
Women Talking, City Listening

Research Project 2019-2020
Leicester City Council Equalities Team and
Neighbourhoods Services

1. Introduction and Background

“I think the largest barrier is this discrepancy between what society expects us to do, to achieve, and what we can manage to do. This whole expectation that our grandmothers and mothers fought for us being able to do everything. And now there's this expectation that, we actually do everything, that we do have a family and a career and that we continuously strive for more... It's that kind of pressure to achieve everything - that 'achieving everything' being unattainable because we don't have the systems in place to support this; achieving everything”

As one of the seven national Centenary Cities, Leicester City Council has been widely recognised for its work in celebrating the lives and achievements of local suffragettes such as Alice Hawkins. Following on from the Centenary Cities project, The Council were one of three cities successful in securing funding for a progressive research project, examining women’s position in Leicester, today.

The project observed women’s voiced goals, experienced barriers, and how they preserve themselves through their individual experiences of structural inequality. It was clear women frequently manage this in a self-contained manner, supported within established community circles.

The Researchers were taken aback by how candid the women who engaged with this project were about their life experiences and willingness to share, demonstrating a clear want to engage in and contribute to societal reform, to benefit all of Leicester’s residents.

Notably, in most group contexts, women provided practical advice or emotional support to one another. This willingness to help with the tools already at hand demonstrated the innovative community entrepreneurship women build up in the face of adversity, and a common will to lift one another up to succeed.

The route to equality for all is largely considered unclear; difficult, made only more so by conflicting opinions as to how we achieve this. This project sought to highlight women’s voices and carry their voices through to the proposed recommendations.

This report contains ten overarching themes (Careers and Motherhood; Community Support; Workplace – Policies vs Practice; Recognition of and Support for Carers; Sports and Access; Safety; Personalisation of Services and Communication to Service Users; Finance; Health; Covid-19), and within these, multiple sub-themes. By the nature of this report, exploring women’s experiences within society, there is some overlap of key issues. These themes represent the most significant areas of discussion, comprehensively capturing the voices of the women of Leicester.

Conducting this project during the Coronavirus pandemic had an unprecedented effect on how the project developed. However, this disruption to society presents a significant opportunity to enact positive, long-lasting change.

We are preparing for a 'new normal' of society. This report hopes to feed into our 'new normal' in Leicester, as we champion a brighter future for all, a future that our women have advocated for.

2. Project Description and Aims

- 2.1 To hear from, and have meaningful conversations with, women from a variety of backgrounds, living or working in Leicester.
- 2.2 Through direct engagement, reflect on progress towards equality made so far and identify the barriers to achievement women experience in contemporary Leicester.
- 2.3 To identify viable solutions to ease and, where possible, dissolve the barriers women experience.

3. Methodology

Summary

- 3.1 This project consisted of triangulated (multiple) research methods and various engagement opportunities.
- 3.2 This project incorporated two online consultations, and various casual engagement activities, to identify common barriers experienced by a large quantity of women.
- 3.3 This was complemented by qualitative focus groups and one-to-one semi-structured interviews, which enabled case studies to emerge from personal insight into the common barriers experienced.
- 3.4 To actively seek representativeness (speaking to women from a range of backgrounds; ideally our participant demographics representing that of Leicester's population), equalities monitoring information was collected throughout the data gathering period, which fed into a protected characteristics tracker and postcode mapping system.
- 3.5 An overarching interview schedule (list of questions) was devised, which was then modified (in the degree of detail), to make appropriate for each method of data collection. The base interview schedule can be seen at Appendix A.
- 3.6 A triangulated methodology was designed to produce a successful investigation that was both highly insightful and far-reaching.
- 3.7 A feminist epistemological methodological approach was taken, meaning the researchers used their subjectivities as an asset, sought to make conversations held in the face-to-face methods meaningful and empathetic (Oakley 1981), and placed a high priority on showing respect and counteracting the power imbalance common within a research context.
- 3.8 This project was led by women for women. It was ensured that all key frontline staff (the researchers and external facilitators) were also female identifying.

3.9 This genuine occupational requirement gave participants a more comfortable setting to discuss difficult experiences directly linked to their identity, and also ensured that participants and those conducting the research were better enabled to relate to one another. By seeing the researchers as similar to themselves, it was expected there would be less of an 'interviewer bias' and a more equal power dynamic within research settings.

Qualitative Methods: Focus Groups and Interviews

3.10 Focus groups took two forms: working with pre-existing community groups and groups comprising of individuals who expressed an interest in participating.

3.11 Groups were asked questions around the same broad themes, however the interview schedule utilised was determined by each group context. By choosing a schedule most suited to each group, this project worked to foster greater validity.

3.12 Asking around the same broad areas in focus groups and interviews ensured that each research session produced broadly comparable data and reliable findings.

3.13 Working with existing community groups gave insight into the function such groups play in many women's lives and granted the project access to harder-to-reach groups who may be distanced from the Council or less trusting of such an authority.

3.14 Where research took place in community groups the researchers joined, the researchers were viewed in varying degrees as an 'external force' infiltrating the group, meaning it was harder to establish a rapport with the participants.

3.15 However, one of the strengths of this research context was that the researchers were able to sit-in and observe conversations they may not have been able to access otherwise: between women who already have a trusting relationship with one another.

3.16 In the groups created for this research purpose, participants were not expected to have any pre-existing relationship with one another, eradicating the risk of researchers being seen as an 'external force' to the group.

3.17 Additionally, the primary purpose of such meetings being to participate in this research meant participants were more likely to be focused on engaging with the researchers' questions. This allowed more time for the researchers to delve deeper, as the discussion was not disrupted by other activities.

3.18 Focus groups were incorporated due to their unique strength of allowing the researchers to capture data of how women interact with one another, in addition to asking questions in a face-to-face format. The researchers were interested in how women compare, contrast, and relate their experiences to one another, and how this changes dependant on if the women already have a relationship. The group setting also enabled the researchers to gather in-depth information while speaking to a greater number of women than a one-to-one interview setting could allow.

- 3.19 The main limitation of this method is that it is inevitably difficult to control. It was expected that there would be more divergence from the interview schedule and that the researchers would have to strike a balance between encouraging fair turn-taking without overly effecting the group dynamic.
- 3.20 To overcome this, shorter versions of the interview schedule were used to allow time for discussion to digress. The researchers would also direct questions to participants who had contributed the least when conscious of an unequal dynamic. Additionally, at the start of the focus group, participants were informed that once the focus group had finished, the researchers would stay behind to speak with participants who realised they felt uncomfortable speaking in a group dynamic but wanted to have their voice heard. This resulted in several spontaneous semi-structured interviews.
- 3.21 In addition to focus groups, one-to-one, semi-structured interviews were chosen to further the highly personal element of this research. The researchers used the full interview schedule and gained the most in-depth information in this context.
- 3.22 Semi-structured interviews rely on an interview schedule but allow the researcher to follow-up on points of interest with probing questions. This less rigid format lends itself to feeling more like a conversation, and less like a formal interview with a more obvious power dynamic: appropriate for the researchers' priorities of conducting high-validity research, working in partnership with participants, and their intention to create a comfortable and respectful experience for the participants.
- 3.23 Additionally, interviews provided an opportunity for individuals who may feel uncomfortable opening up in group settings to contribute meaningfully.
- 3.24 While interviews are one of the most time-consuming methods, meaning the quantity of participants engaged via this method would be fewer, it was felt this method was essential to understanding how broader barriers commonly experienced could affect an individual's life; enhancing the reliable findings on wider issues with case studies of lived experience.
- 3.25 To best represent the diversity of participants, the project worked with external facilitators to connect with 'harder-to-reach' groups. The facilitators engaged were leaders of community groups and other community 'leaders', as well as our Community Engagement Officers. While the researchers joined many of these groups to conduct focus groups, where it was more appropriate, facilitators were approached to conduct semi-structured one-to-one interviews on the Council's behalf.
- 3.26 To enable this, the researchers created a briefing pack containing the necessary guidance and information for an external party to conduct semi-structured interviews, in line with both the project and the Council's principles. This can be seen in Appendix B.
- 3.27 This key role for external facilitators was encouraged to ensure those from the most closed-off groups were able to contribute. Following Covid-19, this translated to telephone interviews the facilitators held with contacts who were expecting and wanting to participate

Online Consultation

- 3.28 To ensure as many women as possible were able to engage, a two-part online consultation was also used.
- 3.29 Initially the project launched a consultation on Dialogue. The questions used on Dialogue can be seen in Appendix C. In the latter half of the research gathering period, accounting for Covid-19 prematurely concluding the face-to-face research, the Council's standard route of consultation via Citizen Space was also used, the questions used can be seen in Appendix D.
- 3.30 Dialogue is an informal, less-structured online consultation platform that allows individuals to share their ideas and interact with other's ideas, similar to responding to 'comments' on social media. Both platforms were pre-set with the broad themes and questions taken from our interview schedule.
- 3.31 By utilising online consultations, women who didn't feel able or comfortable to partake in face-to-face discussions were given an opportunity to contribute.
- 3.32 The online consultations were designed to allow participants to describe in their own words their experience; participants also did not have to answer every question. Rather, participants contributed their thoughts on the issues that personally resonated. Each 'theme' the participant wanted to contribute to include both closed and open-ended questions.
- 3.33 The closed-ended questions were included to make participants think about their answers to the following open-ended questions, which were accompanied by free-text answer boxes.
- 3.34 While a limitation of this qualitative type of consultation is that analysis of free text is considerably more time-consuming, the priority was to ensure women could fully express themselves in any way they engaged with this project.
- 3.35 As this method is less of a commitment for the participant (in terms of both their time and not having to interact with the researchers in person), incorporating this approach meant a much greater number of participants were able to get involved. By reaching farther through this more light-touch method, it was expected that common overarching barriers would come to light and, due to the number of women partaking, that these findings would be reliable and broadly generalizable.

Removing Barriers to Participating and Identifying Underrepresentation

- 3.36 As described above, a range of engagement options were available, however it was acknowledged that extra provision would be required for some women to be able to participate.
- 3.37 It was decided that participation wouldn't be financially incentivised, due to potential ethical concerns associated with this. However, fair compensation for travel and childcare costs was budgeted for.

- 3.38 The researchers consulted the women they would be working with to facilitate focus groups and interviews at locations and times that were convenient to them.
- 3.39 The researchers also improvised approaches to assisting women to participate where the need arose, for example by entertaining children accompanying participants.
- 3.40 Where it was anticipated there would be a language barrier, a female Officer from the Council's Community Language Team was recruited to join focus groups and interviews.
- 3.41 Equalities monitoring information and a postcode mapping system were used to continuously track our participant representation during the research period. Targeted advertising was used in the latter stage of the research period, where there was an identified underrepresentation of particular demographics involved, to encourage broad representation of the diversity of the city

Participants

- 3.42 A total of 330 participants shared their views as part of the project.
- 3.43 All participants identified as female and were over the age of 18, and either lived or worked in Leicester. A map to highlight responses from across the city can be seen in Appendix E and responses from the city and county in Appendix F.
- 3.44 A full breakdown of the participants by demographic, location, and means by which they engaged in the project, can be seen at Appendix G.
- 3.45 All participation in the project was voluntary. Volunteer response sampling was used as part of the project, and engagement opportunities were widely promoted by internal and external stakeholders through a range of media and word-of-mouth.
- 3.46 Project officers worked with organisations across the city to host focus groups and promote online platforms. Libraries and community centres were utilised for focus groups as this was also where many community groups reside.
- 3.47 To remove barriers to participation, where applicable, participants were offered to have their childcare and travel costs reimbursed. The project also offered community group leaders reimbursement of their community room bookings. Where appropriate, female-identifying interpreters accompanied face to face research.

Analysis Approach

- 3.48 Thematic analysis was used to analyse the collective data from all methods used.
- 3.49 This approach involved the researchers becoming incredibly familiar with the data by reviewing it multiple times (through re-reading transcriptions, consultation responses and research notes, as well as listening to focus groups and interview recordings).

- 3.50 This allowed the researchers to create 'codes' of commonalities that were relevant to the project aims. These 'codes' help to categorise the data into initial themes and identify how prevalent each common finding is.
- 3.51 These initial themes were then revised and refined by returning to the data set, to ensure the identified themes accurately captured the 'story' told by the participants collectively
- 3.52 A grounded approach to analysis was taken, meaning that the themes were set by the participants, and the researchers were reflexive in their analyses, to better capture the voices of the women participating and relay this in both the research findings and the resulting recommendations made.
- 3.53 The main body of this report combines the analytic narrative (the identified and analysed themes) with direct quotes from the qualitative data sets, to report on generalisable themes identified and illustrate the individual, personal experiences within these overarching common themes.
- 3.54 It was essential to the researchers that women's voices were carried throughout this project: this work is a collaborative effort between the researchers and the participants.

4. Main Body (thematic analysis and case studies)

Introduction: Equalities and Recognition

The following findings are an amalgamation of the data gathered from focus groups, interviews, engagement events and online consultations, which took place between October 2019 and July 2020.

These findings are separated into key themes for ease of reading. However, it is essential that these issues are not viewed in isolation; for many women, there is significant overlap of these important aspects to life, and similar issues arise within many of the themes.

The Equality Act 2010 acknowledges nine protected characteristics, however as Section 14 never came into force, discrimination cases currently have to be brought separately for each protected characteristic. This means that intersectional barriers, for example racialised sexism, are currently not recognised as such in law.

