igualtats CONNECTADES

Intersectionality in local public policies

Reflections for developing plans, programmes and projects from an intersectional perspective

Intersectionality is a way of looking at and understanding inequalities, which goes beyond the classification of people according to the characteristics that represent them. People's realities and needs are conditioned by their position in relation to different axes of inequality:

- Age / Life cycle
- Disability / Functional diversity
- Ethnicity/racialization
- Origin/migration
- Sex / Gender
- Religion / beliefs
- Sexual orientation and gender identity / LGTBI
- Social class

The intersectional perspective is a proposal to avoid simplifications, biases and exclusions, because it serves to highlight, analyse and address situations of inequality in a more comprehensive way, bearing in mind the fact that the axes of inequality are interrelated. It is a perspective that helps us to gain a better understanding of people, their needs and problems, in order to seek out the most appropriate solutions.

This document is a summary of the **"Toolkit to incorporate intersectionality into local policies"** (http://igualtatsconnect.cat/guia-recursos/). It is a complementary tool to the different phases of the project management cycle which can help us to incorporate the intersectional perspective in participation, communication, detection and in the planning of plans, programmes and projects. This material needs to be consulted to assess whether the intersectional perspective is being taken into consideration in each of the phases.

In order to reflect on the considerations that appear in this summary, it is important to have some knowledge of intersectionality. We recommend reading the Toolkit in its entirety, where these indications are developed in greater depth and are accompanied by experiences carried out in local governments.

Communication

The intersectional perspective must represent and question the diverse realities of the population, through more efficient and inclusive forms of communication. To achieve this, we can reflect on the following topics:

Is the communication inclusive and does it consider the diversity of the population?

Do the materials represent the diversity of citizens?

Who can identify with the people appearing?

Do people from social groups appear? How are they represented?

Are images of people from social groups in normalised contexts used? (For example, in a communication for a health activity is there an image of a racialised person? Or, in a communication for a facility, is there a person with reduced mobility)?

Are the representations of the groups reinforcing or dismantling stereotypes?

Is the language used inclusive and appropriate and will it reach as many people as possible?

Is a precise language being used that avoids stereotypes and sexist, racist or homophobic images or expressions?

Are messages that promote and defend diversity included?

In addition to graphic representations, are there other elements that facilitate or hinder inclusion? (For example, materials in different languages, different formats such as Braille, DAISY or Easy Read, etc.).

Are different distribution channels used, which take into account the needs and preferences of different profiles?

Participation

Participation must be broad and must represent both the diversity of profiles, and the diversity of discourses. The following questions consider how to include the intersectional perspective in participatory spaces:

Do the existing participation spaces represent the different axes of inequality?

What can be done to include the voices that are usually not represented in the participation spaces?

Are strategies or initiatives carried out to intentionally reach the groups that are usually not represented?

What aspects facilitate or hinder the involvement of different groups in the participation spaces (for example, formal requirements, meetings schedule, space where meetings are held, accessibility, etc.)?

What can be done to reduce these obstacles and facilitate the involvement of groups?

Of the individuals or groups represented, does everyone feel that they have the same legitimacy and recognition? If not, how can this be balanced out?

Would it be possible to create a participatory space focused on problems or goals shared by different groups?

Detection

The way in which needs are detected or problems are defined is not universal; rather, it responds to different points of view, interests, etc. In any case, as a starting point, it is worth asking ourselves questions which help us to define the subject to be addressed carefully and from an intersectional perspective and to find more effective answers that are more relevant to the reality.

What is the problem to be addressed? Why is it considered a problem?

Who expresses the problem? Who does it affect and who are the agents involved?

What inequalities does the problem to be addressed conceal?

Is the problem defined from different perspectives in order to determine how it affects diverse groups in relation to the axes of inequality (technical staff from the services tackling axes of inequality, diversity of people and groups affected, other agents involved, etc.)?

Bearing in mind the context (historical, social, territorial, etc.), which axes of inequality are more important?

Are there important intersections between the axes of inequality (for example, gender and social class, etc.)?

Which services are needed in the management of the problem (both related to axes of inequality and specific spheres?)

