof of impact during grant applications leads to rushed, superficial, and pressured assessments.

2.1. Programme sustainability and CBO viability

Representatives from the six CBOs highlighted ongoing challenges stemming from limited funding, with short-term grant instability causing ripple effects in service delivery. As non-profits, CBOs rely on various sources of funding: including government agencies, larger charities, and philanthropic groups (Cordero-Guzmán, 2005; Guhlincozzi, 2023; Chaudhary et al., 2010). Key funders mentioned by representatives

were the Scottish Government, National Lottery Community Fund, and local authorities. The representatives shared that the competitive funding landscape means many organisations compete for similar resources. Covering overhead costs for core operations, such as venues, staff, and resources, is vital to service delivery and organisational sustainability. CBOs often submit multiple applications throughout the year, a process that is time-consuming and stressful, especially since funding isn't guaranteed. This financial insecurity threatens their sustainability as most lack reserves and rely on small budgets, grants, donations, or short-term project funding, making them vulnerable to fluctuations (Larrieta et al., 2023; Mayberry et al., 2008). Unsuccessful grant bids and budget cuts can lead to staff layoffs, programme disruptions, or closures, risking community services that are difficult for the government or private sectors to replace, leaving communities vulnerable. Such insecurity also impacts staff well-being and hampers community resilience and empowerment efforts.

However, the insecurity caused by this unstable funding also hampers future planning for CBOs. While most CBOs aim to be long-term and stable community assets, concerns about the future are also raised, even among the more established organisations. These organisations have been active for different periods. In 2024, when data was collected, ORG-F had been operating for 37 years, ORG-C for 25 years, ORG-B for 12 years, ORG-E for 9 years, ORG-A for 5 years, and ORG-D for 2 years. Although all CBOs expressed concerns about funding insecurity, the most prominent was from a representative of the longest-established organisation, who conveyed that CBOs have a desire to be anchored and dependable community assets but struggle to reach a stage of stability; however long they survive, their operations are accompanied by precarity and anxiety.

'I think if we had more funding, what I would be looking for is longevity of funding. So, I think what would be amazing is if you could get five

years or 10 years' worth of funding, to really, you know, sort of embed yourself within the community and respond to that need because that need changes you know. So, it's being able to respond and adapt knowing that you have the security of the funding there, I think that, that would be amazing and also an opportunity to potentially grow the team because if we're able to grow the team, we could do more, you know, we could deliver more.'

CBO Key Informant, ORG-F, Edinburgh, 'II'

This echoes findings by Larrieta et al. (2023) and Chaudhary et al., (2010) who found that CBOs especially those serving minority groups, face financial precarity because of a competitive funding landscape and lack of stable long-term funding. For founders and leaders, particularly in smaller CBOs, uncertainty about funding often feels very personal, increasing stress around fundraising, staff retention, and serving community needs, which affects mental health. Representatives expressed that these organisations are essential for vulnerable populations and failing to support them means letting communities down.

'... when you're getting fundings in drips and drops one year and then next, you're wondering where are we going from here? Which is where we are right now. Look, we started something and seriously we're just leaving people hungry. It doesn't work like that. So, there is that frustration of the funding and just feeling helpless, you want to help someone. But you can't... So funding is a big thing.'

CBO Key Informant, ORG-A, Glasgow, 'II'

Without stable and equitable funding, these organisations and their leaders remain vulnerable, as they manage community needs without systemic support (Bloom, 2009). In addition, inadequate funding compromises the sustainability and affordability of programmes. Representatives highlighted that resources are often stretched thin, and the lack of ongoing funding frequently results in programme closures. This creates instability for organisations and service users alike, who may become accustomed and reliant on services such as health workshops, support groups, or skills training, only to see them

cease when funding expires. Such abrupt service withdrawals cause disappointment, diminish trust, and hinder long-term progress within communities. These issues also affect service users' well-being and confidence in CBOs. Without ongoing investment, organisations repeatedly start and halt services, leaving communities underserved and weakening the social infrastructure they seek to support (Allen-Meares et al., 2024; Yasmin et al., 2022). As the CBO representative shares below, engagement in CBOs is often slow and trust building and rapport take time; however, this is often overlooked by funders who expect quick turnarounds and invest in programmes on a short-term basis.

'... it really does come down to a lack of consistent, sustainable funding. So, you know, I would say what you get a lot of and this is just within the third sector, it's not exclusive to us, is these Projects that can be funded for a year or maybe two years. But then afterwards, the funding stops and you have to look for something else. And I think the difficulty that we have experienced is that it often takes you two years of working with somebody to finally get them to a point where they're actually coming weekly to sessions. I mean it really can take that long, but then the funding's gone, and it's... kind of like, oh, you've only just got this person to commit, which ... they've been on a huge journey with you...and then finally they're in a place where yes I can come each week or every other week or something and they've made a commitment and then that funding can be pulled. So I'd say that is really, really tough, really tough.'

CBO Key Informant, ORG-F, Edinburgh, 'II'

This pattern is well documented in the literature, such as Chaudhary et al. (2010), who observed that South Asian American CBOs struggle to sustain consistent programmes due to fragile funding, which hampers service delivery. Similarly, Griffith et al. (2010) argue that programme instability weakens organisational capacity to tackle racial health disparities, as communities cannot depend on steady interventions. The key informant shared that programme delivery is contingent on practicalities such as premises and food which require money to provide. Sometimes the level of financial precarity meant that these fundamental provisions were jeopardised, undermining community trust and overall

reliability (Griffith et al., 2010). For service users whose lives are marked by precarity, this added inconsistency can be distressing and undermine the aims of CBOs to be dependable sources of support for communities (Allen-Meares et al., 2024; Yasmin et al., 2022).

A key informant from ORG-E states below that in 2024, their organisation temporarily lacked a physical location because the previous site became too expensive, and they were waiting for a more affordable site. Similarly, ORG-A mentioned that they operated without premises during their first three years. ORG-D noted that they operate online, with members donating funds specifically for venue rentals for events such as Christmas gatherings. ORG-C highlighted that their premises were inadequate, lacking sufficient cooking space for community meals, and their growing community couldn't be comfortably accommodated in some rooms within the facility. To adequately mitigate social exclusion, meeting places are essential for CBOs, but organisations are not immune to rising costs of property and are ironically faced with the same issues as their service users, of threat of displacement or inadequate spaces due to affordability.

'...one of the most important things we need money for... is a physical space! We don't have an office at the moment as we can't afford something ... so it leaves us struggling to maintain our community... Adequate funding would give us the stability and space that we really need to be a reliable source of support in the community.'
CBO Key Informant, ORG-E, Edinburgh, 'II'

The CBO representative emphasises reliability as a key element of CBO success. CBO representatives believe that funding negatively affects programme delivery and service provision, as most service users rely heavily on support from CBOs, such as meeting places for psychosocial assistance that alleviate social isolation. For individuals facing

food insecurity, the closure of food banks means women and their families go hungry because they lack alternative sources to meet these needs.

2.2. Staff productivity and Job security

All the CBOs in this study are grassroots organisations that operate with limited paid staff, with some relying entirely on volunteers. Staffing levels varied: ORG-C had eleven paid employees, ORG-F nine (not all full-time), ORG-E five, ORG-B three, ORG-A two, and ORG-D was entirely volunteer-run. While more established groups had more established reputations, leading to relatively more stable funding sources to sustain larger teams, all faced high staff turnover due to low wages, heavy workloads, and short-term contracts. Despite many staff holding degrees, representatives believed their pay did not match their skills and was less competitive compared to other sectors. Securing funding did not resolve recruitment challenges, as low pay and perceived limited career stability remained concerns that undermined the ability to attract qualified and dedicated staff. Job insecurity was particularly prominent; representatives noted that funding cycles often restrict contracts to short-term roles, leaving staff uncertain about their futures. Funding also provides opportunities for CBOs to recruit adequately for specific and specialised roles, making organisations more effective, as the key informant from ORG-E highlights.

'...my role didn't exist until we got funding for it, and now I'm finding 'Oh!' I have lots to do, my days are very full. And the idea that, obviously, there was no one to do this role. I think it's a real struggle with like just, lack of capacity, it's a real like struggle to get to everyone and provide the service to everyone that we know that all these people are there and we're in contact with them. But do we have the time and the capacity to provide the service that we want to provide?'

CBO Key Informant, ORG-E, Edinburgh 'II'

The above representative highlighted a recurring issue across the participating CBOs: that, before securing funding, critical outreach and support roles remained unfilled,

despite their importance for service delivery. These issues reflect findings by Kegeles et al. (2005), who identified high turnover and burnout as ongoing problems in underfunded community organisations, and Chaudhary et al. (2010), who observed that financial instability hindered CBOs from attracting and keeping qualified staff. Representatives explained that insufficient staff forced current workers to juggle multiple roles, often beyond their formal responsibilities. This flexibility helped CBOs maintain core services but also resulted in heavy workloads, impacting staff well-being. Representatives reported that they often felt ‘stretched,’ with stress harming their mental health and reducing their capacity to provide high-quality services.

‘I think that can be really challenging and it can wear you out quite quickly....so I think that’s maybe why you do see a relatively high turn around in these sorts of jobs. Because I think you get to a point where you just are like I just can’t do it anymore. You know, it’s just too hard. You don’t see things changing there isn’t the funding there... Everything’s a battle! Everything’s a battle! You know, that’s what it feels like in the third sector. Yeah, so yeah, it can be challenging.’

CBO Key Informant, ORG-F, Edinburgh, ‘II’

These findings echo broader research showing that underfunded CBOs often rely on staff multitasking (Kegeles et al., 2005; Chaudhary et al., 2010). This ‘role-stretching’ is a common way to cope when resources are limited, but it usually leads to burnout, inefficiency, and lower service quality (Chaudhary et al., 2010; Larrieta et al., 2023; Kegeles et al., 2005). Furthermore, staff mental health strain is not just an individual well-being concern but also an organisational risk. Rusch et al. (2015) found that overstretching reduces the effectiveness of CBOs’ mental health promotion efforts in low-resource urban areas, as stressed staff have less capacity for consistent, relationship-based work. CBO representatives emphasised that the significant time and effort needed to balance service delivery with the ongoing task of writing grants and seeking new income sources often divert attention from programme development, community engagement, and direct services. These activities are mainly driven by the need for

financial survival. Since organisational sustainability and staff livelihoods heavily depend on funding, this cycle is unavoidable, and the non-profit financial model encourages this dependency and instability. The low pay, job insecurity, and high workloads cause ongoing stress across all participating CBOs. Additionally, insecure funding diminishes staff capacity and disempowers individual staff members and their organisations, with this ripple effect extending to the communities they serve (Zimmerman, 1995; 2000). These factors collectively highlight the ecological elements that Zimmerman (1995) describes as essential for organisational capacity, along with the interconnectedness of empowered individuals, organisations, and community members. Low salaries and job insecurity contribute to disempowered staff, organisations, and communities.

2.3. Funding contingent evaluation: a double-edged sword

All CBO representatives see impact evaluation mainly as a funding application tool. While they acknowledge its significance, they find rigorous evaluations challenging due to staff shortages and time constraints. Usually, evaluations are done to fulfil funders' demands rather than to systematically enhance service delivery. Although they understand the value of evaluation, limited resources reduce it to a survival task rather than a tool for learning or accountability. In busy, overstretched CBOs, impact evaluation becomes secondary to other priorities. Representatives noted that while demonstrating outcomes is important, they believe 'success' is better measured by organisational sustainability and ongoing support for women in need. More meaningfully, success often shows in daily, visible impacts like improved mood, confidence, or social connections—typically unmeasured but significantly affecting women's lives in their communities.

Instead of relying on quantitative metrics, the representatives' views align with research showing that sustainability and tangible impacts are crucial to how CBOs define

effectiveness, as Bloom (2009) suggests, with women-centred CBOs often seeing success in personal and community change rather than numerical results. This creates a gap between funders' expectations and the often intangible, real impacts that CBOs have in women's lives. It highlights a tension between the evaluation criteria set by funders and the community's own sense of impact, as the key informant from ORG-F explains below.

'...we have to respond to the funders and we have to collect data, but we do it in a more light-touch way, I would say. So, we do ... a lot of focus groups, kind of informal, focus groups where we're just having an open conversation, and then I'm able to kind of observe and record that. Yeah, you do the boring things. Like you count the number of sessions that you've delivered, you count the amount of women that have come to each session, you can give those figures, but we're not giving details. Like, what ethnic minority are you? We're not asking things like that and I think for the most part we steer, clear of funders who are asking those sorts of questions, some funders will ask how much money your household is making you know, what nationalities are the service users. Yeah, because this is all the information that they can gather to see who we've supported, you know, but we're just not really in that game...'

CBO Key Informant, ORG-F, Edinburgh, 'II'

CBO staff emphasised their focus on addressing each woman's unique and nuanced needs, advocating for personalised support instead of universal, group-based outcomes. They underscored the importance of daily successes, emphasising that each session directly affected women's lives, rather than relying solely on aggregate data such as the number of participants or the frequency of attendance, which is required by external funders. This perspective aligns with Bloom (2009), who noted that women involved in community-driven poverty alleviation efforts often experience small, incremental changes across multiple sessions, collectively helping them overcome disadvantages. This distinction reveals a broader debate in the literature regarding CBO accountability and evaluation, while funders tend to prioritise large, measurable impacts and replicability to justify their investments (Mayberry et al., 2008; Kegeles et al., 2005), CBO staff and participants often value qualitative, relational, and lived experiences of

change. This contrast highlights, as Larrieta et al. (2023) caution, the need for funding and evaluation systems that better recognise qualitative and community-based indicators of success.

Representatives see the requirement for demonstrable impact, often mandated by funders, as pressuring both staff and service users to provide positive feedback, which can lead to superficial responses instead of genuine reflection. Additionally, there is the risk of mission drift, where CBOs may feel compelled to modify services to meet specific funding criteria. Participants in this study confirmed these issues, noting that funding tends to follow emerging trends and criteria that may not align with CBO goals. The short-term nature of most grants also hampers the development of programmes capable of achieving large-scale outcomes, heightening this tension and the pressure for quick results.

'...the funders have their own set of criteria of course, that they are looking to fund projects that meet that criteria. So, it's our director's job to kind of look at the funding landscape and find the funders that are in line with our values because we're not just going to go to a fund because it's got money, you know, it has to align with our values than we align with theirs'

CBO Key Informant, ORG-F, Edinburgh, 'II'

Mayberry et al. (2008) and Kegeles et al. (2005), point out that programme evaluation in CBOs often struggles with recruiting participants and obtaining honest feedback, as organisations fear negative results might threaten their funding. Several representatives voiced concerns about formally requesting feedback from women, fearing it might be seen as a requirement to justify their service usage rather than a supportive effort. While CBOs perform impact evaluations out of necessity, their success is primarily measured by sustainability and the visible, yet difficult-to-quantify, improvements in women's daily

lives. Evaluation requirements imposed by funders often distort success reporting and may undermine the grassroots goals of CBOs and their ability to focus on women's needs.

CBO Theme 3: CBOs are service gap fillers and a safety net

Service users often turn to CBOs such as food banks and free shops, which act as safety nets for those facing socio-economic difficulties and struggling to access other resources (Chaudhary et al., 2010). Representatives highlight that CBOs address gaps that formal systems frequently overlook. By understanding local and cultural contexts, they customise their support to bridge the gaps left by mainstream services effectively (Cordero-Guzmán, 2005). Their goal is to offer accessible, inclusive community support tailored to individuals' cultural and personal backgrounds. CBOs perceive their role as providing a level of contextual expertise that is often absent in formal services.

3.1. Safety net for the destitute and formal services gaps



(Food banks from some of the CBOs)

All six participating CBOs provided access to food banks, community meals, and free shops, with representatives identifying food insecurity and material deprivation as among the most pressing needs of service users. Larger, more established organisations reported having well-stocked food banks with relatively secure supply chains, making them vital reliable safety nets for individuals and families facing destitution. Representatives expressed that in contexts of poverty and precarity, these forms of assistance become more than emergency relief; they underpin community resilience.

'So the needs we see the most are, number one- food because the people that we work with are living in food insecurity. People come here because we have a community pantry and because we have the community meal.'

CBO Key Informant, ORG-C, Glasgow, 'II'

The importance of food access within CBO activities matches the broader literature, which emphasises CBOs' role in filling critical gaps where government support is limited. Allen-Meares et al. (2024), highlight the role of CBOs in offering wraparound services that extend beyond health to include basic needs, thus addressing social determinants of health (p.50) while Taylor and Byhoff (2021) observe that healthcare systems increasingly rely on CBOs to manage food insecurity as part of wider efforts to address social determinants. Food provision then becomes a key way that CBOs foster community health for vulnerable communities.

ORG-C has operated its food bank for over two decades, supported by partnerships with Locavore, a Glasgow-based local produce company that donates surplus fruits and vegetables, and Fareshare, which redistributes surplus food from supermarkets and hospitality sectors to reduce waste. Similarly, ORG-F collaborates with a local community garden to provide fresh produce and a local bakery, sharing its premises. Smaller CBOs heavily depend on donations and allocate part of their funds to stock their

food banks. ORG-A and ORG-D work with local churches that either give community members access to food banks or supply food directly. Both ORG-B and ORG-E have dedicated funding for culturally appropriate foods, which all CBOs consider essential for culturally responsive services. The key informant from ORG-F emphasised that addressing widespread food insecurity is a key reason why service users turn to CBOs and may serve as a ‘gateway’ to accessing other programmes and services.

‘...food insecurity is a huge issue... what we learnt here is that food is a gateway. Okay. So if you have food available, people are more likely to come to your groups. And that’s why every group that we run there is food...’

CBO Key Informant, ORG-F, Edinburgh, ‘II’

CBO representatives shared that contrary to the expectations that food banks and free shops are used mostly by unemployed or homeless individuals, many of their clients are women in low-wage jobs who find themselves in a precarious situation: earning too much to qualify for government benefits but not enough to cover rising living costs. This ‘in-between’ group relies heavily on CBO support, especially food banks, which serve as vital safety nets. They explained that women often use food banks to supplement their salaries, allowing the limited wages to be spent on essentials like heating, rent, and utilities. Taylor and Byhoff (2021) suggest that CBOs are increasingly acting as frontline responders for unmet basic needs in areas where social welfare systems fail to meet the needs of ‘working-poor’ populations. As the key informant from ORG-A explains, this form of poverty is often invisible because there’s an assumption that wages should cover living expenses, yet low-paid jobs often provide insufficient wages to cover basic living costs.

‘People are stressed, people are anxious. They don’t know where the next meal is going to come from. No wonder we are going to food banks. Like, that’s all we’ve got to fall back on. But also, if we’re going to food banks, the food that we get, the food encountered is not the food we

eat...I know a few food banks who are trying to ... have more diverse stuff, but that is also expensive. So, food banks themselves are struggling....So how do you support your children? How do you support your families? It's not a surprise that women are going into food banks. Not just people who don't have jobs, even people with jobs. There's so much in-work poverty. People are having to go to food banks to survive.'

CBO Key Informant, ORG-A, Glasgow, 'II'

However, dependence on food banks underscores systemic inequalities, since women in low-wage employment still struggle to attain financial security. Griffith et al. (2010) caution that without systemic reforms and capacity development, CBOs may only patch structural gaps rather than effectively resolve them. Nonetheless, food banks continue to serve as vital safety nets, helping women, especially those who are excluded from government assistance to feed themselves and their families.

Representatives, especially those who founded their organisations, consistently emphasised that CBOs are created to fill gaps left by formal services. The organisations studied were established because existing statutory services did not address specific needs. For instance, the representative from ORG-E described how offering English classes for women with babies, who are below the childcare payment threshold, was vital for socio-economically disadvantaged migrant women with no family support. This highlights the unique capacity of CBOs to identify unmet community needs and tailor services accordingly, as noted by Cordero-Guzmán (2005), who observed that CBOs often emerge as grassroots responses to the structural exclusions faced by immigrant and minority groups. By creating services that are responsive, adaptable, and culturally relevant, CBOs address critical gaps left by formal systems.

'...a lot of things where people need help or maybe they need to learn something, they can't take their kids there, and so they just can't go. It's just impossible. Like, there's no capacity, they can't afford child care, there's no other options. So ... we say 'yeah, like, of course, bring

your baby... Like, that's absolutely fine'. Before that they were looking around and getting turned away from everything because they couldn't take their kids with them.'

CBO Key Informant, ORG-E, Edinburgh, 'II'

Another example provided by representatives of how CBOs fill service gaps was through referrals received directly from formal services, such as general practitioners (GPs) and social services. These referrals were often made when formal providers struggled to meet women's needs, recognising the value of the flexible, culturally competent, and community-embedded services that CBOs could offer. This positioning of CBOs as interim or supplementary support reflects their vital role as a safety net and gap filler when statutory systems fail to meet needs.

'...these groups are light touch, it's about coming together to share experiences to connect in with your local community. It's not about like the, you know, doing anything further than that, but ultimately, you end up doing that...because of lots of reasons. Mainly, because the system, the NHS is not able to deal with the backlog of people that are waiting for mental health support, and so they inevitably end up being referred to groups like this.'

CBO Key Informant, ORG-F, Edinburgh, 'II'

This finding echoes Wu et al. (2018), who discovered that strong collaborations between health systems and CBOs not only improved service delivery but also increased trust between underserved communities and formal institutions. Similarly, Rivera and Knock (2024) emphasise how community clinical linkages can bridge systemic gaps, especially for underserved groups, demonstrating the importance of CBOs as partners in integrated care. However, representatives noted that, rather than strategic partnerships, CBOs are often used as a fallback for overwhelmed formal services to cover capacity gaps. This relationship also highlights CBO's dual role as independent grassroots organisations and vital but formally unrecognised parts of larger service networks.

Representatives highlighted that a primary reason women avoid formal services and turn to CBOs is the lack of cultural sensitivity in statutory provisions. Several provided examples of racialised minority women attempting to raise issues such as racism with White service providers, only to feel dismissed or, worse, to experience racism directly from those providers. As a key informant from ORG-A explained, this invalidation of lived experience can be deeply disheartening, leading women to disengage from formal systems and seek out CBOs where they feel listened to, understood, and respected. This positions CBOs not just as alternatives but as vital providers uniquely capable of meeting the needs of racialised minority women.

'...like if I'm accessing the service and the service is not culturally sensitive, not culturally aware... You know, many women have told us things like going into a service and maybe sharing their experiences and someone dismissing them. Dismissing them! If I'm coming to you to tell you something, it's valid to me. And I'm really genuinely asking for help. But some people have been dismissed because they can't relate.'

CBO Key Informant, ORG-A, Glasgow, 'II'

Representatives noted that service users sometimes feel judged for practices like remittances, which are common among migrant workers who regularly send money 'back home' to support their families. Rooted in collectivist cultures, this act signifies interdependence and mutual support, with even small transfers made despite limited resources. However, formal service providers often misunderstand these customs, criticising women for 'giving when they do not have enough,' which can alienate them and discourage future help-seeking. Conversely, CBOs, where many staff share similar cultural or migration backgrounds with users, acknowledge and respect these practices, offering a non-judgmental setting where women's cultural duties are seen as part of their life experience rather than irresponsibility. O'Mahony and Clark (2018) observed that

immigrant women tend to withdraw from formal services when their cultural backgrounds are dismissed in this way.

'... like a simple thing...which is normal to us, would be like- oh at the end of the month, I need to send money to my mum. This person could just not get it. They actually asked- why do you have to do that?...I think being able to identify with someone. Someone who's supporting you- being able to identify and knowing that this person can relate to my experiences. It's...to me- It's a half the battle won.'

CBO Key Informant, ORG-A, Glasgow, 'II'

The CBO representative shares her lived experience and the reason she founded her CBO, understanding the need for culturally sensitive spaces. The importance of cultural understanding is emphasised by DiClemente-Bosco et al. (2024), who observed that resettled African migrant women valued community support because it recognised collectivist values, mutual support, and family obligations they had experienced abroad. In this way, CBOs do more than provide services- they validate and legitimise the cultural practices of marginalised women, reducing shame or exclusion and fostering more responsive, holistic support.

3.2. Prevention and Intervention

Discussions with representatives indicated that CBO services are flexible and responsive. They highlighted that programmes are adapted to meet the changing needs of women facing social and economic challenges. Activities such as English classes to overcome language barriers, 'Knit and Natter' social clubs, cycling lessons, employability and entrepreneurship workshops, and social outings are preventative initiatives that recognise social determinants and promote social inclusion, skill development, and well-being. Representatives also noted that much of their support remains informal, rooted in trusting relationships between staff and women. In daily interactions, women often share personal issues such as financial hardships, health concerns, or domestic violence, enabling staff

to provide personalised intervention support and refer women to additional services when needed.

'...if we felt somebody needed to be referred on to a crisis support, or we were worried about somebody, we can, you know, call the GP, and that sort of thing.'

CBO Key Informant, ORG-F, Edinburgh, 'II'

Representatives described being seen as trusted confidants, with women seeking their advice, emotional support, and practical help. This extensive, trust-centred role aligns with Rusch et al. (2015), who note that CBOs working with immigrant families should integrate mental health promotion into their broader services by recognising the link between social and psychological needs. Pederson et al. (2022) also point out that stigma often hinders racialised Black immigrant women from accessing formal mental health services, making the trusted relationships within CBOs particularly crucial (p.308). This holistic approach allows CBOs to handle sensitive issues effectively. For example, although domestic violence prevention is covered in group sessions, disclosures frequently occur during one-on-one interactions, allowing staff to employ targeted intervention strategies where appropriate. CBOs perceive women's lives as complex and interconnected. Their responsive and relational work involves not just formal activities but also addresses multiple facets of exclusion; social, economic, health, and safety concerns- often all at once. By doing so, they go beyond standard programme delivery to provide holistic, community-based care; managing this balance is often subtle and delicate, as the CBO representative from ORG-E expresses.

'...we as a charity are early intervention and crisis prevention...but people have complex needs... and you can't compartmentalise life ... like, if you've gone through something last night. Yeah- then that's a difficult one.... it's almost as if it's not recognised as a problem... It's just, that's just what happens if you're a woman...Sometimes, I'm finding a lot of in-law abuse... which I never even knew was a thing.'

CBO Key Informant, ORG-E, Edinburgh, 'II'

The key informant reveals the diversity within minority groups as well as some of the cultural knowledge gaps that can arise in CBOs where staff do not mirror service users' cultural backgrounds. However, many representatives noted that CBO service users often confided in staff, sharing personal goals, challenges, and needs beyond formal programmes. This help-seeking behaviour highlights CBO's role as trusted confidants for women with limited social capital. Mistrust of formal services among immigrant and minority women is well-documented. O'Mahony and Clark (2018) found that immigrant women face barriers like cultural differences, stigma, and systemic exclusion when accessing mental health services. The close, confiding relationships in CBOs serve as empowerment tools, helping women voice their needs and receive culturally sensitive support. Moreover, when women can openly share their aspirations and challenges with representatives, CBOs can respond more effectively and tailor their support accordingly.

CBO Theme 4: CBOs as societal bridges

The theme of societal bridges illustrates CBOs as mediators connecting different communities. They collaborate with formal services to engage hard-to-reach populations and promote social mobility, helping individuals move from marginalisation to active societal engagement or connect them with various organisations. Community networks are vital for expanding outreach, building trust, and sharing resources (Chaudhary et al., 2010). CBOs rely on these organisational and personal connections to improve service delivery. By involving diverse local leaders and stakeholders, they build community credibility and sustainability to address community needs inclusively. Most users are referred through community channels such as GPs, social services, word-of-mouth, and other community organisations. Staff often depend on these networks for resource sharing

and to navigate community dynamics more effectively, thereby enhancing service responsiveness and program impact.

4.1. Community networks and ‘hard-to-reach’ demographic

Across all participating CBOs, community networks are regarded as essential facilitators of service delivery. Representatives stressed that food bank supplies, obtained through partnerships with other organisations and referral pathways with formal services such as general practitioners and social services, are essential to their daily work. Equally important are informal referral methods, such as word-of-mouth and community member networks, which help new service users access CBOs. Leveraging these networks not only expands service reach but also alleviates the workload of CBO staff with limited resources. Adebayo et al. (2018) highlight that strong community linkages and partnerships are crucial for engagement and the sustainability of CBOs (p.475), and Wu et al. (2018) further show that structured collaborations between community groups and formal health systems boost capacity and support culturally appropriate, accessible care. For migrant and racialised minority women, community referrals build trust that helps overcome barriers posed by formal services, such as language issues and cultural insensitivity (Chaudhary et al., 2010; O’Mahony & Clark, 2018). Below, a key informant from ORG-E discusses her involvement with R2, a network of over 30 organisations in Edinburgh working together to improve service delivery, share knowledge, and pool resources to better address community needs.

‘...a lot of my role so far has been about getting involved in the networks that exist in the city. So we have networks like the R2 and different forums ... to really try and co-ordinate with other organisations...So actually I’ve had one really positive experience of a local Council in Edinburgh, where they’ve asked me, and J to come in and speak to new social workers, like people who have just graduated, and just talk about things, like cultural differences and parenting, anti-racism awareness, and just really invited us into those spaces from the outset.*

And those kind of networks are very easy to set up and they're also really beneficial. I think because then you have that sort of referral service.'

CBO Key Informant, ORG-E, Edinburgh, 'II'

All participating CBOs actively built community networks as part of their service delivery approach, recognising that these networks enhanced their capacity to address the diverse needs of service users. As a key informant from ORG-A noted, being able to refer individuals to partner organisations, such as employment services or free shops, allowed CBOs to offer practical solutions beyond their primary scope. For example, a woman preparing for a job interview could be directed to clothing or training support through established networks, enabling the CBO to provide comprehensive assistance without duplicating efforts.