This needs to be recognised in law to ensure comprehensive protection and respectful acknowledgement of identity for everyone.

Recommendation: That the government should evaluate and review existing legislation and policy to ensure it takes an approach which fully considers the interaction between sex and other protected characteristics, or 'intersectionality' in addressing equalities disproportionately experienced by women, many of which are covered in the later sections of this report.

Recommendation: That the government should make it possible to bring a single discrimination claim based on an individual's full identity (which is likely to include multiple intersecting protected characteristics), by reviewing and then implementing Section 14 of the Equality Act 2010. Whilst Section 14 covers 'dual discrimination' there may be merit in considering intersectionalities of more than two protected characteristics in conjunction with one another, as part of the review.

1. Careers and Motherhood

"That's the other reason that your undervalued: you're undervalued if you have too many children and you're undervalued if you don't."

The most prevalent theme, highlighted by a vast majority of women, was the strain felt between pursuing career goals and managing childcare responsibilities. Almost all mothers spoken to are the primary caregiver of their child or children. Many women with children spoke of experiences demonstrating the 'triple shift' (Duncombe and Marsden 1995), where they were employed (or seeking employment), but still expected to do the majority of childcare and the housekeeping.

Of those that responded in our online consultation, 61.71% said that family commitments hold them back at least sometimes.

When asked 'If 'Yes' or 'Sometimes', how so?', responses highlighted many areas. The three most prominent areas were childcare, putting the needs of others first; whether this be children, husband and/ or elderly parents and having the role of a carer. Within these answers references were made towards being a single parent and managing near all responsibilities; lack of suitable work to fit childcare; the cost of childcare and other financial restrictions.

Living Through the Triple Shift

Participants expressed their responsibilities - as the primary caregiver, primary house-runner, and in employment - are overwhelming.

Simultaneously managing these multiple roles also fostered significant guilt in women who felt they were not fully fulfilling any role or meeting expectations set of them:

"I started from five, five o'clock in the morning to like ten at night and it just didn't stop. And I just felt I wasn't doing enough."

"I do feel that there's pressure just to be like working and then like be great in the house, especially in [my] Indian community"

In addition to frustration in automatically being assigned the responsibilities of house-management and primary caregiver; with these forms of unpaid labour being tough, demanding and unrewarding (Oakley 1974) or 'lesser' importance:

“Her sister in law, the dad will have the daughter for the whole weekend. She will come back in the exact same clothes, exact same underwear. Her hair will be all knotted. And he'll just say ‘well, I don't have to do that. So, I didn't do it. It's your job to do that’. But then that child is learning that men will not look after her. And that as a woman she must do that. And that's when we've got to think: is that the message? When men are saying, well, that's not my job... what is he doing in that time? And is that work more important than what we've 'gotta do'? What we're saying here is that whatever he's doing is more important, better, productive, whatever he's doing. That's first priority.”

“Even though I feel that we're both very modern and progressive I think housework-wise it still always tends to fall to me as the woman, you know. And even if it's not physically demanding, it's the mental load of things. So, I have to remember what there is to do and sort of instruct him and then remind him... I feel like I still run most of the household even when I'm working.”

These roles are learnt from childhood, with many participants reflecting on the different position they held in the family compared with their brothers:

“So, from the age of 17, 18, I've studied; worked; looked after the house - my sister and my brothers never had to worry about that. that's just been expected of me as a woman, yeah. Which is fine. I mean, I like to do it, but my brothers, even now, for example, it will not come to him. He will do a decision and think later on, ‘okay, how will that affect my family?’ Whereas with me, before I take the decision, I'd say, ‘gosh, what am I going to do in terms of family?’”

Young participants spoke of avoiding these roles:

P1 “I bet you're pulled in to help around as well, though aren't you?”

P2: “Yeah, that's why try to stay out the house as much as I can”

And being expected at a young age to be a carer:

“As a young woman, because I'm not married, I don't have any children. People assume you have no responsibilities. So, when you say ‘no, actually, I look after my sister, look after my parents’ or, ‘I try and do this and that or try and volunteer after work’. They don't see that as important enough, that kind of thing”

Once the roles have been assigned in the adult family unit, of managing the house and being the primary caregiver, the woman's ability to exercise autonomy is reduced (Oakley 1974) and shifting this status quo becomes difficult:

“Well, if I worked full-time and the kids were in childcare? Who would do that other stuff? Okay, well, I would still have to do that because know you've then taken up that role. It's very hard to shift it back when you've been doing it.”

“We know men get paid more so they're the breadwinner, aren't they?... Typically, the men are the breadwinners. And I don't think we've quite lost that... Yeah. it's such a shock because more often than not, the woman is at home looking after children, the house, maintaining, because the opportunities are not widely available for women.”

“But I think one part that would certainly help is the childcare side of things, because like they say, whatever, I think if not physically, the mental load of it all falls on women. And if there's anything you can do to reduce that, then you can free women up to do more outside of the home”

“Or, you know, if you've got limited holiday anyway. It can be really difficult to balance working and being the kind of main caregiver as well.”

And leave women placing themselves as their last priority:

“You have to think about what the people think. Yeah. What your family think. And then weirdly, lastly, yourself”

Childcare Costs

Of the mothers that were unemployed but doing the childcare, a common frustration was the desire to do paid work, but the feeling of being unable to.

While the early years funding programme for 3- and 4-year olds (15 hours a week for 38 weeks of the year for all families, 30 hours a week for families where lone parents/both parents earn at least £139 per week) is a help, many do not feel this sufficient.

It doesn't account for families of multiple children under 5, families with a child under 3 with parents who wish to return to work, or the continuous need for childcare before/after school.

The steep cost of childcare means that for many women, their wages would entirely go to paying or supplementing childcare fees to ensure care provision during working hours, with some families even left at a deficit if the primary caregiver returned to work.

On leaving their jobs to care for their children, many women cited the meagre difference between their earnings and their childcare fees, some referring directly to the automatic assumption of them, as mother, being the primary caregiver:

"The money I was paying childminder for the three children at the weekend rate was more than I was earning"

"Certainly, when they were younger to put them in nursery, for instance, it's just impossible. It's £50, £60 a day each. So, you put three children in nursery and whatever I earn is just going on nursery fees and it's just... Why would you want to pay somebody else to look after your children?"

"I had to stop the job, the original job I was doing before because of childcare. I was doing a part-time job. By the end of days, my job was just paying my childcare."

I: "Do you work at the moment?"

P: "No. Because of childcare I can't work, nurseries are too expensive."

I: "Would you want to go back to work right now if you could?"

P: "I would love to, yeah."

"The only thing I thought was tricky was when I wanted to change my career path. That's when I wanted to go to college to do my level three in childcare... Now, I found that a little bit difficult because. Childcare. Biggest thing. Where you're banging your head against a brick wall. And as the woman, you're the one that is expected to stay at home because socially it's more acceptable, isn't it? It's very rare you hear of men being stay at home dads; 'our mom goes out to work'"

With looming childcare fees intercepting plans of education or work:

"Honestly, I don't have much to say because we are struggling with the same thing, childcare, childcare, childcare... so at least if the childcare is affordable. Then you know, you can concentrate on the school years and working because, you know, you have bills to pay."

In addition to free childcare coming in too late; for many professions, being out of the field for three years lessens their relevance:

"I've heard it from so many like moms that, you know, they want to go back to work and childcare is just too much. So, I think that's the main thing for me like, just to have the support with childcare. I feel like the systems that they've got up still don't really help enough. You have these tax-free systems of childcare; it feels like still you're paying out quite a lot of money. So, if you're having a

minimum, a low income, paying that much to childcare still is too much. But it's just for 3- or 4-year olds (30 free hours) ... I feel like that's too late for a lot of people that want to start working."

Women also spoke to the false promise of free childcare: therein, the additional cost incurred in meeting the hours given by the provider:

P1: "There's a trap though because I've got them in nursery, they will take that funding, but they will make sure you pay for the other side of that funding, so like if you went to minus where you had 15 hours, you couldn't just do your fifteen hours, you have to pay an extra day or you need to put an extra morning and afternoon in. Somehow you have to pay."

P2: "Yeah. and what jobs are you getting that you could just do three hours a day four days, or three days with five hours. you just can't do that."

With many mothers referring to a 'financial trap', in that mothers who were eligible for certain benefits would be better off both financially and emotionally not working than recommencing their employment and career following maternity leave:

"Basically, went on maternity leave. and because of childcare costs, I decided I couldn't go back."

I: "Would you be worse off if you put him into childcare if you went in [to work]?"

P: "Yeah, that's the thing. Even looking into work right now, I feel like I'd be worse off working then on benefits basically. So, me and my partner, we claim like Universal Credit. Yeah. So, working it out I'd be worse off working. it's really annoying cos I wanna get back to work"

"Again, we were saying childcare, parents can't seem to make a balance of working and things like that, because they feel financially the strain on a day-to-day basis. So, when it comes to childcare, I mean for 50 to 60 quid. Yeah, per day. And if you have up to a couple of children, I mean, financially, you're strained anyway. How are you going to manage that? There's no motivation to it. It's almost like financially, a vicious circle. You're in the trap, aren't you? So, there's no way out."

It is essential to acknowledge the conditions of widespread economic deprivation in Leicester, in particular income deprivation (The English Indices of Deprivation, ONS 2019), that has contributed to this situation wherein achievable salaries for many women are close to, or even below, childcare fees.

Childcare and Guilt

Furthermore, some women also voiced feeling guilt leaving their children with another caregiver, or the overwhelming automatic delegation of house and childcare responsibilities, as hindrances to pursuing work:

"I just feel like I wouldn't be able to manage a proper full-time job because of all the commitments of family. Yeah, and I think I'd like to give my family that time."

"I know the way I treat my kids, no one else can do it"

"I didn't feel comfortable enough to leave my children with the babysitters or childminders"

"Unless I could find anywhere that I felt [comfortable with] - until they could start in an OFSTED place, I wasn't happy to place my children anywhere"

"I got pregnant, had my first child, couldn't find anywhere affordable to put my daughter, so until I could balance that, I had maternity leave, but I had to balance that. And I found that so hard and stressful because nursery fees: massive. The second thing I'm a little bit funny about: sending my kids to nursery, unless I actually know what nursery's all about"

"I've never agreed in having a stranger look after my little boy. So, unless my mum or my dad or my brother are willing to look after my son for the night or the weekend or whatever. We just stay at home together and do our own thing. I've never agreed with leaving him with a stranger. You're paying somebody to come to my house to look after him? No, thank you. My house is my house, not yours. Simple as, nobody else is going to come and, you know, be involved in that."

"And while I was there [at work], I used to feel so bad. Why do I have to do this? Somebody else's got my children"

"But there was just a lot of guilt of leaving my little one... Even though I enjoyed work and it was a break for me, I just - the guilt. I think I just really wanted to stay home for my child, and I know it was a bit of a sacrifice."

"Then I worked for a year and I thought, I just want to spend time with my children. So, I gave it up. So that was a struggle."

Work and its Functions

Many women identified work as an immensely important part of their identity, and for mothers, working offers an opportunity to be in a different environment, interacting with other adults, and a break from immediate childcare responsibilities.

Additionally, the majority of women who are mothers the project spoke to have a real desire to contribute to the economy and take pride in professional accomplishments.

This sub-section investigates how enabling women who are mothers to continue their career can be mutually beneficial for both employee and employer.

Pursuing a career contributes to providing children with a positive female role model:

"I want to do something positive so that my girls can learn from it as well; don't want to be sat at home"

While working means juggling another responsibility, work acts as respite for women who are mothers from the childrearing role and positively supports mental health maintenance:

"[it] felt like a holiday, like it was a sudden liberation"

"I enjoyed being away from them like so much"

"The job thing is not really for money; I feel like it's just for my own sanity; for my own achievements."

"I think it's important to get out and do something for yourself because it gives you that basic - gives you the sanity."

"I think when you go back after a child, work is just a completely different place to be. I actually enjoy it. You're looking at it differently because you're getting some time out from a hectic lifestyle."

"So, I can go back to work. I need to get out, now. I need to have adult chats"

"I don't know. It might sound crazy, but when I go to work, I find more peace."

Positively serving women's self-perception to feel relevant:

"And it's quite nice to know I'm not old and weird"

As well as supporting confidence:

“Work has actually helped me to be more assertive... particularly because I'm in meetings and I'm giving advice... I'm much more confident in myself, to be able to speak up”

And not having the mental frustration of being ‘shut in’:

“Sometimes I get so frustrated and it all goes on her. ‘Cos it's just me and her in the house”

Or having to use childcare, meaning separation anxiety is alleviated and adjusted to earlier (rather than waiting until the child/ren is/are of school age)

“It was a good steppingstone for us as parents: we're getting used to the fact that, you're going to know, your child is going to go into education and you're getting a separation anxiety [now]”

In addition to achieving financial independence, which has benefits of being active in the economy, gives women the ability to have some degree of control over their lives and, as pointed out by another participant, to “leave unhappy relationships”:

“I just want to go back to work now and be independent.”

Even in spite of having to manage strain under the ‘triple shift’:

“It's hard. I struggle to keep up with everything. Washing, cooking, ironing, shopping, cleaning, the works. Struggle with all of it, but I'd much rather be here, struggling like that than be sat in the same four walls all day, every day. Going stir crazy. Like I did for a year before I got this job.”

