



Shifting culture and systems to support active lives for all

Ben Andrews, Beyond Empower

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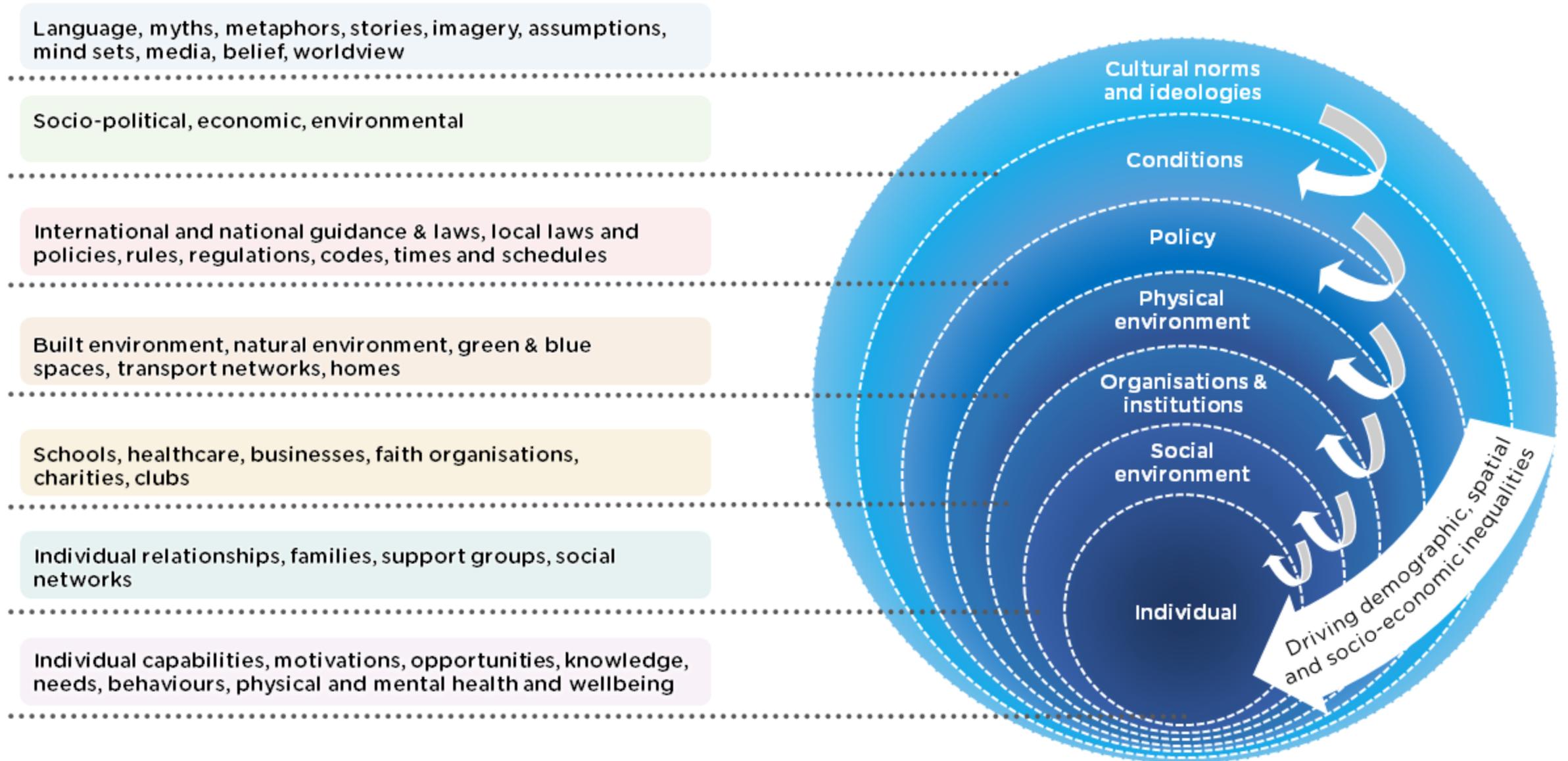
Eve Holt, GMCA

Joe Sarling, GM Moving

Matthew Kidd, GM System Changer

Shamima Jan, Bollyfit

Sharmila Kar, NHS Greater Manchester Integrated Care





“I am no longer accepting the things **I cannot change**. I am changing the things **I cannot accept.**”

- Angela Y. Davis



Bollyfit Active: Power and System Disruption

Shamime Jan

Founder- Director



Not Hard to Reach—Hard to Ignore

The Problem: Systemic Invisibility

Too many women are excluded from movement and health spaces—not by choice, but by design.

- Systems weren't built with our languages, cultures, or lived realities in mind
- Women face racism, body shaming, misogyny, language barriers, and intergenerational trauma
- We're stereotyped as passive, dependent, unengaged—while our leadership and complexity go unseen
- Culturally safe, community-rooted spaces remain underfunded and undervalued
- **We are visible to stereotypes, but invisible to systems of care.**



Bibi/Begum Syndrome: The Catalyst

- “**Bibi/Begum Syndrome**” refers to the harmful stereotype of South Asian women as exaggerating or fabricating health issues
- It framed us as problems to fix, not people to listen to
- That report didn’t see the women I know—resilient, joyful, full of leadership
- It was in that moment I knew **we needed our own space, our own narrative, and our own power**

Bollyfit Active CIC was born from the need to dismantle “**Bibi Syndrome**”—and replace it with community, culture, and movement-led healing.





The Response: Community-Led Change We didn't wait for permission—we built what we needed

- **Bollyfit Active** and **Afrofit** (Accredited by Active IQ) were born from community wisdom, not institutional design.
- We created spaces where women could move, heal, and lead, on their own terms.
- Our programmes address health disparities by centring cultural identity, joy, and collective empowerment.
- Through initiatives like pre-diabetes support, weight loss challenges, and trauma-informed healing circles, we tackle systemic barriers with community-rooted solutions.

**This is what systems change looks like—led by us,
for us.**



Our Ask to the System

**We don't need fixing—
we need resourcing.**

- Invest in what's already working in our communities
- Recognise community-led programmes as professional and vital
- Trust culturally rooted leadership
- Design systems with the people they serve



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