'We're always going to these networking events because we're always looking for opportunities that can benefit our community. So, every networking event for us is an opportunity to be the bridge between what's happening out there and for our members. Because not all information gets through to everyone. So, we've been able to do that, even if it's just posting the information. So, are you going for an interview? There's this organisation you can go there, you get coaching, or go there to get clothes.'

CBO Key Informant, ORG-A, Glasgow, 'II'

By utilising external networks, CBOs broaden their reach and deliver holistic support, a concept supported by Allen-Meares et al. (2024), who highlight how partnerships enable CBOs to integrate health literacy, cultural humility, and practical services into comprehensive care pathways (p. 50). Community networks within CBOs extend beyond organisational boundaries and are deeply rooted among individual community members. Many CBOs intentionally nurture mutual support among service users, often through initiatives like befriending programmes where experienced community members assist newcomers, helping them integrate smoothly. Similarly, multi-lingual community members frequently offer translation services, creating reciprocal systems that strengthen

social bonds. A key informant from ORG-B emphasised that such mutual support among service users is crucial for effective CBO service delivery, especially for those from diverse cultural and linguistic backgrounds.

'our volunteers and people who engage within our service, come from different regions and that make it easy for us because an example will be imagine if a volunteer is from Nigeria and you have a Nigerian family that we support...it will be easy to support them because they will understand what they need ... we understood that challenge. And one of the best way that we did this was to try to recruit volunteers among those different communities, so that they can work with us to support others in the community... Now, in those that we have supported ... What we do is that we encourage them also to come back to the community to give back to the community, to support other people.'
CBO Key Informant, ORG-B, Glasgow, 'II'

This peer support approach aligns with Bloom (2009), who demonstrated that women-focused CBOs thrive through reciprocal support, where members both receive services and contribute to group well-being. For immigrant and minority groups, these relationships act as buffers against social isolation and exclusion. Service users' word-of-mouth referrals are one of the primary ways CBOs gain new members, and these practices also bolster CBO sustainability by sharing responsibilities and fostering collective ownership among members. Griffith et al. (2010) and Wu et al. (2018) highlight that capacity-building extends beyond staff to empower community members to actively engage in services. This strategy draws on the asset-based community development model and alleviates financial pressures in CBOs while embedding resilience within the communities they serve (MacLeod & Emejulu, 2014).

A key informant from ORG-F explained that their organisation actively promotes and strengthens local partnerships by utilising diverse community resources. For example, connections with the community garden and bakery provide produce for the CBO, while the community centre directs service users to relevant services. Additionally, schools and

community members collaborate annually on events that foster community spirit. These relationships demonstrate how CBOs serve not only as service providers but also as vital nodes in wider community networks that encourage social cohesion and support mutual aid.

*'Every January for Burns night, we all come together so *ORG-F, the community garden and the community centre, we all come together and organise a big ceilidh for 250 people and it's amazing because we get all different cultures. So we try to include the local schools as well and so we've got yeah, lots of different ethnicity and so we all sharing celebrating Scottish culture- Robert Burns, you know but we're also sharing different cultures because I think last year we had some people from Ukraine- so they came and did some dance and all that. So anybody's welcome to just say, you know, singing in their own language as well. And so it's more like a community party.'*

CBO Key Informant, ORG-F, Edinburgh, 'II'

Overall, community networks promote outreach, trust, local knowledge, collaboration, and resource sharing- key elements of effective, inclusive, and sustainable services. CBOs aim to empower communities through inclusive programmes, all supported by networks that foster collaborative practices and sustainable growth. These networks also strengthen community bonds and mutuality.

Another way CBOs offer support is through formal partnerships with dedicated services that often struggle to reach racialised minority communities. Representatives explained that these collaborations are mutually beneficial: formal services gain access to communities where trust is already established, while CBOs receive resources that enhance their capacity to support service users. Such partnerships are regarded with pride by CBO representatives, who see them as evidence of their central role in bridging systemic gaps and strengthening their position within communities.

'We had a project called mental health ambassadors. That was an anti-stigma funded project by the NHS and one of the things that we wanted to address is the stigma around mental health. So, we had sessions-information sessions, just breaking down... What is mental health? What does that look like? Whether they have challenges? What support is out there and how can you access that support.'

CBO Key Informant, ORG-A, 'II'

From a resource perspective, these collaborations are essential. Griffith et al. (2010) argue that capacity-building in CBOs is often linked to their ability to form strong partnerships that extend their organisational reach and sustainability. Yasmin et al. (2022) also emphasise that partnerships with CBOs can be utilised in health promotion strategies, as they combine institutional resources with the cultural and relational trust built into community networks. This dynamic also echoes findings by Wu et al. (2018), who demonstrated in the Baltimore CONNECT trial that partnerships between health systems and community organisations improved both access and trust among underserved groups.

These examples demonstrate that partnerships can be strategic, relational practices that improve service equity. As Rich et al. (2001) note, collaboration between institutions and CBOs is most effective when it addresses poverty and exclusion holistically, rather than treating communities as passive recipients of support. In this way, the partnerships highlighted by representatives show both the adaptable role of CBOs and the dependence of formal services on their community-based expertise.

'I run the community meal, I work with partners a lot there... The NHS, they have an oral health programme... They helped people make ... dentist registrations. Then we had somebody who approached us they were like an Energy provider and they're trying to help people to save money on energy. And we have Waverly Care, who worked with the HIV tests. Things like that. So there are lots of partner organisations that we work with at the community meal.'

CBO Key Informant, ORG-C, Glasgow, 'II'

The representatives also shared that while formal partnerships do occur, they are mostly sporadic, usually initiated when formal services reach out to organisations, which leaves CBOs largely passive in forming these connections. ORG-F, the longest established CBO among the cases, adopted a different approach through a unique model that builds longstanding relationships with local GPs, maintained by staff members who act as community link workers (non-clinical practitioners focused on social determinants of health and social prescribing) (Bambra, 2022). This deliberate placement of CBO staff within GP surgeries ensures that community needs are addressed collaboratively through various channels.

*'we're really lucky because we have the community link worker Network and we have three community link workers, who *ORG-F employs... are based in surgeries that are within our boundaries. So that's fantastic because they are able to refer patients to our groups and that's been really lucrative for us over the years. And we have good relationship with the actual GPs, with the doctors as well-so they will sometimes refer and then other organisations around the area as well-they're quite good at saying if we can't deliver something- Oh, maybe ORG-F can and we would do the same for them.'*

CBO Key Informant, ORG-F, Edinburgh, 'II'

Strategic partnerships between CBOs and formal institutions not only improve service delivery but also lessen the burden on underfunded organisations by sharing resources, expertise, and bringing professional interventions. This highlights the dual role of CBOs as both service providers and connectors, bridging gaps between individuals, communities, and formal institutions. This relational ecosystem helps CBOs remain relevant, responsive, culturally sensitive, and sustainable, even with limited capacity and funding.

4.2. Social mobility

CBO representatives explained how their organisations often act as bridges from disadvantage to improved living conditions, with women achieving upward mobility through participation in programmes and networks. Stories shared by representatives demonstrated how access to information, encouragement, and support can initiate transformations for service users for whom social mobility becomes possible because of the intervention of CBOs. Examples highlighted by the representatives are common across the participating organisations.

‘There is one person who comes to mind... I think she came here because she wanted something like a SIM card...she then came on a couple of our activities... then for a while, she volunteered at the drop-in, which is where we help people with forms and emails and these kind of things ... She got leave to remain then she found out about an access courses at University. She did the course, got on to University. And she says that every single step along the way, it was us helping her. So we have these kinds of stories...’

CBO Key Informant, ORG-C, Glasgow, ‘II’

Research consistently demonstrates that CBOs foster empowerment by combining immediate practical help with long-term capacity building as Adebayo et al. (2018) emphasise that effective engagement strategies build trust and motivate women to seek independence and integration (p.482). The representatives reported that the changes that take place through CBOs do not just impact individuals but have a positive knock-on effect of strengthening family and community capacity. Small-scale efforts can lead to broader improvements in educational outcomes, employability and general well-being. Additionally, stories of transformation illustrate how CBOs attempt to address structural inequalities by targeting social determinants of health and socio-economic challenges, albeit on a very small scale. Taylor and Byhoff (2021) note that, although formal systems are increasingly recognising the importance of social determinants, CBOs have long worked in this area, tailoring their support to meet complex needs in culturally sensitive ways. These individual success stories are rooted in the wider community networks and

infrastructures fostered by CBOs. In this way, CBOs become vital ‘bridges’ that connect marginalised women with the resources, skills, and information needed to transform their life trajectories, stories that underscore both the immediate and long-term impact of grassroots service provision.

Although many stories of transformation within CBOs were positive and inspiring, representatives also emphasised that upward trajectories are not possible for everyone. As a key informant from ORG-C explained, some women face significant constraints, such as caring responsibilities or experiences of coercive control, which limit both their life chances and their ability to participate in CBO programmes fully. These accounts highlight the importance of recognising the intersectional challenges that shape women’s lives and the limits of what CBOs can achieve in isolation.

‘There’s a volunteer here at the food hub, and she’s been volunteering here for years. And when she came, she was very, very quiet. And if you met her now you wouldn’t say that she was quiet....She can run this place... for a while, I kept saying to her, Why don’t you do this? Why don’t you do that? Until finally, I realised she can’t do all that stuff. We would love to see her like in employment or doing a course but she’s got somebody at home that she’s looking after ... and the person is not in good mental health. And she’s at the receiving end of negative experiences from this person, right? But she’s committed to this. All she can do is come and volunteer here. That’s all she can do. So, actually, measuring people’s progress in terms of these external goals. Sometimes, it’s not the only way to measure, you know, for me to see her running the food Hub means almost more.’

CBO Key Informant, ORG-C, Glasgow, ‘II’

This resonates with Pederson et al. (2022), who found that stigma and structural inequalities intersect to constrain the well-being and opportunities of Black immigrant women, underscoring how cultural and social pressures can act as barriers to engagement (p.308). As Allen-Meares et al. (2024) argue, wraparound services are most effective when they incorporate cultural humility and recognise the multi-layered realities of

service users' lives (p.49). Without this sensitivity, well-intentioned interventions may fail to reach those who are most in need or be erroneously promoted as panaceas.

While some women manage to utilise resources for personal growth, others remain limited by structural and relational factors beyond their control. These challenges underline the need for ongoing support networks. By recognising these intersectional realities, CBO representatives highlight the dual role of their organisations: as catalysts for empowerment and social mobility, and as safe spaces where the complexities and limitations of service users' lives are acknowledged and respected.

CBO Theme 5: CBOs as safe spaces

Experiences of minority status, racialisation, migration and poverty are highly stigmatised (Knifton et al., 2010). CBO representatives explained that they cultivated spaces where this stigma was lessened through shared lived experiences, cultural backgrounds, and experiences of marginalisation. For women from racialised minority backgrounds, hesitation to seek help is often influenced by cultural beliefs and racialised experiences, making the informal environment of CBOs crucial for engagement. Additionally, CBOs help foster connections between service users and the wider community through organised events that encourage safe intergroup social interaction and reduce exclusion.

5.1. Cultural and Emotional refuge

CBO representatives emphasised that a sense of community among service users often stems from shared cultural backgrounds and experiences of marginalisation. For many racialised minorities, isolation was both physical and experiential, as they lived in areas of high deprivation with limited access to resources and surrounded by people unable to understand their dislocation, discrimination, or cultural challenges. In this context, CBOs

served as safe spaces where individuals could connect with others in similar situations, helping to reduce feelings of exclusion. By acknowledging and validating shared challenges as well as fostering spaces of resistance against marginalisation, CBOs become cultural refuges for minoritised women (Käkelä et al, 2023). As a key informant from ORG-D explained, feelings of isolation among women were linked to a lack of shared understanding, which made emotional connections more difficult.

'We know the United Kingdom is very isolating, sometimes you feel so lost- even among people. Even in school, in work ... Sometimes you feel lost ... like you need comfort with people that understand you better. So we decided to start having the weekly meeting every Thursday.'

CBO Key Informant, ORG-D, Glasgow & Edinburgh 'II'

These safe spaces do more than combat isolation; they also serve as hubs of empowerment and solidarity. For example, Bloom (2009) demonstrates that women-centred organisations not only reduce social exclusion but also enable women to pursue personal and professional growth with the mutual support of community members where women-only spaces are culturally attuned. Overall, CBOs go beyond providing services; they act as emotional anchors for racialised minorities, easing cultural dislocation and systemic exclusion by creating trustworthy, culturally affirming, and inclusive environments where people can gather and express themselves freely without fear of rejection or misunderstanding. Representatives shared that within these culturally affirming spaces with people with similar lived experiences, women feel free to discuss their nuanced challenges, leading to validation and a form of experiential justice.

'So we do have very close relationships ... they feel very comfortable to open up about a lot of things. So I would say that the majority of women are very open about their experiences, their feeling of injustice as well, about - maybe particularly for migrant women - to have maybe had one image of what their life would be like here and how justice and fairness should be here, and then what's actually happened to them after they have arrived in the UK.'

CBO Key Informant, ORG-E, Edinburgh, 'II'

CBO representatives noted that many difficult experiences shared by service users relate to culturally specific forms of abuse that are often not widely recognised or openly discussed in Scottish society. Examples given included female genital mutilation (FGM) and abuse by in-laws; practices women felt unable to share in mainstream settings due to fear of misunderstanding or stigma. These representatives stressed that service users trust CBO staff because they view these organisations as safe spaces where their experiences are understood and approached with cultural sensitivity. Such intimate disclosures demonstrate the deep trust women place in CBOs, highlighting their role not only as service providers but also as crucial resources of cultural and emotional support.

People are sharing things and then someone came with a bomb...FGM.... Do you also talk about this? Like she asked... if she could also talk about this. And we were like, 'No, do!' And then she shared a personal experience- which was like, I know about FGM, but this was on another level, another level, like the pain, she's had to go through... But to me, that was also a testament of people beginning to open up. People are beginning to feel safe in this space, to share, very personal stories like that... it's not a small thing because for someone to share- it's very, very personal.'

CBO Key Informant, ORG-A, Glasgow, 'II'

Pederson et al. (2022) suggest that stigma often prevents Black immigrant women from discussing mental health issues in formal settings, while culturally responsive environments provide safe opportunities for disclosure (p.308). Other research highlights that mainstream services often lack the cultural humility needed to respond effectively to such disclosures. CBO representatives reported that where women lack social connections, these spaces are a crucial resource of emotional and psychosocial support.

'They feel like this is a place that they can come. Yeah. And you can see that people's experience when they start to talk about their experience over this...like Oh, I'm in the same boat and ... we're like, oh, it's okay to talk about it. Yeah. Yeah, definitely. Because I think there's a lot of

shame that goes with that. Like, you always feel like I'm the only person in the world.'

CBO Key Informant, ORG-F, Edinburgh, 'II'

These disclosures emphasise the trust community members have in their CBOs as well as the importance of cultural connection and shared lived experience with CBOs. This evidence indicates that CBOs play a vital and irreplaceable role in helping racialised minority women share experiences that are both culturally specific and deeply personal. By offering safe spaces rooted in cultural understanding, CBOs not only affirm women's lived experiences but also fill critical gaps left by formal services, which often lack the capacity or sensitivity to address such issues.

5.2. (Un)Reluctant Help Seekers

CBO staff observed that women often find it easier to open up in CBO settings due to their informal and flexible approach. Unlike formal services, which can have rigid structures, assessments, time limits or expectations for disclosure, CBOs allow women to share at their own pace and only as much as they feel comfortable. Staff explained that service users control the pace of disclosure and help-seeking, while CBOs create a relaxed and non-intimidating environment that fosters gradual trust. The key informants emphasised that help-seeking behaviour in racialised minority migrant women is often influenced by cultural factors, language barriers and the rigidity and bureaucracy of formal services which is intimidating. Representatives shared that women's low help-seeking is not so much due to reluctance to receive help but more reluctance to engage with culturally insensitive services. In CBOs, there is no requirement for formal registration or mandated attendance, creating an empowering environment where women control the terms of their engagement within the organisation. This non-intimidating format encourages trust and promotes help-seeking among women.

'As Africans...I don't know. We're told that we do not have mental health- it's not something that we can have- it's a luxury almost. So, I think most of the women, they cope they just learn how to just cope, but I think it's something that I'm finding - which is very encouraging, is that people are starting to talk about it. Now they are starting- if you give an opportunity and a platform that is a comfortable space. People are starting to open up and started saying I'm feeling anxiety, I'm feeling this..'

CBO Key Informant, ORG-A, Glasgow, 'II'

CBO informality fosters relaxed social bonding and emotional health, which are vital for marginalised groups who feel alienated. As Guhlincozzi (2023) notes, marginalised women often prefer engaging with community-based groups over formal providers because of their welcoming, non-judgmental atmosphere. These CBOs offer open, relaxed, and participant-led spaces where service users' engagement happens on their own terms, increasing a sense of self-determination and autonomy. This relational approach stands in stark contrast to the transactional, and occasionally alienating, nature of formal services, highlighting the crucial role CBOs play in improving service access for minority communities through cultural and contextual awareness.

CBO representatives highlighted that the support service users seek is deeply connected to their experiences as racialised minorities. A common theme across organisations was the importance of belonging and experiences of rejection to service users' mental health. Many noted that service users visiting CBOs receive relief from the hostility and exclusion they encounter in daily life, which is influenced by discriminatory political rhetoric and broader societal attitudes. A key informant from ORG-D explains that CBOs are trusted because staff often share the lived experience of racialisation and marginalisation, and service users feel comfortable sharing these experiences in a space where they will be heard, validated and not minimised or ignored.

'So we have women who have faced racism either in their place of work or within their children's school or within the school they also attend so it's just a situation that keeps coming on... They know we understand...'

CBO Key Informant, ORG-D, Glasgow & Edinburgh, 'II'

Research recognises CBOs as vital buffers against the pain of structural racism and exclusion; for example, Adebayo et al. (2018) highlight that community involvement in CBOs enhances social identity and resilience, especially for racialised groups facing systemic marginalisation (p.481). Mainstream services frequently overlook the psychosocial impacts of hostility and exclusion. Immigrant women tend to withdraw from formal care when providers lack cultural understanding or dismiss the effects of discrimination on well-being. Conversely, CBOs offer safe, validating spaces where these lived experiences can be openly acknowledged. The distress from experiences of discrimination, minoritisation and exclusion can exert a high mental health toll on individuals and representatives shared that the ability for service users to unburden what is often a hidden but ongoing struggle is often welcomed by service users.

'...you know somebody said today actually that had it not been for my children I would have committed suicide. That's how bad this thing can be. And we're living in an environment where the UK government says hostile environment. So, they're making it hostile- as hostile as they can for us.'

CBO Key Informant, ORG-A, Glasgow, 'II'

This revelation by the representative demonstrates that situations for individuals can often be acute and desperate. Racialised minority women are documented in the literature as having low help-seeking tendencies, however this finding has demonstrated that this may not be the case. The lens used is that of individuals having to fit into services rather than considering that the services do not fit individuals. This finding suggests that racialised minority women reach out to CBOs as a form of help seeking and are reluctant to engage with formal services where they may encounter cultural misunderstandings and generally

ill-fitting bureaucratic practices. CBOs serve not only as service providers but also as emotional sanctuaries and cultural refuges where racialised minority women can openly share their experiences of discrimination and hostility- experiences that can be consequential but are often overlooked or misunderstood within wider formal services.

5.3. Safe intergroup contact



(Example group activity leaflets/activities from various CBOs)

All participating CBOs emphasised their role in promoting social integration through activities that extend beyond the CBO. Community meals, cultural exchange events, trips and larger social gatherings provide opportunities for service users and the wider community to connect. Representatives explained that these initiatives establish safe environments for intercultural contact, allowing service users to build supportive networks within the CBO and engage with the broader community, thereby fostering a sense of belonging and mutual understanding.

‘... you’ll see that as well at the community lunch. You know that all of the cultures are integrating and everything’s very blended and it just all feels very safe, which isn’t always the case, you know. So, it’s really nice to kind of see that happening.’

CBO Key Informant, ORG-F, Edinburgh, ‘II’

Most CBOs reported that a key strategy for socialising migrant members is to help them acclimatise to Scottish society in a safe environment and to integrate the existing community with new members by fostering low stakes ‘meet and greet’ situations through community events. Studies highlight the role of CBOs in social integration, especially through collective activities. Bloom (2009) shows how women-centred CBOs promote solidarity and combat isolation through shared meals and community events and Adebayo et al. (2018) argue that group activities strengthen trust among community members and encourage community participation. These informal yet organised gatherings help to counteract the emotional isolation often experienced by racialised minorities and create opportunities for mutual learning within the wider community (Allen-Meares et al., 2024). Social integration efforts have two main aims: reducing marginalisation by fostering cross-cultural understanding and affirming the cultural identities of racialised communities.

‘...building community, first of all, and I see how important community is cross-culturally. And also too, for like in the UK, we kind of lack community a lot, in a lot of different ways that were brought up. And so it’s been so beautiful for me. I’ve seen through this job how important it is and how strong it can, I don’t know, it just improves mental well-being... and through those informal networks, that’s where I see a lot of sharing ...’

CBO Key Informant, ORG-E, Edinburgh, ‘II’

This finding supports the idea that CBOs act as links between marginalised communities and mainstream society, as suggested by Cordero-Guzmán (2005) and Chaudhary et al. (2010), who emphasise how CBOs assist immigrant integration by providing spaces

dedicated to cultural expression and intercultural dialogue with the host community. These community events, organised by CBOs, function as strategic initiatives for integration, acculturation and community empowerment. They help combat feelings of isolation and build connections between service users and the broader communities where they live, fostering social cohesion.

6.3. Findings Conclusion: Empirical Contribution to Knowledge

This study provides new insights within the Scottish context, as the literature review highlighted a lack of research on CBOs supporting racialised minority women facing poverty and mental health issues. Its empirical contribution underlines the transformative potential of CBOs while also recognising their vulnerabilities. These organisations operate in complex social and political environments, both shaped by and impacting their communities and users.

CBOs occupy a paradoxical role in which they aim to resist exclusion and empower marginalised groups, yet they also face evaluation and performance pressures due to their dependence on external funding. This dependence can jeopardise staff stability and undermine organisational resilience. The findings enhance understanding of community empowerment as a relational, context-dependent process influenced by socio-political factors, such as migration and childcare policies, which affect participants' lives and government funding commitments, often marked by precarity and uncertainty. By portraying CBOs as catalysts for empowerment, capacity building, safety nets, societal bridges, and safe spaces, the findings highlight their vital societal role in counteracting exclusion and addressing inequalities through pragmatic, preventative, and interventionist initiatives.

For the service user women, who experience intersecting inequalities, the findings reveal that drivers of poverty and mental health disparities are complex and closely linked to their unique social positioning as migrants. Key informants from CBOs stressed that women seeking their support face specific challenges like social isolation and underemployment, often due to migration-induced family separation and racialisation, which further causes social exclusion, employment discrimination, unrecognised qualifications, and financial insecurity. This was also supported by findings from the service users themselves who revealed that migration-induced family separation affects them in practical ways such as lacking help with childcare and general psychosocial support. Intersectional discrimination was rife in the women's lives affecting day to day interactions as well as impeding employment opportunities, factors that directly affect socio-economic outcomes.

Unlike earlier studies that primarily view CBOs as facilitators of women's empowerment, this study emphasises that women's voluntary engagement is an act of agency, an essential part of their self-empowerment. This study prioritised Service Users' voices- a rare approach in existing research. It revealed that CBOs are spaces of reciprocity, interdependence, and mutuality. Rather than viewing CBOs as merely benefiting women, the findings demonstrate that benefits are bidirectional, as service users also support CBOs through linguistic and cultural capital, aiding with word-of-mouth recruitment, volunteering, and fostering communities of trust and mutual support. The findings confirm that community support is a collective effort and that CBOs derive their cultural and contextual relevance from their community members. By employing a dyadic method, the study provided new empirical insights into how CBOs' activities meet the needs of racialised minority women in Scotland, and how these women contribute to CBO credibility and sustainability. These insights are further analysed to evaluate their

significance concerning the study's research questions in the forthcoming 'Discussion' chapter.

CHAPTER SEVEN

'If our history has taught us anything, it is that action for change directed only against the external conditions of our oppressions is not enough. In order to be whole, we must ... put our finger down upon that loathing buried deep within each one of us and see who it encourages us to despise, and we can lessen its potency by the knowledge of our real connectedness, arching across our differences'.
(Lorde 2012, p.48)

DISCUSSION

This section interprets and analyses the study findings through Zimmerman's (2000) empowerment theory and Choo and Ferree's (2010) intersectionality framework, critically contrasting them with the literature review. This qualitative, exploratory research aimed to explore the role of CBOs in the lives of racialised minority women experiencing adverse mental health and poverty in Scotland's urban areas with high deprivation. The study was conducted dyadically to understand the needs and experiences of women attending CBOs and gather insights from CBO staff on how these organisations support this demographic to mitigate inequalities. The multi-case study included six CBOs from Edinburgh and Glasgow. Twelve key informant interviews were conducted with CBO representatives, and 27 women service users participated in photovoice, interviews, and focus groups, using an Ubuntu-based CBPR approach. Data was thematically analysed following Braun and Clarke's (2019, 2022) six-step reflexive thematic analysis, with trustworthiness maintained through community validation and researcher reflexivity.

This discussion section is segmented into three parts: the first pertaining to the Service User findings, the second to the CBO findings, and the third, in which the two are juxtaposed and integrated. The discussion of each section (Service Users/CBOs) is mapped to the research questions posed.

7.1. Service User Discussion

The service user findings are interpreted and discussed below, employing McCall's (2005) 'Inter-categorical analysis' (p. 1784) integrated into Cho and Ferree's (2010) intersectional framework. This approach applies established analytical categories such as gender, religion and socio-economic status to explore social inequalities, aiming to document and analyse overlapping structural disparities across multiple, compounding but sometimes conflicting dimensions. It is a comparative method that disaggregates challenges within groups and systematically examines the intersections of different categories to identify patterns of disadvantage. The service user participants were 27 racialised minority immigrant women (Pakistani, n=6; Kurdish, n=4; and Black African, n=17) practising Christianity or Islam. There is heterogeneity within these groups that is not fully expressed within this study, for example the 'Black African' women were from different African countries; Nigeria, Tanzania, Zimbabwe, Malawi, Cameroon, Zambia and South Africa with different languages, however the time constraints and exploratory nature of this study did not allow for these differences to be investigated in any meaningful way. African, Kurdish and Pakistani origin women are homogenised as 'racialised minority' because in the Scottish context with a fairly small non-White population these women are often subjected to similar forms of exclusion and discrimination. Further, the participants were migrants from similar collectivist cultures and strong ethno-religious backgrounds, practising religions where gender roles are central to structuring family, childcare, employment, and household finances (Roeder, 2014; Wang & Coulter, 2019). These identity axes in the western hegemonic setting are similarly experienced, however there is deliberation here to problematise this limitation and acknowledge that there is unexplored nuance because racialisation can be hierarchical and multilogic. The women's identity axes (age, ethnic identity, motherhood and employment status) were highlighted in the findings to bring visibility to the various intersections of exclusion.

Choo and Ferree (2010) provide a practical framework that identifies three levels of intersectional analysis: group-centred, process-centred, and system-centred. This model helps to clarify how inequalities emerge as contextualised identity markers interact within societal institutions and structures. Group-centred intersectionality focuses on the lived experiences of multiply marginalised groups (inter-categorical). The inter-categorical group-centred analysis was implemented by Kapilashrami and Marsden (2018), who note that the outcomes exerted by axes of inequality cannot be understood in isolation; for example, gender impacts migrants' experiences, shaping their socio-economic outcomes and access to services, and these factors mutually inform one another. A process-centred level of analysis emphasises the dynamic interactions among different axes of inequality, examining how, for example, racialisation, religious bias, and gender discrimination develop across social contexts and levels. This approach illustrates how inequalities evolve, persist, and transform over time, moving beyond individual positions in social hierarchies into interrogating the mechanisms of marginalisation. System-centred intersectionality investigates how entire social systems- such as the family, education, government, and economy- collectively influence inequalities through feedback loops and complex interactions, such as religion influencing gender roles within families (Choo & Ferree, 2010). Within this analytical framework, there is no hierarchy of oppression; instead, capitalism, patriarchy, racism, and other systems are seen as equally influential, mutually reinforcing and interconnected.

1. Service User Research Question 1: What are the women's experiences of poverty and/or mental health?

Women's experiences of poverty and mental health were expressed across all three of the main themes as influenced by multiple barriers such as migration history, social

exclusion, intersecting discrimination and stigma, all creating the constraining of choice. These findings support the broader literature by Pederson et al (2022), Cebula et al (2021), Bassel & Emejulu (2018) and others who suggest that racialised minorities' identity axes increase their risk of poverty and adverse mental health outcomes as they situate women into positions of disadvantage. The women's disadvantage appeared across multiple life domains such as employment, housing, health access and childcare. Crenshaw (2022) highlights that intersecting identities generate unique systemic vulnerabilities that are structurally dependent. These axes of inequality (such as gender, migration history, religion, cultural and racialised background) are noted by Choo and Ferree (2010) to be related to ideologies and manifest as processes through everyday interactions, creating compounded disadvantages (such as 'race' leading to racialisation or racism and gender leading to gendering/gender expectations as well as other corresponding prejudicial and discriminatory outcomes). Consequently, identity plays a functional role in producing societal disadvantages and inequality for this demographic (Yuval-Davis, 2006). In most cases, these intersecting factors are experienced simultaneously and repeat as cross-current barriers within the various domains of women's lives (Pederson et al., 2022).