These testimonials clearly demonstrate that many women who have children also value work and communicate how much they get out of working as having positive implications for their productivity and enthusiasm in the workplace – even while managing the strain of multiple roles.

Many of the statements talked of negative treatment experienced by women while pregnant or returning from maternity leave, which will be explored further in Workplace: Policies vs Practice.

However, the dedication evidenced by many women and the contribution of mothers in the workplace highlights the case for greater support for working mothers.

Managing Work:

This project heard varying experiences of how work as a mother was and wasn't made manageable. In this sub-section we will explore what women cite as allowing them to re-join and progress in their career:

Flexible working arrangements and understanding managers creating a workplace culture that is inclusive of women were two significant ways women were enabled to recommence work:

"I'm fortunate in that I have flexibility about my work arrangements, and I don't think I'd be able to do what I do if I wasn't in my role, in terms of parenting; I parent alone"

"I do feel like, you know, I'm expected to be a mum. As if I don't have a job. I'm also, I'm very lucky with where I work, they are very flexible. There isn't that expectation that you will work as if you haven't got children. But I think a lot of people do suffer that, you're supposed to be professional and not bring your home life into work. But unfortunately, it doesn't always work like that when you've got small children that might be sick or, might have a school play that they're desperate for you to go to"

"Within the charity sector, I think there is more of a focus on flexible working and equal opportunity for work... but there is more of an understanding now that there is a need for flexibility, so I am very lucky in that respect."

Being able to be with their children, whether it be with a childcare hub attached to their workplace, being able to have their children in their workplace where appropriate, or themselves or their partner working from home, were also cited ways to manage childcare and give women greater opportunities to recommence work:

"I want to do so many things, but I want to do it from my home. I don't want to leave them somewhere else."

"I think that, being a mother, there should be so many opportunities for mothers to work from home with kids if they want to."

"What I'm thinking is that nurseries should allow a mum to work there with their kids"

"We both work, me and my husband, but I work part-time. He owns his own business, so he works from home. So, we kind of share out the childcare responsibilities."

"So maybe idealistically, I'd say that [a solution] could be a nursery attached to it"

Women were also selective about their work, the jobs they applied for often dictated by the school day:

"Yeah, I'm looking for like admin-based work so that I can kind of work between the kids, preferably in a school. So, I get term times."

"I have three children... I work part-time, so I work sort of within the school day and then get back to pick them up after."

Being able to change employment status to locum (temporarily fulfilling the duties of another) was another mutually beneficial solution for both the mother and the employer.

The employer has someone actively wanting to be a 'back-up' and their employee remains professionally relevant by staying up to date with current knowledge and not having a long period of absence; while the mother gets to work flexibly:

"I locum so that means. I'm really flexible with my working. So, if I don't want to work, I just don't book any days. And if I want to add a few more days here and there then I can do that. So, I've got that little bit of being away from being a full-time mom as well... I started locuming [sic] as I found out I was pregnant... I've obviously stayed in because of so much change in my job and I don't want to be out too much."

Many women also cited the support they get from female family members such as mums, aunts and sisters to enable them to work. Others offered that support themselves to help a female relative to work:

"From the start since I've been pregnant, she's been so supportive. Every single one, with every single pregnancy, every single birth... Especially postnatally. I've had lots of support, and I've not been pressured into getting back into a routine or getting back to who I was before having my kids or anything, and I think that just makes such a world of a difference. It does. Because I know, if I hadn't had that support, I wouldn't be able to cope with having three kids on my own."

"I'm lucky to have the support in my home that I've got people to help me with my day-to-day... I work one and a half days a week"

"But lucky enough me and [my sister]: she changed her shifts at work, so I could go to work. And then when I got back, she went to work."

"One of the big reasons to give up my job also was to help my daughter who has two of my grandchildren, to help her go back to school and get a career"

Being granted more opportunities to network was cited as another way to assist mothers working or seeking employment, by creating a culture shift from realising that previously unacknowledged skills can be utilised professionally:

"And I think the networking is a massive one. I mean, there's so many women out there who would become mothers, who have chosen to not go back to work because they want to be there for

their children. How many skills can our city alone utilise for the benefit of all of us, put together?"

Not Managing Work

"I think a lot of people don't feel that they have the choice on how they manage their careers or look after their children... And at every point you should be able to say 'I want to do this. I want to do that.' And the truth is, you don't have that choice most of the time."

Following on from the last subsection, here the barriers that hinder women who are mothers from being able to recommence and sustain work will be discussed.

Similarly, to the mention of working around childcare, some women were averse to this in that it limits their opportunities for work; for many, the skilled career paths they wish to follow do not always accommodate part-time workers:

"I'm in a situation where I want to go to work but I know I wouldn't be able to have the hours"

"You can't look freely; you have to think about those responsibilities first and then fit in what you'd like to do career-wise around that."

"You end up doing jobs you don't want to because they fit in to the childcare need that you have"

"I've got all these skills. But I'm unable to even utilise those skills or even offer them because now the opportunities available out there are only full-time. I want to balance, I want to be there for my children, and I want to be able to provide for my family at the same time too, but at the cost of not using my skills and my full potential, and that's not rewarding in itself."

"It's literally just completely stepping back and starting off new, because there aren't those opportunities anymore."

"I was 17 when I had him and trying to find a part-time job in the daytime so that you are at home for your children in the morning and in evening is just impossible. So, you either bite the bullet, find a full-time job, or sit on the dole all the time."

"I think that's one thing we struggled with when we started. Obviously, I hadn't got children when it first started, but it was nurseries, cause a lot of nurseries didn't open till 9:00AM. Whereas we started at 7:00AM then. So, it was hard, if anybody wanted to join us in this trade. They couldn't because they've got no childcare."

“So you see this thing going back to trying to find a job like a part-time job in the days when we have no qualifications or whatever, you’re looking at doing your ‘basic’ jobs like cleaning, but cleaning is either early morning or in the evening. And it's just not feasible. I mean, my previous job was part-time, 15 hours a week, but it was working from five to eight on weekdays. And, you know, every night I had to have somebody there to look after my little boy. It just wasn't working for me. Obviously, now that he's old enough, we’re leaving at the same sort of time in the morning. And then he goes back and he's old enough to let himself in and sit there for an hour before I get back from work.”

“I know that in the private sector, when I was working, I wouldn't have been able to get married and have children [until my job progressed]”

In situations where employers have a policy allowing for flexible working arrangements, but the manager decides this is not suitable, this acted as an unnecessary barrier for some:

“She said [to the mother] ‘well, not sure if I'll be able to allow this [FWA] because I have to think about others in the team, and tomorrow somebody else might ask me’ and I just thought, ‘oh my God, am I really hearing this?’ And this is the reason why I haven't had any kids yet.”

Last minute overtime regularly being asked of the employee also wasn't conducive to maintaining a mother in employment:

“When my son was about five, I had a part-time job in a doctors’ surgery... they’d kept asking for overtime on the spot. I’m like, ‘I’ve got to get back for my childminder’. It got to the point where they kept asking me every other day and I just thought, ‘I can’t do this, it’s not fair on my child, it's not fair on the childminder’, I had other problems as well with wages not paying what they said they were going to and in the end it was easier for me to resign”

Pursuing education was also stifled by childcare responsibilities and the need to financially support their family for many women:

P: “I Hope in future I'll be able to go back again to Uni because I really want to go back to Uni and just have my nursing, because I wanted to, I want to be a nurse.”

I: “You mentioned nursing, which is a wicked aim. What do you think needs to change or what will you need to kind of do to get there?”

P: "Probably more support for the parent. If you want to go back to do something, your education. I feel like you're not getting enough support because of the childcare. It's very expensive having to depend on one person. You know, you're going to Uni, you've got two kids. It's not encouraging. So many parents, so many people who I know, went into nursing. They have to drop because you still need to have a part-time job to be able to support your family"

Some mothers tried to study around their childcare responsibilities (i.e. when their child is asleep), causing significant strain:

"When I was doing my honours, I was doing it with the Open University, so I just did it as he was like playing or sleeping... so, I can do it. but it's just a bit of a longer process."

"[In my apprenticeship] we work 37 hours a week. But then on top of that we've got to do our online portfolios and stuff as well. For me I've not really found much time to do it yet. But you know, I'm gonna have to start putting in a couple of hours in a night to be able to get it done. Otherwise I'm just not gonna pass it. See this is it, because I'm a single mum; to look after him as well. I'm just really struggling to find the time."

"I started my AAT course before I was pregnant, I did two exams, passed them. Getting pregnant, I left it, couldn't cope with more studying. I just started doing it... just renewed my course, since August. But I've done nothing so far. There's just too much, I get so tired. But I try and stay awake at night and do it if I can"

However, peer support enabled some to continue with their academic goals:

"I've got only three exams left now. I've been okay so far because I'm doing distance learning. There's one lady who I met through a forum. if I needed help, she would help me, never seen her before, spoke to her by phone or text, that's it. Education is important"

There was frustration voiced in acknowledging that as the mother they were automatically expected to be the primary caregiver, meaning they were the parent who had to work around the child's needs:

"[my husband is] supportive, but he will tell me like, 'no, that's not right, you can't do that'. I had an interview yesterday. But he said there's no point because I've not done that role. I've done that paid role but I'm not perfect in it. Plus, childcare, we've got childcare issues. So, he said, who would look after her? Yeah, that's the big thing. Otherwise, I would"

"You know, they'd always say, call mum. That's an automatic thing people say. Even at schools... It just seems to be ingrained in people, isn't it? The mum is the first one, not 'call the dad', but I think that's a public assumption from olden days."

The mother and/or their child having some form of additional need, for example a chronic health condition also hindered the mother's ability to work due to interruptions such as hospital appointments or taking time out to address support issues with their child's school:

"I just feel that I'm raring to go for a job, but obviously, with my health problems, a combination of my health problems, and my son's health problems. It's a bit difficult to get a job when I've got to have so many... So much time off to do hospital appointments, so I'm thinking about going self-employed so it can be more flexible round those."

"And then even when he did start with his 121 teacher, she went for the training, but it wasn't the right training. So, then we had to wait again. And then it was like my mum had to go to the school to supervise him at lunch. And it's not fair that she has to do that because, let's say if she got her own job... What is she supposed to do?"

Returning to Work

Upon returning to work sometime after they have had a child/ren, many women felt at a disadvantage to their colleagues, due to the time that was spent away from work, employers not keeping their side of contractual agreements and how they are viewed returning to work as mothers.

The fear of being at a disadvantage was also expressed in the consultation where we had the opportunity to ask women about how Covid-19 has impacted them. Many women who have children expressed feeling as though they are not doing enough compared to others who are learning new skills and taking up additional training online during the pandemic. They were unable to participate in this due to several reasons, namely childcare and home schooling; a task the primary caregiver is automatically assumed to carry out. These women expressed a fear of being behind their colleagues when returning to work.

A participant explained her story of being displaced from her position, with assumptions made about what work she would like to do and her aspirations now, as a mother:

"When I came back, bear in mind a whole year I was off nobody contacted me; you're supposed to keep in touch. But I kept trying to keep in touch... when I came back to do what I thought was going to be my job, they decided that the person that replaced me during maternity was staying, keeping my job and that I would actually be

found a different job. And his, my first conversation with him [my manager] when I came back to work, he said, 'so you're going to need an easy job now. You've got a child'... And I hadn't talked about reducing hours. I still had the same ambition... When I came back, I wanted to look to get promoted and all those kinds of things. So he'd made a real quick assumption that I was coming back to work, and I'd just want to put my feet up, whereas actually what then happened is that my confidence in my ability... him making those kind of comments to me, made me think, 'God, actually, maybe, I shouldn't be ambitious anymore. Maybe I should do something easy.' And so, I ended up in a relatively easy office job, which didn't really suit my skills or anything. I was bored... But then for someone to say... 'Well, are you sure you can cope with that? Because, you've got a child', that's no one's business. I mean, this is up to me to know whether I've got childcare, whether I can do certain hours, whether I've still got the ability... But there was a lot of assumptions; once you've had a child, that's it, you just want to hang up your work boots. You don't want to do anything else ever again"

The unfamiliarity of having been out of the workplace was felt as a real barrier felt by some mothers looking to re-enter their existing or a new job:

"It scares you, because you're already going into the unknown. You're going in fearful anyway. So, you've already got those obstacles in your mind. And then, I've got children to think of"

"How would I tackle those boundaries? How well, you know, what training is available. Just how do I do the steppingstones?"

Managing work and childcare responsibilities is an issue a significant portion of women have to face. The women spoken to were ambitious and had personal goals academically and professionally.

It was clear from the testaments given that after having children, many women, often expected to be the primary caregiver, have their ability to recommence work negatively affected or limited by finance, caregiving responsibility and the latent guilt that accompanies not caregiving full-time.

This delegation of women to the traditional role plays out in women not pursuing, or delaying, their career goals, not being able to fully contribute to the economy, and having a chronic strain on mental health due to the stressful trap of the 'triple shift' and the chronic undervaluing of their unpaid labour (caregiving and housework).

There must be a greater inclusion and acceptance of mothers in the workplace. It is felt several ways this could be achieved include; understanding management for sporadic childcare needs that arise; flexible working arrangements becoming a more common corporate policy and no disparity between the policy and the managerial application; an open-minded corporate attitude to job-shares reflected in job advertisements; greater communication of female-identifying networking events or employee groups and a

review of the 'free childcare' scheme to better support women to re-enter work, give them their autonomy and escape the aforementioned 'finance trap'.