Are there non-structural axes of inequality that should be taken into account (for example, physical appearance, being a mother, etc.)?

Which privileges, prejudices and/or stereotypes may be affecting the definition of the problem or the affected groups (by the technical teams, the affected groups and other agents involved)?

1 **Diagnosis**

Prior to planning actions, the inequalities, causes and consequences of the need or problem to be addressed must be analysed, as well as the groups to be worked with and others that may be involved. In order for our diagnosis to incorporate the intersectional perspective, we can consider the following questions:

Is the diagnosis shared by the services tackling the different axes of inequality relevant to the problem?

How is information obtained about how the problem affects the different axes of inequality and the relevant intersections?

Do the affected individuals and groups actively participate in the diagnosis?

Are the life experiences and emotional elements of the affected individuals and groups assessed?

Is the heterogeneity and diversity of the groups affected by the problem considered?

Which individuals or groups affected by the problem are we excluding?

What can be done to reach these groups or individuals who have become invisible?

With the information resulting from the diagnosis, which inequalities are detected?

Which need to be addressed first? Why (political, regulatory, budget-related reasons, etc.)?

2 Design

Designing the actions helps us to plan how we will respond to the needs or problems detected and analysed. The following questions help us to incorporate the intersectional perspective in the work methodology and the content of the actions. They also make us reflect on the potential impact on the groups, bearing in mind their heterogeneity and diverse needs.

Will work spaces be created between the different services tackling the axes of inequality relevant to the problem?

Will the data collected be broken down according to the axes of inequality relevant to each problem?

Will the actions take into account the heterogeneity of the groups?

How do the actions respond to the needs stemming from this diversity?

What impact are the actions expected to have, bearing in mind the axes of inequality? Has a negative impact been detected that should be avoided?

Will the design proposal be shared with and assessed by the people or groups affected by the problem?

How can it be ensured that the actions will not produce more inequalities in other groups?

What will be done so that the actions do not reproduce existing stereotypes and prejudices?

3 Implementation

The development of the designed actions can also incorporate the intersectional perspective, both in terms of the content of the actions and the attitude and strategies of the work teams. These questions address some aspects that we need to bear in mind:

Is the team that is carrying out the actions trained in intersectionality?

Are the actions being developed in a coordinated manner between the different services tackling the axes of inequality relevant to the problem?

How is it ensured that, during the implementation of the actions, existing stereotypes and prejudices are not reinforced?

How is the diversity of the groups highlighted and recognised?

How do the actions facilitate or promote solidarity and complicity between different interests and groups?

4 Evaluation

Follow-up and evaluation must consider the impact of the actions on the context and on the different groups involved, taking into account their diversity. In doing so, we can analyse the impact of our actions on inequalities and on the different groups involved from an intersectional perspective.

Do the collected data allow taking into consideration the different axes of inequality affecting the problem?

Do the affected individuals or groups participate in the evaluation?

What impact have the actions had on the different axes of inequality?

Have the inequalities detected in the diagnosis reduced, stayed the same or increased?
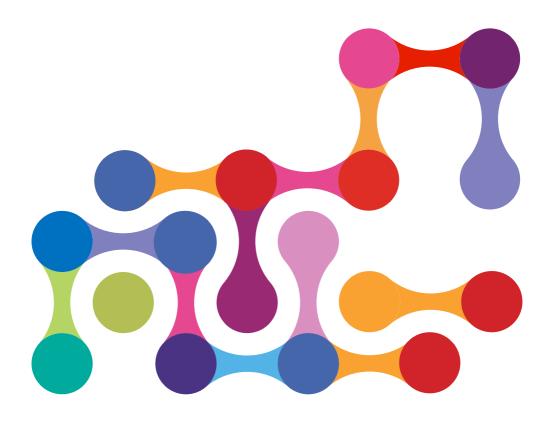
Considering the diversity of the affected groups, what has not been achieved? Why?

What can be done in future actions to reach those individuals who have not benefitted from the actions?

Has the action had an unpredicted or undesired negative impact on other axes of inequality?

What can be done in future actions to adjust possible undesired effects?

Have the constructs of the technical team, the affected groups and other involved agents changed?