The first theme (Migration status is temporary but endures- The legacy of migration) emphasised this by showing how the enduring impacts of migration are both gendered and racialised and that these overlapping inequalities undermine mental health, socio-economic mobility, and how women access services and exercise agency in everyday life (Kapilashrami & Marsden, 2018). Most participants lived in Scotland without extended family, either having migrated alone or solely with their nuclear families. Most women felt especially grieved by family separations because these separations were often not chosen but forced by circumstances, such as when people flee from war zones and other turmoil which endangers their lives, as well as escaping poverty to seek better

opportunities abroad. This situation led to a decline in social capital which complicates women's lives in multiple ways (Accordini et al., 2018; Trovão et al., 2017). Choudhry (2001) notes that resettlement is highly disruptive to family bonds for women, while Accordini et al. (2018) demonstrate that extended separations can weaken relationships and cause psychological stress, with participants reporting strain, loss, and emotional exhaustion. Without nearby relatives, women face challenges in cultural continuity, psychosocial support, and childcare, which limit their ability to participate in paid work. Disadvantages linked to migration are therefore more pronounced for women with primary caregiving duties. In Scotland, eligible children from age two to five receive 1,140 hours of funded childcare annually, but there is a lack of provision for the first two years of a child's life (Scottish Government, 2022a). These first years are often the most time-intensive part of child-rearing and women without adequate support at this stage are prone to postnatal depression (Biaggi et al., 2016). DiClemente-Bosco et al. (2024) also highlight that for migrant women, this separation from family significantly affects their mental health, causing feelings of isolation, grief, and anxiety.

These stresses are driven not only by physical separation but also by uncertainties around reunification, which are exacerbated by strict visa policies that limit entry for individuals from certain countries, thereby making family visits difficult, as well as by limited financial means that prevent travel (Choudhry, 2001). This emphasises the lasting effects of migration and shows how strict visa restrictions often align with racialised geographies, revealing links between exclusion and colonial history, a connection Choo & Ferree (2010) feel is material in understanding the historic nature of structural marginalisation. These geopolitical tensions, while manifesting as current barriers, often have roots in historical struggles related to the colonial legacy of 'under-developed' states, whereby the colonial project disrupted indigenous Global South cultures, imposed

foreign capitalist systems which were abandoned without adequate support post-colonialism and left many countries in socio-economic chaos and enduring political turmoil resulting in people fleeing from conflict or poverty (Gheorghiu et al., 2022; Hill, 2025). These elements are often overlooked when explaining the racialised migration story, as inequalities tend to be analysed from a present-day perspective without considering historical logics and causes. Choo and Ferree (2010) argue that understanding these factors is essential for a comprehensive view of intersectional marginalisation.

Migration often prompts racialised minority women to shift gender roles for economic survival. The women involved were either racialised Black women of Christian faith from African countries or Muslim women from Pakistan, and Kurdistan, all originating from backgrounds with clearly defined gender roles (Accordini et al., 2018). The women's overlapping identities lead to unique, culturally rooted ways of conceptualising gender roles within their families, influenced by religio-cultural dictates and often conflicting with the expectations of the broader society, thereby creating tensions (Accordini et al., 2018). Migration typically disrupts traditional norms: economic pressures can push women into the workforce, while challenging work conditions may require men to adopt gendered roles previously uncommon for them. As Arends-Tóth & Van De Vijver (2008) observes, such shifts in gender roles are common in minority migrant families adapting to new cultural and economic contexts (p.167). Choo and Ferree (2010) highlight that intersectionality is relational, arising from interactions that change inequalities over time and across different contexts. Gender role expectations are amplified by religio-cultural norms for this study's demographic and these intersect with migration to produce synergised disadvantage in employment access, where women may be unable to work because they are discouraged to do so within religio-cultural norms, have no childcare

support, experience discrimination and undervalued qualifications and skills- all of which increase vulnerability to adverse mental health.

Participants gave varying accounts of migration and gender roles, reflecting their specific cultural and personal views. African women generally noted that it is not culturally unusual for both genders to work. However, when their husbands took on care tasks or jobs, such as cleaning, traditionally seen as women's work, it signified a shift in their traditional roles. In contrast, most Muslim women believed that homemaking was their expected role. However, these views were not universal within either group- some Muslim women (n=4) from a sample of 10 were willing to work and had high educational qualifications, suggesting that economic participation was a long-held goal. Similarly, some African women (n=5) from a sample of 17 believed that while children are growing up, they should stay at home to ensure they are well looked after and that the household is maintained. These differing narratives demonstrate that womanhood, even within strict patriarchal frameworks, is multilogic (Hill Collins, 2019).

Yuval-Davis (2006) emphasises that social divisions are continually reshaped by changing contexts. Women respond by reinterpreting cultural and religious norms to preserve their identity while meeting economic needs, leading to hybrid gender roles influenced by Scottish social norms and community expectations in what Accordini et al. (2018) term 'situational acculturation' (p. 16), whereby women adjust only when it is unavoidable. On a systemic level, institutional inequalities such as racialised labour markets, restrictive migration policies, gendered care norms, and limited social support create feedback loops- such as lower wages resulting in financial dependence on men earning more due to the gender pay gap, reinforcing women's subordinate status and also affecting women's outcomes (Cho et al., 2013; Kapilashrami & Hankivsky, 2023). Some

women observed that sharing household duties, often due to increased labour-market participation, can sometimes improve family life, as men are often forced to participate in child-rearing duties, spending more time with children and being generally more present in family life. Women entering the workforce often bring changes in relationship power dynamics; they report increased confidence, independence, and economic control due to paid employment, even as their partners sometimes experience a decline in status caused by underemployment or employment in gendered roles such as care work or cleaning (Lindridge et al., 2016). As Lindridge et al. (2016) note, for racialised minority women from strict gendered cultures, role renegotiations occur through a ‘patriarchal bargain’ (p.1) a concept coined by Kandiyoti (1988), which are the unspoken agreements couples engage in to (re)enact socio-political and culturally contingent power hierarchies. These are often inherited historically and form a significant part of identity construction, whereby being a woman within the patriarchal bargain also tacitly involves being subservient (Lindridge et al., 2016; Kandiyoti, 1988). Lindridge et al. (2016) explain that bargaining concerns determining gains and losses; greater financial freedom may come at the cost of losing wider community respect or marital harmony. Some women reported experiences of intimate partner violence which may be instigated by these intersecting factors of financial dependency, cultural subserviency, migration stressors, poverty and men’s loss of status, as Fahmy & Williamson (2018) and Fox et al. (2002) note that these are issues that often increase vulnerability to domestic abuse among immigrant women. This population is diverse but frequently artificially homogenised, which further marginalises groups facing specific cultural abuses like FGM, in-law abuse and other culturally specific forms of abuse (Accordini et al., 2018). Being marginalised means racialised minority women are often misunderstood and remain silent, find it difficult to access formal services, and depend heavily on informal support like community organisations (DiClemente-Bosco et al., 2024). Cultural and religious norms from

specific African and South Asian societies, or those influenced by certain Christian and Muslim beliefs, often reinforce strict gender roles, and expectations to be submissive to husbands and in-laws, leading to oppression and vulnerabilities to abuse (Afrouz et al., 2020; Agadjanian, 2024). These complex underlying, intersecting motivations are important in Choo and Ferree's (2010) multi-level exploration of the drivers of intersectional inequalities that exert forces from both private and public life.

Despite entering the workforce, most women reported that household duties remain unevenly distributed, with women still expected to cook, clean, and mind children as a default with men only taking on these tasks as necessity dictates (such as when women were at work)- leading to women's frustration, overwhelm, and family tensions (Arends-Tóth & Van de Vijver, 2008). Identity axes, whilst interacting, can also conflict, as noted by Choo and Ferree (2010); being a working mother introduces competing priorities for time and attention, further compounded by marital expectations. Particularly when viewed through specific religio-cultural norms with expectations of subordination and obedience, these expectations can complicate women's lives and undermine mental health by increasing mental load and sheer demands. Accordini et al. (2018) observed that role transitions are rarely seamless, as clashes between cultural or religious beliefs and the norms of the host country can cause stress within couples, conflicts with extended family, and community disapproval (p.5). Adapting to new norms is often challenging because cultural identities and values are undermined in ways that diminish self-esteem and dignity within the dominant society; negotiations extend beyond gender roles and influence internal personal schemas, marital relations and community interactions (Accordini et al., 2018). However, economic demands are prioritised as women shift roles to survive financial precarity.

Time is as scarce as money for racialised minority women within this study, demonstrating that poverty extends beyond a money metric to include factors such quality of life and other social factors aligning with the UN (1998) definition of poverty used within this study, which states that ‘Fundamentally, poverty is a denial of choices and opportunities, a violation of human dignity. It means a lack of basic capacity to participate effectively in society...It means insecurity, powerlessness and exclusion of individuals, households and communities.’ (p. 2). Women demonstrated that their struggles with relationships, work, childcare, and adaptation are interconnected rather than isolated. As highlighted in the previous themes, separation from extended family and a general lack of social capital restrict childcare support, economic pressures force participation in the labour market, underemployed partners’ loss of status causes marital tension, and acculturative stress strains community ties- these factors influence how time is managed in the pursuit of a healthy work-life balance for these families. Moreover, these factors are entangled and create compounded barriers for women (Kapilashrami & Marsden, 2018). Choudhry (2001) and Trovão et al. (2017) note that minority migrant women from racialised backgrounds often silently carry the emotional toll of adapting to new roles, dealing with the loss of communal support, role conflicts, and poverty. This was echoed by the women in the study who juggle demanding schedules that include paid work, education, household chores, and childcare, often without traditional family support networks. This lack of social capital increases their sense of isolation and managing work without childcare or extended family leads to exhaustion, reduced time with partners, and feelings of overwhelm. Since women shoulder most caregiving and domestic duties, their risk of burnout is high (Trovão et al., 2017). Structural inequalities such as racist hiring practices, gender bias, and undervaluing credentials limit access to high-paying jobs and force many families to depend on dual incomes to cover basic needs (Carlisle, 2010;

Cebula & Evans, 2021). These pressures propel couples into survival mode, prioritising financial stability over emotional and physical health.

The sub theme 2.2 (The Poverty/Mental Health Synergy) specifically demonstrated that mental health and poverty are interrelated and co-aggravating factors that, within the lives of racialised women, stem from multiple barriers, such as stigma and racism across all spheres of life, including employment and healthcare systems, which hinder their social mobility, participation, sense of belonging, and overall mental health (Chow et al., 2003). Poverty increases psychological stress due to persistent concerns about the affordability of food, housing, bills, and childcare. Women reported working multiple low-paying jobs, experiencing food insecurity, and living in overcrowded or damp environments, which amplifies stress, stigma, shame, and feelings of being overwhelmed and demoralised (Pederson et al., 2022). For mothers, the pressure is intensified by guilt when they cannot fulfil their children's needs, with participants highlighting that these feelings are personalised and perceived as personal shortcomings. However, these issues actually arise from structural factors like discrimination and undervalued labour, rather than individual failures (Choudhry, 2001; Carlisle, 2010). Participants frequently face extra burdens such as caring for children with disabilities or experiencing domestic violence, which increases emotional stress and hinders economic stability (Pederson et al., 2022; DiClemente-Bosco et al., 2024). Occupational marginalisation further contributes to women's distress, with many accepting jobs below their skill level because of factors like racism, language barriers, or unacknowledged qualifications. Others encounter explicit racism, such as being rejected by patients in caregiving roles (Chow et al., 2003). These challenges tend to accumulate and worsen material hardship and negatively impact mental health (Close et al., 2018).

Surviving post-migration can be a frustrating ordeal as many migrants have an idealised notion of what opportunities would be available in relation to their home country, especially for economic migrants for whom migration was a hope for financial betterment (Frank & Hou, 2015). The participants spoke of their disappointment when their qualifications are undervalued or unrecognised, employment opportunities are racialised, and the cost of living becomes overwhelming. These factors lead to precarious finances and because individuals are highly motivated to improve their situation, they often engage in education and work at the same time such as the participant who shared that because of working as a cleaner in the mornings, before college in the afternoon, and childcare duties in the evenings, she ended up experiencing a miscarriage which she attributes to the sheer emotional stress and physical exhaustion she was under. This story opposes the narrative of the 'feckless' poor that neoliberalism promotes by equating socio-economic disadvantage with labour and effort (Bassel & Emejulu, 2018). The participants demonstrate that women have agency, drive and capability and are not in poverty through lack of effort but are thwarted by intersecting factors such as inadequate support and systemic exclusions and barriers (Emejulu, 2009). There is not enough time in the day to balance all the tasks and women often bite off more than they can chew because of the sheer desperation to improve circumstances so that their children are not raised in poverty. The Scottish Government Equality Outcomes Review (2013) shows that individuals from racialised minority groups are approximately twice as likely to experience relative poverty compared to those from the white British group (32% versus 16%) and child poverty in the country is among the highest in racialised minority households (38% in 2020, rising to 40% in 2022) (Scottish Government, 2023c). The participants demonstrated that these are systemically induced experiential circumstances, and women express heartbreak at struggling to provide adequately for their children, hence the attempts to do whatever it takes, even undermining health.

Women's feelings of being 'left behind' stem from social comparisons with their White peers. Participants believed their life progress was much slower due to the various disadvantages they faced. These findings are corroborated by social inequalities such as the ethnicity pay gap and gender pay gap (Office for National Statistics (ONS), 2019; 2023; Scottish Government, 2025c), underemployment and employment in roles not commensurate with their qualifications (Cebula et al., 2021; Netto & Scotland Central Research Unit, 2001). Crenshaw (2022) states that these factors will doubly jeopardise racialised minority women as compounding, not just additive, effects. These processes are often clandestine; for instance, while policies like the 'Fair Work Action Plan 2019' and 'Race Equality Framework for Scotland 2016-2030' aim to promote equality, workplace gatekeepers may favour White women for secure roles and promotions, while racialised minorities are often relegated to lower-paying, precarious positions. Also, while there are some 'affirmative action' or 'positive action' type of policies that promote gender equality such as the 'Gender Representation on Public Boards (Scotland) Act (2018)' - because of their intersectional blindness, in actuality, they benefit White women and there are no equivalent policies that promote proportional racialised employment, thereby racialised minority women are rendered invisible and left behind (Emejulu, 2009).

Policies are implemented (or not), through people, it is up to individuals within each setting to include or exclude groups according to their persuasion and prejudice (Choo & Ferree, 2010). Even in group decision making, most people act from self-preservation - even if they become aware of problematic practices, they are unlikely to speak up for fear of jeopardising friendships, status or their roles (Middlemiss, 2017). The argument often given to racialised minority women against affirmative action or proportional

representation policies is that: ‘They cannot be hired *for* being Black/Brown’ which is the ironic device used when a gatekeeper does not want to hire someone *because* they are Black/Brown, yet what Choo and Ferree (2010) point out is that Whiteness as an unspoken merit is a ‘naturalised cultural logic’ (p.138) through historic colonial ideologies, that it is an invisible criteria that determines perceived competency and intelligence. In this way credentials and competence are viewed through this naturalised and ‘unspoken merit’ whereby White individuals are consistently given concessions, leeways and extra support thereby making their progress smoother while racialised minority individuals are over scrutinised, offered minimal support and generally assumed to be less competent thereby constructing conditions for their set-back; a strategy that constructs demoralising environments where racialised minorities struggle to get ahead and thus gatekeepers simultaneously create the inhibiting conditions for self-fulfilling prophecies of racialised underachievement thereby avoiding the cognitive dissonance of having a racialised individual perform higher than racist expectations (West et al., 1995). In this way, gatekeepers and the hegemonic society often impose covert prejudicial barriers that are difficult to prove, as they are easily attributable to other factors, but are the nefarious and insidious dynamics of in-group/out-group oppression that influence mental health and life opportunities, illustrating how structural inequalities manifest (West et al., 1995). Workplaces cannot be policed for covert practices, and yet these are the sites where, in everyday actions and decisions, exclusion is exercised and socio-economic inequalities emerge. Furthermore, racist logics are stratified whereby Asian heritage individuals may be presumed more intellectually capable than racialised Black individuals but not as worthy of progression as White individuals- creating nuance in exclusionary practices (Delgado, 2023).

The mental health of racialised minority women is greatly undermined by these compounding factors. While only three participating women spoke of ‘postnatal depression’ as a medical condition, it was clear that midwife and health visitor GP referrals had instigated these diagnoses. Help-seeking within formal services in this demographic is generally low (Kapadia, 2023) as most women expressed struggling alone during these early years and reverted to the cultural non-pathologised language of ‘hardship’, ‘struggle’ and ‘challenge’ which were often masked from outsiders to maintain the dignified ‘strong woman’ persona. This ‘strong woman’ trope (Pederson et al., 2022, p. 312) was quite prevalent in women’s narratives and is found in the literature to be a protective coping mechanism and a form of resilience (Pederson et al., 2022). However, as Atkinson et al. (2009) reveal, resilience is a janus-faced mental health concept that is simultaneously protective, performative and precarious with tensions between ‘stoic acceptance’ or ‘maladaptive repressive coping styles’ (p.41). For women racialised as Black, the strong woman schema is especially rife and valorises resiliency but inhibits help-seeking, often leading to intervention at crisis points (Atkinson et al., 2009; Kapadia, 2023). The intersectional challenges faced by this demographic undermine mental health in multifarious ways, yet the silent suffering that masquerades as resiliency can often reinforce public health blind spots and marginalisation. Intersectional inequalities and unequal access to resources create a self-reinforcing cycle, where poverty and mental ill-health exacerbate each other, affecting every aspect of racialised minority migrant women’s lives.

Discrimination is a driver of both socio-economic outcomes and mental health experiences. Racialised minority immigrants are marginalised, vilified and perceived as socially inferior; views that persist regardless of changes in legal immigration status due to their racialised nature (Emejulu, 2009; Meer & Modood, 2015). These are often

expressed as veiled racism that manifests as discrimination in areas such as employment, housing, healthcare, and everyday interactions with negative outcomes, as Kapilashrami and Marsden (2018) demonstrate that these factors result in hidden structural segregation impeding access to resources. Discrimination forms an ecological matrix within which participants navigate their lives; it spreads from political rhetoric, media discourse and societal sentiments into interpersonal relations and self-perceptions where identity interlocks with systems of oppression to produce inequalities (Choo & Ferree, 2010). The women cited racism, ethnic/religious and gender prejudice, as overlapping forms of oppression that punctuated their lives, negatively influencing quality of life, employment outcomes and undermining mental health overall. In Scotland, where 96% of the population is racialised as White, the experience of being non-White and therefore a visible minority is a significant aspect of lived experience and complicates efforts of integration and belonging (Emejulu, 2009, 2013). Racialised status is directly linked to racism, which involves prejudicial and discriminatory treatment based on physical appearance (Meer, 2015b). This can overlap with religious/ethnic discrimination, especially where attire makes group belonging obvious, such as the *hijab* or *chunni*. Discrimination for the participants is both overt, such as hate crimes where there is blatant racist speech, but it is mostly covert within everyday interactions in the form of ‘microaggressions’ (the subtle slights, passive-aggressive behaviours, dismissiveness, and tactless ‘banter’ that mask insults and disparagement as humour), as well as systemic and structural, manifesting in exclusionary practices, underemployment leading to poor economic, and access barriers leading to poorer health outcomes (Kapilashrami et al., 2015; West et al., 1995).

At the time of writing this thesis, between 2022 and 2025, the UK was emerging from the aftermath of Brexit, marked by anti-immigrant sentiment and a rise in hate crimes

(Scottish Government, 2023b; 2024 c; Virdee & McGeever, 2018). The country is further facing record numbers of immigrants, described by politicians and media as ‘A migrant crisis’ (Thompson, 2023), while the world is subject to Trumpian vitriol such as ‘Muslim bans’, ‘Kung Flu’, ‘Sh*thole countries’ (Holt et al., 2022; Yusha’U, 2023) and other incendiary narratives that normalise hostility towards migrants in Western countries, promote overtly xenophobic discourse, and shift racialised dynamics in the UK in challenging ways. In summer 2024, far- right riots swept the country, with asylum seeker housing hotels being set on fire and anti-immigration protests occurred repeatedly across Scottish cities, causing racialised minority communities to live in heightened fear and dread as they were reminded of their unwelcome and hated status. This highlights how anti-immigrant sentiment often aligns with prejudice against racialised minorities (Emejulu, 2009). While counter-protests have provided alternative narratives to hate, the sense of belonging among racialised minorities has once again been shaken and undermined. The media and other institutions frequently perpetuate the racialised narrative, spreading negative stereotypes and infiltrating public consciousness, which fosters prejudiced attitudes and differential treatment of certain groups (West et al., 1995). While Choo and Ferree (2010) view context as an important aspect of analysing the process and systemic level of unequal outcomes; for participants, this hostile milieu is also challenging at the individual level as it is internalised as feelings of not belonging, feeling threatened, unsafe and devalued, all of which greatly undermine mental health (Isaacs et al., 2022; Kapadia, 2023).

These sentiments play a key role in shaping negative perceptions of racialised minorities as delinquents and threats, influencing public attitudes across all levels- from everyday encounters and racial profiling to institutional treatment in employment and healthcare (Kapilashrami et al., 2015). This hostile climate significantly correlates with rising

inequalities among these groups (Kapadia, 2023). The MacPherson Report (1999) explicitly identified institutional racism as a factor in race-based inequalities in the UK, which has informed Scotland's Race Equality Framework (Scottish Government, 2023a). These small wins show that evidence is reaching policymakers and driving change. Of course, policies alone do not guarantee progress. Nevertheless, a society that explicitly acknowledges and articulates problematic issues, along with the political will to enact change, as exemplified in 'A Fairer Scotland for All' (2015) demonstrates that these issues are at least visible and recognised.

The pervasive nature of discrimination, which, according to Choo and Ferree (2010), is the process that produces unequal outcomes, cannot be underestimated as it affects women's lives in compounded ways within different settings across the entire life course and results in poverty being both feminised and racialised (Goldberg, 2009). These explanations paint a linear and straightforward causal narrative, which is seldom the case, as disadvantages for racialised women occur within a complex matrix of interconnected and enmeshed sociopolitical factors (Yuval-Davis, 2006). These factors are historic, ongoing, mutually reinforcing, and combine to cause enervation in women's lives, where every aspect of living becomes a struggle for access, acceptance, and belonging and results in being left behind in the margins of society.

2. Service User Research Question 2: What role does the CBO play in the service user's lives- i.e what do they feel they gain from engaging with the CBO?

Against a backdrop of lives marked by constrained choice, economic insufficiencies, and social isolation, women generally found CBOs to be responsive spaces where they could have their material, informational, and psychosocial needs met. Participants noted in the third theme ('I decide to come here'- CBOs as facilitators of self-determined

empowerment) that attending CBOs is a personal choice, making them spaces where women can regain agency within intersecting systems such as discrimination, patriarchy, and the effects of migration, which often limit them. For women, decision-making often entails challenging religious and cultural patriarchal norms that restrict their options. It's an opportunity to transition from permission to participate to actively asserting self-efficacy (Choudhry, 2001; Emejulu, 2013). CBO participation is deeply meaningful, offering women a rare opportunity to regain control over their time, space, and personal growth. Most attended to meet their own needs as well as those of their children by accessing food banks and free shops, and as Bassel and Emejulu (2017) suggest, '...through a generalised ethic of care, motherhood acts as a catalyst for activism and a site of agency and authority.' (p.37).

When women choose to engage with CBOs, they also engage in a form of help-seeking and self-determination. Women facing multiple barriers, including language obstacles, cultural subordination, racialisation, childcare responsibilities, and insecure employment (Cebula & Evans, 2021; Arcarons, 2020), find empowerment through CBOs that help (re)build networks, boost employability, and access well-being resources. Research by Lindridge et al. (2016) and Choudhry (2001) indicates that migrant women's agency is often negotiated within intersecting patriarchal and economic constraints; thus, CBOs serve as spaces where this agency is legitimised, recognised, and supported. Women describe these spaces as empowering, enabling them to "do for themselves." Women engage in programmes such as Sister circles, NHS health talks, Business Gateway entrepreneurial workshops, cycling initiatives, community meals, food banks, free shops, and weekly social sewing groups. These serve as social, informational and material resources that address various needs and, in some instances, can open doors to life-changing opportunities such as access to higher education or encouragement to start a

business. This highlights how culturally and contextually responsive services allow racialised women to reclaim decision-making authority over their lives. Through these interconnected factors, women's agency emerges both as a vital survival tool and a form of resistance against broader inequalities.

CBOs also function as spaces where women gather to exchange different types of capital (Bourdieu, 2011; Chaudhary et al., 2010). Through skills training, peer discussions, and collective participation, they rebuild social ties, improve cultural capital, and increase confidence (Bennett & Daly, 2014; Nandi & Platt, 2024). These small-scale actions, such as attending sessions, speaking out, or taking leadership roles, challenge stereotypes of passivity and affirm women as active social agents. This aligns with Kapilashrami and Marsden's (2018) perspective that community environments generate health-promoting resources through participation and relational support for migrant women's nuanced needs, such as women-only spaces. In this way, women's empowerment via CBOs is both tangible and symbolic. It allows racialised migrant women to transform fragmented struggles into collective strength- an Ubuntu (power-with) form of empowerment, by resisting narratives of passivity, and inadequacy to create new identities rooted in choice, ability, and mutual recognition (Chigangaidze, 2022; Pansardi & Bindi, 2021).

Cultural capital for racialised minority migrant women often requires a form of cultural currency exchange as they traverse from one geopolitical region to another, whereby mores and norms, language, qualifications, skills, and professional experience gained in countries of origin become unrecognised or undervalued in Scotland, and must be renegotiated, translated or transformed (Bourdieu, 2011; Frank & Hou, 2015). When skills and achievements are downgraded, this is often internalised as personal devaluation and inferiorisation, which can undermine women's self-esteem and general mental-health

outcomes (Nandi & Platt, 2024; O'Mahony & Clark, 2018). CBOs for many women became a space where they shared these experiences of disappointment and demoralisation with others who can empathise, while also gaining advice on how to move forward to restructure their lives in this new context.

Stigma in these groups is minimised, making it a safe space for people to share experiences, with little judgment and shame. Within participant narratives, 'People like me', as seen in subtheme 3.3, conveyed complex and diverse meanings. Both Black African Christian women and Muslim women used it inclusively to reference process-related issues, such as the understanding of lived experiences of poverty, migration, discrimination and marginalisation, rather than simply phenotypic or religio-cultural group identities (Choo & Ferree, 2010). For example, Muslim women experiencing religious discrimination for wearing the *Hijab* or cultural discrimination for wearing the *Chunni* can relate to the discrimination faced by African women for wearing a *Tuku*. While women recognise that each experience involves different discourses, the underlying sentiment is something that can be bridged. Women tend to gravitate toward others of similar linguistic, religious, or geographic backgrounds because of shared experiences. Nonetheless, even in the absence of these similarities, women from different faiths and backgrounds have formed strong friendships through their other shared experiences.

Pederson et al. (2022) noted that marginalisation is heavily associated with stigma, and women with similar experiences often form compassionate bonds that help lessen shame and stigma (p.316). The intersectional marginalisations experienced by racialised minority women can often go unnoticed in society; their minority status may foster feelings of alienation, especially since those who influence discourses are typically from

majority groups and may overlook issues beyond their own experiences. Women appreciated having CBO staff who share similar backgrounds and lived experiences, enabling open conversations about culturally specific topics such as the pressures and stigma surrounding remittances, even in poverty. These topics frequently became part of formal discussions in CBO workshops. According to Choudry (2001) and Emejulu (2013), sharing experiences is vital for racialised minority women when addressing complex and group specific issues like racism, discrimination, and social isolation linked to migration. These biases and feelings of exclusion can leave migrant women feeling voiceless and marginalised, whereas discussing these issues in peer-led or community settings fosters solidarity, offers reassurance, and encourages mutual recognition (Accordini et al., 2018; Bennett & Daly, 2014). Women emphasised that sharing such experiences with peers who have faced similar racism creates a validating environment where the emotional impact is understood intuitively, without requiring detailed explanations (Choudhry, 2001; Emejulu, 2013).

These group interactions allow women to share coping strategies, build their cultural and social capital, and provide experiential justice with issues that are dismissed or minimised elsewhere. Women support each other, forming a community based on interdependence and reciprocity, where they find dignity, understanding, and validation. They feel valued because they contribute meaningfully to other women's lives and because others depend on their presence and support. The participants' lives were characterised by isolation and exclusion as shown in the previous themes; from migration-induced family separation, intersectional discrimination and social exclusion to cultural dislocation. Choudry (2001) notes that uprooting and resettlement are profoundly traumatic experiences and that the community gained in host countries through CBOs is crucial in establishing a sense of belonging and validation by similarly displaced people. Participants attended CBOs

because they benefit from a supportive community where members are similarly situated, experiencing financial hardships, and share similar cultural beliefs as well as receiving practical informational and material assistance. In these settings, women form friendships and develop social capital that buffers against some of their intersecting life challenges, such as loneliness, lack of childcare, and material hardship. Thus, the community functions both as a protective resource and a site of resistance, validating women's experiences and fostering empowering counter-narratives (DiClemente-Bosco et al., 2024; Käkälä et al., 2023).

The study participants were women with a migrant history but settled legal status, who had used the CBO since their settling-in period. Contrary to the literature by Cordero-Guzmán (2005) and Bloom (2009), which suggests that CBO usage may be short-term, some women had been with their organisation for over five years, indicating that the timeframe for resolving shortfalls can sometimes be protracted. Some women had established their community and friendship groups within the CBOs, making it challenging for them not to have a social dependency on the organisation. The bonds formed in the CBOs were strong as women often supported one another through significant life events such as the birth of children, funerals and other intimate life moments, acting almost as surrogate families for one another. The CBO then becomes an integral scaffolding of the women's lives where their community is based. In this way, while the women were empowered by the psychosocial support gained from being part of the organisation, they were simultaneously disempowered by developing a long-term attachment to it.