There is also growing evidence that a four-day working week, where employees are still paid the same wage as a full-time employee are beneficial to employers, employees and wider society (Fontinha and Walker 2019). Productivity in the workplace has been seen to increase, workplaces save on the use of resources such as paper and bills (electricity). Alongside, better quality of life, less stress, more happiness from employees and less sickness related absence. Such a working week has also benefited the environment: less miles were being driven per week leading to fewer transport emissions. 54% of employees from the study said they would spend their day off shopping, 43% said they would go to the theatre or cinema and 39% would eat out at restaurants, benefitting the wider and local economies.

Though there are considerations to be made that implementing such a pattern of work would be harder to implement in service industries to meet customer demands and within smaller businesses. There would also be follow on effects impacting teaching, nursing, caring and other roles in society. Different sectors will have to respond in different ways. This may also support job-sharing; employees work 4 days a week that alternate with one day of overlap. This supports calls for flexible working and part-time work discussed in greater detail later in the report.

Recommendation: Flexible Working Arrangements (including flexibility in recruitment to facilitate job shares) to be implemented by employers in corporate policy and job advertisements.

Recommendation: Leicester City Council to integrate an action into its Equality Action Plan to support and publicise more opportunities for women employees, including networking events and promotion of the Council's employee groups.

Leicester City Council to further consider and integrate an appropriate action into its Equality Action Plan ways in which to promote professional and employment opportunities and to provide more opportunities for women in the City to network (for example, an externally focused event, possibly in partnership with Economic Regeneration).

Recommendation: Leicester City Council's Communications team to communicate news of both Council-affiliated and external networking events to women-majority community groups (for example, library and children's centre 'Toddler Time' attendees), to offer mothers who are not in employment greater professional opportunities.

Recommendation: Leicester City Council's Human Resources team to consider implementing employee policy for those returning from maternity leave to better support both the employee and their manager's facilitation of their re-entry into work.

Recommendation: That the government flexible working taskforce continue to campaign for employers to adopt flexible working practises in the public sector and the private sector.

Recommendation: That the Job Centre Plus continue to build on its work thus far to promote flexible working practises, by additionally challenging appropriately and requiring adequate justification where an employer has communicated that an opportunity is not suitable for flexible working.

Recommendation: That governmental policymakers review the ‘30 hours free childcare scheme’, taking into account and addressing the issues raised by participants, to give women a greater opportunity to re-enter work without suffering financially.

An over reliance on female family members to support with childcare responsibilities is also likely to have an impact on opportunities for those family members, who may need to juggle their other commitments and possibly their employment.

Recommendation: That governmental policymakers consider exploring the merits and risks to implementing an allowance or financial benefit (subject to certain conditions), where women are relying on family members informally to take on childcare responsibilities to enable them to work, to ensure that family members (particularly female family members) are supplemented and are not experiencing detriment financially.

2. Community Support

The City Listening project gathered a share of our research by joining existing community groups and speaking with the women in attendance. The researchers saw first-hand the essential role community groups play in supporting women.

Having a purpose to meet and an activity to do presents an opportunity for women to form support networks and open up where they may have otherwise felt uncomfortable to directly seek emotional support. In these groups, women forged friendships and supported one another – as well as providing crucial signposting information and advice.

In a context of chronically strained NHS mental health services and increasing poverty (Rose and McAuley 2019; Power, Doherty, Pybus, Pickett 2020), community groups play an ever more important role in supporting individuals.

These groups serve many functions, such as providing a sense of belonging and collectivism, therapeutic interaction, escapism and even career support:

“I don't have no social life”

“My therapy is coming to places like this; talking to women”

“Here [a Carers’ Support Group] you can talk about it and they don't judge you and you can be who you want.”

“They’re like family, actually.”

“When we come here, we forgot everything; laugh, joke”

“So yeah, we’re here and then we just kind of enjoy the company of other mums and it's nice to get out and see others, because I'm not from Leicester”

“Next month, I will go to London to start a job there which I wouldn't have been able to do if it wasn't for the blog [I write] and the support of other mums [in the group] and even initiatives like you know, just [being with] you guys to sit and talk to. I want to go to work because I want to feel relevant. At the same time, I want to be able to be a mum, how I want to be a mum”

However, the project heard from many women who had created initiatives in their communities, who voiced the perceived threats to the future of these services, namely, a lack of funding:

“We used to run a women's group, but the lack of funding – we stopped.”

“The problem is lack of funding, because we had that group, we stopped because we were struggling with our resources. It's hard to get the funding, manage everything”

This was also felt by commissioned community services, with concern that the tendering process is always becoming narrower, and this could threaten the longevity of an established service that provides essential advice and support, in this case, to carers:

“I think people devise their own kind of survival tactics and sometimes they work, sometimes they don't. And on the days when they don't, I mean, I see here... I can see the bonding, the support that's so invaluable, that you don't get anywhere else. Because, you know, if you come in here and whatever you’re going to say, even if you don't say it in the right sort of way, people will understand... Every time when we have to put in the bids, you know, for the competitive, tendering and all the rest of it, the brief gets narrower and narrower. I mean, I just don't like the current social care legislation because even to have advocacy, you've got to have significant communication needs”

Group organisers spoke of the difficulty with accessing funding for community groups such as the Council's Ward Funding, advocating for more information events for applicants, and simplified application systems:

“It's like the City Council should, if there's money there - the people who have never applied for funding before - give them a helping hand.”

“We didn’t know what kind of answers to put in the form, it was so hard!”

“They [The Council] say that funding’s there, but they just make it so difficult for you, especially for people who have never applied for funding before. It makes, us as a group, not want to apply for funding anymore.”

A participant also spoke at length about their positive experience of attending a bid application workshop led by a local chapter of a national charity: the format providing her information and the opportunity to ask and discuss the more complicated aspects of applying for funding.

The Council’s Ward Engagement Officers do hold information sessions for those applying for funding, however it was apparent that participants involved in community group leadership weren’t always aware of this.

Additionally, if participants are describing the funding bid process as hard and complicated to the point of dissuading potential applicants, there is likely an issue with the accessibility of this system. As we champion accessibility in the Council, with the priority focus being on Leicester’s citizens accessing essential services, it is recommended that any in-house bid application process be reviewed to promote inclusivity in light of this feedback.

Recommendation: Leicester City Council to review all funding application systems, to check accessibility and make the relevant changes where any issues with accessibility are determined.

Recommendation: Leicester City Council’s teams dealing with bid applications (within both Neighbourhoods and Procurement) to consider how contact information for advice and support is published, to ensure maximum uptake of such offers of support.

While Community Groups have been championed by many participants, it also became clear that there are still some gaps to be filled in what support is required and that for some women, there are barriers to accessing such groups.

“There is a lack of groups in Leicester, especially for women”

“Stuff like this like in the libraries is good. But there needs to be ways to help develop people because eventually the kids will go to school. And if no one helps you or shows you the way to keep your life going. All of sudden, they’ll go to school and you’ll be like [what next]”

“There should be other [carer] supports out there as well, like this, because I think even location-wise, there are other people in the same situation as me, and they can't reach or come here.”

"Your finances also contribute to the feelings of loneliness if you don't have the money to go anywhere."

"Groups like [this mental health support group] only run term time and it is a big part of my life. During the six weeks of summer, it's closed. Christmas is the worst time if you need something because everything shuts down. No support groups or networks. They are not funded during to be able to run all the time."

Women who used wheelchairs expressed frustration at transport links and being unable to use the bus, due to no guarantee of being offered an appropriate space or being unable to access bus stops not 'close by'. This was something all participants in the group who were also experiencing mobility conditions agreed with. The community group these participants attend was a lifeline for them, with discussion touching on suicidal thoughts and the support offered by women with similar life experiences in the group.

In discussing the intersecting concerns of inaccessible transport and financial constraint as barriers to accessing support groups, the members also voiced concern these felt barriers could affect the future of these pivotal services:

P1: "After six o' clock it is a problem to get a taxi for a wheelchair"

P2: "Even on the weekends we don't get a taxi"

P1: "They charge three times more. Just an example, the company I come with [to the current group] charges me £4.50, the other company charges £13 from my home. Just imagine how much difference [this] is. How am... Where am I going to get the money from? That's the main question. Yeah. So you have to cancel my programme because I can't afford the taxi, the programme might be free but I can't afford the taxi"

Highlighting again the importance of career networking, the second participant illustrates the shift experienced by many mothers of their child progressing to school and the mother being left with some despondence as to their next step. There needs to be a focus in community support of building up members to flourish and grow beyond their group.

In the Council, we have a directory of care and support called 'MyChoice', which wasn't mentioned by participants other than the Council staff members who participated, suggesting that this valuable informational hub needs greater advertisement:

"Within Leicestershire, there are a lot of valuable services available, but there isn't a signpost place where everybody, everything, is under one roof, where you can be directed. Even if it's just the website where you can say, 'I've got this issue, where do I go? What are my options?'"

Additionally, in light of comments surrounding finance and location, MyChoice could streamline with Leicester Open Data to offer a mapping system, locating where particular community groups meet, to direct constituents. This could also be used to identify where efforts need to be focused, to fill the gaps of areas lacking essential community-based support groups. Leicester Open Data platform has already been utilised for this purpose by mapping support as part of the Covid-19 response.

Leicester Open Data also has the benefit of being collaborative, meaning that VCS organisations and individuals can complete a form to add any groups or support that the Council are unaware of, thus promoting a more comprehensive picture, that is as useful as possible.

By utilising visual mapping, the Council will be able to identify and then target underserved areas, it can be ensured that barriers such as transport and finance don't stop women from tapping into Leicester's community support offer.

Recommendation: Adult social care and others who may have an interest in mapping the support offer to consider whether it may be beneficial to align to Leicester Open Data, in order that information isn't replicated and can be found in one place.

Recommendation: Leicester City Council to develop a Comms plan which fulfils two functions; 1. to make VCS organisations and community groups aware of the Open Data Platform and to encourage as many as possible to add information to the relevant map and 2. to make citizens of Leicester aware of the Open Data Platform and how to use it.

Recommendation: Once the Open Data Platform is more developed, consider overlaying VCS support map with public transport routes map to establish whether there are any issues which need to be addressed. This will need to be in partnership with public transport operators.

3. Workplace – Policies vs Practice

“So, yeah, it was certainly just a kind of cultural expectation, really, it wasn't anything that you could have put your finger on. There was nothing you could have complained about... it was just the whole way the organization functioned.”

In discussions surrounding work, our participants spoke around the following issues most frequently: unhealthy working environments where the workplace culture stifled women from progressing or being retained within their organisation, assault in their line of work, guilt for exercising supportive policies such as flexible working or parental leave, such policies not being properly implemented by managers, and, in some cases, seemingly illegal employer practice against employees in positions where they felt unable to protest this.

Protective Policies and (In)action

Employees of both public and private sector organisations spoke of experiences related to discrimination, inappropriate behaviour by colleagues and superiors, and

potential corporate law-breaking. This commonality across organisations, experienced by women in a range of positions and in varying professional settings, highlighted that a proportion of organisations are complicit, to some extent, in sustaining inequality. In turn, some managers displaying inappropriate, unsupportive or discriminatory practice in their leadership modelled this approach for employees who do manage to progress through the ranks, sustaining inequality in the workplace.

The present position, as understood by many participants, is one wherein efforts to advance equality have seen society significantly progress – leading some to falsely believe we have now achieved full equality. In the context of the workplace, many women believed this has led to protective law and policy often becoming a tick-box exercise, which ‘proves’ equal treatment and opportunity upon audit. Participants reflected that under-exercised policies which are not meaningfully applied, coupled with forms of discrimination evolving to become more subtle, can also make it hard for employees to recognise, call out and resolve such issues.

The belief equality has been achieved in turn fosters the ‘myth of meritocracy’ (Bowles and Gintis 1976). Meritocracy is the belief that everyone has an equal chance to succeed, and that success is based on talent and effort, which in turn overlooks the real barriers to success felt by people with marginalised identities: ‘we’re working on an even playing ground’; ‘the person who has several protected characteristics (which may be associated with experiencing barriers or inequality) simply doesn’t want to or isn’t trying hard enough to enter work or progress in their career’.

Where discrimination is identified, the belief of equality having been achieved also furthers the pervasive myth of a few ‘bad apples’, namely, the employer or organisation separating themselves from the problem, and a focus primarily on the individual acting in an unfair way: overlooking the systemic inequality that is likely to be present in many working environments to grow such ‘bad apples’.

Individual ownership is important, but an organisation-wide culture shift, starting with the right ‘tone from the top’ is essential to making the working environment equally safe, fair and respectful for all.

This section explores the perspectives of women on workplace practices and experiences, and what they stress needs to change to truly shatter the glass ceiling.

Highlighting the difference between useful policies and proper implementation, this participant captured the inconsistency of support, due to manager discretion on implementation:

“We’ve got policies and procedures at [my organisation]. But everyone's experiences relate to managers and how they apply those... If you've got a supportive manager, they use the same policy as the non-supportive managers, but it's how they apply it and how they speak to you and how they make you feel. It's those things that affect people, not necessarily that we haven't got the right things in place.”