3. Service User Research Question 3: What do service users wish the CBOs could offer that they do not currently offer to address inequalities arising from poverty and mental health?

The question of what else service users wished was provided by their CBOs outside of current service provision was posed directly to the women as one of the interview questions (see Appendix G), and women found it especially challenging to answer, as most felt a sense of indebtedness to the CBOs and did not want to appear to be critical or ungrateful. Bloom (2009) demonstrated that women develop a strong sense of loyalty to their organisations and are often hesitant to suggest any shortcomings or failures. This may be a signal of the power differentials at play within organisations, where women develop a sense of subservience, or it may demonstrate protectiveness of a resource women deem important in their lives and worthy of praise and defending. In their response, women were grateful for the presence of CBOs in their lives because they provide critical resources such as food banks, free shops and social networks which women relied on; for some, the presence of CBOs represented failures of the system and some internalised their shortfalls of needing to rely on CBOs as signalling personal failure. The CBOs are seen as a welcome solution to a variety of problems in their lives and one that they don't want to appear to take for granted.

Some women thought the organisation could do more to attract more community members from their countries of origin or similar cultures to their own. This may reflect the homesickness women experience and the longing to have reminders of their places of origin, such as the language, cultural practices and people who would understand and can reminisce with them. DiClemente-Bosco et al. (2024) note that this yearning for representation is common among migrants and is part of the reason many will congregate in similar areas or community groups. However, the community developed within CBOs

was also reported as unique and invaluable for the women. Scholars like Crenshaw (2022) and Hill Collins (2019) agree that intersectional marginalisation results in complex, nuanced experiences that are difficult to understand outside their specific contexts. These perspectives are multivocal and multilogic, creating unique contextualised experiences that are difficult to replicate in other settings (Choo & Ferree, 2010). These bonds extend beyond personal relations to a community-level form of identity where the CBO community becomes a part of how women define their sense of belonging.

The presence of culturally appropriate food in some of the food banks was always met with praise, suggesting that women appreciated this attuned service provision that recognises their nuanced needs and validated their cultural expression. Not all CBOs' food banks had such a tailored provision and the high praise of women in other organisations suggests that this may be a place where CBOs could improve to recognise the women's cultural needs. This is what Allen-Meares et al. (2024) refer to as 'cultural humility' (p.49), where the organisation privileges the service users' cultures in engagement efforts rather than imposing Western-centric norms, which may alienate community members and diminish their sense of belonging and validation. However, because CBOs serve such a diverse population, attending to everyone's nuanced needs may be challenging.

In all, women consistently expressed their understanding of CBO positions and how resource constraints impede their aspirations. Some women often volunteered, and within the smaller CBOs, women seemed to have a clear understanding of the organisation's operations and financial position. Zimmerman (2000) asserts that empowering organisations empower individuals and that this cycle of empowerment is often reciprocal, whereby the empowered individuals will further empower the organisation,

creating feedback loops of interdependence and mutuality. While women were able to articulate some minor improvements that could be made to the demographic of the organisation, programme continuity and diversity in the food bank offering, there was a general sense of contentment and gratitude that these services exist at all because they play such a vital role in the women's lives.

In all, the service user women are caught in the cross-current of complex multi-level oppressions across geographies and ideologies- constraining their financial agency and forcing them to do what they must to survive. This context shapes the lives of racialised minority women in Scotland; threats, stigma, prejudice, and discrimination permeate the women's lives across all life domains to produce unequal outcomes (Choo & Ferree, 2010; Kapilashrami & Marsden, 2018). The accumulated experiences of racism can lead to demoralisation and worsen mental health (Kapadia, 2023). Gender-based marginalisation also intersects with issues such as language barriers, cultural challenges, racism, mistrust of authorities, and community loss. CBOs provide responsive and protective services that help to counter these feedback loops that undermine mental health and reinforce socio-economic inequalities (Choo & Ferree, 2010; Emejulu, 2009).

Service User Discussion Conclusion

Women's experiences of poverty and mental health are highly intersectional, influenced by multiple overlapping factors that interact and amplify each other, as shown in the third theme ('It's everything all at once'). Immigration histories, discrimination, gender roles, and poverty create a cumulative pressure that affects women's daily lives and undermine mental health (Pederson et al., 2022). The first theme demonstrated how immigration status has enduring impacts, with women describing how their past insecurity as post

migration shaped their current socio-economic situation. Even though all participants now had settled status and most were naturalised citizens, most lacked nearby family support. The absence of extended kin networks created practical problems like childcare difficulties, facing life events like childbirth alone, and social isolation. These findings highlight that the effects of migration last well beyond legal settlement and continue to impact well-being and other outcomes. This challenges the idea that settlement and changed legal status alone removes migrant disadvantages; instead, the psychosocial and socio-economic legacy of migration remains deeply rooted in women's lives.

Discrimination was a recurring intersectional experience, though women interpreted these encounters differently. Some minimised or rationalised them, while others saw them as constant reminders of exclusion (Pederson et al., 2022). These different interpretations reflect both resilience and resignation, demonstrating how marginalisation can be internalised or resisted based on personal histories and coping mechanisms (Atkinson et al., 2009). This highlights that racism and other forms of discrimination cannot be fully understood solely through external classification; it must also be examined within the personal meaning-making processes of those who experience it (Brandt et al., 2022). Gender roles were often renegotiated due to economic pressures and the need for survival. Women's reliance on partners for economic stability is a complicated issue, whereby men's income can mask women's poverty as discussed in the literature review that household income, which is used to determine poverty, is usually derived from the working partner and while women may live in households where they do not have financial access or control they can be deemed to not be living in poverty (Scottish Government, 2021b). Furthermore, as Bennett and Daly (2014) note, women defining their economic well-being through men's labour makes women vulnerable and diminishes autonomy and agency further through dependency and possible subservience (p.21).

Participants described how the traditional division of labour shifted toward more practical arrangements: husbands took on childcare or gendered roles such as cleaning and caregiving, while women sometimes became the primary earners out of necessity. This change was often viewed as a ‘lack of choice’ rather than empowerment, with economic survival outweighing cultural or religious norms (Frank & Hou, 2015). Although it appears to weaken patriarchal structures, these accounts reveal that such shifts come with costs; adding stress and tension within families. The key contribution here is reframing gender role renegotiation not as a sign of empowerment or agency but as an adaptive response motivated by limited options.

Participants vividly conveyed the severity of their poverty, describing food insecurity, inadequate housing, and other material shortages. Mothers highlighted the immense stress of trying to fulfil their children’s needs under such conditions. Perceptions of poverty, however, varied; some viewed it as relative, comparing their situation favourably to ‘back home,’ while others experienced deep shame over their inability to support their families. This demonstrates that poverty is subjective and influenced by factors like identity, migration background, and expectations. These intersecting pressures significantly affected mental health, although participants understood and interpreted their mental health struggles with cultural framing and non-medicalised language such as ‘being challenged’, ‘struggling’, or languages of exhaustion and depletion. Some had medical diagnoses of depression and anxiety, while others normalised or minimised their suffering as a coping mechanism or ‘resilience’.

Against this backdrop, CBOs emerged as essential lifelines. Women consistently turned to CBOs to meet both material needs and psychosocial support- accessing food banks, especially those offering culturally specific foods, as well as free shops providing clothing and information that connected them to opportunities. These services acted as a safety net where government support was lacking, highlighting the vital role of CBOs in bridging

gaps in formal systems. Psychosocially, CBOs fostered a sense of belonging, community, and validation. Participation in programmes and events helped reduce loneliness, and relationships with others from similar cultural backgrounds promoted mutual support and recognition. Women often stated that being listened to and understood restored their dignity, empowering them to give back through initiatives like befriending. Informal activities, such as community meals and events, facilitated relaxed intercultural contact, easing acculturation and fostering solidarity across groups. Overall, findings suggest that empowerment through CBOs is multidimensional, encompassing material relief, social solidarity, and psychological safety, as well as being reciprocal with women gaining strength both from supporting others and receiving support themselves.

Interestingly, when asked how CBOs could improve, most participants struggled to suggest changes. Many expressed gratitude, often emphasising that the services were free and already meeting their needs. This reluctance to critique can be understood in two ways: it reflects genuine appreciation for services that positively affect women's lives, but also reveals a power dynamic where marginalised participants may hesitate to criticise organisations they rely on. The few who suggested improvements focused on the need for better representation, preferring staff from similar cultural or geographic backgrounds. This underscores the importance of cultural representation in building trust and belonging. By prioritising women's voices, the research highlights the women's nuanced vulnerabilities, strengths and needs which are influenced by structural challenges and available community resources.

7.2. CBO Discussion

The five thematic findings from the CBO investigation; 'Theme 1: CBOs aim to empower', 'Theme 2: The Funding Paradox: Empowering but Disempowered', 'Theme

3: CBOs are service gap fillers and a safety net’, ‘Theme 4: CBOs as Societal Bridges’ and ‘Theme 5: CBOs as safe spaces’ are discussed below mapped to the study’s research questions and using Zimmerman’s (2000) empowerment theory to highlight the dynamic ways CBOs operate and their multifaceted roles in the lives of racialised minority women as well as the precarious socio-political position, epistemic tensions and diverse power logics within which CBOs operate.

As noted in the chapter on Theoretical Frameworks, Joseph (2020) indicates that empowerment theory is particularly well-suited to mixed-methods research, which integrates quantitative and qualitative techniques. Quantitative methods might include psychological empowerment scales, perceived control measures, or community participation indices to evaluate specific aspects of empowerment. However, this isn’t always an appropriate approach. In this study, with a heavily surveyed demographic who are constantly filling out forms for social security applications, visas, and other requirements, a purely qualitative approach that reflects the community’s interpretations was adopted, as suggested by Jupp et al. (2010), to be emancipatory and empowering in seldom-heard but over-surveyed communities as the CBOs in question are grassroots and often run by community members for community members.

1. CBO Research Question 1: What facilitates or hinders CBO service provision?

The most pronounced barrier to effective CBO service provision was expressed within the second theme (The Funding Paradox: Empowering but Disempowered), which reveals that CBOs are paradoxically positioned as precarious agents of empowerment, navigating funding scarcity and policy pressures. Despite the empowering and transformative aims of CBOs, the findings show that their capacity is severely limited by unstable funding with negative effects that permeate across the organisation and into the

community (Larrieta et al., 2023). All representatives voiced concerns about funding, emphasising that the availability, adequacy, and stability of funding are crucial to their ability to design, deliver, and evaluate effective programmes. Zimmerman's (2000) organisational empowerment highlights the distribution and sharing of resources and decision-making power within an organisation and community (p.4), but this capability is undermined and constrained in CBOs, which struggle to secure funding. CBOs are therefore vulnerable entities with a fragile sense of control, relying on external funders for their financial survival (Chaudhary et al., 2010; Griffiths, 2010; Larrieta et al., 2023).

Bassel and Emejulu (2017) and Christofferson (2020) note that ongoing neoliberal austerity has particularly impacted and disempowered third-sector organisations serving marginalised communities through reduced public funding and the transfer of social welfare responsibilities, such as divesting in community initiatives. Communities already experiencing socio-economic hardship are the most affected because they cannot depend on private donations and lack income-generating financial models. CBOs are consequently increasingly doing more with less, often stretching limited resources while tackling increasingly complex social issues. This challenge aligns with the literature by Larrieta et al. (2023) and Chaudhary et al. (2010), which reveal that the CBO funding landscape is highly competitive, with many organisations underfunded and struggling to secure stable support, constraining CBOs' 'power to' empower communities (Dowding, 2020; Zimmerman, 2000). Most participating CBOs rely mainly on government and local authority funding, which are strained and diminishing due to continued austerity (Bassel & Emejulu, 2017; Christofferson, 2020; Christie, 2011). Although policies such as the Community Empowerment (Scotland) Act 2015, the Fairer Scotland Action Plan (2016), and the Christie Commission (2011) promote community-centred public service reform, encouraging formal partnership and support for CBOs, few of these aims have resulted in

secure funding, sustained support or systematised collaborative practice. This reflects the organisational disempowerment that CBOs face as they struggle to compete for funding in unfavourable socio-political climates, which are hostile to racialised immigrants and deprioritise minority issues (Chaudhary et al., 2010).

Funding instability affects CBOs at multiple levels. All CBO activities depend on funding, venue provision, staff wages, affordable materials, as well as programme design and implementation (Chaudhary et al., 2010; Griffiths, 2010; Larrieta et al., 2023). CBO representatives remarked that the long-term sustainability of CBOs remains uncertain due to the unpredictable funding landscape. The dependency financial model of CBOs disempowers organisations, especially in the face of the contradictory power logics of a neoliberal government that simultaneously reduces state funding of CBOs while promoting cross-sector community collaborative practices, as encouraged by the Christie Commission (2011) and the Community Empowerment (Scotland) Act 2015, to overcome strained government funding.

CBO representatives reported having to constantly apply for various funding sources throughout the year, as available funding is often short-term and insufficient to cover annual operational costs. Representatives shared that multiple applications are necessary because not all are successful, and most provide only limited, inadequate funds undermining the organisational empowered outcome of access to resources that Zimmerman (2000) stipulates. Funding shortages cause a harmful domino effect that hampers service delivery in various ways, including CBOs struggling to afford necessary resources to run programmes, provide material support, or hire adequate staff to deliver programmes effectively (Chaudhary et al., 2010; Griffiths, 2010; Larrieta et al., 2023). CBO representatives shared that the availability and effectiveness of programmes decline

when resources are scarce. This reflects Zimmerman's (2000) assertion that empowerment is ecological and interconnected. Larrieta et al. (2023), in their report on funding for CBOs in mental health, highlight that funders' misunderstandings of CBO operations often lead to underestimating the financial resources required, and that without stable funding, many organisations struggle to sustain programmes, scale successful models, or remain solvent and viable in the long term, creating community and individual level loss of vital assets and resources (Zimmerman, 2000).

Programme delivery also faces practical challenges for organisations, as many reported; for instance, ORG-E recently moved out of their physical office and now rent church halls for gatherings due to rising costs. ORG-D operates entirely online to avoid the expenses of maintaining premises. Meanwhile, ORG-C struggles to serve its growing community due to limited space. This infrastructure instability is a core issue for CBOs, which aim to reduce the endemic social exclusion among their members by organising gatherings for mutual support in safe, physical settings. Without these spaces, CBOs can struggle to become the welcoming, relational hubs that their values and missions inspire (Chaudhary et al., 2010). The ecological impacts of funding challenges ripple out to service users because when funding is unreliable and service quality is compromised, this erodes the trust people have in organisations as Griffith et al. (2010) and Yasmin et al. (2022) highlight this as the reason programme instability makes it harder for organisations to address racial health disparities. Participants shared that many service users depend on CBO support for essentials such as food, housing advice, and emotional support, or to reduce loneliness. When programmes abruptly end, these practical services, often vital for survival, especially for women facing food insecurity or mental health challenges, are lost. Even brief disruptions can hinder women's ability to cope, leading to disappointment with community resources. Zimmerman (2000) highlights that to empower vulnerable

communities, consistency is key in trust-building and the precarity of funding undermines organisational capacity to respond effectively to community needs. Community networks facilitate CBO provision and are covered in greater depth in the second research question.

2. CBO Research Question 2: How do CBOs currently engage and attract service users?

CBOs do more than meet individuals' material needs; they act as crucial connectors across social and institutional boundaries, providing access to hard-to-reach communities and facilitating social mobility out of marginalisation. Community networks significantly support and enhance the delivery of CBO services by increasing social capital, boosting human capital, and sharing financial capital, thereby empowering organisations and the communities they serve (Bourdieu, 2011; Taylor & Byhoff, 2021; Zimmerman, 2000). CBO representatives stressed that service users form the primary network for service delivery, naturally, due to the mutual dependence among community members who offer word-of-mouth recommendations, translation assistance, befriending programmes, and community engagement to ensure successful events. Although the emphasis on community self-support and empowerment was not explicitly mentioned in the literature review, it highlights the interconnectedness outlined in Zimmerman's (2000) multi-level empowerment model. In this context, the collective exercise of power referred to as 'power with' by Pansardi and Bindi (2021) and rooted in Ubuntu philosophy, serves as the foundation for CBO success. External networks, such as collaborations with other organisations and partnerships with formal services, also embody this 'power with' approach to generate 'power to', which Dowding (1996, 2019) identifies as a core concept underlying all types of power and empowerment.

These collaborative practices are promoted by the Christie Commission (2011) to address increasing cross-sector budget constraints and the Community Empowerment (Scotland) Act 2015 to foster greater inclusion of marginalised communities and support community-led local initiatives. The Community Empowerment (Scotland) Act 2015 encourages local organisations to collaborate with local authorities and participate in participatory budgeting to mobilise funds in line with community needs, and while on paper this seems like it would mitigate underfunded organisations, in reality, local authorities lack adequate funds to deploy to initiatives meaningfully and therefore do not actively reach out to organisations to encourage collaboration (Markantoni et al., 2018). Therefore, collaborative policies are not sufficiently integrated or implemented, particularly in minority organisations that often lack the human resources and time to meet the bureaucratic demands of participatory requests as required within the Act, demonstrating that the Act is also not ‘user- friendly’ as it overlooks the barriers within the communities it intends to assist.

CBO representatives stated that partnering with external networks often helped mitigate resource shortages caused by limited funding and improved service delivery by providing a wider array of services, such as specialised employment advice, financial workshops, or cycling tutorials, through collaborations with other organisations. This supports Bourdieu’s (2011) view that relationships and networks can mobilise social capital when material resources are scarce, serving as a form of empowerment. However, CBO staff observed that competitive funding often posed a barrier to collaboration; some organisations feared that their programme impact might be credited to competitors. This paradox suggests that funders can unintentionally hinder effective CBO operations, service provision, and impact, thereby limiting empowerment processes that foster networks and cooperation (Mayberry et al., 2008).

In the literature review, Carlisle (2010) also noted that resource competition fosters rivalry and suspicion among CBOs, hindering practical collaboration.

However, community networks are both inter-agency and inter-personal, promoting interactional and behavioural empowerment among service users by encouraging mutual support through activities such as befriending, translation assistance, and peer-led groups (Bloom, 2009). Collectivist actions among service users and community networks build confidence, foster a sense of belonging, and develop shared resilience. As Bloom (2009) shares in her anti-poverty CBO case study, these elements are crucial for empowerment, as they transform individual skills into collective strength. The study found that when individuals pool knowledge, skills, and social capital, it helps them challenge barriers more effectively than in isolation; therefore, community networks such as those fostered by the participating CBOs create channels for mutual support, resource exchange, and collective problem-solving, boosting resilience and agency (Bloom, 2009; Zimmerman, 2000). According to DiClemente-Bosco et al. (2024), reciprocal relationships are especially vital for minority groups, who frequently encounter social isolation and feel disempowered by a lack of agency in constraining environments. However, reciprocity, such as word-of-mouth recommendations by service users, enhances CBO outreach and fosters behavioural empowerment through shared responsibility for organisational and community success. This process enables women to participate in shaping, maintaining, and promoting services actively (Guhlincozzi, 2023).

Most CBO representatives indicated that forming strategic partnerships with formal services is a relatively new and infrequent development, but one that is highly valued. Formal services often initiate these partnerships as a way to reach what they consider

a ‘hard-to-reach’ demographic (DiClemente-Bosco et al., 2024; Wu et al., 2018). In this role, CBOs act as social bridges, helping top-down services access marginalised populations. Examples provided by CBO representatives include NHS-led mental health workshops, dental outreach programs, HIV testing initiatives, and entrepreneurship training. Unlike findings by Yasmin et al. (2022) and Pinto (2009), which highlighted power imbalances and cultural clashes in partnerships, CBOs reported mutuality and welcomed resources. It’s important to note that, among the study participants, formal service partnerships were few and infrequent; thus, this contradictory finding may stem from the limited sample size. As Allen et al. (2014) suggest, cross-sector collaboration is an effective approach to mitigating the social determinants of mental health (p. 401). This collaboration can also be protective for communities who may be more inclined to rely on CBOs than formal services for support thus being relegated to a second-tier form of help without professional oversight.

The cross-sector collaboration and intercommunity cooperation demonstrated within CBOs reflects the qualities of empowering and empowered communities. Zimmerman (2000) suggests these qualities spread ecologically from individual to organisational and community levels through bi-directional flows as resources emerge from agency cooperation. When CBOs promote mutually beneficial collaborative practices, both community members and the wider society benefit from increased cohesion. This aligns with the goals of the Community Empowerment Act and the Christie Commission (2011), which highlight community empowerment and collaboration as essential for boosting inclusion, addressing inequalities, and reducing long-term costs. The report highlights that current services are often fragmented, and prioritise organisational needs over individuals’ lives, advocating instead for a shift

towards person-centred, preventative, and partnership-based approaches (Christie, 2011). A consistent application of these principles by establishing long-term systemic partnerships would go a long way in leveraging the strengths of CBOs and increasing community resilience against inequalities.

Network collaborations and partnerships play a crucial role in supporting service users' social mobility by enabling direct exchange of information and personal growth through activities and programs provided by CBOs. As Bloom (2009) noted, social mobility is promoted through tailored programs that are both interventionist and preventative, addressing specific informational gaps such as financial planning workshops, university application assistance, and employment skills training. In this way, CBOs serve as brokers of social, cultural, symbolic, and economic capital, connecting marginalised women to resources, networks, and legitimacy (Bourdieu, 2011). This information forms part of the cultural capital necessary for engaging with sectors and institutions that foster social mobility, such as colleges and universities. The circulation of this information within these networks is vital for empowering individuals by boosting their capacity, agency, and choices (Gutierrez, 1990; Zimmerman, 1995; Bloom, 2009). Bourdieu (1997; 2011) argues that the resources and skills available to a stratified social group are part of their 'habitus'; comprising internalised beliefs, language, conduct, customs, and dress codes- which can either align with or oppose institutional norms, thus influencing social mobility. However, changing from one habitus to another can create cultural tensions and lead to degrees of self-subjugation and a different form of isolation from the cultural community (Christensen, 2023; Dreher, 2016; Haugaard, 2021). These are the tensions service users navigate in their quest to belong in their communities.

Consequently, CBO networks can act as social bridges, helping individuals to navigate a path from society's margins to a more advantageous socio-economic standing. However, Bourdieu (1977, 2001) cautions that converting capital is never neutral; it often entails unintended, unconscious disempowerment. Climbing the social ladder and leaving marginalisation often require levels of adaptation and assimilation that may restrict full cultural expression and lead to self-censorship to align with the normalising power of dominant norms and values. This self-subordination highlights the main challenge immigrants face when adjusting to new societies as cultural minorities; successful integration can come at the expense of their identities, which can further marginalise communities and negatively impact mental health (Bhabha, 2015; Bourdieu, 2011).

3. CBO Research Question 3: What are the experiences of the CBO volunteers/staff in delivering these services?

Many participating CBOs operate with limited paid staff; for example, ORG-C (the longest-running CBO among participants) employs 11 paid staff members, while ORG-F has nine, though not all work full-time. Other organisations, like ORG-A and ORG-B, operate with only two or three staff members, with some, like ORG-D, relying solely on volunteers. All CBOs had fluctuating numbers of service users, and the number of staff was not reflective of membership served. Staff often perform multiple roles such as fundraising, administrative duties, and frontline work, due to ongoing staffing shortages. In these contexts, the staff 'individual-level locus of control' (Zimmerman, 2000) and agency are undermined in a disempowering way because they are bearing heavier workloads than their role entail, without much choice (Zimmerman, 2000). This phenomenon, called 'role-stretching' as discussed by Kegeles et al. (2005) and Chaudhary et al. (2010), can lead to burnout, diminished service quality, and emotional

exhaustion and demoralisation among staff. While CBO representatives expressed pride in their work, they also shared feelings of being overwhelmed and disappointed by their inability to be fairly compensated and by how limited financial resources undermine their efforts, demonstrating the interconnectedness and co-influencing nature of ecological empowerment within organisations (Zimmerman, 2000). This situation replicates the job precarity most service users encounter as a driver of in-work poverty, and it also reflects Zimmerman's (2000) concern that, within financially disempowered communities, organisations' struggle for resources undermines empowerment ecologically, sometimes reinforcing vulnerabilities in already struggling communities.

Funding insecurity also directly jeopardises staff long-term commitments, as they are often paid low wages that are incommensurate with their qualifications and often use CBOs as stepping stones to gain experience before eventually seeking better-paid opportunities elsewhere. Chaudhary (2010) observed that most CBO staff are degree-qualified but receive insufficient pay; this was also true for all 12 key informants who held Master's degrees or higher. Representatives indicated that while low pay causes stress, job insecurity is a greater concern, again this insecurity reflects the lack of control over circumstances- an intrapersonal level of disempowerment that typifies CBO staff roles (Zimmerman, 2000). This is because salaries are not guaranteed long-term due to the short-term nature of CBO funding, which means there is no assurance to sustain salaries or plan effectively for the future, and here organisational disempowerment is mirrored at the individual level (Zimmerman, 2000). The literature review revealed knowledge gaps in this regard: most studies did not focus on staff sentiments and outcomes, such as 'role-stretching' and high staff turnover, were examined in a very general way in terms of organisational capacity- treating organisations as depersonalised entities (Chaudhary et al., 2010; Rusch et al., 2015). This limitation reduced the

opportunity for a multi-level exploration of the dialogical nature of individual empowerment as it relates to both staff and service users, as they engage at the organisational level without adequate resources necessary for effective service delivery (Gutierrez, 1990; Zimmerman, 1995).

Financial and human capital are intertwined sources of disempowerment for CBOs (Bourdieu, 2011; Zimmerman, 2000). Within this study, the sense of vulnerability staff feel about their jobs was prominent and reflects what Zimmerman (2000) describes as ecological disempowerment within the tripartite, multi-level model of empowerment (individual, organisation, and community), where individual staff (dis)empowerment trickles down into service delivery and overall community morale. This community disempowerment thwarts the capacity for organisations to exercise ‘power with’, which is particularly relevant in collectivist (ubuntu-practising) cultures that this study’s CBOs serve, as individual success/failure is felt at the community level, and a core component of organisations empowering communities is to foster a sense of collective stability and security for staff and community members (Chigangaidze, 2022; Pansardi & Bindi, 2021).

4. CBO Research Question 4: How do CBOs operate?

CBOs are flexible, practical and responsive in their support efforts; they reported that since COVID, they have incorporated online meet-ups into their services. While one organisation was exclusively based online, most adopted flexible hybrid service models combining in-person and online options to help reach a broader demographic, especially those for whom geography poses a barrier, and it allows clients to select modalities that suit their abilities, schedules, and comfort levels, thereby boosting intrapersonal empowerment through greater autonomy (Zimmerman, 2000). Griffith et al. (2010)

highlight that an organisation's capacity to innovate and adapt to community challenges is crucial for community empowerment. Moreover, Wurtz et al. (2024), reflecting on immigrant-focused CBOs during COVID-19, emphasise that flexibility- such as transitioning to online or hybrid programmes- was vital for keeping women engaged and maintaining trust during crises.

Although not all service users have universal access to online options due to material deprivation, it generally offers more ways to connect. For CBOs, hybrid systems also promote behavioural empowerment, enabling organisations to quickly modify services, personalise interventions, and maintain continuity despite external obstacles (Zimmerman, 2000). By integrating technology with community-centred practices, CBOs foster more inclusive, responsive, and empowering environments. Zimmerman (2000) stresses that this can enhance individuals' control, competence, and connection to their communities. Wurtz et al. (2024) found that this approach is especially beneficial for individuals facing stigma or with limited mobility, transportation, or childcare, as it offers continuity of services.

Most also allow women to bring small children to sessions, demonstrating an intimate understanding of what may seem like the minutiae and nuanced needs of service users. For racialised migrant mothers, who often lack family support, disempowerment is linked to structural barriers and care responsibilities. Disempowerment for service users occurs through social capital deficits and emphasises the importance of explicitly showing how CBOs understand the intersecting challenges and empower women and communities by fostering critical awareness of nuanced barriers and responding to these in practical ways (Bourdieu, 2011; DiClemente-Bosco et al., 2024). However, staff and volunteers in CBOs are frequently caregivers themselves, managing inadequate childcare support while

delivering essential services. As Zimmerman (2000) emphasises, empowerment at the community level is closely connected to empowerment at the individual and organisational levels (p. 4). Therefore, CBOs should be viewed through this multi-level lens, as organisations composed of community members dedicated to serving similarly situated individuals.

The first theme suggests that CBO activities, such as sharing information and skill-building workshops, effectively enhance service users' capacity and expand their sense of control (Zimmerman, 2000). Through this mix of information-sharing, adaptable service delivery models to shifting needs, and the embedding of empowerment within community contexts, CBOs address immediate challenges while promoting long-term resilience, independence, and social change, albeit within complicated cultural negotiations and personal concessions (Bloom, 2009; Pinto, 2009; Yasmin et al., 2022). However, as Larrieta et al. (2023) note, the sustainability of these impacts depends on CBO capacities.

5. CBO Research Question 5: What are their objectives?

CBOs emerge in areas of deprivation as responsive and pragmatic measures to support vulnerable community members (Adebayo et al., 2018). The aim to empower, as expressed in the first thematic finding of the CBO investigation, stems from what CBOs perceive as the disempowering influences of poverty and other social adversities faced by their service users (Bloom, 2009; Chaudhary et al., 2010). The drivers of poverty in CBO service users' needs are highly intersectional; however, as shown in the literature, conducting intersectional analysis within CBOs is difficult, since it is hard to determine which intersectional axes of inequality to include in studies, and most studies using an

intersectional approach can be criticised for having omitted factors that might be influential (Pederson et al., 2022; Bloom, 2009). As Christoffersen (2020) notes, although intersectional marginalisation is explicit in service user experiences, there are challenges in operationalising intersectionality within organisations constituted around multiple inequalities (p. 150). It is often tricky for CBOs to define rigid parameters of which axes of inequality are being addressed, as service user needs are diverse and fluxional (Bloom, 2009; Chaudhary et al., 2010; Cordero-Guzmán, 2005). However, this diversity and complexity of needs affirms that intersectionality is not just a framework but a fundamental and practical aspect of CBO work (Christoffersen, 2020).

For users of CBO services, poverty often stems from inequalities that, in turn, generate further disparities; for instance, in this study, service users face multi-axial discrimination (gender, racialisation, religio-cultural); factors contributing to under-employment and low wages (Cebula et al., 2021). The CBO service users are also mostly migrants with little to no social capital, and CBOs become hubs of community and social connection. These circumstances can singularly adversely impact mental health, but for this demographic, they are experienced concurrently and create a synergy of compounded problems (Allen et al., 2014; Bell & Marmot, 2022). Asset-based approaches that recognise these intersectional factors and leverage community knowledge, strengths, and networks are widely adopted by CBOs, with four of the six (ORG-A, ORG-B, ORG-D, and ORG-E) founded by activists with personal experience of migration, poverty, or social exclusion (Chaudhary et al., 2010; Cordero-Guzmán, 2005)(MacLeod & Emejulu, 2014). This experiential knowledge helps staff understand barriers faced by service users and is used to develop empowering programmes that are culturally sensitive and rooted in genuine empathy.

Zimmerman's (2000) empowerment theory describes a three-level analysis at the individual, organisational, and community levels through which groups gain control over their lives and socio-political environments. Within CBOs, individual empowerment involves both service users and staff. This form of empowerment includes three components: intrapersonal (personal beliefs of competence), interactional (critical awareness of causal agents of (dis)empowerment), and behavioural processes (actions taken to exert control and implement change) (Zimmerman, 2000). Staff with lived experience and sector expertise possess experiential competence (an intrapersonal and interactional quality) that involves understanding how intersecting service-user challenges influence relationships and the broader socio-political landscape. This knowledge is conveyed (interactionally) during service provision through the design of programmes and the organisation of activities that help service users overcome social adversities, requiring their active engagement and participation. CBO representatives emphasised that empowerment is central to their objectives, and is reflected in each organisation's mission statements. They reported that purposeful programmes actively promote empowerment by increasing individual capacity, building confidence, and encouraging leadership among service users, qualities that Zimmerman (1995, 2000) and Gutierrez (1990) see as essential for empowerment at the intrapersonal, interpersonal and community levels. For CBO staff, experiential knowledge is a double-edged sword- while they can possess empathy and expertise, they remain vulnerable to the same issues faced by the service users, requiring a level of interdependence with community members.

In the literature review, Bloom (2009) noted that disempowerment for racialised minority women is multifactorial, requiring programmes that address the nuanced position of women, such as educational programmes that provide the necessary cultural capital and 'power to' foster lasting change through social mobility (Bourdieu, 2011; Pansardi &

Bindi, 2021; Zimmerman, 2000). Dowding (2019) describes ‘power to’ as the fundamental process of exercising power, whereby empowerment can be understood as facilitating individuals’ attainment of the ‘power to’ achieve greater control over their lives through need identification, which is what the various CBO programmes aim to do. As key informants attested, CBO programmes and activities aim to directly address needs such as social isolation, language proficiency, and employability through initiatives like befriending services, English classes, one-on-one psychosocial interventions, health promotion, skills training, CV workshops and culturally tailored support groups that foster ‘power with’, an ubuntu-based community contingent exercise of power leading to collective empowerment (Pansardi & Bindi, 2021; Zimmerman, 2000).

Capacity building through skill development increases service users’ sense of personal control and competence: individuals feel more confident in influencing decisions and creating change, reflecting the behavioural changes necessary for psychological empowerment (Zimmerman, 2000). Representatives from all involved CBOs highlighted that their goal is not to foster dependency but to encourage personal development and empower service users to achieve greater personal autonomy. A vital method for this is knowledge sharing as also noted by Bloom (2009) that by offering information such as educational opportunities, social security access, and service referrals, women, through their volitional participation and engagement with the CBO, feel a sense of self-direction, agency and enhance their capacity and options to make meaningful life changes (Solomon, 1987; Zimmerman, 1995). Capacity building is therefore a participatory process and empowers service users by making them active agents in the problem-solving process, echoing Griffith et al.’s (2010) finding that CBO-led capacity building reduces racial health disparities by boosting self-efficacy and community agency- demonstrating the interconnectedness of individual and community level empowerment that

Zimmerman (2000) theorises. Crucially, capacity building is then recognised not only as an individual resource but also as a community asset.

CBO representatives shared how the knowledge, skills, and resources gained by women trickle into families and the wider community, as information is often shared, and the individual changes in women can also serve as examples and morale boosters for the possibility of transformation and overcoming adversity (Bloom, 2009). Skill-building, therefore, enables racialised minority women to navigate and challenge lower-level systemic barriers by equipping them with both social and cultural capital, confidence, and practical tools to access resources, reduce marginalisation, and give back to the community- fulfilling the tripartite ecological empowerment (Bourdieu, 2011; Zimmerman, 2000).

However, this simplistic view of empowerment overlooks cross-cultural tensions whereby the cultural capital gained to adapt to a new environment is at the cost and subordination of origin culture in what Bourdieu (2011) referred to as symbolic violence, such as the gender role renegotiation that women often undergo in the name of upward mobility, whereby they are compelled either by social security requirements, which mandate that applicants to meet specific eligibility criteria or provide proof that they are actively seeking employment to qualify for financial aid (Scottish Government, n.d.). Research by Arcarons (2020) and Frank and Hou (2015) shows that migrant women from patriarchal cultures frequently enter the workforce out of financial necessity rather than preference, challenging traditional family roles and adding new stressors. Accordini et al. (2018) note that Muslim women, in particular, face significant pressure to maintain cultural norms while adjusting to the gender expectations of the host society (p.16). This double burden of managing gender roles in both public and private spheres can lead to

chronic stress, emotional exhaustion, and diminished well-being- undermining CBO efforts to empower. In this way, Zimmerman's (2000) empowerment theory is Western-centric, promoting individualistic ideals such as individual agency and assuming that mimicking host country norms, such as women's labour participation, is universally liberating and a positive (empowering) outcome because, within this process, the ends justify the means. However, as found by Ali and Barahona (2010) in their analysis of assessing empowerment within collectivist communities in some religio-cultural contexts, the inability to uphold traditions is disempowering and experienced as a loss of control.

6. CBO Research Question 6: How are results and impact evaluated?

The participating CBOs understood impact evaluation in different ways and were constrained by limited funding and staff availability in their capacity to effectively engage in evaluations. The challenges identified by Cyril et al. (2015) and Burton et al. (2006) in the literature review highlighted the lack of universal evaluation frameworks and the many engagement models, which CBO representatives confirmed as barriers to conducting impact evaluations. The financial strain on CBOs was a double-edged sword that shaped how impact evaluations were viewed and conducted.

Evaluation was often a requisite in funding applications and representatives expressed feeling pressured to showcase impact through metrics that favour easy-to-measure results, often at the expense of meaningful relationships or steady progress. The level of dominance exerted on CBOs by funder demands creates a form of bureaucratic surveillance and disempowering subjectification that exposes their socio-political vulnerability, where reliance on evaluation-contingent funding severely constrains

their locus of control and decision-making (Foucault, 1982, 1991; Zimmerman, 1990). This is supported in the literature by Kegeles et al. (2005) and Mayberry et al. (2008) who note how evaluation criteria imposed by funders disempower CBOs by limiting organisational autonomy because when impact assessments are strictly imposed, they can become coercive and disempowering for CBOs that lack the capacity to meet them. While Zimmerman (2000) views attracting resources as an empowered outcome for organisations, he overlooks the limited control these organisations have over the disempowering process of acquiring these resources.

Representatives primarily define success in terms of the CBO's financial sustainability and survival, though they also recognise that programme evaluation is also important for improving service delivery. They noted that conducting evaluations is often constrained by limited time, leading them to perform impact assessments primarily to meet funders' demands. This can make the process feel superficial and much like a meaningless tick-box exercise. Kegeles et al. (2005) found that impact evaluations for funding purposes were viewed negatively and could cause fears of reporting neutral or negative outcomes. They also overlooked the coercive influence of funders, as negative results could lead to loss of funding in competitive scenarios. Additionally, relying on impact-based funding creates a vicious cycle (Kegeles et al., 2005), where inadequate funding hampers impact, and lower impact reports lead to even less funding. This cycle deepens disempowerment of CBOs and their communities, reducing their sense of control (Zimmerman, 2000). Heavy dependence on external funding can also reduce autonomy and cause mission drift, with CBOs prioritising funder preferences over their community-driven, culturally appropriate, and person-centred goals (Kegeles et al., 2005; Mayberry et al., 2008; Zimmerman, 2000). The emphasis on impact evaluation by funders often reflects a hegemonic

mindset where knowledge must be understandable to funders rather than truly meaningful for communities. This creates a form of disciplinary control, forcing CBOs to conform to institutional standards to remain operational, even if those standards conflict with community interests (Chaudhary et al., 2010; Foucault, 1982, 1991).

7. CBO Research Question 7: How do CBOs see their roles in the lives of racialised women impacted by poverty and adverse mental health?

CBO staff highlighted that their services target immediate material and social needs, essential for reducing inequalities experienced by racialised minority communities (Bell & Marmot, 2022; Gutierrez, 1990; Wallerstein, 2006). Access to resources is a crucial empowering process identified by Zimmerman (2000), which helps build empowered communities where local needs are addressed to enhance quality of life. The third theme emphasised that CBOs bridge gaps in formal services and serve as a safety net for those facing short-term hardships, such as a lack of social capital post-migration, food insecurity, and other material shortages, often due to underemployment, sudden job losses, or marital breakdowns. Representatives described their adaptable support, offering a wide range of services- from material aid (such as food banks and free shops) to psychosocial support (such as mental health groups and befriending programmes) and community activities (including knitting clubs, community meals and cultural events). This flexibility allows CBOs to respond effectively to the intersectional realities of service users. Scholars such as Cordero-Guzmán (2005), Rusch et al. (2015), and Wallerstein (2006) agree that racialised women, experience multiple forms of marginalisation leading to complex, diverse needs that are often unmet by formal systems, but CBOs possess the cultural and contextual competence to offer tailored assistance.

This exemplifies an interactional level of empowerment, whereby organisations are aware of nuanced needs and are responsive to them (Zimmerman, 2000).

In the literature review, the Joseph Rowntree Foundation (2021) reported increasing reliance on food banks and free shops in deprived areas of Scotland, a trend supported by CBO representatives who noted that food insecurity among service users is at its highest level they have experienced in their careers. They observed that, among food bank users, those in in-work poverty are increasingly represented. The effects of ongoing austerity, the Covid-19 pandemic, and the cost-of-living crisis have greatly contributed to rising material hardship, hitting vulnerable communities, such as racialised minorities, the hardest (Cebula et al., 2021; Emejulu, 2013; Joseph Rowntree et al., 2014). Service users depend on food banks and free shops as safety nets to meet basic needs when household bills become unmanageable, helping families cover shortfalls and survive (Cebula et al., 2021). The study showed that all six CBOs provide programmes such as food banks, free shops, and community meals, demonstrating ecological empowerment where organisations redistribute resources, thus responding effectively to community needs, fostering empowered communities and individuals (Zimmerman, 2000). These initiatives not only address food insecurity but also confront broader social issues affecting health and financial stability, thereby empowering communities on a larger scale (Bell & Marmot, 2022; Zimmerman, 2000). This approach aligns with Allen-Meares et al. (2024), who note that CBOs are uniquely positioned to deliver comprehensive services that go beyond traditional healthcare (p.50).

This support is especially vital for those just below benefit eligibility thresholds, who often survive on very low incomes and struggle to make ends meet but do not qualify for social security (Cebula et al., 2021; Joseph Rowntree et al., 2014). In this way, CBOs

serve individuals who fall through the cracks in formal services, acting as a safety net. They help people meet fundamental needs such as food, hygiene products, winter clothing, and toys through free shops- crucial for their psychological well-being and sense of control. Accessing these services allows individuals to fulfil all three components of Zimmerman's (2000) framework: recognising available resources, shifting their sense of control over circumstances, and engaging in behavioural change to access resources. While food banks are essential safety nets, Griffith et al. (2010) argue they often serve as quick fixes rather than tackling deep structural inequalities. These efforts are therefore superficial and limited in impact; true empowerment requires addressing socio-economic disparities at a structural level to eliminate the need for food banks altogether. CBO representatives emphasised that these services are intended as short-term stop-gap solutions, and that more comprehensive strategies, such as the Child Poverty (Scotland) Act 2017 and the Fairer Scotland Action Plan (2016), must acknowledge the strategic role of CBOs in tackling gendered and racialised inequalities and incorporate their situated expertise in policy strategies (Bloom, 2009; Gutierrez, 1990).

The CBO founders interviewed assert that their organisations were created to address unmet community needs not covered by formal services. This aligns with Cordero-Guzmán (2005), who states that grassroots organisations often emerge due to structural neglect of specific community issues. For example, ORG-F offers English classes to women who fall below childcare payment thresholds, illustrating that CBOs are aware of practical structural challenges and collaborate with women to tackle them. This demonstrates the interactional aspect of empowerment: CBO leaders identify systemic problems like inaccessible childcare or rigid language programmes and mobilise practical community efforts to resolve these issues (Zimmerman, 2000).

CBOs offer inclusive environments where individuals can connect with others who share similar cultural backgrounds and experiences, expanding their social capital (Bourdieu, 2011). Although essential for fostering a sense of belonging and supporting mental well-being, these needs are often unmet elsewhere as formal services lack the cultural diversity and competence offered within the purposive spaces of CBOs (Chaudhary et al., 2010). Representatives emphasised that some service users mistrust formal services and turn to CBOs after encountering racism, dismissiveness, or cultural misunderstandings, which can leave them disillusioned or frustrated with formal services. This cultural responsiveness is also demonstrated by CBOs acknowledging nuanced practices like remittance giving, which formal providers often criticise. This recognition enhances women's confidence and reduces shame, as noted by Diclemente-Bosco et al. (2024). Rivera and Knock (2024) also point out that partnerships with CBOs help close systemic gaps by utilising their influential roles within communities. For instance, when GPs and social services refer clients to CBOs, it demonstrates recognition of these qualities in CBOs. CBOs address formal service gaps by providing accessible, culturally sensitive support to empower a demographic that official systems find difficult to access or engage (Guhlincozzi, 2023). By leveraging local social capital and cultural competence, they interpret needs, foster trust, and offer skills, information, and advocacy that public services may overlook or deliver inflexibly (Chaudhary et al., 2010).

CBO services and programmes are diverse; while there were similarities in the services across all six participating CBOs, each programme was tailored to the specific contextual local needs of their communities (Chaudhary et al., 2010; Cordero-Guzmán, 2005). All six CBOs offered food-related services and befriending, which were seen as the predominant community need and as the obvious primary solutions to address food insecurity, social exclusion, and material deprivation. This primal form of response was

also what CBOs regarded as their fundamental objective, as identified in the fifth research question, which inquired about CBO objectives.

CBOs see their services as both preventative and interventionist. Programs like English classes, employability and entrepreneurial workshops, social gatherings, and informational talks aim to prevent exclusion and downward mobility by fostering capacity, skill development, and opportunities for social mobility, empower individuals by enhancing their 'power to' across the three ecological levels: individual, organisation, and community (Zimmerman, 2000). Building trust and understanding through daily interactions with service users allows CBOs to refer individuals to services such as social security, GPs, and domestic abuse agencies, thereby acting as interveners. This holistic approach to care helps combat ecological disempowerment in marginalised communities by promoting community links and cohesion (Zimmerman, 2000).

Wu et al. (2018) note that healthcare providers refer women to CBOs not only as an additional care option but sometimes as a fallback when government and clinical services do not fully meet their needs or are over-subscribed. This idea is supported by representatives who observed that women are occasionally referred to CBOs by GPs as a form of social prescribing but sometimes felt that it may be because the women's needs were not well understood or well served in the formal context. This reinforces the recognition of the intervention and prevention role of CBO services by formal systems and demonstrates how empowered CBOs can foster cross-sector partnerships. According to Zimmerman (2000), this cooperation can lead to mutually beneficial outcomes across communities and society. However, this relationship should be viewed critically, as some referrals are driven by system overload and cultural differences. Rivera and Knock (2024)

point out that formal services increasingly depend on CBOs as first responders, rather than addressing the underlying institutional barriers that need direct attention.

CBOs foster environments that are culturally respectful, emotionally safe, and socially affirming for a demographic that faces intersectional challenges such as discrimination, oppressive gender expectations, racialisation, socio-economic disadvantage, and adverse mental health (DiClemente-Bosco et al., 2024). Pederson et al. (2022) and Bloom (2009) emphasise that empowerment starts with establishing safe and welcoming environments where racialised minority women feel comfortable sharing their feelings and cultural experiences. The racialised experience is often compounded by migration-related isolation, cultural displacement and stigma (Knifton et al., 2010). CBOs combat this by cultivating environments where women's feelings, stories, and cultural practices are validated, an essential step in strengthening intrapersonal empowerment (Zimmerman, 2000).

DiClemente-Bosco et al., (2024) argue that culturally sensitive spaces go beyond mere coping mechanisms; they are essential for shaping identity and resilience. CBOs with culturally representative memberships can lessen the gaze and othering minorities face in various environments. They create a safe space where individuals feel comfortable discussing culturally specific issues they might hesitate to bring up elsewhere due to cultural misunderstandings (Pederson et al., 2022). These spaces utilise the community's cultural capital as a community resource and transform their experiences from deficits into assets (Bourdieu, 2011; MacLeod & Emejulu, 2014). By providing alternative spaces for validated, culturally contingent knowledge and care, CBOs empower women to challenge societal norms and narratives that marginalise them.

Staff reported that topics such as FGM and In-Law abuse are openly discussed within CBO support groups, which are all women-only, to support the religio-cultural requirements of service users- women feel their experiences are understood and validated in these contexts. In this way, CBOs offer empowering counter-narratives and assist women to engage in behavioural-level empowerment, as those who might feel hesitant to seek help due to cultural shame or fears of racism often find solace and support with peers who understand their circumstances. In this culturally competent context, women gain confidence, critical awareness, and a renewed sense of personal agency, as noted by DiClemente-Bosco et al. (2024) and Pederson et al. (2022). Within these support groups, women cultivate a ‘sisterhood’ based on shared culture and experience and topics such as racism, gender-based violence, and the challenges of poverty and mental health are discussed openly without shame or judgement and women are mutually supportive of one another operating on the ‘power with’ principle that Pinsardi and Bindi (2011) identify as central to sustainable community-level empowerment.

Research by Pederson et al. (2022), Diclemente-Bosco et al. (2024), and Rusch et al. (2015) highlights that perceptions of mental health differ across cultures. Culturally congruent groups help individuals share these nuanced experiences in ways that are linguistically and culturally appropriate. In this way, CBOs act as epistemic communities, in which co-created community knowledge captures women’s diverse understandings of their mental health challenges and redefines and resists hegemonic concepts of health and well-being, often encountered in health settings that might be counter to women’s self-conception (Pederson et al., 2022). The literature review by DiClemente-Bosco et al. (2024) and Bloom (2009) illustrates how mental well-being is reinterpreted through culturally grounded, relational practices. Likewise, O’Mahony and Clark (2018) observed that immigrant women challenge mainstream narratives by using culturally relevant

discourse that empowers them. While CBOs become epistemic spaces where women can explore their culturally contingent experiential knowledge beyond the medicalised paradigm, these knowledge systems are often rejected within mainstream health systems that follow a uniform, Western-centric approach as the only legitimised way of being. This may also contribute to low help-seeking rates within racialised minority communities, who often feel that mental health services are not culturally sensitive (Pederson et al., 2022). This cultural sensitivity extends to women feeling that the impact of racist experiences is often minimised, denied, or compounded as representatives shared. As Taylor and Byhoff (2021) observe, when CBOs function within healthcare models based on the ‘social determinants of health’, their cultural epistemologies are frequently marginalised in favour of measurable, standardised outcomes and the cultural competence CBOs bring is thus devalued. This demonstrates epistemic marginalisation (Fricker, 2007), where the value of CBOs’ contributions in partnerships is recognised only if they conform to dominant institutional frameworks, thereby further disempowering marginalised communities.

The informal setups and sharing sessions provide community members with a relaxed space to foster rapport and trust (DiClemente-Bosco et al., 2024). Representatives indicated that this relaxed setting encourages hesitant help seekers to gradually open up in their own individual ways. Knifton and Inglis (2020), Laverack (2006), and Quinn and Biggs (2010) observe that individuals from insecure migration backgrounds, such as asylum seekers or those with comparable histories, may distrust formal services and prefer informal CBO services that do not require registration or collection of personal data. Conversely, formal services often tend to be rigid, time-limited, and staffed by workers from different cultures who may not be sensitive to subtle cultural needs, creating

barriers that exclude many individuals (Taylor & Byhoff, 2021; Yasmin et al., 2022; Wallerstein, 2006).

In Scotland, where immigration sentiments are relatively more inclusive and less hostile than the broader UK immigration rhetoric yet still highly influenced by Westminster's hostile immigration policies, CBOs are crucial in combating exclusion and providing a welcoming community of similarly situated individuals. However, this role as the fallback of mainstream services for marginalised groups highlights ongoing inequalities in care delivery, which can sometimes obscure deeper institutional issues by placing the burden of support on the community and absolving formal services from creating more inclusive and intersectionally competent services. This finding suggested that by seeking out CBOs women were seeking culturally competent help, thereby challenging the narrative of this demographic being reluctant help seekers (DiClemente-Bosco et al., 2024).

Many CBOs aim to create mutual support spaces and integrate marginalised community members, but they often lack the resources to broaden community cohesion (Chaudhary et al., 2010; Taylor & Byhoff, 2021). Informal events like meet-and-greets, shared meals, and cultural celebrations help migrant women build confidence and lessen feelings of isolation. These activities bolster their sense of belonging (intrapersonal empowerment), foster social networks and skills (interactional empowerment), and encourage active community participation (behavioural empowerment) (Zimmerman, 2000). In this way, CBOs promote inter-group contact to decrease prejudice and increase community cohesion: representatives shared the wider community is encouraged to attend events where the service users and the local community can have a safe space setting to interact. These events function as strategic tools to promote solidarity, encourage mutual learning,

and cultivate a sense of inclusive belonging (Chaudhary et al., 2010). However, to truly empower marginalised women and their communities, it is essential to challenge prevailing prejudicial ideologies that sustain social exclusion and structural inequalities (Emejulu, 2013). While CBOs have the cultural competence to address women's social needs, they might lack the economic capacity and political influence to instigate broader systemic change. Essentially, CBOs serve as safe spaces where women feel seen, valued, and supported. Their culturally sensitive methods, as discussed by Allen-Meares et al. (2024), promote behavioural empowerment by helping women access services, develop skills, and become more actively involved in their communities. By integrating cultural understanding, structural insights, and trust, CBOs aim to shift power dynamics and transform exclusion into collective strength (Zimmerman, 2000).

CBO Discussion Conclusion

This discussion of CBO findings highlights that CBOs aim to empower racialised minority women by helping them build skills, explore new opportunities, take charge of their lives, and gain confidence about their futures, consistent with existing research (e.g., Bloom, 2009; DiClemente-Bosco et al., 2024; Pederson et al., 2022). These organisations are deeply embedded in social and political contexts, shaping and being shaped by both the communities they serve and the wider policy environment. CBOs are intersectionally aware and culturally sensitive advocates for community empowerment. However, their reliance on external funding and limited political influence makes them economically vulnerable, which can disempower them. Instead of viewing CBOs as uniform solutions, it is crucial to recognise their flexibility and responsiveness, driven by the diverse and contextual needs of their users, societal attitudes toward their communities, and constraints like funding and policy.

By leveraging community ties, staff lived experience, and sector expertise, CBOs recognise the intersecting needs of their communities (Christoffersen, 2020). They assist women in addressing issues like poverty, food insecurity, and social isolation through tailored programmes. Their efforts include balancing community power dynamics by offering various forms of social and cultural capital via activities such as psychosocial support, befriending schemes, language classes, employability workshops, and practical resources like food banks and free shops (Cordero-Guzmán, 2005; DiClemente-Bosco et al., 2024). Serving as societal bridges, CBOs fill gaps in formal services through community networks and collaborations with official agencies to meet local needs. They provide opportunities for social mobility by facilitating access to information, university pathways, entrepreneurial workshops, and health and social care referrals. These partnerships enhance professional skills, reducing the propensity for CBOs to act as informal, lower-quality and second-class forms of social care that can exacerbate inequalities and marginalisation. Additionally, such partnerships improve service delivery in often hard-to-reach communities, increase engagement with healthcare and social security, and alleviate pressure on underfunded organisations (Chaudhary et al., 2010; Cordero-Guzmán, 2005). Service users view CBOs as preferred sources for help-seeking because they are welcoming, non-judgmental, unbureaucratic and culturally sensitive environments that attract individuals hesitant to use formal services. They act as cultural and emotional safe spaces for minorities, and their openness through community meals and events promotes intergroup connections and smoother cultural integration.

The role of CBOs in reducing structural inequalities is quite limited, although they are crucial in meeting short-term needs. CBOs often face funding difficulties because they operate in competitive settings and rely heavily on grants and donations, which are typical of their operational models. They operate within neoliberal frameworks that deliberately

underfund or withdraw support from community services initiatives, forcing CBOs to fill these gaps without adequate support which undermines vulnerable communities (Bassel & Emejulu, 2017; Christoffers, 2022). Social security cuts push families deeper into poverty, increasing their dependence on food banks and free shops run by CBOs. Short-term and limited funding also hinder staff retention, impact evaluations, and the sustainability of programs, weakening these organisations (Kegeles, 2005). Staff frequently experience stress, job insecurity, and burnout due to low wages and understaffing. Consequently, programmes are often cut short or interrupted, jeopardising the long-term effectiveness of CBOs and the communities they serve (Larrieta et al., 2023).

Outreach for CBOs primarily relies on word-of-mouth, social media, and community referrals. Basic services such as food banks or befriending often serve as entry points to more extensive support. Although CBOs aim to evaluate their effectiveness, limited resources often mean assessments focus only on funder requirements, with success usually equated to organisational survival (Kegeles et al., 2005). Overall, CBOs see themselves as crucial safety nets that fill gaps left by formal services that often overlook the nuanced cultural needs of racialised minority migrant communities. Their dual role of offering direct support and fostering social cohesion makes them both interventionist and preventative, enhancing individual well-being and community resilience (Chaudhary et al., 2010).

CBOs operate within interconnected systems of mutual reliance with their service users, empowering women by addressing their complex material and social needs. Conversely, service users often support the organisations through translation, cultural insights, befriending, and voluntary roles, which enhances mutuality and impact (Cordero-

Guzmán, 2005; DiClemente-Bosco et al., 2024). However, their full potential depends on structural reforms that address systemic underfunding and power imbalances within institutions (Larrieta et al., 2023). CBOs create culturally relevant individual and community empowerment by facilitating various forms of capital. They also face layered oppression and must navigate power dynamics influenced by limited government support, neoliberal policies, and intercultural tensions within communities (MacLeod & Emejulu, 2014). While they hold significant potential for positive change, broader systemic issues such as racism, gender oppression and socio-economic marginalisation pose challenges that grassroots efforts alone cannot resolve (Chaudhary et al., 2010; MacLeod & Emejulu, 2014). This study has demonstrated the emancipatory opportunities and political hurdles in CBOs' work, providing important implications for policy, practice, and future research, as discussed in the thesis's concluding chapter.

7.3. The Relationship Between CBO and Service User Findings

This section integrates the thematic insights from participating CBOs and Service Users to compare and synthesise themes for an understanding of how CBO service delivery aligns with Service User needs. The findings show the potential of CBOs to promote empowerment, enhance social and cultural capital, and support the mental health and socio-economic well-being of racialised minority women. However, the benefits are contingent on women choosing to participate in CBO activities as a form of help-seeking and act of volition and agency. The findings have highlighted the fragile yet vital role that CBOs play in the lives of women because they have a contextual understanding of the compounding intersectional needs of racialised minority women but lack the capacity and resources to attend fully to these needs (Chaudhary et al., 2010; Larrieta et al., 2023). Conducting a dyadic study has provided a way to garner richer firsthand insight of the needs arising in women's lives and the experiences of CBO staff in meeting these needs. When the two perspectives are combined, they enhance understanding of empowerment and intersectionality by demonstrating not only how disempowerment occurs at various intersecting levels in the lives of service users but also how empowerment is fostered through relationships within communities and CBOs.

The findings indicate that the experiences of racialised migrant women cannot be reduced to personal circumstances or shortcomings. Instead, they are shaped by intersecting power structures such as racism, sexism, religio-cultural factors, economic inequality, migration policies, and austerity measures (Emejulu, 2009; Kapilashrami & Marsden, 2018). The CBO findings, analysed through Zimmerman's (2000) ecological model of empowerment, reveal that empowerment develops at the individual, organisational, and community levels, all influenced by these broader social and political forces. Individual

empowerment occurs when CBOs provide women with social capital, material resources, psychosocial support, along with information and opportunities to develop skills, confidence, and greater agency in managing their lives, as found in a similar study by Bloom (2009) investigating a women-only anti-poverty CBO in the USA. However, these psychological and material gains depend on the resources and stability available at organisational and community levels, which are constrained by limited funding and jeopardise staff capacity, programme delivery, and the long-term viability of CBOs.