Acknowledging the disparity of implementing supportive policy, a manager highlighted that there is no mandated form of training to effectively manage:

"I think when you get a job as a manager... There is no requirement to be trained, or training offered. I don't have any management training. I couldn't tell you what the policies are. For me, it's a reactive thing, as I do the best job that I think I can to support them."

Additionally, another manager striving to be a supportive leader highlighted the inaccessibility of supportive policies in their organisation:

"I don't understand how the policy works. I've read it like 600 times and still I'm not really clear"

Demonstrating the shallow application of supportive policies, participants who had experienced work-related stress in the public sector shared their experiences. The first participant left her job in relation to work-related stress, the second had sickness absence as a result of this issue, emphasising the lack of support had contributed to her needing time off:

"It's very funny because if you start talking about stress at work, they'll just say to you 'well you need to take your breaks, you need to have your lunch', and all this, and the onus is always flipped back on you to be the one that fixes that, like, 'we've got everything in place for you, just make sure you have a break', so they felt like they ticked all the boxes about the work environment but they just ignored the stress that was going on in the workplace."

"And when I'm saying, 'well, this is work-related stress, so had those [supportive] measures been put in place, then there wouldn't have been that many days off sick. But instead, you're giving me a warning'"

Similarly, another woman shared her manager's dismissal of her and her team's reaction to stressful changes in their work:

"It was so dismissive to almost say that all the women got told, like, 'you're just – it's you. It's in your head'."

Speaking of their under-18 jobs, participants voiced being exploited by way of working over the maximum hours for under-18s without a break or working past their cut off time:

"I only just turned 18 yesterday, so they had to be careful about that, but at Christmas, they're a bit naughty, 'cause I should only do four hours without a break, but I did five. I didn't care, I just wanted the money to be honest, so I didn't really care that they were breaking the law"

"We had a bit of that, you know, in hospitality... the hours go out the window a little bit, whatever age you are"

The acceptance voiced by these women as to their agreements or employment rights being breached suggests this to be a normalised part of working.

However, the project also heard about how good management and policy application can benefit both the employee and their organisation:

"She talked to me about Occupational Health. She didn't say, 'I'm going to refer you to Occupational Health because your sickness levels are a concern'. It was: 'What do you think? Do you think Occupational Health might be able to bring something new to our conversations about how I can manage you and your condition in the workplace?'

I was like, in for a penny, in for a pound. Absolutely. Why would I not want to? 'cause I'm not looking to skive work; I'm looking to be able to carry on and I don't want to be the weak link in a team that's doing quite well and works quite well.

And I went to Occupational Health. The recommendations that came back were really supportive. It was a very positive experience. But I know that there are people within my organisation that have had similar type, not the same with mental health conditions necessary, but the conditions where Occupational Health has been used as a tool, something to hit you in the head with. Because, 'you've had a lot of time off and it's costing [the organisation] a lot of money'. And the conversations have been very, very different and the feelings that have come out of that as a result have being very different. And that's about unskilled managers."

Continuing with supportive working environments, a young participant spoke of how progression schemes in her workplace have enabled her to sustain longer-term employment and professional development:

"I'm planning to go for an apprenticeship with them after college and then working my way up to be a manager... In the job advertisement, one of that points were that 'we offer apprenticeships. Once you start with us, you can do if you want...' That's what gripped me"

Participants speaking of their experiences with managers and support linked directly to policy in practice, were explicitly asked how they feel this could be improved:

"I think managers should have much more training, ongoing training, not a one-day training. I don't think you learn anything in one day. No, no. It's got to be ongoing training about how you manage stress and anxiety for yourself, but also for the people you're managing"

“We should have a resource for managers as ongoing development of emotional intelligence”

The testaments given on policy application and supportive management highlight that high-quality management, which gets the most out of employees and also supports them to achieve their best in their work, cannot be achieved by any quick fix. Employee policies should be explicitly clear with no room for multiple interpretations on overarching issues, yet reflexive enough to accommodate every individual's circumstances.

Given the participants' discussion of policy application, it would be most effective to prioritise ongoing training for managers in both employee policy and supportive leadership, to better understand the organisation's values and gain knowledge on how to appropriately and fairly adhere to policy. It could be beneficial also to have such training sessions allow time for best practice to be shared between managers. Where managers feel they do not grasp policy, they should know exactly which member of staff in their organisation to consult and be empowered by their manager to pursue this learning, as a signifier of them being a conscientious manager.

Recommendation: That Leicester City Council's Equality Action Plan 2021 incorporate work internally to support line managers to understand organisational support mechanisms which are particularly relevant to the issues that participants have raised (such as the flexible working policy, time off for dependents policy) how those policies and support mechanisms support equality and how to make decisions which promote a supportive environment and also more flexible working, where it is practicable. This is likely to be achieved most effectively through some form of training or workshop style events.

Recommendation: Leicester City Council to consider what training and/ or guidance managers are currently having on Occupational Health and consider reviewing this to promote an understanding of Occupational Health as a supportive tool, not a disciplinary measure.

Recommendation: That further work is undertaken with other services within the Council, for example economic regeneration, tourism and culture, to establish whether there are any actions that could be included in the Equality Action Plan 2021 which would encourage other employers in the City to promote supportive policies and work environment, for example flexible working and increased part-time working and job share opportunities, where practicable.

Recommendation: Organisations should review their policies collaboratively with their employees, by seeking feedback on how policy is currently used and understood. This could be facilitated by an anonymous internal survey, the information gathered aiding meaningful policy refinement. It is not within Leicester City council's remit to implement this in other organisations, but the Council should pay further consideration to how they might be able to influence and share best practice with employers across the City.

Recommendation: Awareness raising and information sharing locally and nationally to ensure that women understand their rights in relation to employment, and to increase women’s confidence and ability to challenge effectively, where they have experienced both overt and/or covert discrimination, harassment or victimisation. This also links with a recommendation under ‘Safety’ to ensure that women are confident and equipped to raise concerns and complaints in relation to service provision (p.74-75).

Flexible and Part-Time Work

As touched upon in Careers and Motherhood, flexible working arrangements or a reduction of hours are essential in aiding employees who have either had a change in circumstance or additional needs, to continue to succeed in their employment. However, many participants stated that in application, reduced hours or flexible working arrangements, including working outside of office hours and working from home, have an impact on your perceived worth in employment.

On career progression, a participant stated:

“I have always stayed full-time though as I have never seen women working part-time treated properly, and even recently a woman was told that she had to reduce her grade because she couldn't do it part-time after having a baby. I have always felt that those who get promoted are those who do long hours - little more in some cases but with a family I am not prepared to do that. For that reason I have written off my career really - I have just accepted where I am – my younger self would never have believed that would happen.”

On working through her pregnancy, a participant stated:

“There is no support and there's no understanding. I think what comes out of it is, basically, you are taking liberties because you're protected, because of policy. But there isn't that understanding that, ‘look, I'm sick. I can't make it or, I'd rather work from home for the next three days because it's easier for me if I need’. If I'm sick, I'm at home, I'm comfortable, you know.”

Another demonstrated that while her organisation allows for flexible working arrangements, this type of work is not normalised and validated:

“If you work flexibly, that's great. But you're always looked down on, if you work differently”

If a manager doesn’t support flexible working arrangements in spite of this being company policy, the stigma surrounding this is sustained in future managers’ practice:

“But then I thought to myself, ‘if you then saying this to me, I'm also a manager. And I also allow colleagues to work flexibly because

they have got children. So then, you know, do I follow the same move then?"

Several participants who had a combination of various additional needs or change in circumstance, including health conditions, caring responsibilities, or becoming single parents, acknowledged the worth in flexible working.

Flexible working supports a fair trade between employer and employee. For example, this participant acknowledged how flexible working support her, and how she is conscientiously working late as a fair return:

"I work on flexi hours, which is a godsend for me, certainly. So, if I was to finish at 4:00PM. Because I've got to go to an appointment or something like that. I don't think people are outwardly frowning down on me. But you feel like, oh, I'm being given some kind of preferential treatment. But I know that I will have to log on in the evening to make up the time."

Similarly, other participants highlighted how flexible working can contribute to their happiness in work:

P1: *"My work life balance is far better if I've had the opportunity to work from home."*

P2: *"You're lucky that you can work from home"*

Unless there is a genuine business requirement for working core hours and/or working in the designated workspace building, flexible working arrangements (FWAs) for staff should be a part of all organisations, and opting-in to FWAs should be a simple process for employees and their managers to facilitate.

Standardisation and easy-to-follow set up would help to both normalise flexible working and promote the same credibility given to employees who don't use flexible working. As our participants have stated, there are massive benefits to the employee being able to work flexibly: it supports employees to manage their work and life responsibilities more effectively. Flexible working is one of the main contributors to employee happiness, better facilitates mutual trust and respect, ensures a fairer trade and eradicates presenteeism by being output focused (ter Haar 2020).

In the current context of many having worked from home for the duration of 2020 in the interest of public health, flexible working is already becoming somewhat of a 'new normal'. Now is the ideal opportunity to make the necessity of flexible working a staple part of working culture post-Covid. It is appreciated that standardisation of flexible working may have some financial implications for employers i.e. IT equipment costs which smaller businesses or those in the Voluntary Community Sector (VCS) may not be able to shoulder independently, which should be accounted for.

Recommendation: That policymakers consider providing some form of funding to SMEs and VCS organisations to enable them to purchase equipment, for the specific purpose of encouraging and enabling them to implement flexible/ home working.

Women who had reduced their hours due to a change in circumstance expressed frustration in that their hours (and consequently, pay) were reduced, but their workload wasn't, highlighting an exploitation of part-time workers:

"Coming back to work has been a bit more difficult, I feel like, and this is no one's fault except, there's just not enough resources or enough people. I feel like I'm doing the full-time job in part-time hours. So, when I'm at work it is just full on from the minute I get there to the minute I leave. And that's why I have very long days here. I work, certainly work more hours than I'm contracted for, because there's no other way of doing everything."

"I've heard from a lot of people who reduced their hours feeling like it was the same amount of work. Yeah, definitely, that is an experience I've had."

"Work expectations - I am good at my job so as a consequence I get given more work. I work part-time but have the same workload as full-time colleagues."

This participant spoke of returning to work after maternity leave and how the expected work-load partly led to voluntary redundancy:

"Extremely supportive when I returned part-time, although the demands and expectations to 'live up to' a full-time load partly led me to take voluntary redundancy in 2016. I also needed to look after my two sons as I had no childcare provision for my eldest going to Secondary school."

It was also apparent that there is a disparaging perception of those who do not work full-time, which is perceived to link to a lack of opportunities to progress as a part-time employee:

"I've only worked full-time for two years in my entire career and [in] part-time roles, it's very difficult to progress, or I find that I'm generally not taken seriously. There's this kind of insinuation that I've got 'a little job that keeps me busy'. Which is not the case. My job is a 'proper' job. It's just part-time."

"It feels like there is a belittlement of my role because it's part-time. Also, in terms of career progression, I'm very limited because I am working part-time, but it's just not practical or financially viable for me to work full-time because we have three children."

Consistently, women make up a disproportionately large share of part-time employees (ONS 2020 in: Devine and Foley 2020).

As mentioned in Women and Childcare, many women involved in the project had to resign from employment to manage other obligatory roles.

Where women require and are able to work part-time, they should feel able to progress in their career and keep the same hours. The commonality of part-time workers feeling an expectation they are to give full-time output must be acknowledged and challenged within organisations.

This expectation highlights the preference for, and normalised nature of, full-time work, is unfair in trade between employer and employee, and by consistently working over contracted hours, could lead to issues such as work-related stress, which in turn affect corporate sickness levels.

If an organisation has expected outputs, it must pay fairly for these outputs.

Recommendation: The government flexible working taskforce/ policymakers to consider how they might influence employers to more openly consider employee part-time proposals and support part-time employees to do an effective job within contracted hours.

Recommendation: The government flexible working taskforce/ policymakers to consider how they can promote and encourage employees to offer job shares, to better support part-time employees to progress in their careers into more senior or skilled roles – benefitting both employer and employee.

Workplace Culture

“At the back of my mind, I'm conscious of the fact that I'm a black woman. I know that I have to work extra hard to get to where I'm going. I know that, of course, we're being told there's no racism... It is still there - very subtle”.

Unconscious biases are learned stereotypes that are automatic, unintentional, deeply ingrained, and able to influence behaviour. Whilst direct and indirect discrimination on the basis of a protected characteristic, as defined under the Equality Act 2010, is prohibited, unconscious biases that are acted upon are often more elusive or subtle in nature which makes it very difficult to evidence unfair treatment and inequality.

This can be played out in actions such as othering or making pre-judgements of employees on the basis of their identity, that can impact on how suitable an employee is perceived to be for a progression opportunity. Many BAME women demonstrated the ways in which they are conspicuously treated differently in the workplace:

“People just make assumptions. They think ‘you're oppressed’. I've had someone say to me, ‘Oh, are you allowed out the house? What would your parents say?’ People inappropriately ask a lot of questions about marriage. They ask about kids, ask about career choices, everything. And when I look around me, no one else is asked these questions!”

Interrogations such as this are invasive, othering, and one of the ways in which unconscious bias can be acted upon. The effects of unconscious bias can be seriously career-hindering, as illustrated in this BAME woman's experience of her barred attempts to progress, which resulted in her resigning:

"I worked very hard for them, but they wouldn't let me progress... They wouldn't move me up. They felt I was better suited just there at the bottom level."