The Service User findings revealed that the women's experiences were consistently shaped by their migration histories, gender roles, racialisation, socio-economic challenges, and cultural identities as synergistic forces. Even after obtaining settled status, women remain affected by structural inequalities that influence their mental health, housing, employment, sense of belonging, and family life (Pederson et al., 2022; Kapilashrami & Marsden, 2018). Both the CBO and Service User analyses suggest that individual-level analysis is incomplete and that inequalities are systemic and structural and rooted in historic hierarchies. While CBOs can boost women's confidence, awareness, and skills through initiatives like language classes, digital training, and employment programmes, these psychosocial gains do not undo the emotional and economic harms caused by structural injustices such as racism and gender oppression (Pederson et al., 2022; Emejulu, 2009). Many women's stories revealed prolonged exposure to racial discrimination, gender-based violence, family separation, and financial instability, all affecting their self-perception and limiting agency. Women often describe feeling "left behind" due to disrupted careers, devalued qualifications, housing challenges, caregiving responsibilities, and ongoing poverty (Bennett & Daly, 2014; Accordini et al., 2018). These issues are not temporary disruptions but ongoing experiential conditions that impact trajectories across the life course. Women's

experiences show that their agency was fragile where choice is subordinated to survival, and women have to ‘do what they must’, eschewing traditional gender roles and accepting work incommensurate with their qualification levels (Frank & Hou, 2015).

This contrasts with CBOs’ view of empowerment as capacity building and increasing agency in women; while empowerment theory emphasises individual agency, the findings suggest that agency needs to be understood as relational, contextual and self-initiated by the service users (Guhlincozzi, 2023; Solomon, 1976). For many women, empowerment was less about personal agency but more about adaptation, such as relying on fellow CBO members as surrogate family during significant life events such as giving birth or subordinating traditional gender dictates to work because of the rising cost of living and social security restrictions. The role of CBOs as societal gap-fillers and safety underscores this, they are necessary because mainstream systems often overlook the intersectional realities faced by racialised minority women such as social isolation, inadequate childcare, food insecurity and material deprivation (Chaudhary et al., 2010).

CBOs aimed to serve as reliable centres of community empowerment; however, their aspirations are undermined by funding precarity, revealing that organisational disempowerment trickles down, negatively impacting service users because, without stable funding, the consistent services valued by women and the steady presence of trusted support remain in jeopardy. Women valued culturally tailored food banks, staff who shared their backgrounds, and spaces that recognised their personal realities and histories. These are not merely preferences but essential methods of CBOs fostering inclusion, which DiClemente et al. (2024) found directly counteract the intersecting forms of exclusion that service users experience. Women also contributed to the CBOs through word-of-mouth recommendations of services, translation services, volunteering, and,

more generally, by creating mutually supportive communities within organisations. This demonstrates the reciprocal and interdependent relationship of CBOs and their service users.

In terms of the insights garnered by employing the complementary adjunct frameworks of empowerment and intersectionality, the discussion demonstrated that without intersectionality, empowerment risks becoming superficial and abstract, while intersectionality without empowerment may remain merely prognostic rather than transformative (Choo & Ferree, 2010). Combining these frameworks emphasised the importance of multi-level interventions and reforms that consider individuals and communities as embedded within systems and larger societal structures that influence inequalities. CBOs alone cannot resolve the fundamental drivers of inequalities; they rely on wider networks to mitigate resource shortages (Chaudhary et al., 2010). While their culturally grounded, relational approach responds to immediate needs, addressing long-term solutions requires sustained support, inclusive, intersectionally aware policies, meaningful power-sharing, and strategic partnerships that leverage the situated knowledge of CBOs to meet community needs and avoid second-class services for an already marginalised group. Successful approaches also depend on strategic collaborations across institutions that incorporate the insights and experiences of racialised migrant women in generating solutions.

Integrating insights from both findings provided a nuanced understanding of how community needs are linked to organisational service delivery. The findings indicate that empowerment is an ongoing, relational, and context-dependent process rather than a fixed endpoint. Women's lives are in constant flux, requiring CBOs to remain flexible and responsive. Community support acts both as a source of resilience and a reflection of

systemic issues; while CBOs address gaps like food insecurity caused by structural factors, persistent inequalities continue to affect women's lives despite strong community networks. This reveals the limitations of CBOs as panaceas but rather acknowledges their role as temporary responses to short-term social and material shortfalls in women's lives. Overall, this study highlights the necessity for multidimensional strategies that address individual, relational, organisational, and systemic elements to effectively tackle the inequalities and complex challenges faced by racialised minority women in Scotland.

Discussion Conclusion: Conceptual Contribution to Knowledge

This discussion critically assessed the thematic insights from CBOs and Service Users to develop an understanding of how CBO services address the needs of racialised minority women in Scotland. The findings reveal a notable alignment between the objectives of CBOs and the realities of the women they serve. CBOs are depicted as agents of empowerment that foster mutually reliant relationships with service users (Chaudhary et al., 2010). The lived experiences of racialised minority women in Scotland are shaped by overlapping inequalities such as migration history, intersecting discrimination, poverty, and structural barriers and these organisations create culturally sensitive and psychosocially safe environments where marginalised women can challenge hostile and oppressive narratives and operate in spaces that recognise their challenges and affirm their culturally nuanced concepts of wellness (Pederson et al., 2022). CBO programmes are tailored to address these culturally nuanced mental health issues, socio-economic challenges, and social exclusion faced by racialised minority women, underscoring their importance in fostering social, cultural and economic capital within communities.

However, the alignment of these efforts is challenged by the socio-political landscape, which creates hegemonic tensions within CBOs due to their reliance on external funding (Larrieta et al., 2023). While CBOs strive to promote individual and community-level empowerment, they often face structural barriers like chronic underfunding and policy gaps that limit their effectiveness (Christoffersen, 2020). These constraints lead to conflicts between their empowerment goals and the fragile environments in which they operate. Using Zimmerman's (2000) Empowerment Theory and Intersectional Theory (Choo & Ferree, 2010) as frameworks, CBOs are seen as powerful agents of community empowerment grounded in intersectionality, yet they are also vulnerable to dominant financial pressures, structurally disempowered due to insecure funding, short-term staff contracts, politicised priorities and evaluation systems that focus on outputs rather than relational work, which participants value most. This emphasises the importance of stability as a key prerequisite for empowerment: without secure, consistent organisational structures, women cannot rely on continuity from CBOs. These findings place empowerment within broader political and economic contexts.

CBOs are crucial in creating locally relevant, culturally inclusive hubs and helping service users navigate complex oppressions such as marginalisation and socio-economic exclusion. They help to mediate power relationships between individuals and various institutions, facilitating access to various resources, thereby making them key players in the pursuit of equity for racialised minority women. However, their capacity for meaningful change depends on systemic reforms such as strategic cross-sectoral partnerships as suggested by the Christie report (2011). The findings broadly suggest that while CBOs have some, albeit limited, positive influence in service users' lives, without adequate material support and intersectionally informed policies, the empowerment efforts of CBOs risk remaining symbolic rather than delivering real, lasting change.

This study offers several conceptual contributions that expand current understanding of CBO empowerment and the intersecting experiences of racialised minority women. At its core, the research redefines empowerment as a dialogic, mutual and context-dependent process rather than merely an individual, programme or organisational outcome. While frameworks such as Zimmerman's (2000) model have been useful in explaining empowerment at psychological, organisational, and community levels, they often emphasise Western-centric, neoliberal ideas such as individualistic self-determination or observable changes in individual agency. These can sometimes conflict with communal values of interdependence and collective participation in minority communities. The study's results highlight that empowerment is also deeply embedded in relationships of solidarity, trust, and mutual recognition within CBOs and the community members. Women consistently described empowerment as happening not only through skills acquired or activities attended but as an active and enduring process initiated through participatory choices and fostered within collective spaces where they felt heard, respected, and represented. This underscores the emotional and cultural dimensions of empowerment, showing that belonging and recognition are essential components of empowerment.

The findings also show how empowerment can be enacted in intersectional ways: through culturally specific initiatives, representation within organisations, and programmes that acknowledge the cumulative effects of childcare burdens, poverty, and discrimination. This moves intersectionality beyond just theoretical critiques of the fatalistic outcomes of identity markers and highlights its practical importance in developing inclusive and responsive interventions that reflect the real experiences of marginalised women (Choo & Ferree, 2010). An additional conceptual insight involves viewing empowerment as an

ever-changing, ongoing process of negotiation among structural inequalities, organisational instability, and the resilience of individuals and communities. This view complicates the simplified narratives of empowerment by highlighting its fragility and conditional nature.

By integrating empowerment and intersectionality in dialogue, the study bridges a theoretical gap between two frameworks which are often used separately. This research demonstrates that, when the two frameworks are combined, they enhance each other's strengths: empowerment offers ways to challenge intersecting oppressions, and intersectionality ensures empowerment is grounded in the specific contexts and experiences of marginalised groups. As a result, the study demonstrates how these frameworks can be integrated to explore the complexity of migrant women's lives in practice. These findings emphasise the interdependence of CBOs and their service users and set the stage for policy, practice, and research recommendations discussed in the thesis's conclusion.

CHAPTER EIGHT

‘...When I speak of change, I do not mean a simple switch of positions or a temporary lessening of tensions, nor the ability to smile or feel good. I am speaking of a basic and radical alteration in those assumptions underlining our lives.’ (Lorde 2012, p. 26)

CONCLUSION

Following the gaps identified in the literature review regarding the paucity of research into the experiences of inequalities faced by racialised minority women in Scotland and the availability of culturally appropriate support services to address these inequalities, this research project set out to examine the role of CBOs in the lives of racialised minority women experiencing poverty and poor mental health in Scotland’s urban areas of high deprivation. Scotland’s enduring reputation as the ‘Sick Man of Europe’ is further complicated by the growing inequalities among its racialised minority populations (Cebula et al., 2021; Walsh et al., 2017). The racialised minority population of Scotland is diverse and mainly consists of immigrants from the Global South, contending with the socio-political legacies of an imperial past that is reproduced in present-day lived experiences as discrimination, social exclusion and minoritisation (Meer et al., 2020b; Scottish Government, 2022d). Within these populations, women face additional challenges, often occupying subordinate gender roles dictated by ethnoreligious customs, including sole caregiving, increased household chores, and underemployment, although these are often disrupted and complicated by migration (Arends-Tóth & van de Vijver, 2007). Racialised minority women are thus exposed to heightened vulnerabilities to poverty and adverse mental health outcomes but remain seldom heard and under-researched (Bassel & Emejulu, 2018).

The recent Scottish censuses (2011, 2022d) show that the nation faces a rapidly changing population with a growing racialised minority demographic, increasing inequalities, and a challenging economic environment. These factors are linked to corresponding mental

health and socio-economic inequalities, which are interconnected, prominent public health concerns due to their growing prevalence and the economic burden they impose on individuals and their communities (Cebula et al., 2021; Scottish Government, 2017b). The annual cost of poor mental health to the Scottish economy is estimated at £8.8 billion, according to research by the Mental Health Foundation and the London School of Economics and Political Science (Knapp et al., 2011; McDaid et al., 2022). Mental health-related conditions such as anxiety, depression, and stress account for 44% of job-related illnesses that lead to a loss of workplace productivity due to increased absenteeism and presenteeism, as well as job losses (McDaid et al., 2022). Racialised minority women are implicated within these statistics as facing further intersectional challenges due to racialised, gender and ethnoreligious discrimination, migration-induced lack of social capital, and childcare challenges (Cebula et al., 2021; Netto et al., 2011). This complex and mutually reinforcing relationship between poverty, mental health and group-specific tensions calls for a nuanced understanding and a holistic approach that accounts for these multidimensional dynamics. This study aimed to address these challenges by bringing a community-based perspective to the needs of an understudied demographic, thereby enabling the development of responsive and effective policies to reduce societal inequalities.

The project was designed as an exploratory dyadic study examining the needs of racialised minority women experiencing poverty and adverse mental health, as well as the role of CBOs in addressing these inequalities. It aimed to amplify the voices of service users and gain a clearer understanding of how the services provided by CBOs align with their needs, to enhance service delivery and improve outcomes. Data from interviews were analysed using NVivo, and focus groups were analysed manually with community member checking based on Braun & Clarke's (2019) six-step reflexive thematic analysis.

The research questions are repeated below and the thematic findings summarised in the section that follows.

The CBO investigation asked the following questions:

CBO Related Research Questions:

1. What facilitates or hinders CBO service provision?
2. How do CBOs currently engage and attract service users?
3. What are the experiences of the CBO volunteers/staff in delivering these services?
4. How do CBOs operate?
5. What are their objectives?
6. How are results and impact evaluated?
7. How do CBOs see their roles in the lives of racialised women impacted by poverty and adverse mental health?

The Services User Women investigation asked the following research questions:

Service Users Related Research Questions:

1. What are the women's experiences of poverty and/or mental health?
2. What role does the CBO play in the service user's lives- i.e what do they feel they gain from engaging with the CBO?
3. What do service users wish the CBOs could offer that they do not currently offer to address inequalities arising from poverty and mental health?

8.1. Summary of Key Findings

The study's findings mostly align with existing literature, showing that racialised minorities face multiple intersecting challenges such as social exclusion,

underemployment, discrimination, and stigmas (Pederson et al., 2022; Kapilashrami & Marsden, 2018). CBOs are found to be complex and dynamic spaces that acknowledge and respond to the nuanced experiences of racialised minority women affected by poverty and adverse mental health in Scotland's cities. CBOs achieve this by recognising the cultural and contextual experiences of service users and tailoring services to mitigate the socio-political tensions that shape women's lives. However, the organisations are themselves highly dependent on government funding, subject to politicised priorities and resource constraints that limit their efficacy. In this way, CBOs function simultaneously as emancipatory spaces but are precariously situated as politically contingent institutions that provide culturally relevant services while facing economic insecurity for themselves and their service users. Employing an empowerment framework and an intersectional analytical lens revealed that both racialised minority women and their organisations exist within a complex, interconnected, and multi-level socio-political matrix, situating individuals within dynamic systems and structures that influence lived experience outcomes through historic and contextual hegemony (S. Cho et al., 2013).

Although CBOs possess this cultural and contextual competence to meet temporary needs, they lack adequate resources and political influence required to drive the long-term structural and systemic change necessary to meaningfully mitigate the drivers of poverty and mental health disparities within racialised minority communities. While larger bodies such as The Poverty Alliance might lobby for smaller CBOs under their networks, the grassroots organisations themselves lack independent capacity (Poverty Alliance et al., 2020). CBOs are, thus, a band-aid in a society otherwise bleeding from a thousand cuts (pun intended) as communities band together to provide aid to individuals amid ongoing austere fiscal cuts. They cover gaps in temporary and unsustainable ways, forced into the neoliberal trap of shouldering artificially individualised problems. In this way, CBOs, like

their service users, are the victims and symptoms of the machinations of neoliberal capitalism, which is a covert multi-level and cross-temporal process of exploitation and victimisation (Monbiot & Hutchison, 2024). For example: the discrimination racialised minorities face in underemployment, ethnic pay gaps, job precarity, healthcare access and politicised migration are a direct result of the enduring colonial hierarchical ideologies, thus being cross-temporal (Said, 2014; Smith, 2021), the rising cost of food, accommodation and energy that create unaffordability and sustain poverty, having people choose between eating or heating, result from capitalistic practices that permit exorbitant profits on life-sustaining basic services as well as the many capitalistically influenced environmental issues and harmful farming practices that create crop failures, thus being multi-level (Monbiot & Hutchison, 2024; Nixon, 2011). These are only some of the many synergies of neoliberal capitalism that produce the inequalities observed within racialised communities, which also operate with intersectional gendered dynamics that compound ethnicity pay gaps with gender pay gaps (Office for National Statistics (ONS), 2019; 2023, Scottish Government 2025c), cross-sectional patriarchal subordination along cultural and religious dimensions and multiple stigmas that victimise racialised minority women and undermine their mental health (Emejulu, 2009). To adopt a microscopic lens that hones in on individual and community-level outcomes without also adopting a panoptic critique of causation would be shortsighted and would doubly victimise communities. CBOs then must be assessed from this wider aperture, as pragmatic, grassroots-level responses to the impracticabilities of the all-encompassing matrix that is the capitalistic neoliberal regime of power- the master's house (Lorde, 2018; Monbiot & Hutchison, 2024).

Pederson et al. (2022), Guhlincozzi (2023), and Wurtz et al. (2024) concur that racialised minority women encounter unique health and social challenges that require culturally

sensitive, linguistically competent, and contextually aware responses. Migration-induced family separation and intersectional discrimination are the main issues women reported in this project, leading to issues such as isolation, limited social capital, lack of childcare support, and insecure, low-paid jobs. Poverty and adverse mental health are experienced in culturally nuanced and subjective ways; poverty feels less severe compared to the women's countries of origin, despite material hardships in Scotland- a finding not explored within the extant literature. Mental health is also understood differently from Western frameworks, influenced by diverse cultural conceptions, religious beliefs, and educational backgrounds. For example, Pederson et al. (2022), Diclemente-Bosco et al. (2024), and O'Mahony and Clark (2018) reveal that immigrant women develop culturally resonant understandings of mental health that diverge from medical models, reframing suffering in relational or spiritual terms and exposing the limits of clinical definitions across cultures. In these varied, culturally constructed understandings, CBOs serve as spaces that challenge the dominant Western-centric health knowledge hierarchies, which often consider medical expertise and institutional frameworks as the only valid sources of truth, thereby invalidating racialised minority women's experiential self-perceptions. CBOs empower women to validate their personal experiences by recognising and legitimising diverse or alternative epistemologies, which differ from mainstream Western models and are rooted in the culturally contingent lived experiences of marginalised groups. Despite these differing interpretations of mental health, women face pressures, stress, and challenges linked to their multiple adversities. Ecological factors such as negative immigration sentiments, inadequate childcare, and the enduring effects of their historic migration trajectories influenced by strict immigration policies create additional social disadvantages, forcing these women to navigate multiple hurdles simultaneously. In their private lives, women also face challenges such as patriarchal ethnoreligious expectations that subordinate women, such as having limited access to the labour market,

exercising no control over family finances, shouldering a heavier burden of household chores and caregiving. These traditional expectations are often challenged as part of post-migration economic adaptation, granting women more financial independence through labour participation, but often increase tensions within relationships, which in turn heightens the women's physical and mental strain.

CBOs stated that their main aim is empowerment, which they achieve through various means, including social support and the provision of information and material resources. The six CBOs involved in this study serve a diverse range of women from various educational and racialised backgrounds. Their programmes and activities aim to promote community building, enhance individual capacity, and connect the community to wider society. CBOs have extensive networks and are deeply embedded in community life, acting as hubs of information, social connection, and socio-cultural capital. This essential role is valuable in linking marginalised communities to vital services. CBOs often establish successful partnerships with formal institutions such as the NHS to deliver health-related programmes to populations that are otherwise difficult to reach for external institutions, as well as with social workers who refer individuals to these organisations. In this way, CBOs serve as a nexus where top-down initiatives meet bottom-up needs and aspirations, drawing marginalised communities into mainstream society. Additionally, CBOs fill important societal gaps, such as providing a safety net and refuge for women who may feel unsafe approaching formal services when facing financial difficulties, culturally specific abuse, or everyday issues such as social support. They are welcoming spaces that do not require registration or the sharing of intrusive personal information, often run by community volunteers and supported by diverse memberships, making them trusted points of contact for individuals who mistrust formal services.

The paradox of CBOs' socio-political role is their dual positioning because they are established as spaces to empower marginalised groups and oppose exclusion, yet they remain vulnerable to hegemonic control via evaluation, performance metrics, and funding conditions, given their dependence on external support. This situation reveals organisational disempowerment that must be addressed to enhance both the sustainability and effectiveness of CBOs (Larrieta et al., 2023; Taylor & Byhoff, 2021; Zimmerman, 2000). Financial instability, driven by an organisational model reliant on external funding, limited resources in a competitive environment, short-term grants, and ongoing uncertainty about funding, continues to be a significant challenge for CBOs. It impacts staff and communities, creating an ecological disempowerment at individual, organisational, and community levels. Also, reliance on unpaid volunteers and difficulty in retaining paid staff due to low wages and unstable funding further weaken their capacity and long-term sustainability. Despite these hurdles, CBOs remain committed to their mission because of their dedication to their members. Notably, four of the six CBOs in this study were founded by activists with lived experience, which may explain their strong commitment and resilience despite ongoing challenges.

The inability to implement long-term programmes due to funding shortages was identified as a challenge by CBOs, who believe that longer-term initiatives are essential to genuinely influence individuals and communities. Women often expressed frustration at having to pause and restart various activities and lament the discontinuation of their cherished programmes because of insufficient funding, indicating that they wish CBOs could receive more support in this area. Service users often have a clear understanding of the financial circumstances and operations of their CBOs, as well as the funding landscape, which fosters a compassionate and informed perspective on these issues. This convergence of findings highlights the mutual, dialogic, and interdependent relationship

between CBOs and their service users, with CBOs responding to members' needs and service users understanding and respecting CBO realities. Likewise, the theme of CBOs as safe spaces emerged from CBO representatives and was also emphasised by women, who noted that CBOs strive to create welcoming environments and maintain confidentiality among staff and members. The 'sisterhood' peer support that develops within women-only programmes is nurtured by this 'safe space' atmosphere, where women bond over shared experiences and support each other through various challenges. This mutual reliance and reciprocity extend beyond individuals to encompass relationships between service users and CBO representatives, transforming the CBO into a community. Women feel a sense of loyalty and indebtedness to the CBOs and reciprocate through volunteering, language translation, and word-of-mouth promotion. CBOs and their members thus share an Ubuntu relationship of mutuality and interdependence, generating benefits that extend to the wider community and society, as empowered women strengthen their families and communities, while empowered CBOs contribute to broader societal empowerment. Unfortunately, a fragmented and intersectionally blind policy landscape undermines the potential of CBOs to serve as a firm bridge and locus of empowerment for marginalised women. Childcare policies ignore the social dislocation experienced by migrant women by failing to provide adequate support in the first two years after birth to women who lack family support (Scottish Government, 2022a), and short-sighted migration policies that hinder individuals' potential social mobility through financial penalties. Furthermore, structural policies such as the Community Empowerment (Scotland) Act 2015, while having the potential to bolster CBO efficacy and agency through initiatives such as participatory budgeting, are otherwise ineffective, lacking meaningful implementation and integration, as most CBOs do not engage with these initiatives and local authorities are not actively informing and encouraging CBOs to participate. Overall, these and the general absence

of stable and sufficient governmental support for CBOs highlight policy shortcomings that collectively compromise the outcomes for racialised minority women who rely on these services.

8.2. Original Contributions to Knowledge

This co-produced project was a collaborative effort between a lived-experience PhD candidate, 27 service-user women from racialised minority groups, and 12 key informants from six CBOs in Scotland. The project incorporated several novel features, which are analysed below in terms of theoretical, methodological, empirical, and conceptual aspects to highlight this PhD's overall original contribution to knowledge.

8.2.1 Methodological Contribution

This study used several innovative methodological approaches that together made a unique contribution to knowledge. The literature review indicated that most research is carried out by etic-positioned researchers aiming to provide an objective outsider's perspective, but this method, when used within racialised contexts involving hegemonic and minority groups, may entail a problematic gaze which inherently 'others' and 'subjectifies' people in oppressive ways because of the power dynamics of coloniality, racialised double-consciousness and the corresponding epistemic harms of hegemonic groups creating knowledge *about* racialised minorities in infantilising, culturally subversive and other domineering ways (Fricker, 2007; Smith, 2021).

This project was conducted by an emic situated lived-experience researcher. While scholars such as Rose (2019) argue that insider researchers can be 'over-involved' (p. 3),

my stance throughout this project provided experiential credibility to relate to the researched community as well as the positional understanding of nuanced community issues, enabling me to design an epistemically sound project without oppressive, extractive, or exploitative practices. As Barnes (2018) contends, the scholarly corpus is dominated by Western voices speaking *about* non-Western people, and there is a need for research that addresses the ‘systemic exclusions’ of marginalised researchers (p.383). I balanced potential bias issues with transparency by providing a comprehensive socio-cultural and historical disclosure in my positionality statement. Additionally, I included reflexive statements that do not claim neutrality but acknowledge and communicate the lens that guides decision-making, in line with Holmes (2020). Openly acknowledging value judgements through reflexive commentary on insider positionality advances debates on multi-perspectival research lenses and researcher subjectivity, framing it as a resource that enhances knowledge production through transparency and rigour (Holmes, 2020).

A community-based participatory approach adopting Vaugh and Jacques (2020) participation choice points was employed to provide flexibility and aligning with the emancipatory bricolage methodology to provide the community with greater choice in how they participated in the project. The project privileged women’s voices through a qualitative inquiry that combined photo elicitation with individual interviews and focus groups and the women could select data collection methods based on their comfort with disclosure (Lopez et al., 2005). According to the tenets of CBPR, the women played a key role in shaping the research design, and bricolage offered the methodological flexibility needed for this purpose (Israel et al., 2010; Kincheloe, 2001).

Another unique contribution was the praxis of Ubuntu (the social constructionist ethic of interdependence) as a guiding principle for the CBPR process to promote mutuality between the researcher and the community being researched, as well as serving as the overarching project axiology that influenced value judgments and decision-making in co-constructing the research and the knowledge produced (Chigangaidze et al., 2023; Israel et al., 2001; Kincheloe, 2001). The participatory approach, leveraging Ubuntu, aligns with the participants' collectivist cultural values and actively involves women in determining the desired outcomes of their participation as collaborators in the project: we collectively decided that each organisation should have a report from the project outputs with key recommendations and information that can be used as part of their evaluation practices. The women also wished for me to do well, as a community member, they understood firsthand the barriers and struggles it takes to reach certain milestones, and my success was seen as representative of the possibility for upward mobility despite the intersecting challenges, a positive example and a triumph for the community. Ubuntu introduced a novel way of racialised minority researchers conducting Global North research that promotes cultural validation for minoritised groups, empowerment and agency in the research process, broadens conversations around cross-cultural research ethics and participatory methodologies, and provides an engagement model for community-based feminist initiatives with Global South origin cultural minorities.

8.2.2. Theoretical Contribution

Bricolage provided the responsiveness needed for conducting a dyadic investigation, utilising two distinct but related theoretical frameworks (Intersectionality and Empowerment) that focused on social power (Crenshaw, 2022; Kincheloe, 2001; Zimmerman, 2000). These frameworks were used concurrently, with intersectionality

mainly analysing how converging identity axes of inequality influence or restrict the expression of social power for service-user women, and empowerment theory examining how community organisations can achieve collective and individual agency to bring about change (Hill Collins, 2019; Zimmerman, 2000). This approach highlighted the interconnected, multi-level ecologies of power that pervade the personal through processes that interact with systemic structures to produce inequalities.

Empowerment theory has limited emphasis on structural oppression, while intersectionality provides a diagnostic perspective without tangible outcomes. In this research, by combining the two as an intersectionally aware empowerment theory and an empowered intersectional analysis this research shows that this combination enhances analysis by ensuring that empowerment is rooted in the complex experiences of marginalised groups, leading to a nuanced and culturally appropriate analysis. The study thus theorises empowerment as an intersectionally sensitive, relational, and contextually adaptable idea, while intersectionality is reframed through the solution-driven imperatives of empowerment processes, shifting from mere diagnosis to an action-oriented approach. Both theories placed service users and their community organisations within larger societal structures, highlighting the role of policy and the challenges posed by poverty and mental health inequalities as structural, relational, and systemic issues. The theoretical contribution of this dual perspective is that an intersectional analysis is power contingent, and an empowerment framework must account for intersectional factors; therefore, a dyadic study such as this is enriched by this interrelated interpretation.

8.2.3. Empirical Contribution

The outcome of conducting a dyadic study is that the voices of service users were valued, along with an examination of the services they depend on. This process highlighted the women's experiential expertise and helped align this knowledge to improve CBO services and inform broader policy. The study provided new insights within the Scottish context, especially since the literature review identified a national gap in research on CBOs supporting racialised minority women facing poverty and mental health inequalities. The findings supported existing research in many ways, indicating that the intersecting and cumulative effects of poverty and poor mental health disproportionately affect racialised minority women (Kapilashrami & Marsden, 2018; Knifton & Inglis, 2020; Marmot, 2015). For women accessing the service, factors such as migration history, discrimination (gender, religious, racialisation), and stigma (poverty, mental health, racialisation, religious) are well-documented intersecting causes of marginalisation, social exclusion, and inequality (Kapilashrami et al., 2015; Kapilashrami & Marsden, 2018).

The novel findings within this study, were that racialised minority immigrant women's lives are multilogic. Post-migration, some women relished greater labour participation and financial access, while some felt changes coerced by circumstances into cultural hybridity, whereby traditional gender roles were subordinated to financial need, which was affected by rising living costs and a strict social security landscape- without family support, women felt that they had to 'do what they must' to survive. This diversity happens within and between groups and is often oversimplified as monolithic in the existing research (Arends-Tóth & Van de Vijver, 2009; Frank & Hou, 2015). Labour participation was still undermined by intersectional factors, with women underemployed and working in low-paid, precarious jobs below their qualification levels.

Additionally, contrary to earlier studies that emphasise CBOs as facilitators of women's empowerment, this research shows that women's voluntary involvement is crucial for their empowerment and therefore reinforces suggestions by Guterrez (1990) and Solomon (1976; 1987) that empowerment is not conferred but merely facilitated, and the women themselves choose their fora of empowerment. This finding is derived from prioritising the voices of women service users, an uncommon approach in current literature, which often speaks *of* women rather than *with* them.

The findings from the CBOs show that CBOs serve as societal bridges, providing pathways for individuals to move from marginalisation to greater societal participation through sharing opportunities in education, employment, and health access, alongside other practical support. Formal services are also offered access to a hard-to-engage demographic via CBO partnerships.

This study revealed that, contrary to the literature's portrayal of racialised minority women as having low help-seeking tendencies, it may be that women are put off by the intimidating bureaucracy, inflexibility and cultural insensitivity they encounter in formal services and use CBOs as a low-risk and culturally attuned form of help seeking where women's nuanced experiences and cultural practices are acknowledged and accommodated.

The existing literature also widely omits the reciprocal contributions of service users to CBOs, including the provision of linguistic and cultural capital, facilitating word-of-mouth client recruitment, and volunteering. Mutuality and reciprocity form a core part of the empowering dynamic between CBOs and their service users.

This study therefore provides valuable insights into CBOs supporting racialised minority women experiencing poverty and mental health issues in Scotland. It addresses a research gap by highlighting women's lived experiences. The dyadic approach, which examines both women and their CBOs, reveals CBOs' paradoxical role: they empower marginalised women yet remain disempowered by funding and systemic challenges. CBOs serve as capacity builders, safety nets, connectors, and intercultural safe spaces, while service users enhance their well-being through social and cultural capital, volunteering, and peer recruitment, making empowerment a collaborative and dialogic process. The study emphasises that empowerment is relational and context-sensitive, influenced by the socio-political context, women's agency and resilience, and the perseverance of CBOs. In all, this study provides context-specific insights into racialised minority women and CBOs in Scotland, highlights the dynamics of interdependence, and broadens understanding of CBO roles in service users' lives- illustrating the effectiveness of a dyadic research approach.

8.2.4. Conceptual Contribution

Knowledge production is a function of power and privilege (Said, 2014; Smith, 2021). The presumptive power of being able to investigate people and form discourses on what is known about groups is both consequential and humbling. The various choice points I took in constructing this study as a member of a previously misrepresented and maligned group within research and my lived experience positionality reflect this weighty awareness.

Using the concept of racialisation instead of referring to participants as ethnic minorities was a deliberate epistemological marker of the subtle, covert, and inherent ways power is

socially constructed and expressed through historical ideologies, identity labels, and the impact of their associated meanings. As discussed in the first chapter on ‘Conceptual Clarifications’, terms such as ‘ethnic minority’ obscure the reasons why visible minorities experience different and often unfair outcomes compared to their White peers. When this is not acknowledged, it can lead to hermeneutic and epistemic injustices (Brown & Strega, 2005; Fricker, 2007a; Jolivé, 2015). For the women service users, being identified as a visible minority in a race-aware society has significant social consequences, with concealed processes that result in prejudicial and discriminatory treatment at interpersonal, intrapersonal, and systemic levels (Allen, 2001; Meer, 2015a). Intersectionality and empowerment theories highlight the socially constructed disempowerment stemming from ideologies linked to identities, particularly how covert processes, such as racial discrimination, are embedded in societal interactions in employment, healthcare, and other social domains (Crenshaw, 2022; Zimmerman, 2000).

The mental health continuum was adapted to include diverse cultural understandings of mental health, providing hermeneutic validation for women. By incorporating culturally competent frameworks and examining the specific, historically rooted, and geopolitically influenced racialised barriers faced by racialised minority women from the Global South in the Global North, this study offers a unique contribution to knowledge.

I have further problematised the language and concept of ‘community development’ as akin to the ‘civilising mission’ of coloniality, because the discipline inherently views struggling communities as underdeveloped, deficient, and ignorant, thereby promoting solutions such as ‘critical awareness’, capacity, agency, self-determination, and community empowerment. In this way, the concept tacitly frames community inequalities as community-induced and appeals to the neoliberal ideals of individual blame and

unrealistic community-level solutions. Asset-based community development, therefore, glosses over the immensity of systemic and structural causes of inequalities and overplays the minimal significance of ‘community assets’- thereby offering micro solutions for macro problems (MacLeod & Emejulu, 2014). I view this as yet another covert device of neoliberal ideologies that create spurious hamster wheel initiatives that demoralise people over time when inequalities remain unsolved intergenerationally. CBOs are therefore not community ‘developers’, as marginalised communities are not underdeveloped just as colonised countries were never uncivilised. This paternalistic language has oppressive connotations, suggesting that inequalities and marginalisation are developmental failures along some unspoken evolutionary path within the social hierarchy of class- the implication is that communities should be assisted to ‘develop’ along a proximal measure to the ideals and standards of Western ‘civilisation’. Rather, CBOs are community supporters, providing short-term, grassroots-level assistance for temporary, situational social and material needs that do not arise from developmental failure but from intersecting processes such as migration, discrimination, exclusion, rising costs of living, and unforeseen job losses.

These conceptual contributions enrich scholarly discussion through experiential insights and amplify voices traditionally silenced. Incorporating these elements into the study’s bricolage approach resulted in a comprehensive, culturally sensitive model for exploring poverty, mental health inequalities, and social exclusion among racialised minority women in Scotland. This responsive and rigorous methodology ensures the study is epistemically just, socially beneficial, and contributes original insights to the field.

8.3. Implications, Significance and Impact

Understanding the complex challenges that shape the lives of racialised minority women in Scotland is essential for tackling the inequalities they face. Evaluating suitable policies for all communities is crucial to building socially just frameworks that prevent further marginalisation of vulnerable groups. This research highlights that the experiences of racialised minority women are diverse and intricate, calling for more intersectionally aware studies to grasp the range of experiences across different groups. CBOs serve as vital support networks for these women, helping to combat social exclusion, providing material resources, and offering safe spaces and safety nets during difficult times. Nonetheless, CBOs often face financial instability, which can limit their programme effectiveness, staffing capacity, and long-term viability. The Christie Commission (2011) emphasised that Scotland's financial challenges necessitate reforming public services to be community-led, inclusive, and sustainable. The findings of this study align with this perspective and suggest that recognising CBOs of all sizes as key social anchors supporting marginalised communities depends on securing adequate funding and supportive policies. Zimmerman (2000) claims that true empowerment must be participatory and ongoing; it cannot be imposed. Therefore, funders and policymakers should invest in co-produced, flexible and long-term support systems that allow CBOs to define and achieve community-driven empowerment goals, rather than adhering to rigid and delivery-based models. CBOs have expressed that programmes often require more than 1 year to implement successfully and gain traction- funding should match this reality rather than imposing unrealistic short-term expectations. While CBOs respond to the effects of poverty and unequal mental health outcomes, recognising their limitations to create structural and systemic change to the drivers of these inequalities is also important. While CBOs have been identified as culturally and contextually competent solutions, they are by no means a panacea, and to avoid turning these organisations into a form of second-class standard of health and social care for minority communities, adequate government

funding and committed strategic partnerships, as recommended by the Christie Commission (2011) and Community Empowerment (Scotland) Act 2015 are essential.

8.4. Strengths and Limitations

As an exploratory study, the sample size depended on the number of community organisations that agreed to participate, resulting in six CBOs, 12 CBO key informant interviews, and 27 service user participants. This relatively small sample, consisting of women with specific needs, meant the participants were not representative of Scotland's racialised minority population, limiting the generalisability of the findings. Additionally, the project's qualitative nature, while offering rich and in-depth insights, is inherently subjective and further constrains generalisability (Merriam, 2016).

Data collection from each CBO varied: some participants engaged only in individual interviews, avoiding focus groups, while others participated in focus groups but found photovoice intrusive and declined photo elicitation, which was the flexible intent behind a bricolage approach. However, this may pose methodological challenges and is not easily replicated. I believe the richness of the data depended on my emic stance within the community and the rapport I built with each organisation, which fostered a sense of connection among participating service users. As discussed in the data analysis section of Chapter Five, some participants were referred by friends within the CBO, and in those networks, people were more willing to join focus groups. Nevertheless, most women preferred individual interviews due to the sensitive and personal nature of their experiences with poverty and mental health. This personalised approach also prevents replicability.

While the study was emancipatory in granting participants more choice in participation, it also made comparison between CBOs difficult (Stake, 1995, 2006). Although the exploratory nature of this study acknowledged these limitations, it opens up opportunities for future research to adopt a more consistent or standardised data-collection method for cross-case comparisons. Thematic analysis also involves subjectivity, as it relies on the researcher's interpretation of the data, offering a singular perspective on nuanced experiences (Braun, 2022; Merriam, 2016). Nevertheless, this study clearly offers an insider perspective on a complex demographic rather than aiming for a positivist, objective view of the phenomena. Therefore, the reliability, generalisability, and relevance of this study should be regarded from this perspective as an exploratory endeavour that encourages future research (Swedberg, 2020).

Convenience sampling recruited women already attending CBOs who were motivated to seek community and other support services. This approach provides insights into a specific subgroup within the wider racialised minority community, but it offers limited perspectives by excluding the experiences of more socially isolated women. While the inclusion criteria focused on visible minorities, the sample itself remained broad and diverse, comprising women from different countries, ethnicities, religions, educational backgrounds, and varying (dis)abilities and migration trajectories. Further analysis could uncover a more detailed understanding of the different groups within Scotland's racialised minority population.

As an early-career researcher, I had limited experience and skills in conducting a research project of this scale, and it was my first time participating in a Community-Based Participatory Research (CBPR) initiative. While I believe the study was carried out successfully, this was largely due to my being an emically situated community member,

which facilitated recruitment, rapport, trust, and support, thus easing project management. However, the full application of CBPR principles was constrained because the project was part of an educational award. As a result, I handled data analysis and the study write-up as the main researcher and PhD candidate (consulting with the community for member-checking and triangulation of findings was analysis was complete), and the researched community was not involved in the substantive aspects of the project (Israel et al., 2001).

Time management was a challenge for all participants, primarily because of work and childcare responsibilities. Initially, in-person meetings were held to foster relationships, but we agreed that online meetings would be helpful for those unable to attend physically. This approach had its drawbacks, as online interviews were occasionally disrupted by poor internet or personal interruptions. However, being away from the CBO premises, where meetings usually took place, may have helped the women feel more comfortable asking questions and sharing openly. Member checking at data analysis was also complicated by this limitation as it was difficult to arrange whole group meetings and the process felt disjointed as meetings were arranged individually and in smaller groups and community members were less vocal and evaluative than I had anticipated and hoped, tending to simply agree with my analysis rather than critique or suggest changes.

Lived experience research, while beneficial in providing a representative and epistemically just contribution to the academic corpus also presented several limitations. (Re)presentation itself undermines the multivocal nature of the diversity within racialised minority groups, I was cognisant of this and positioned my emic stance from the experiential point of view (racialised, migration experience, genderised, socio-economically disadvantaged and experiences of adverse mental health) without drawing

on the ersatz construction of specific group identity (i.e 'Black', African, Woman etc) which is process blind. Further, both poverty and mental health impacted me significantly during the three years of conducting this research, as the research was embedded in the day-to-day challenges of my life. I struggled to pay bills, travel to meetings, provide meeting refreshments, juggle extra work to make it all possible, raise children and write a thesis in cramped quarters and withstand curveballs such as funerals abroad, of loved ones I did not have the means to visit in life or attend their burials. The pace of my progress, the quality of my writing and overall attention I wanted to dedicate to the project were constrained and frequently undermined. However, this project was a hermeneutic venture as my life mirrored the participants' life challenges: I was not 'over-involved' but rather understood only too well the qualitative nature of these inequalities. While I have presented some ethical concerns to lived experience research: rather than being excluded from on the grounds of the added burden it may present to the researcher (the researcher's self-responsibility and agency must be respected)- I submitted and persevered with the project because theoretical understanding is authenticated and amplified by lived experience. The lack of representation in academia demonstrates that this experiential expertise is a valid, needed but undervalued contribution to knowledge.

A final limitation was that both intersectionality and empowerment frameworks have limitations; they are broad and can be interpreted in various ways (Collins, 2015; Ibrahim & Alkire, 2007). For this study, the chosen theories are explicitly defined to acknowledge the diverse applications and definitions found in the literature. The complexity of intersectional theory meant that some influential axes of inequality, such as physical disability, were not included in the analysis. The focus was primarily on gender, racialisation, poverty, and mental health, with some consideration of migration and ethnoreligious background; future research could address these limitations.

8.5. Recommendations

8.5.1. Future Research

The limitations identified above offer insights for future investigations. Along with these, future research could also explore CBOs in other regions of Scotland to better understand regional differences in community needs and challenges. Different methodological approaches can also be utilised to gather varied perspectives, such as employing a mixed-methods study to collect quantitative and generalisable data (Merriam, 2016). Engaging women who are not CBO service users can bring in comparable perspectives from a broader range of racialised minority women, promoting diverse representation. Research led by an etic-positioned researcher could yield more objective insights. Additionally, examining intergenerational and cross-cultural differences among service users can help deepen the understanding of CBO service users.

8.5.2. Community Practice

The main disempowering aspect of CBOs identified was their financial dependency on a organisational model that relies heavily on government funding, which weakens their sustainability and hampers community support efforts. Developing various operational models that include income-generation could help insulate organisations and communities from fluctuating state support. CBOs are already well-attuned to their members' needs, but there is room for improvement in directing available funding toward sustaining popular existing programmes rather than developing new ones. Some of the funding remains prescriptive, which limits CBOs' autonomy. To address this, staff capacity should be strengthened by shifting to more secure financial models to allow

hiring more paid employees, providing comprehensive training for volunteers, transitioning volunteers into paid roles that enhance their empowerment, and offering emotional support to all staff.

Currently, most CBOs deprioritise evaluation practices for measuring programme success, examining impact only as directed by funding requirements due to staff shortages. Enhancing staff capacity could integrate success evaluation into routine programme planning, fostering more efficient practices and achievable outcomes, thereby making programming more effective.

Forming strategic partnerships with organisations such as universities for research, businesses for internships and training, the police for community engagement, the NHS, and social workers can be advantageous. However, this should be done carefully to avoid alienating members who are cautious of formal institutions. The diversity of the racialised minority migrant population can be a source of vulnerability and activities that foster intergroup cohesion within CBOs are crucial to maintain for service users to build resilience and community support in the context of minoritisation. Community assets such as multi-lingualism and cross-cultural understanding are already leveraged in some CBOs but can be expanded as a practice model for supporting other migrant communities outwith the CBOs such as with refugee organisations, colleges and other institutions to strengthen community connections.

8.5.3. Policy

For CBO efforts to effectively reduce inequalities among racialised minority women, they require adequate funding and broader support. Policy must focus on sustainable funding models that are vital for the long-term viability of CBOs and their work in addressing

inequalities faced by racialised minority women in Scotland. Regulations such as the Community Empowerment (Scotland) Act (2015) are beneficial in recognising community assets but should be earnestly implemented and strengthened through commitment to adequate funding, earnest engagement with CBOs of all sizes, and the promotion of long-term strategic partnerships with grassroots organisations and larger third-sector entities. The efficacy and authenticity of CBOs are often undermined by inflexible funding, which can lead to funding-coerced mission drift; therefore, a collaborative approach is recommended, in which the government works with CBOs to understand their objectives and goals without imposing unnecessary conditions to secure funding. The social capital within CBOs is not only crucial but also relational, trust-based, and difficult to measure with metrics alone. Over-reliance on quantitative evaluation methods, common in outcome-driven funding, risks undermining trust between CBOs and service users by reducing relationships to commodities. Consequently, evaluation should focus on qualitative, relational, and community-led indicators of success, with a long-term perspective, as results in community initiatives are not quick fixes.

Funders, policy makers, and formal services should implement co-design approaches that give community actors a voice and epistemic agency. This involves recognising CBOs as legitimate sources of community knowledge and as equal partners in developing intervention frameworks that incorporate their cultural and contextual insights.

Other ecological policies, including those for funded childcare, need to consider the impacts of service gaps on women lacking social capital, such as during a child's first two years, which often affects racialised minority women (Scottish Government, 2022a). Migration policy could be adjusted to provide employment pathways for asylum seekers, thereby avoiding the financial hardships and long-term consequences that those with this migration history often face. The Mental Health Strategy (2017-2027) doesn't adequately recognise the nuanced cross-cultural interpretations of mental health, and inclusion of

these, along with recognition of CBOs as strategic, culturally competent partners in prevention initiatives, would result in greater engagement with racialised minority communities. Women reported that reporting racist incidents was inconsistently responded to, undermining the protections of The Hate Crime and Public Order Act (2021), likewise discriminatory practices are rife and demonstrate that their covert nature cannot be adequately legislated and that policies such as the Race Equality Framework (2016-2030) need to contend with these failures exemplified through growing disparities racial disparities in education, employment, healthcare, justice, and public services. CBO partnerships could be strategically fostered at the policy level to ensure women are adequately supported by professionally serviced, research-informed initiatives, without creating second-tier services through underfunded, DIY, bootstrapped organisations. While recognised by formal services as effective sites for social prescribing, CBOs are often precarious, under-resourced, and marginalised and require better cross-sector integration and support to maximise their potential. This study has demonstrated the imperative of an intersectional policy viewpoint for inclusive and effective initiatives that recognise the complexity within communities.

8.6. Final Reflection

Adopting an Ubuntu-inspired, intersectionally focused participatory research approach that highlights cooperation, shared responsibility, and mutuality, despite its challenges, has proven to be an invaluable, culturally sensitive and academically rigorous method. This approach effectively captured the voices of community members and the CBOs who support them and allowed the project to be shaped in line with their needs (Israel et al., 2001; Metz & Gaie, 2010). As a lived experience researcher, I was welcomed, embraced, and supported by my community in conducting this project and in amplifying our

collective voices within the academic arena, advocating for our nuanced needs and shaping the services we rely on. The warmth shown by each responding CBO and the generosity of every woman who shared her story was both heartwarming and profound. I sincerely thank each participant and am committed to honouring their dedication by responsibly stewarding this co-produced knowledge.

Racialised minority women encounter considerable challenges and inequalities. This research supports existing findings by demonstrating that the high levels of poverty and adverse mental health within this demographic arise from complex intersecting factors such as ethnoreligious gender subordination, discrimination, family separation, social exclusion, and various stigmas (Bambra, 2022; Crenshaw, 2022). CBOs are well-positioned to help address particular challenges women encounter by serving as informal, culturally affirming trusted spaces that provide material, informational, and social resources. However, their impact is constrained by limited financial stability and a lack of broader support (Chaudhary et al., 2010). CBOs consist of individuals who require fair pay and emotional support, but the unstable funding environment currently poses a threat to the organisations and the individuals who rely on them. The effectiveness of programmes is often compromised by short-term funding and staff shortages, which hinder CBO efforts. Organisational empowerment is crucial for effectively reaching individuals and communities, requiring sufficient financial and human resources for efficient and effective operations (Zimmerman, 2000).

Empowerment is a reciprocal process; while CBOs seek to empower women, they are also strengthened by the women who utilise their services. Women often promote the CBOs through word-of-mouth, attracting new members and offering testimonials to funders. Some serve as volunteers, boosting the organisation's capacity. Additionally, women contribute through subtle yet valuable roles such as language translation, cultural exchange, and skill sharing during daily activities. In return, CBOs offer communities

where a sisterhood of shared experiences naturally develops within women-only programmes, providing support through challenges such as maternity, childbirth, and child-rearing- effectively acting as surrogate families. Besides social isolation, food and material insecurity are major concerns, prompting women from racialised minorities in poverty to turn to CBOs, which often provide food banks and free shops to address these needs.

As Zimmerman (1990, 2000), Gutierrez (1990), and Solomon (1987) suggest, empowerment is not something that can be given but something that is facilitated. For racialised minority women, empowerment is a choice of active participation, achieved by seeking out and engaging with CBOs. In this context, CBOs serve as key fora and facilitators of women's empowerment, acting as essential societal resources that bridge service gaps and connect socio-cultural communities, especially those that are hard to reach. However, to speak of individual and community empowerment without acknowledging the historically entrenched and acutely disproportionate power imbalances exerted on the women's lives is to create a form of wilful erasure of their struggles and create a callous 'set-up' of unreasonable and unfair expectations encouraged within the neoliberal ideology of individualised responsibility that invisibilises the systemic repression of minorities. The margins of empowerment and level of individual agency available to individuals and communities within the multidimensional structural level oppressions of neoliberal capitalism are negligible, and so CBOs address symptoms of a deeper societal malaise, but are themselves ensnared by the sickness that intentionally under-resources communal services in order to declare them defunct and proof of the untenability of socialist ideologies, and simultaneously positions minorities as a prop to scapegoat for societal level failures and blame for individualised problems created by a system predicated on their exploitation and diminishment (Monbiot & Hutchison, 2024; Said, 2014).

Therefore, the overarching takeaway from this study is that poverty, marginalisation and mental health inequalities are systemically devised and structurally induced; CBOs operate as stop-gap measures within this larger systemic context, albeit in culturally attuned, contextually aware and practicable ways to meet the immediate material and social shortfalls racialised minority women face. Effective policies must recognise this macro-micro dynamic and integrate both intervention and prevention strategies by leveraging the crucial role of CBOs in marginalised communities to address inequalities. At a grassroots level, these organisations are dynamic, relational, strategic, and sensitive to power dynamics, operating within complex socio-political environments. Their capacity to promote empowerment and community change depends on co-producing knowledge, employing intersectionally aware strategies, resisting socio-political marginalisation and control, and mobilising resources for their members. Nonetheless, these capacities are often jeopardised by institutional pressures, resource limitations, and epistemic tensions. To fully realise their emancipatory potential, CBOs must be recognised as vital fora of community support, not just fall-backs for public systems. This recognition requires substantial, systemic investment, respect for local knowledge, and a willingness to shift power dynamics by prioritising strategic partnerships, valuing community voices, and maintaining a sustained commitment to holistically addressing inequalities.

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APPENDICES

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Appendix A: Literature Review Studies Summary Extract

Racialised Minority Women - Literature Review Articles							
Author(s)	Year	Location	Title	Summary of Findings	Findings/Themes	Theoretical Frameworks & Methodology	Study Limitations & Gaps
Accordini, M., Giuliani, C. and Gennari, M.	2018	Italy	'Migration as a challenge to couple relationships: The point of view of Muslim women',	The study explored the perceptions of Moroccan and Pakistani Muslim immigrant women in Italy regarding changes in their couple relationships after migration. Moroccan women showed greater adaptability to the host culture, experiencing more balanced couple relationships and increased autonomy. Pakistani women remained anchored to traditional values, facing higher levels of isolation and limited integration into Italian society.	1. The Value and Meanings of Marriage: Marriage is viewed as a contract between families rather than a romantic union. Love is not considered essential for marriage, and divorce is highly stigmatized. Moroccan women reported greater flexibility in marriage arrangements, while Pakistani women had arranged marriages with limited personal input. 2. Couple Life in Italy: Partners' Roles: Traditional gender roles persist, with men as breadwinners and women responsible for childcare and housework. Moroccan women experienced increased autonomy and took on tasks traditionally assigned to men.	Acculturation theory Qualitative (Semi-structured Interviews) Thematic Analysis	Respondents recruited through CBOs- not representative of general population Homogenization of groups Limited geographic scope Limited generalizability.

CBO Literature Review Articles							
Author(s)	Year	Location	Title	Summary of Findings	Findings/Themes	Theoretical Frameworks & Methodology	Study Limitations & Gaps
Adebayo, O. W., Salerna, J. P., Francillon, V., & Williams, J. R.	2018	USA	A systematic review of components of community-based organisation engagement	Key paper in understanding the role of CBOs and researcher engagement with CBOs for knowledge production.	1.Partnership consensus on specific project and benefit to researched community. 2.Partnership dynamics- relationship between CBO and researcher. 3.Resources- expertise, time, money. 4.Outcomes- products of the research partnership. 5.Variation in Operational Definitions: Inconsistency in how "community engagement" and "CBOs" are defined and operationalized. 6.Limited focus on CBO Benefits: While the study mentions benefits for CBOs, such as skill development and increased capacity, more research is needed to understand how these benefits influence long-term partnerships and community health.	Community-based participatory research (CBPR), which emphasizes equal partnerships between scientific/academic entities and community stakeholders to promote community health	Single Author for Literature Search and Review Language Restriction- limited to peer-reviewed publications in English. Exclusion of Grey Literature Cultural and Societal Differences: The review did not address differences in cultures and societies that could be reflected in community-based organizations (CBOs). Inclusion of Studies Regardless of Appraisal Scores- which might have led to the inclusion of weaker findings. Limited Focus on CBO Engagement as an Outcome- leaving gaps in understanding its direct impact on community health. Unclear Impact on Community health- exact ways in which CBO engagement impacts community health remain unexplored.
Allen-Meares, P., Suarez-Balcazar, Y., Garcia-Bodoye, O., Khan, M., Brazil, E. A., & Ford, C.	2024	USA	Promoting Health Literacy and Cultural Humility: CBOs and Wraparound Services.	Participants showed significant improvement in their confidence in defining social determinants of	The need for CBOs to adopt health literacy and cultural humility strategies to better	Mixed Methods CBPR social determinants of health (SDOH), Cultural humility	The webinars created awareness and provided foundational knowledge and strategies for addressing health disparities and

Appendix B: Ethics Committee Approval E-mail

Dear Khutso

ETHICS AND SPONSORSHIP APPROVAL

UEC24/05 Quinn/Dunbar: A qualitative investigation of the role of community-based organizations in mitigating the effects of poverty and mental health inequalities among Ethnic Minority Women within areas of high deprivation in Scotland

I can confirm that the University Ethics Committee (UEC) has approved this protocol and appropriate insurance cover and sponsorship have now also been confirmed.

I remind you that the UEC must be informed of any changes you plan to make to the research project, so that it has the opportunity to consider them. Any change of staffing within the research team should be reported to UEC.

The UEC also expects you to report back on the progress and outcome of your project, with an account of anything which may prompt ethical questions for any similar future project and with anything else that you feel the Committee should know.

Any adverse event that occurs during an investigation must be reported as quickly as possible to UEC and, within the required time frame, to any appropriate external agency.

The University agrees to act as sponsor of the above-mentioned project subject to the following conditions:

1. That the project obtains/has and continues to have University/Departmental Ethics Committee approval.
2. That the project is carried out according to the project protocol.
3. That the project continues to be covered by the University's insurance cover.
4. That the project complies with Scottish Government restrictions and University guidance in relation to Covid-19 procedures and permissions.
5. That the Director of Research and Knowledge Exchange Services is immediately notified of any change to the project protocol or circumstances which may affect the University's risk assessment of the project.
6. That the project starts within 12 months of the date of this letter.

As sponsor of the project the University has responsibilities under the [UK Policy Framework for Health and Social Care Research](#). You should ensure you are aware of those responsibilities and that the project is carried out according to the UK Policy Framework.

[On behalf of the Committee, I wish you success with this project.](#)

Kind regards

Angelique

Angélique Lavery

Research Ethics and Governance Manager

Research & Knowledge Exchange Services (RKES)

University of Strathclyde

ethics@strath.ac.uk



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Please consider the environment before printing this e-mail.

Appendix C: Participant Information Sheet & Consent Forms



Participant Information Sheet for Interview Participants

Name of department: Social Work & Social Policy

Title of the study: A study to explore the role of participation in community-based organisations in dealing with poverty & negative mental health among Ethnic Minority Women.

Introduction

You are invited to participate in a research project exploring how participation in community-based organisations impacts outcomes of poverty and negative mental health. Before you decide whether to participate, you need to understand why the research is being carried out and what it would involve for you. Please read the following information carefully and discuss it with others if you wish. Contact the researcher on the contact details provided below if you would like to ask questions, want more information or further clarification on any matter.

This research is being carried out by Khutso Ranato-Dunbar, a doctoral student from the University of Strathclyde. She can be contacted on khutso.dunbar@strath.ac.uk

What is the purpose of this research?

This study aims to better understand the unique experiences of ethnic minority women facing poverty and mental health adversities and the role community-based organizations play in their lives. The research is undertaken as part of a doctoral project resulting in a PhD award. The findings will contribute to the evidence base needed to improve the services available, raise awareness to key stakeholders and to also influence policies that can better cater to the specific needs of ethnic minority women and fortify the facilities which are important to them.

Do you have to take part?

Participation in the study is entirely voluntary. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you do not wish to participate, there will be no negative consequences. You do not have to take part and can withdraw at any time without giving a reason. If you wish to withdraw, please contact Khutso Ranato-Dunbar on khutso.dunbar@strath.ac.uk

Please note that in November 2024 the data will be fully anonymised meaning that at this point data will no longer be able to be removed from the study, however, this also means you will not be identifiable within the study.

What will you do in the project?

You are being asked to take part in a 1.5-hour recorded interview (in person or online) as a representative of the community-based organisation. This will include several questions to prompt a discussion around your views of

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how the community organisation fits in the lives of ethnic minority women who have experiences of poverty and negative mental health. Your personal details will not be collected, only the name of the organisation. Once the data has been analysed, you will be invited to a meeting (1 hour) at your organisation's premises or online, where you can comment on how you feel the analysis represented your views. There will also be a public exhibition of the photovoice pictures produced by the women from the organisation along with some of the preliminary findings which you are invited to attend.

Why have you been invited to take part?

As a key member of the community-based organisation, you have been identified as someone who understands the objectives, aims and operation of the organisation and the role it has for the women who interact with and use the facilities.

What are the potential risks to you in taking part?

The topics of poverty and mental health are sensitive, and the experiences of ethnic minority women may also raise emotional topics.

What information is being collected in the project?

The recorded interview will be about the services the organisation offers, the main aims, aspirations, and ideas around what is needed by the women and what the organisation requires for its operation. You will also be asked to share general experiences of the women who use the organisation without sharing personal information. At all points you are free to decline to answer questions you do not wish to without giving a reason.

Who will have access to the information?

All information collected will be pseudo-anonymised, which means no personal names will be used. During data collection, the information will be accessible to the researcher only. The only name used will be that of the community organisation unless otherwise requested.

Where will the information be stored and how long will it be kept for?

All the information collected will be transferred and stored on secure, encrypted and password-protected devices. It will only be accessible by the researcher. Once the research is completed, at the end of 2025, non-anonymised data including the interview recording will be securely destroyed. Anonymised data will be stored in a secure data repository.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

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All personal data will be processed in accordance with data protection legislation. Please read our [Privacy Notice for Research Participants](#) for more information about your rights under the legislation.