Subtle forms of discrimination allow inequality to prevail in the workplace, leading many women to feel excluded or othered from the group, foster imposter syndrome and have fewer opportunities than colleagues of more privileged groups or to progress. Within our consultation BAME women expressed how they felt more barriers in relation to their ethnicity or race than their gender. Due to the elusiveness of this differential treatment, it is incredibly hard to call out, know how to address, and sometimes even recognise as a problem.

A statement put forward by a respondent in the consultation highlighted differential access to opportunity in regard to race, how BAME women had to work for opportunities otherwise given to their white counterparts:

"Race is key, not only is there gender bias, but being a person of colour, has also had an impact on opportunities. most times you have to ask, whereas, I have seen white people just been given them. and that means that it's not equal or fair."

Language plays a significant part in unconscious biases. For example, describing women's passion as 'emotional' subtly undermines both their expression in the workplace, and their perceived professionalism:

"I'm very disappointed that when you're passionate about something [in work], passionate is seen as 'emotional', because you're a woman... There's a difference between passionate and emotional. I think it's a sexist attitude. I think [with] women, it's a need to put down"

In terms of professional communication, meetings and other internal forms of communication are a common way in which power imbalances and unconscious bias come to fruition:

"And it always happens in this workplace. You get interrupted. So even if you're making a brilliant point and it's a lifesaving point and you've got all the facts, you will get interrupted no matter what... it'll be whoever's shouted the loudest. Yeah, made the big show. And I try and stay away from that because I feel like if you do, too many people do that, the work doesn't get done. But more recently I thought no. Like I said, I need to make my voice heard."

“As a woman, you're either classed as: ‘You talk too much. So, I'm not going to listen. You don't talk enough, so I'm not going to listen’... I feel like even at home now, if you want to say something, you have to pick your moment and say it, for it to have the best effect... I think the same in the workplace as well... if you talk too much, they think you're trying to steer the conversation. And if you don't talk enough at work, they think, ‘she has nothing to say, she might as well not be here’”

“I work at a University and the expectations of student care placed on me are different to those placed on male colleagues. Having worked at the same place for 7 years I am often still treated in a junior way by people outside of my immediate team as they assume my status. Students routinely call my male colleagues Dr but refer to me as Miss.”

In an intersectional manner, unconscious biases are experienced by people with varying privilege. In conversation about junior members of staff, a BAME female manager spoke to her experience of racialised gender discrimination, in the context of shared traditional cultural gender norms, as an affront to her authority:

“And the men, I'll be honest, they treat me like... that professional respect is not there because I'm a female, and they expect me to understand [my place, given] our cultural background and expect me to know... like, someone made a comment that ‘the man in me is not going to accept that’ when I'm giving management instruction. And I'm like, ‘hang on, I'm not your wife. The man in you has got nothing to do with it!’ It's the management instruction, you know. So, I find that colleagues who are from different backgrounds, when they come in, they are given that professional respect... from the men. But because I am a female with the same ethnicity as them, that cultural, stereotypical behaviour comes into the expectations of me; “you can't tell me what to do. I'm a male, I'm older than you”

Another participant in our consultation told of how she struggles to be heard but understands it is far easier to be heard as a white woman and it is important, she and others give space to women of colour (WoC).

“It's harder to get promoted, respected and listened to as a woman than a man. Far less skilled, less clever males are in senior positions than their female counterparts and There is a gender imbalance in all sectors of education when you look at how ‘female’ the workforce is. However, as a white woman it's easier for me to get respect and be heard than for WoC. It's important to give WoC more space to speak and support as education is as institutionally racist and sexist as many sectors of society.”

On the topic of multiple intersections of covert workplace inequality, a gender and class divide was identified by another in her field:

“And it's a very white middle class industry; alpha. If you don't play golf or squash, you know, there's no opportunity for you to socialise. You don't get invited to things and there's instances of that, where I've missed out on opportunities, because I wasn't the person they wanted me to be.”

Linking into the fewer opportunities felt by part-time women previously mentioned, these women illustrate an unwritten code in the workplace surrounding respect, inclusion, and in turn, who is better supported to progress in their career. Multiple intersections of inequality faced (as discussed here, race and gender; gender and class) see those with certain protected characteristics experience greater barriers to career success.

Not seeing people you can relate to also contributes considerably to how comfortable a person feels in employment:

“I just thought, ‘I'm not gonna fit in here’. And, you know, I just thought to myself, ‘it's gonna be tough. Every day's going to be tough here’. And eventually I thought, ‘I don't think I can stick it out here’. So, I moved”

One of the ways in which employers can foster an equal working environment is by either facilitating or supporting marginalised employees to create employee groups. However, those with intersecting marginalised identities vocalised feeling less able than more privileged employees to access such groups: a BAME woman vocalised feeling a disconnect between her employer's offer of employee groups that are relevant to her, and her feeling able to actually attend these. This participant elaborated, speaking to unconscious bias she has been subject to as a BAME woman, causing her to feel she must be more diligent than her white counterparts in order to be respected in her role.

As the workplace becomes more diverse, these groups become more obsolete, as they have served their purpose to support an underrepresented demographic population of the workforce:

“The more women we get [in work], the more we don't need the [women's] group, because you've actually got people that you can talk to out on site, rather than being isolated.”

Still in some specific fields, career goals are entirely incompatible with family goals, considering the delegation of women as the primary caregiver:

“[Working in a] University or in academia means being able to conduct a lot of research, while also teaching or doing whatever else you do. That essentially means that you cannot have any family responsibilities. So for a lot of the female academics that want to

have a family, that's just not happening, because they will only have the time to do all that additional research and have all those publications out there either before children are born or when they are old enough. And by that point, they [women] are probably too old."

"Women are expected to have families so therefore, the manager jobs are always outlined for men"

Those who are supported within the workplace highlighted that having such a manager or boss was not considered the norm and they felt lucky.

"I have a PhD and was extremely well supported by my supervisor throughout this process, but I would say he is not the norm. While he could be a demanding boss with very high expectations, he also had a complete respect for family and home life and feels that a job should complement your life as a whole."

Despite it being illegal at recruitment stage to ask about family planning, a common report of women in employment was that many managers deem it acceptable to openly ask or talk about their female staff's fertility, and that this can have an impact on the desirability of an employee for opportunities in work:

"My boss at the moment is late 40s, doesn't have any children and constantly, constantly asks"

"A team leader phoned up H.R. in the middle of an open office and asked why his employee was entitled to maternity leave"

The senior officer in the latter quote displayed not only an incomplete understanding of employment policies, but also questioning 'why' his employee was entitled to maternity leave and doing so in a shared working space displayed a lack of respect for both this specific employee who would likely have been identifiable, and a message of nonacceptance to any employees in earshot who may start to or already have children. One woman even spoke of her frequently informing senior staff members she will not be getting pregnant, due to the prejudice young; newlywed women experience as a barrier to career progression:

P: "I constantly sort of like put that out there so everyone knows that I would be a safe candidate."

I: "Do you feel that you have to tell people?"

P: "I think yes, because I recently got married. Now the people come and ask these questions. I look younger than I am. I don't look 38, that's why I constantly say this, I'm like kind of like, 'Oh don't worry. I'm already 38. I might never fall pregnant no matter how much we try'. But I feel I kind of have to put this out there because otherwise people might put me into this box of 'fertile young

woman who might fall pregnant at any random point'. I don't want them to then exclude me for these reasons."

And for women returning to work following maternity leave, they are sometimes met with dissuasion:

"But then the second time around, when I came back, the lady that was covering, my God, two weeks before I was going to return to work she was ringing me and saying, 'it's so much easier if you just look for another job, 'cause I've done your job for so long.' When I went back to work, I couldn't get into any of the files: it says I haven't got permission; you need a password. So, she put passwords on everything. And so, obviously she was finding it hard: she was able to stay, and she was offered a lower position. So, I would become her manager. But she didn't want that... I've just come back and she's denied access. I don't want to give her a rollicking. But... I've come back. That's my position. She now needs to hand over to me."

It is clear that women who are mothers (or even just perceived of as likely to become a mother) do need more support to resume and progress in their careers in the same way women who do not have children, or other employees are able to.

Family responsibility has to be acknowledged in both recruitment and workplaces without stigma or as a perceived weakness, and rather, an accepted part of life experienced by a significant proportion of the working population.

The experiences voiced suggest women's fertility is a topic for discussion when in the perceived interests of the employer, however the debilitating health conditions surrounding this are topics that are taboo in the workplace:

"I have had times where I've had to be off school, college, sometimes work [due to period pain], and it's quite hard, especially when your boss is a man and you can't say... I just come up with an excuse like stomach-ache"

"I felt like I was about to drop. my blood pressure dropped. I was pale. I was shaking. I was cold. But I worked a full day because I didn't feel I was believed that I am actually not well [having a significant menstrual health condition]"

"I barely make it into work [when my periods are really bad] and it's really difficult actually, I think again because there's a stigma about talking about it. It's not really considered. So, there'll be some days where I'm really unwell. Yeah. I've not had much of an appetite. I've not slept well. I come into work and I've got 100 different meetings that could have been rescheduled at the time or I've got 100 urgent tasks that come in. And a part of me just thinks, 'Okay, that's just

typical'. But then I feel like I can't say, 'Oh, gosh, I'm not well'. Yeah. Because this sort of thing, it's not really recognised much"

"I look at the dashboard about sickness. I don't think there is probably anybody that says that menopause is a reason that they're off sick"

Participants largely felt that there should be a greater awareness of women's health issues in the workplace to ensure women are respected, their needs are met, and that sickness data is more accurate.

Where participants had policies or open dialogues surrounding menopause as a health condition, they voiced being able to address their health needs and establish reasonable adjustments to do their job more effectively.

In experiences of more overt discrimination in the form of harassment, participants illustrated how the senior response to this varies considerably, with some experiencing a hostile working environment:

P: "Well, I've had waitressing jobs, and there's times when customers have crept up behind me or for example, I'll have hands full of drinks and they come up and they'll just slap me on the arse... And then I'll go into the store and they'll come in... I've done self-defence and stuff, so I was able to deal with it.."

I: "Did you ever feel that you could tell anything about what was happening?"

P: "No. Because it was a lot of the managers, the chefs and some customers. One of the customers was a policeman and also, at my local church. So, I thought that, because he was supposed to be of a higher authority, I wasn't able to say anything."

And for others, a more positive reaction, as was the case with another service worker who spoke of a senior member of staff's supportive response to inappropriate behaviour and the significance of upholding workplace dignity:

"But it would be so common, there was a group of lads, tall kind of like 'lads' lads and I greeted them, was gonna sit them down at a table and they were making sexual jokes and stuff. And my manager on shift at the time was a man... I had so much respect for him true for because he heard that and he was a man in an industry dominated by like female waitresses and stuff, and he challenged it, he had my back and he didn't even remember that he did that for me... But it meant so much that he was a man and he challenged that - to me that was alien."

So, what needs to change to have workplaces that truly strive for equity? Resolves must be focused on shifting the workplace culture, with senior staff members held accountable for modelling this; efforts that focus on the marginalised employees

such as confidence or interview training place the onus of any failure on the person experiencing discrimination, and not the systemic inequality embedded in working culture that places employees from marginalised groups at a disadvantage – linking back to the employer separation from discrimination introduced at the beginning of this section.

One of the main resolves can be enforcing safer spaces. Safe spaces refer to a ‘place or environment in which a person or category of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm’ (Oxford Dictionary definition).

Acknowledging the immense challenge of tackling inequality and in avoidance of damaging false-promises, operating on a ‘safer space’ policy is both more realistic for now, and less emotionally damaging if something does go wrong within the organisation marginalised members of staff would be led to fully trust as ‘safe’.

Safer spaces can be created by having zero-tolerance equalities policies and mandated diversity and inclusion training for staff of all levels, encouraging staff to create or partake in employee groups and supporting staff members equally to engage, adopting a dignity framework to practically manage conversations and encouraging employees to take responsibility and do their diversity research, to both better realise how they can avoid being complicit in reinforcing workplace barriers, and actively support a colleague who is facing unfair treatment by learning how to call it out.

Recommendation: Leicester City Council to consider implementing a zero-tolerance approach within the review of the Dignity at Work Policy.

Recruitment

Reviews of employment practice must also include recruitment, as identified by many participants. This participant drew attention to lack of diversity on recruitment panels and how a lack of relatability already places interviewees from protected and under-represented groups at a disadvantage:

“One thing that always made me feel a bit excluded when I went into these kinds of grad program interviews is you go in there and nine times out of ten the person interviewing you is a man in his 50s, usually white. And then the person who is alongside you is them, 20 years younger. Straight away they have this banter and that puts them on that front foot. And you're thinking, ‘I'm already on the back foot here’”

She went on to highlight that comprehensive interview questions should be the main factor in assessments:

“The people that are being remembered aren't necessarily the ones that spoke up and did the assessment very well, it's the people that did the off the cuff chats very well - So if they asked more questions, everyone could answer - that would be a lot better”

The value of 'banter' or 'off the cuff chats' candidates of greater privilege can have by relating to their interviewer as a selling point in selecting an applicant was criticised heavily by participants:

"I think we have to push for whoever is going to make the decision to actually question [job] applications more and not be sort of like blinded by this shiny male attitude"

The researchers heard numerous accounts of unfair recruitment practices which are often undetectable, perceived preferences and approaches. Many participants also had a sceptical opinion of departmental reviews, feeling that some are done for efficiency, but others are mechanisms to reduce hours or make redundant pre-selected staff, to replace with a preferential employee:

"The first time I was pregnant, I told my employer and then they made me redundant... I do feel like it was because of my pregnancy. There were about six people made redundant at the time and all six were women in their mid-twenties, either pregnant or just married... the assumption being that they would be getting pregnant"

"We had a review, all reduced hours. I reduced mine to four days. Some reduced to three. Fine, they've got enough FTEs, enough hours... Someone goes on maternity leave, so someone gets a secondment: he joins the team; he gets a permanent contract without an interview. I've just reduced my hours. I wondered: if they were recruiting. I wanted to be given that opportunity to apply."

This hidden preference in recruitment for those who aren't a 'pregnancy risk' was found to be a common experience of any woman of 'prime child-bearing' age:

"I think it is it is one of those areas where on the one hand, we have developed to a modern society that tries to facilitate equality. But on the other hand, we just cannot work around the fact that pregnancy doesn't treat us equal, because it is only women who can become pregnant. And therefore, there always will be that issue and there will always be project teams where, even if it's not said out loud, they are going for a male applicant, because they say 'this project needs to happen within three years, we cannot risk taking on a young woman who might fall pregnant'. And obviously, they're not allowed to say this out loud, but they will find something in the CV of the male applicant; why they're going to take that person. And I think every young woman under 40 has experienced that to some extent"

This reinforced hidden preference is internalised by the woman experiencing such discrimination also:

“I was probably about six months pregnant when I was made redundant. So, I worked a temporary job for the last couple months of my pregnancy. Because there was no way anyone was giving me a job with a bump like that...”

“When I fell pregnant the first time I was working in the private sector. I was made redundant at 14 weeks into the pregnancy, I later found out that had I been 16 weeks or beyond I would have been protected as a pregnant worker. It is my belief that my ex employer objected to paying me maternity pay whilst on leave. At that time, I stopped working until my first child was a year old.”

Additionally, another participant highlighted discriminatory practice and reasonable adjustments not being implemented in recruitment. This participant was pregnant during this time and was discouraged in her application by the recruiting manager, both verbally and by being provided incorrect information. Reasonable adjustments to the interview were planned and agreed prior to the interview but were not fulfilled.

Recommendation: Policymakers to consider ways in which to either encourage or mandate transparent recruitment processes that are publicly available for scrutiny and are designed using positive action where lawful, to reduce recruitment bias.

Recruitment bias can also be reduced by implementing measures such as standardised CV-blinding, mandated diverse recruitment panels, ensuring inclusive terminology in advertisements, seizing non-traditional recruitment opportunities such as having a stall or scheduling an agenda slot with a minority advocacy network’s event, and choosing to conduct structured interviews that enable decisions to be made on evidence of suitability, not how much the candidate had in common with the lead recruiter.

Regarding mandated diverse recruitment panels, it is essential that all panel members are in positions of direct or indirect professional relevance to the recruiting post, and that all members have the same briefing and/or training to prepare for the task. This is to ensure panel participation is meaningful and all panel members are able to contribute with value.

Recommendation: Leicester City Council to ensure that guidance on how to use the positive action provisions under the Equality Act and guidance on recruitment panel make-up is included in updated recruitment guidance for managers.

4. Recognition of and Support for Carers

It became apparent in discussions where the topic of unpaid caring arose that this is a responsibility often delegated to female family members, is an undervalued and misunderstood role both in society and interpersonally, and similarly to women being the primary parental caregiver, puts both career and education goals on hold, sometimes indefinitely.

The project heard from both women performing caring roles and those in social care professions, and the following findings were the overall consensus of both perspectives. For clarity, the phrase 'caring roles' used in this report refers explicitly to caring for a person/people with disability/ies, as opposed to motherhood and childcare – though that is not to say many aren't performing caring roles to their child/ren with disability/ies.

A concerning common theme arising was that of women providing unpaid care not identifying as carers:

"I'm responsible for myself and my granny"

"You don't identify yourself... That's just your duty, you know. Because you don't go around saying 'I'm a carer'. You say 'I'm looking after my mom. I'm looking after my brother'. That's what we do."

"It's just something you do; You don't call yourself a carer when you said you don't identify yourself as a carer. You just become somebody who looks after your mom, your brother, sister, your dad..."

And inversely, a professional working in care also highlighted this:

"Some people don't say that they are carers, but they'll be looking after mum, or dad, or sisters, or whatever. It's one of those issues that we struggle with, identification of carers and getting people to self-identify, because it's like, 'I'm just their daughter'"

Women frequently described their caring role without actually referring to themselves as carers in this manner, framing their caring instead as a 'family duty' that is expected of them.

Additionally, those who did identify as carers spoke about how caring responsibilities are shared with family members and it appeared that women disproportionately were the primary carer, which arguably is a result of the traditional caring role placed on women which remains prevalent today:

"I do everything [for my daughter with disabilities]. So, my husband is at work and I am just only with her. I don't have anything... I left my school because [my daughter] is going to be very sick ... So, I can't concentrate on school... If the teacher says something; he'd say to me, 'Oh, you are very good, but your mind is somewhere else'. Yeah. my mind is at home"

"My daughter's 14 years old. And now she's looking also after my daughter [with disabilities]"

These two findings considered together highlight the issue that a disproportionately female population of unpaid carers are likely not accessing the carers' support they are entitled to.

Contributing to this issue is that for many carers, self-identifying or not, structures like school, healthcare, workplaces or family/friends do not recognise carers as such, or do not understand caring responsibilities.

Those that became young carers spoke of distress in school where they felt they should have been 'flagged up':

"I was a very young carer... why was I not picked up in schools? We're obviously neglected in schools because our education, most suffer. Your studies will suffer. We should be recognised in schools as well. The teachers should be trained to be identifying them as well. You know, if a child's behaviour is struggling, there's a reason for that"

Indeed, teachers and other professionals working with children have a legal duty to identify young carers and refer them to the local authority to be assessed for support, however a poll of teachers by the charity Barnado's in 2017 found that 40 per cent of the 808 teachers polled said they were not confident that they would recognise a young carer in their class.

Self-identifying carers were often not recognised as such by their GPs and struggled to be taken seriously as a carer and receive the support they were entitled to:

"I have actually said to them [GP receptionists], 'do you have any carers' packs?' 'Oh, yes, we do.' So why is it behind the desk? Why haven't you given [them] out?"

P1: *"I should be automatically known as a carer. I mean, they've had my son since he was a baby registered at that doctor's practice. He's had so many hospital appointments, operations and everything."*

P2: *"But someone's not made link and they've just said, 'that's the mother'. Yeah. and they've just not connected as they should."*

P3: *"Maybe that's a bit of work that we needed to do to try to educate them or the doctor."*

P1: *"Well, that's what I mean. They don't have time to listen"*

"When you register with a GP... they have a duty of care to say to you, we have carers' packs, we have to put you on the carers' register, or we have to flag a person up... And they don't do that. I've registered with a new GP and they have not flagged my son or myself, as a carer. And I've actually had to say to them... So even though your hospital letters come in for your kids to the doctor, they didn't see you as a carer. you will not be called in for flu vaccine or whatever"

"Like, even if you go to the doctors, you need that sort of support from the doctors as well. But they don't guide you where to go. Like for me to find this [carers support group] I was told through Housing. I wasn't told. I didn't even know about this place. Now, I was a carer for seven years, and I was a young carer."

Employers threatened workers who have to take time off for caring responsibilities with negative action:

P1: "That would look bad on my part, because if I did apply for a job, then they would just say, 'oh, she's been taking so much days off' and they don't know why I'm taking this off"

P2: "That's quite discriminatory actually."

P1: "I didn't take any action for it because I didn't want to, I didn't want to give them another reason to write in the reference [negatively], saying that 'ah yeah, she's an argumentative person'"

And with friends and family, carers felt unable to speak to them about the difficult role they perform:

"You can't talk to your own people that you're caring for because they've got enough problems. And so you're just looking after them. But then your mentality is, you go into depression mode, because you get isolated, you don't want to talk to anyone else other than your family. But then you need to talk to someone because you need that sort of help.

I: "What your experience with support for being a carer?"

P: "Mine's very limited. The only thing I have is the GP. If anything goes wrong - I just have to talk to the GP. In terms of family networks and stuff, I don't really talk about it to other people and they wouldn't want to know more about it because they're not going through what I'm going through."

P1: "With family and friends, they want their own life, they don't want to get involved. cos they can see how hard it is."

P2: "You don't want to burden them. You don't have support. Really. This [carers' support group] is the only place I think we do find sanity, because everyone's experiences the same things. So, we can open up and its confidential. We can speak about what we go through. We feel safe here... We cannot tell our families what we go through because they don't want to know."

"You become depressed because you're not talking with anyone. You just kind of feel like you're left out, and your self-esteem just drops completely because you don't know what you're doing. You need to talk."

The shortcomings of these interpersonal structures present barriers to accessing health and wellbeing support and further isolate this already marginalised group. Those interacting with carers evidently feel discomfort talking about caring, which could be the

result of lacking knowledge. Systems around girls and women to support them do not identify them as carers, suggesting shallow service provision or an unawareness of common caring signifiers. This absence of adequate support, as evidenced in the last quote, can be a significant contributor to mental health conditions. Greater awareness is required of how carers can be discriminated against professionally, and the topics surrounding a caring experience need to be more socially accepted.

Recommendation: Leicester City Council to work with schools in the City to help to introduce guidance, training or professional development, as deemed appropriate, for teachers - to aid them in identifying young carers and referring to the relevant support. To publicise tools to aid schools in identifying young carers, for example the young carers identification tool for education staff on the schools intranet.

Recommendation: Policymakers to consider the issue more widely to see whether there are any additional national measures which could be put into place to better equip teachers in identifying young carers.

Recommendation: Leicester City Council to consider the merit of PSHE/Citizenship in the City's schools including a lesson on being a carer and having meaningful conversations about caring. Although this is not directly within the Council's remit, it is worth considering how the Council might effectively engage with schools to achieve this.

Recommendation: Leicester City Council's Adult Social Care/Communications teams to share information with schools in the city on what support is available for young carers.

Ineffective Support

A lot of the carers spoken to gain a lot of their knowledge from speaking with others in carer support groups, reiterating the earlier point of the essential support community groups can provide an individual. This community information-sharing function, in the felt absence of formal service communication, was demonstrated multiple times in carers' focus groups:

P1: "Social services can give you a mobile phone with a tracker..."

PX: "No, no."

PX: "I didn't know about that."

PX: "They're on their budget. They talk about being on budget. so, they don't tell you that sort of information."

PX: "This is the information you need to be told."

P1: "I've got help where a carer comes in like four days a week. It's just for two hours. And I get help and she takes her out and everything."

P2: [knowing the caring situation] "Reapply. Because you, you're definitely entitled to more."

Many felt otherwise, they wouldn't have sufficient knowledge of the services available:

"I think there's a lack of support. And if there is, we're not aware of it. We need to know what support there is out there for us"

P1: "it's like doctors, you don't get to know everything."

PX: "...I know you have to do the research yourself as a parent. They don't tell you anything."

PX: "You can only find out those sorts of things through other people who have experienced it as well."

One participant explained how she works full-time but is also a carer and has always felt there was a lack of support available:

"A lot of carer support even today is during the day, which is no good for someone who works full-time."

Continuously feeling let down by the support given by formal agencies and receiving little information from healthcare professionals has evidently caused many carers to lower their expectations of service quality: citing individual laziness or organisational funding cuts as the cause of their ineffective support.

Recommendation: Leicester City Council's Adult Social Care Department to work with health partners to review the way in which information is shared with carers; to make information packs more easily accessible, so that service users know exactly what support is available and whether they are entitled to such services. To utilise the Council's communication mechanisms, including social media, to raise awareness of information and support for carers.

Caring and Respite

Women who care spoke passionately about the financial constraints and financial support (DLA, Carer's Allowance) they receive not adequately covering their needs, as well as the disparity between their benefits and the wages of paid care workers. It was frustrating and disparaging for these women to be paid less than professional workers to do a greater share of the caring, and women felt that the Carers Allowance, DLA etc. was not practically designed.

When speaking about care workers, female carers voiced a mistrust for their external paid support, based on negative past experiences. The difficulty in this is that respite care should be sufficient to the condition of the person receiving the care and the primary unpaid carer should be able to treat this as respite; a 'break'. Unfortunately, due to perceived incompetency, not enough hours of respite, or the difficulty of establishing respite patterns, this was never the reported case.

Carers voiced that their paid respite support did not cover essential needs – which leads to primary carers allowing them less responsibility in providing respite:

"They come into your house, these carers, and they automatically think you're going to do the job. So, half the jobs are not even done because they automatically think, 'oh, yeah, mum will do it'"

"I have not asked them to actually do the sugar level; I like to do it myself, the medication as well. Because... Okay, I have seen... sometimes the doses have been wrong and sometimes the medication has been missed... [or] he hasn't had that medication. I have seen that."