What happens next?

If you wish to participate or would like more information, please get in touch with the researcher, Khutso Ranato-Dunbar by e-mail: khutso.dunbar@strath.ac.uk

You will be asked to sign a consent form to confirm you understand what is required before becoming a part of the project.

If you choose not to participate, I thank you for your attention.

At the end of the project, a summary of the findings will be sent to each organisation that took part and participants will be informed and have the findings made available to them. You will also be informed if the findings are published.

Researcher contact details:

Khutso Ranato-Dunbar
Khutso.dunbar@strath.ac.uk
The University of Strathclyde, 16 Richmond St, Glasgow, G1 1XQ

Chief Investigator details:

Prof. Neil Quinn
Neil.Quinn@strath.ac.uk
The University of Strathclyde, 16 Richmond St, Glasgow, G1 1XQ

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE

Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

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Consent Form for Interview Participants.

Name of department: Social Work and Social Policy

Title of the study: A study to explore the role of participation in community-based organisations in dealing with poverty & negative mental health among Ethnic Minority Women.

- I confirm that I have read and understood the Participant Information Sheet for the above project and the researcher has answered any queries to my satisfaction.
- I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my personal information will be used and what will happen to it (i.e. how it will be stored and for how long).
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences.
- I understand that I can request the withdrawal from the study of some personal information and that whenever possible researchers will comply with my request. This includes the following personal data:
 - audio recordings of interviews that identify me;
 - my personal information from transcripts.
- I understand that anonymised data (i.e. data that do not identify me personally) cannot be withdrawn once they have been included in the study.
- I understand that any information recorded in the research will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project.

(PRINT NAME)

Signature of Participant:

Date:

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Participant Information Sheet for Photovoice Participants

Name of department: Social Work & Social Policy

Title of the study: A study to explore the role of participation in community-based organisations in dealing with poverty & negative mental health among Ethnic Minority Women.

Introduction

You are invited to participate in a research project exploring how participation in community-based organisations impacts outcomes of poverty and negative mental health. Before you decide whether to participate, you need to understand why the research is being carried out and what it would involve for you. Please read the following information carefully and discuss it with others if you wish. Contact the researcher on the contact details provided below if you would like to ask questions, want more information on any matter.

This research is being carried out by Khutso Ranato-Dunbar, a doctoral student from the University of Strathclyde. She can be contacted on khutso.dunbar@strath.ac.uk

What is the purpose of this research?

This study aims to better understand the experiences of ethnic minority women facing poverty and mental health adversities and the role community-based organizations play in their lives. The research is undertaken as part of a doctoral project resulting in a PhD award. The findings will contribute to the evidence base needed to improve the services available, raise awareness to key stakeholders and to also influence policies that can better cater to the specific needs of ethnic minority women and fortify the facilities which are important to them.

Do you have to take part?

Participation in the study is entirely voluntary. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you do not wish to participate, there will be no negative consequences. You do not have to take part and can withdraw at any time without giving a reason. If you wish to withdraw, please contact Khutso Ranato-Dunbar on khutso.dunbar@strath.ac.uk

Please note that in November 2024 the data will be fully anonymised meaning that at this point data will no longer be able to be removed from the study, however, this also means you will not be identifiable within the study.

What will you do in the project?

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You are being asked to take part in 'photovoice' which involves taking a few photos of things (not people) in your daily life and writing a short description for each photo which you feel reflects your experiences of poverty, negative mental health, and aspects of your participation in the community organization you are associated with. There will be a 1-hour instructional session which explains the process in more detail, this can take place at your organisation's premises, by phone or online- a date and time can be arranged upon your agreement to participate. The photo-taking will take place over 3 months, you can take as many photos as you like but only submit 3 of your best photos for each prompt (6 photos in all). You will also be invited to look at the results analysis at the organisation you attend, by phone or online and give comments as to how accurately you feel this represents your experiences. Finally, there will also be an exhibition where the photos are shared with the wider community and stakeholders, the time and place of this will be decided by all participants in a vote once the photos are collected. All the photos and captions for the exhibition will be anonymised so no information will be traced to individuals.

Why have you been invited to take part?

You are being invited to take part if you fulfil all these specific criteria:

1. Ethnic minority woman.
2. Aged 18 to 66.
3. Have experience of poverty and/or negative mental health.
4. Have settled immigration status or UK citizen.
5. Attend a community-based organisation.
6. Have a mobile phone you can use to take pictures.
7. Can speak and understand English enough to carry out a conversation. (This is because it is important that everyone involved in the study fully understands what is being requested, discussed, and can have their views well represented too.)

It is important to hear the views of individuals who have direct lived experience of the issues the study is exploring.

What are the potential risks to you in taking part?

The topics of poverty and mental health are sensitive, and the experiences of ethnic minority women may also raise emotional topics.

The services below can help if you feel the need to speak to someone about your mental health:

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Breathing Space: Scotland's free, confidential listening service for individuals over 16 experiencing symptoms of low mood, depression, or anxiety. You can contact them on 0800 83 85 87 Monday to Thursday from 8pm to 2am and 24 hours a day at weekends (from 8pm Friday to 6am Monday).

NHS 24 mental health services: are available to everyone in Scotland. The services available include listening, offering advice and guiding you to further help if required. The Mental Health Hub is open 24/7 and you can contact them on 111.

What information is being collected in the project?

Through the photos and the written descriptions about the photos, you are being asked to share your experiences of poverty and negative mental health as well as how you feel about your participation in the community-based organisation you belong to. Your opinion will also be requested to comment on how well you feel the analysis of results has represented your experiences. As part of the consent form, you are being asked to confirm that you fulfil the criteria including age, gender, and ethnic background.

Who will have access to the information?

All information collected will be pseudo-anonymised, which means no personal names will be used. During data collection, the information will be accessible to the researcher only. The photos and captions will form part of the final public exhibition but will not have names associated. The only name used will be that of the community organisation unless otherwise requested.

Where will the information be stored and how long will it be kept for?

All the information collected will be transferred and stored on secure, encrypted and password-protected devices. It will only be accessible by the researcher. Once the research is completed, at the end of 2025, non-anonymised data will be securely destroyed. Anonymised data will be stored in a secure data repository.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

All personal data will be processed in accordance with data protection legislation. Please read our [Privacy Notice for Research Participants](#) for more information about your rights under the legislation.

What happens next?

If you wish to participate or would like more information, please get in touch with the researcher, Khutso Ranato-Dunbar by e-mail: khutso.dunbar@strath.ac.uk

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You will be asked to sign a consent form to confirm you understand what is required before becoming a part of the project.

If you choose not to participate, I thank you for your attention.

At the end of the project, a summary of the findings will be sent to each organisation that took part and participants will be informed and have the findings made available to them. If you would like to have the findings emailed to you directly. Please email the researcher requesting this. You will also be informed if the findings are published.

Researcher contact details:

Khutso Ranato-Dunbar
Khutso.dunbar@strath.ac.uk
The University of Strathclyde, 16 Richmond St, Glasgow, G1 1XQ

Chief Investigator details:

Prof. Neil Quinn
Neil.Quinn@strath.ac.uk
The University of Strathclyde, 16 Richmond St, Glasgow, G1 1XQ

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE

Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

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Consent Form for Photovoice Participants.

Name of department: Social Work and Social Policy

Title of the study: A study to explore the role of participation in community-based organisations in dealing with poverty & negative mental health among Ethnic Minority Women.

I confirm that I have read and understood the Participant Information Sheet for the above project and the researcher has answered any queries to my satisfaction.

- I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my personal information will be used and what will happen to it (i.e. how it will be stored and for how long).
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences.
- I understand that I can request the withdrawal from the study of some personal information and that whenever possible researchers will comply with my request. This includes the following personal data:
 - My photos and captions for photovoice.
 - my personal information from transcripts.
- I understand that anonymised data (i.e. data that do not identify me personally) cannot be withdrawn once they have been included in the study.
- I understand that any information recorded in the research will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project.
- I consent to my photos and captions being used as part of the project.

(PRINT NAME)	
Signature of Participant:	Date:

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Appendix D: Gatekeeper Email

[Gatekeeper E-mail]

Dear

My name is Khutso Ranato-Dunbar, I'm a PhD student from the University of Strathclyde. I'm writing to ask if your organisation would be interested in participating in a study exploring the role of participation in community-based organisations in dealing with poverty & negative mental health among Ethnic Minority Women.

The study would involve one interview with representatives from the community organisation (a maximum of two representatives) and a photovoice project with women who attend the organisation (a maximum of six women). The research is intended to find out more about the experiences of ethnic minority women experiencing poverty and negative mental health and how involvement with community organisations impacts outcomes. As such, I would request your help in informing women who use the organisation about the study to see if they wish to be involved.

If your organisation would be interested in participating, please e-mail me at khutso.dunbar@strath.ac.uk and I will forward you the participant information sheet which has more in-depth information about the study, a photovoice information leaflet explaining the process as well as the recruitment poster for you to look over at your own convenience.

I am also happy to arrange a call or meet in person to discuss the study further. Thank you for your time and I hope to hear from you soon.

Yours sincerely,
Khutso Ranato-Dunbar
PhD Student
Social Work and Social Policy
University of Strathclyde
khutso.dunbar@strath.ac.uk

Appendix E: Participant Recruitment Poster

ETHNIC MINORITY WOMAN with experiences of poverty and/or negative mental health?

You are invited to participate in a research project exploring how participation in community-based organisations impacts outcomes of poverty and negative mental health.



What will participants be asked to do?

Volunteers are asked to take pictures of things in their daily lives which express or reflect their experiences of poverty and mental health and take part in an interview or focus group. There will also be an opportunity to tell us what you think can help improve experiences for ethnic minority women.



Who can Join?

- ✓ Ethnic minority woman.
- ✓ Aged 18 to 66.
- ✓ Have experience of poverty and/or negative mental health.
- ✓ Attend a Community-Based Organisation.
- ✓ Have access to a mobile phone for taking pictures.
- ✓ Settled immigration status or UK citizen.
- ✓ Ability to speak and read English.

If you would like to participate or want more information



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Strathclyde
Glasgow

Please contact:

Khutso Ranato-Dunbar (She/Her)
Email: Khutso.dunbar@strath.ac.uk

This study is funded by The University of Strathclyde as a doctoral research project.

PHOTOVOICE

Information Leaflet

A study to explore the role of participation in community-based organisations in dealing with poverty & negative mental health among Ethnic Minority Women.



University of
Strathclyde
Glasgow

For more information contact:
Khutso Ranato-Dunbar (She/Her)
Email: Khutso.dunbar@strath.ac.uk

What is Photovoice?



Photovoice is a research method which allows participants to record aspects of their environment through photography and written captions to reflect their lived experience. It is also a way document and share important information with the wider community and policy makers.

What do I have to do?



1. Take pictures of things in your life which express or reflect your experiences of poverty and mental health.
2. Take as many photos as you would like but select only 3 which you feel represents your experience best for each prompt.
3. Write a caption of no more than 150 words for each of the chosen photographs.

Photo Prompts:



1. What are your experiences of poverty and/or mental health?
How does your environment and surroundings reflect these experiences?
2. What do you feel you gain from participating in the community-based organisation which helps with your experiences of poverty and mental health?

Caption Examples:



"This graffiti at my local playground makes me feel sad and angry because it is a constant reminder of how unsafe and uncared for this neighbourhood is. I have lived here for a long time and there hasn't been much improvement in my own circumstances or the neighbourhood."

"These are some vegetables we harvested today at the community garden. I have really enjoyed spending time there, meeting new people and learning new skills."

Project Timeline:



- **Introductory Session:** Learn more about the research & how to do photovoice.
- **Daily Life:** Take the photos and write captions of your life experiences.
- **Group Discussion:** The group will get together to make a final selection of the photos which best represent the group's experiences.
- **Exhibition:** An opportunity to present the work to the wider community and key stakeholders. Food and refreshments will be provided at all group sessions.

Safety & Ethics:

- Do not take identifiable pictures of people and be respectful when taking photos in public spaces, ask permission where required.
- Stay safe and don't take unnecessary risks. Let someone know where you are.
- Sometimes the process can become emotional. Practise self-care and reach out to the services provided below if needed.

Breathing Space: Scotland's free, confidential listening service for individuals over 16 experiencing symptoms of low mood, depression, or anxiety. You can contact them on **0800 83 85 87** Monday to Thursday from 6pm to 2am and 24 hours a day at weekends (from 6pm Friday to 6am Monday).

NHS 24 mental health services: are available to everyone in Scotland. The services available include listening, offering advice and guiding you to further help if required. The Mental Health Hub is open 24/7 and you can contact them on **111**.



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For more Information Contact:
Khutso Ranato-Dunbar (She/Her)
Email: Khutso.dunbar@strath.ac.uk

Appendix G: Interview Schedule Prompts- Service User Women

Interview/ Focus Group Question Prompts for Service User Women

Thank you for joining me today. This session is intended to be a conversational experience. During our conversation, please only answer questions you are comfortable answering. If you need a break, please let me know, and we can pause the interview for a comfort break.

For the Focus Group: Please be mindful that we are in a group setting. Only share what you feel comfortable sharing and remember that what is shared within this focus group session should be kept confidential.

1. Please confirm that you've read the participant information sheet, signed the consent form and understand what this research is about.
2. How long have you been a member of the organisation?
3. How did you find out about the organisation?
4. What would you say you gain from attending the organisation?
5. What kinds of activities do you take part in within the organisation?
6. Which is your favourite activity in the organisation and why?
7. Do you think there is anything your organisation could be doing more to cater to any of yours or other organisation members' needs?
8. May I ask what ethnicity you identify as?
9. Were you born in the UK or elsewhere if so, where?
10. If you are born outside the UK, how have you found adjusting to life in Scotland?
 - a. Do you have extended family here in the UK- aunts, sisters, etc?
 - b. Do you have children? If so, how many and how old are they?
 - c. What do you do for childcare?
11. Do you live with a partner?
12. How are responsibilities and chores shared in your household?
13. What are your culture's expectations of gender roles, and do you abide by them?
14. May I ask what you do for a living?
15. Do you feel you are financially secure?
16. Do you have financial say-so in your home?
17. Do you feel that you have enough money to meet your living expenses/ essential bills?
18. Have you ever accessed a food bank or free shop?
19. If you have looked for work, how have you found accessing the job market?
20. Do you think there are barriers you face as a woman and as an ethnic minority?
21. What are your aspirations for yourself? and do you feel able to attain these- do you feel there are barriers in your way from achieving these?
22. Within your community organisation, do women openly discuss their personal experiences?
23. Have you ever experienced any racism in Scotland?
 - a. If so, could you please share the incidents with me?
24. Can you walk me through some of your pictures and explain what they represent to you?
25. What does mental health mean to you?
26. Have you experienced adverse mental health or challenges to your mental health?
27. What do you think negatively impacts your mental health?
28. How do you take care of your mental health?

Thank you kindly for your time and for participating in this research project. I will be in touch in due course regarding the next steps. In the meantime, if you have any questions, please contact me using the information provided on the participant information sheet and this debrief leaflet, which includes a list of helpful contacts should you need them. Thanks again for sharing your experiences with me and for your time today.

Appendix H: Interview Schedule Prompts- CBO representatives

Interview Prompts for Admins:

Thank you for joining me for this interview today. The interview will last approximately 1 hour and is intended to be a conversational experience. During the interview, please only answer questions you are comfortable answering. If you need a break, please let me know, and we can pause the interview for a comfort break.

1. Please confirm that you've read the participant information sheet, signed the consent form and understand what this research is about.
2. What is your role within the community organisation?
 - a. Are you paid staff or a volunteer?
3. How long has the organisation been running?
4. And how long have you been a part of the organisation?
5. What are the cultural backgrounds/ethnic origins of the organisation members?
6. Can you tell me a bit more about what the organisation is about?
 - a. Does the organisation have a mission statement?
7. What kinds of activities does the organisation provide?
 - a. How are these activities chosen?
 - b. What do you believe participants gain from these activities?
 - c. Do you currently measure success or evaluate programme impact? If so, how?
8. How has the organisation changed, if at all, since you've been a part of it?
9. Statistics show that ethnic minority women are more vulnerable to poverty and adverse mental health-in your opinion, why do you think this is?
10. Do you think that ethnic minority women have unique needs different from the general population?
 - a. If so, what, in your opinion, are these unique needs?
11. Without giving me personal details, can you tell me what the women share about their experiences of poverty and mental health?
12. Is racism something that women from your organisation have experienced?
 - a. Is this something that is openly shared and spoken about by women in the organisation?
13. Is mental health something women in the organisation talk about openly?
14. We've recently been experiencing the cost-of-living crisis. Has the organisation discussed the impact of this on women and how to tackle rising costs?
15. What are the specific financial challenges facing women in your organisation and have these changes with the recent crisis?
16. Statistics show that ethnic minority women often have higher qualifications than the jobs they work in?
 - a. Is this true in your experience?
17. What are the challenges your organisation faces in trying to meet the needs of women?
18. How does the organisation currently fund activities?
19. *For paid staff:* Are you currently satisfied with your salary?
20. *For Volunteers:* Do you have a paying role besides this job? How are you currently supporting yourself financially?
21. Do you enjoy your role?
 - a. What are the benefits and challenges in the job you do?
22. What is the one thing you think your organisation offers that makes the most difference to the organisation members? What do you think would improve your organisation?
23. How do women find your organisation?
24. Do you have a memorable woman who has attended the organization whose story has stuck with you- without giving personal details?
25. Does your organisation have wider networks with other organizations? If so, what are they and how do they work?
26. Finally, we've spoken about how you serve women in the organisation but how do you take care of your own mental health?

Thank the participant for their time, ask if they have any questions and let them know you will be in touch in due course to inform them of the next stage in the research project.

Appendix I: Participant Debriefing Sheet



A study to explore the role of participation in community-based organisations in dealing with poverty & negative mental health among Ethnic Minority Women

Debriefing Information Sheet

Firstly, I would like to thank you for taking part in this research. The purpose of the study to which you have contributed was to explore the role of participation in community-based organisations in dealing with poverty & negative mental health among Ethnic Minority Women in Scotland.

It is understood that sometimes people may find some of the subject matters discussed distressing. If at any point you feel distressed and you would like to speak to someone about your thoughts, please see details of a range of organisations to seek relevant support below.

Sources of Support

Breathing Space: Scotland's free, confidential listening service for individuals over 16 experiencing symptoms of low mood, depression, or anxiety. You can contact them on 0800 83 85 87 Monday to Thursday from 6pm to 2am and 24 hours a day at weekends (from 6pm Friday to 6am Monday).

NHS 24 mental health services: are available to everyone in Scotland. The services available include listening, offering advice and guiding you to further help if required. The Mental Health Hub is open 24/7 and you can contact them on 111.

Samaritans: Confidential support for people experiencing feelings of distress or despair. Phone: 116 123 (24-hour helpline) Website: www.samaritans.org.uk

SHOUT Textline: 85258

The Mental Health Foundation: provides mental health information and resources for everyone. Website: www.mentalhealth.org.uk

I would like to take the opportunity to remind you that all discussions which have taken place in the study will be treated with the strictest of confidence and no personal information will be disclosed. I would also like to remind you of your rights to withdraw from this research without penalty, however it must be noted that anonymised data (i.e. data that does not identify you personally) cannot be withdrawn once they have been included in the study.

At the end of the project, a summary of the findings will be sent to each organisation that took part and participants will be informed and have the findings made available to them. You will also be informed if the findings are published.

You are welcome to contact me again to discuss any aspect of your participation in this study, to share any concerns you might have or to ask questions.

Researcher contact details:

Khutso Renato-Dunbar (She/Her)

University of Strathclyde

PhD Researcher - Public Health & Health Policy

School of Social Work and Social Policy

Faculty of Humanities and Social Sciences

Khutso.dunbar@strath.ac.uk

The University of Strathclyde, 16 Richmond St, Glasgow, G1 1XQ

Thank you for your time and for taking part in this research.

The place of useful learning

The University of Strathclyde is a charitable body, registered in Scotland, number SC015263

Appendix J: Follow-Up E-Mail and Invitation to Comment on Findings.

Follow-up e-mail and invitation to comment on findings.

Dear [NAME],

Thank you very much for your time and participation in the study on the role of participation in community-based organisations in dealing with poverty & negative mental health among Ethnic Minority Women.

I appreciate having the opportunity to speak with you and hear about your experiences. To ensure the quality of the research, we invite all participants to review the research findings and offer comments and feedback on the analysis of their responses.

I want to emphasise that reviewing the research findings is entirely voluntary. If you are interested in a summary of the research results once the research is complete, please get in touch to arrange this.

If, following interview completion, for any reason, you have concerns or second thoughts about your research participation, you can request that your information be removed until it has been anonymised. If you have any other questions or require further information, please feel free to contact me at the details below:

Researcher contact details:

Khutso Ranato-Dunbar

Khutso.dunbar@strath.ac.uk

The University of Strathclyde, 16 Richmond St, Glasgow, G1 1XQ

Chief Investigator details:

Prof. Neil Quinn

Neil.Quinn@strath.ac.uk

The University of Strathclyde, 16 Richmond St, Glasgow, G1 1XQ

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee

Research & Knowledge Exchange Services

University of Strathclyde

Graham Hills Building

50 George Street

Glasgow

G1 1QE

Telephone: 0141 548 3707

Email: ethics@strath.ac.uk

Appendix K: Example of Coded Transcript at Familiarisation Stage

Example of Coded Transcript

Khutso

So, do women generally speak openly about their mental health?

ADA_ORG-A

Women, do. Uh, we are beginning to see that happening. Those conversations happening. Never used to be the case before, but I remember for us about four years ago, we had a project called mental health ambassadors. That was an anti-stigma funded project by the NHS and one of the things that we wanted to address is the stigma around mental health. So, we had sessions- information sessions, just breaking down... What is mental health? What does that look like? Whether they have challenges? What support is out there and how can you access that support. And we also gave the women, the ones we call ambassadors. We gave them the opportunity to have tasters of the therapy sessions. We have some therapists within our group. Because one of the things that people find difficult is to, to speak to someone who doesn't understand the culture. So- we said, okay, we've got therapists from the same background and we're going to give you a taster session. So, you have an idea of what it's like to access mental health services because people say, oh if you do that like you're a mad person. So, we wanted to change that narrative so that women can say- see what it's like to see a therapist. And because we call them ambassadors, that was because we wanted them to start this conversation in the community about mental health support. And then from then, I've started seeing that people are opening up... opening up- talking about mental health. And we offer support, and, we are big on peer support. We do that a lot so we can have like a weekly zoom meeting and then something comes up most of the times we meet and there's no agenda but you get emerging issues coming up and we start addressing that and people are open enough to start talking about themselves And that has really, really been helpful. I remember, of course, a few weeks ago, feeling out of my depth because somebody brought up something that I think they were taking about menstrual health and stuff like that, women's health and the conversation was going on, okay? People are sharing things and then someone came with a bomb... FGM.... Do you also talk about this? Like she asked... if she could also talk about this. And we were like... no, do. And then she shared a personal experience- which was like, I know about FGM, but this was on another level, another level, like the pain, she's had to go through, not having even experienced an orgasm in her life. She's got four children. Four grown children and everyone was like, oh. But to me, that was also a testament of people beginning to open up. People are beginning to feel safe in this space, to share, very personal stories like that, which is not. It's, it's not a small thing because for someone to share- it's very, very personal and remember you're doing this virtually, yes, it can be a good thing because people are not seeing you but on the other hand you're like who is out there who's listening to this. But yeah, we're seeing women sharing these a lot. And the more they identify with each other- oh somebody else went through this. They're becoming more and more open to talk.

Mental Health Awareness: Implies a recent development.

Collaborative Network Project: Initiative with formal services.

Mental Health Awareness: Implies awareness taught rather than innately shared.

Peer Training: Community members trained to support peers.

Cultural Sensitivity: Expressed as barrier to help seeking & addressed.

Stigma/ Culture Conception: Association of mental health with 'madness'.

Peer Training: Community members trained to support peers.

Mental Health Awareness: Implies a recent development from initiatives.

Safe space for sharing: Creating opportunity for sharing experiences.

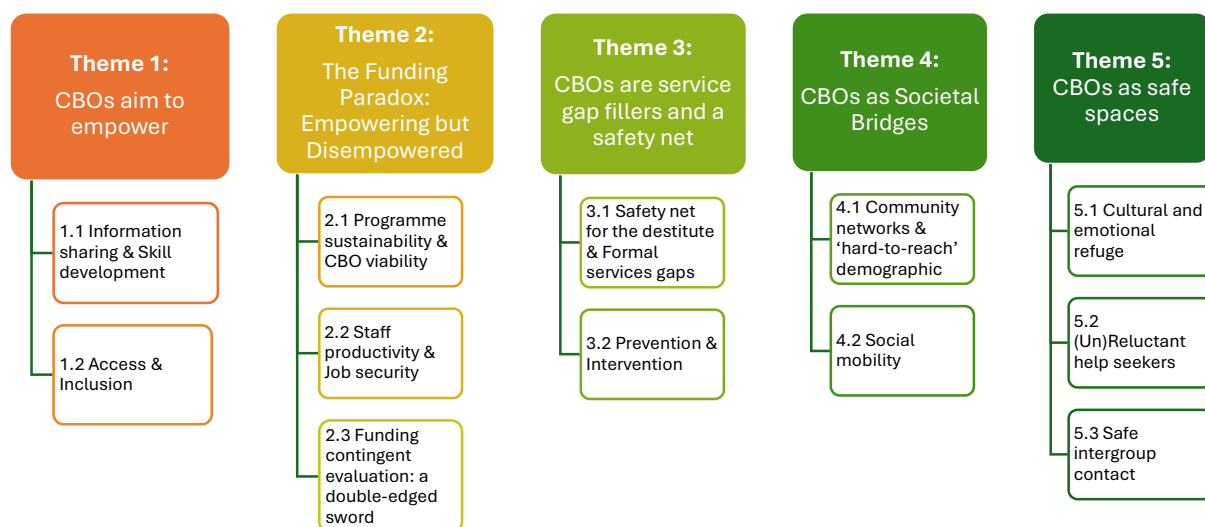
Safe space for sharing: Felt safe to share intimate and painful stigmatised issue with community.

Safe space for sharing: A virtual space can be unthreatening but also uncertain- but women feel safe sharing here.

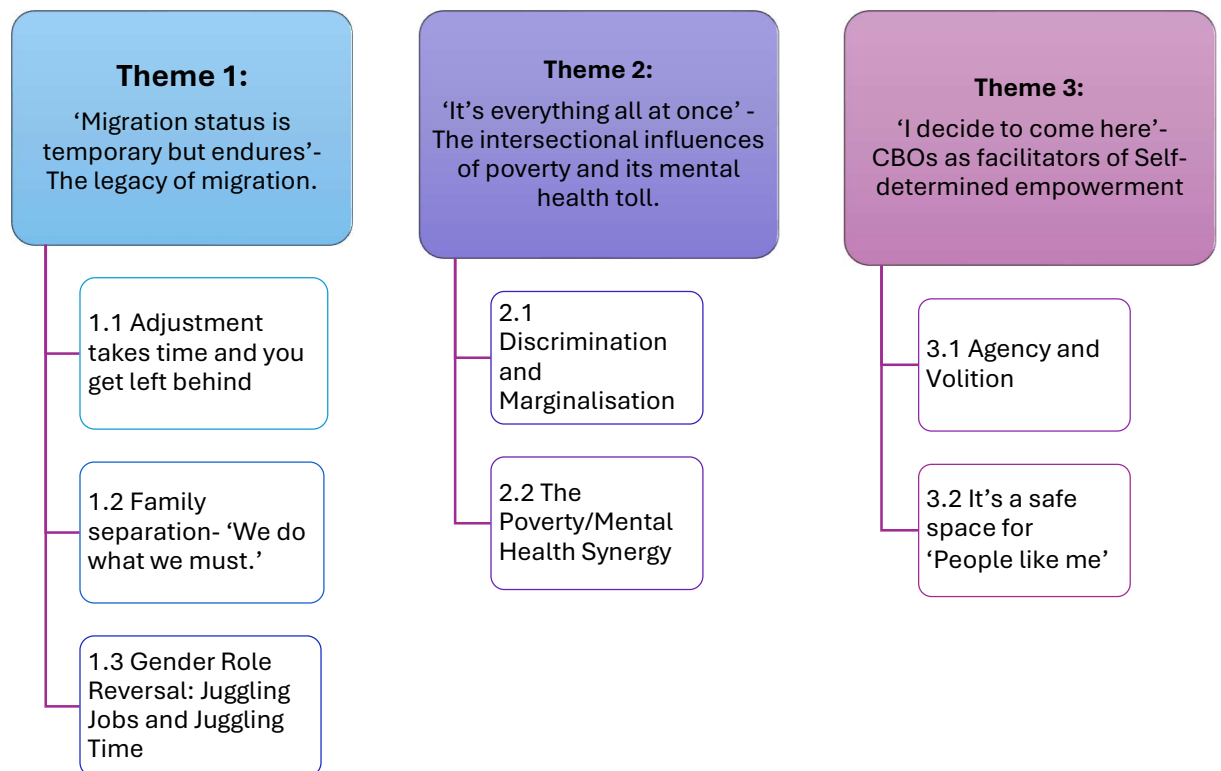
Shared experiences: Identifying common experiences helps with feeling safe in sharing.

Appendix L: Thematic Maps

CBO Themes



Service User Women Themes



‘Without community, there is no liberation, only the most vulnerable and temporary armistice between an individual and her oppression. But community must not mean a shedding of our differences, nor the pathetic pretence that these differences do not exist.’ (Lorde 2012, p. 18)

END