One carer detailed her daughter not receiving the correct provision in college, leading to her getting lost in public, and the difficulty of addressing this misdemeanour, due to the college avoiding informing the parent:

"And she has got lost, the school staff, they sent her out on her own. She's never been on her own at all. And they didn't keep her; they didn't do a shadow as well. They should have done the shadow, step by step... they [the college] didn't let me know straight away. And after two days [my daughter] opened up cos she was finding it very hard and frustrating as well. So, she couldn't speak up for herself, but she was acting like - I knew something was wrong... Because whether its [a respite charity] or anywhere else, you are giving your child and their trust, so they should know her abilities. What she can do, and she can't."

And the difficulty with getting the correct support in place, taking years, if not decades for some:

"I waited over a year to get allocated respite from my son because he used to go to [an organisation] where you were allocated to family. He lost his family due to - it wasn't working out the family, unfortunately... we weren't able to find him another family. So, I had to wait for a year and a half to find some other kind of respite."
"I never had a carer 'til 2007. my son was born in 1997, so he was 10 years old. I was struggling and they wouldn't give us anything. And then I had to go to my MP, I had to fight for it."
"I'm still struggling, still chasing [for the right support] like all of us."

The difficulty of the care recipient adjusting to the respite care and the carers' mistrust felt towards their respite care sufficiently meeting the required needs both defeat the objective of this being carer respite:

"The adjustment to that was still very hard and very stressful for me just to send him for two days. And even that it wasn't easy, wasn't relaxing"

P1: "You can't depend on anyone else."

PX: "No, you can't."

PX: "It just like it's only you, from the very start. It's like you're only the carer for her so you have to do everything"

Additionally, there is the pressure of ensuring the care recipient receives their support – even if the carer doesn't feel comfortable doing so – otherwise such support, that was incredibly hard to fight for, is lost:

P1: "So if you think to yourself, like, I need a break but reality, you get 'a break', you don't really get a break."

PX: "But in order to do that [get respite], you have to do everything yourself."

PX: "And then reassuring my son [it's safe] and also making sure he gets it. 'Cause if he doesn't use his respite for 28 days in the year, we lose it"

Even when everything is in place to ensure alternative care provision, the primary carer is still left to recover everything already planned out, even when incapacitated, as heard in one participant's testament of going to hospital and the provision laid out in the carer's assessment not being carried out:

P1: "Technically, I thought that part of the carer's assessment was to look at what happens."

PX: "Yeah, you do have the carer's assessment for that reason."

P1: "But unfortunately, the last time I had to last time I was in hospital, I actually had to do everything from my hospital bed. even the respite whilst I was in the hospital. So, it was quite difficult. but I had to do it. Believe it or not."

Recommendation: Undertake further work locally with the relevant service area to understand and respond to the issues raised by participants in relation to respite.

Caring and Aspirations

Caring responsibilities often put a pause on the primary carer's life aspirations, as they felt no other choice but to prioritise their dependant's care and wellbeing.

Carers voiced significant frustration with being dependent on the state for an insufficient income:

"They can't understand that I'm a full-time carer, but I wish to even work part-time, because financially, you want to be independent, you don't want to rely on anything. I personally, I never wanted to rely on any form of benefit. I wanted to become independent that way. But, you know, when you have family and when they're ill and obviously you don't want to like feel guilty for leaving them and just getting a job and doing your own stuff because, you know, you've got that burden on you, that you still have to take care and push things forward. But for me, just getting Carer's Allowance at this moment, it's not even enough for me to be honest. You can imagine."

This project heard of many women who care having to stop work or school altogether, causing significant frustration;

"I want to go back to employment. But the struggle is there for me... at first my problem is a reference. Then the next is how will I manage with my family and being a carer for them?"

"I did media [at college] and then I quit media cos I was caring for my grandma."

"I was in and out of work and I was looking for work. But then I had to give up my job because I had to become a full-time carer for both my mum and dad, with all the medications and stuff, I had to take them in and out of hospital. And yeah, then I became a full-time carer. But like she was saying, you lose your identity"

"I need to get out of this vicious cycle. I need to do something."

Carers voiced their work or education opportunities were hindered, due to the incompatibility of these goals (which were often linked to better supporting their care dependant) and their caring responsibilities;

"And at the time, the career progression up was to become a data analyst. Well, that scared me because I always got taught that I was never good at maths. I was never good at formulas, Excel like, it scared me to think, to use Excel. So, I thought, 'Okay, maybe not'. At the time, I was actually looking after my granddad and he had dementia so I couldn't travel, and at [my work]. It was a lot of travelling involved doing research, had to go for training courses here, there, everywhere"

"One of the reasons why I can't go back to [an employment agency] is because I said to them 'I'm a part-time carer, can you find me a job in somewhere along with me being a part-time carer?' They said, 'well, there isn't any job that can [fit around this]'"

"It's really hard to get a job full-time and be a carer at the same time. Because then you have to just put your life on standstill. And then just work your way round and try and find jobs are available. But there aren't many jobs available."

"And when you don't go to Uni, you realise that people who did go to Uni, they have that ability to talk and have the confidence. I'm saying that because they can back themselves up; they've got this degree to back them up... at least they can manage to get themselves into a job, even if it's not in their field. They can get a job... I can't get into a job. The jobs that are available are cleaning. And that's not something that I want"

"That's another thing, I don't have an up-to-date [CV]. 'cos obviously, seven years. What can I put on? 'Still a carer'"

"It's difficult because I can't, I'm not good at selling myself, because I just think that when they see you're a carer. They just say, 'Oh, you're just doing that because they're your blood. And that's what you do... right?'"

"I can't find a job and care like, you know, my son is so ill. and I want to spend as much time with him because I already lost two of my sons. And I know when the time comes, that will just come so quickly... I don't want to be doing that shift over there. And something goes wrong with my son. And they say, 'he stopped breathing', and I'm at work. Things go wrong very quickly."

"Nobody's going to give me a job, like, 'Oh, my son is ill now... Today's sugar levels are high, I need to be home', who's going to give me a job like that?"

Some voiced trying to meet both their caring responsibilities and pursue their aspirations, to be met with significant strain:

"I became a driving instructor [to fit around caring responsibilities] but then again, whenever I'm getting a call, I have to ask them 'Where do you live?' and I have to think how far they live. I don't take one which is more than 10 minutes away."

P: "I want to continue with the study because actually I need it for my daughter, to improve my English writing, all like that. But at that time, I couldn't do that because she got really poorly. Yeah. And got seizures and like that. So, I said, 'no, this time I want to stay at home with her'. And then they said, 'if she feels better'... I want to join again. This is, for me, really important to do something in English, higher study like that."

I: "Do you think even if you had a carer that was in place when you were doing your ESOL course, would you still be worried? Would you not be able to go to the ESOL class, or if you had a carer, would you feel okay to go?"

P: "If someone had experience with [daughter], I think I'd feel like relaxed"

And additionally, carers voiced being met with the loneliness of living a less typical life:

P1: "You don't call yourself a carer; you don't identify yourself as a carer. You just become somebody who looks after your mom, you brother, sister, your dad"

P2: "While you watch the people go out and have fun."

Having to prioritise another's care above personal aspirations further contributes to the isolation experienced by carers; this separation from others making it even harder to enter school or work when circumstances allow.

As heard, work and/or education is currently incompatible with caring responsibilities and their inherent unpredictability. Organisations should take a more carer-friendly

approach, offering flexible learning opportunities such as relying on online study, or where possible, allowing for flexible working arrangements (including working from home).

As seen in the Motherhood and Careers section of this report, working has many holistic benefits for an individual, as well as allowing them to contribute professionally to society. No carer spoken to expressed being content with relying on state-support: carers want to work, for financial independence; a better financial position; being a part of a community; fulfilling their goals and being a positive role model to those who look up to them.

All of these setbacks have the impact of causing low self-esteem and consequently, leading carers to underestimate their skillsets, making (re)entry into employment or education much more difficult:

“Yeah, sometimes I do think in that form, when I'm applying for certain jobs, like if I do end up applying for a job that I wanted to. for instance, if it's an admin job, I don't think of what skills I have. Obviously, I'm always on my phone. I know how to use Microsoft and all of that. I don't apply, because I feel [that] the only thing that counts is the jobs that you've actually done. The paid jobs, not the ones that you're caring for. “

“But they don't see that as a like, they don't see that all these skills are all part of being a carer. And you don't think of it in that format... you can't put that in your CV, ‘oh I'm a carer, and these are the skills that I've gained’ and who's going to back me up?”

Positively, other carers, meeting in the format of carers' support groups, help make carers realise the transferable skillset gained from caring, and to view their role as having unique strength in the workplace:

P1: “You know, you've advocated. You've been in a caring role. You had all sorts of practical things to do with that.”

PX: “Management skills.”

PX: “All sorts of -”

PX: “financial.”

P1: “You've participated. You've helped to organise all sorts of things. You've encouraged people, supported people, because actually a lot of people in that in their pay jobs don't do half of the things that we have to do.”

PX: “Sure. You're actually communicating with a lot of agencies like your GP, hospitals, social care. You know, you're organising day to day lives. What we do a lot of people actually can't do.”

PX: “And the people skills that you have, having to manage the person that you care for.”

PX: “And you know those special things. Special skills that you've developed in terms of helping to persuade somebody. So, you know, you'd be great in selling and communicating and negotiating”

“One of the things that concerns me is that over the years that I've been working with carers. When carers get to a situation where they're kind of thinking about work, it's almost as if they completely dismiss what they've done in ‘my caring role’, but still, you know, if you think of all the things around a caring role, you've learnt how to organise and you've learnt how to communicate and you're good at time keeping through lots of things that you can tick... [our confidence sessions] really opens people's eyes because suddenly, you know, somebody says ‘I've got no skills, got no experience, no nothing’. You know, you become a director, you become a PR person, a communications person. I mean, just think of those times when you're on the phone and you're persuading people: you're actually very effective. But because it's not ‘work’ Yeah, you dismiss it all.”

As demonstrated, there are many transferable skills gained from caring that could be utilised in a range of jobs – and others who care encourage this realisation. Where possible, organisations must learn to be more adaptive to their employees to accommodate for additional needs such as flexibility in line with the unpredictable nature of caring, or facilitating job-sharing where it isn't possible for an employee to work set hours:

“It's kind of the uncertainty of caring because, you think, ‘Oh yes, they're at the day centre’ and then stuff happens. So, you end up thinking ‘I'm gonna be free on the Tuesday’, but actually as soon as you commit, it all kicks off”

“If you think about it, because if you did manage to get a full-time job, you're still a part-time carer. I think they need to be flexible because we can change our hours and stuff. But if it's an appointment and certain things like that, you we can't change that. That's out of our control.”

If more carers getting into employment which is adapted to allow them to demonstrate their best ability, more will learn that they too can commence work or education and have fewer barriers to achieving their goals.

The Disparity Between Primary Carers and Paid Care Staff:

“Carers get frustrated because they're not having enough income coming in.” When speaking about caring and finance, all carers and advocates working in the care sector highlighted the unfairness of their financial support, against the job they do, which is only further accentuated by the wages received by external care staff. This participant discussed her current situation wherein her son has been assessed as requiring two carers due to his height/weight, who work eight hours of the day, where she – a petite woman – is a lone carer the remaining 16 hours of the day, and receives £254 a month, against her paid care who, if they are working seven days a week, each cost £4380.48pm (av), highlighting a disparity she is conscious of and frustrated with: “Now, this is the catch again, which I wanted to talk to you about... Government gives me the money and I pay the carers. They say ‘because he's a big boy, he needs two

carers'... now the agency charges each hour, £18pp for the job. so, for two people, the Government are paying me around £38-39, to pay the agency, for one hour... I'm having carers for eight hours... so I'm having a break... I'm gonna go back to where I was talking to you where I get after a month, 16 hours I am looking after him on my own... And I'm getting £254 pounds... the Government needs to change something here... I am saving the government money...£1000s! You come look after my child for a month and I'd give a stick. £254. There is an issue; that help care is minimal. cos looking after a disabled person. You know, it's a 24-hour job. You're doing it, and you're stuck with them all the time."

Another carer highlighted the inability to commence work, as the prescribed hours to be eligible for Carer's Allowance are not commonly available in the working world:

"Another thing with Carer's Allowance. They do say that you can work up to certain hours a week, but you can only get paid, think it's one hundred pounds extra... you can't find a job like that."

Additionally, there was frustration voiced with the government's perceived lack of understanding that their caring duties are a restricting and real barrier to work:

"I'm getting 254 pounds. That's not enough for me to survive on. and the Government say, oh yeah, I can go out and work, but I can't leave him for so many hours... You know, he's a diabetic. I have to check this sugar levels before each feed -after. Sometimes he's not right, he needs to be deep suctioned. I need to do that. Carers can't do that."

As stated earlier, all carers spoken with expressed a desire to work, for a number of reasons, including receipt of enough income to sustain and survive; the allowances received not going far enough:

"I want to provide. I want to give best to my child... and then if they helped me in my difficult time. Now, that would be great. I'm not asking for so much, like a big amount. And if I'm asking, for at least a thousand pound or fifteen hundred pound it's like, you know I can't get out of the house and work."

What goes unacknowledged in carers' benefits and allowances, many carers felt, was the additional costs that are innate to living in house with a care recipient.

As suggested by this participant, there appears to be an illogical delegation of caring expenditure as the costs to maintain caring in-house are unaccounted for, however should she not care, she feels certain that she would receive more money to pay for more hours of external care:

"Everything takes electricity, I've got a big bill. So, after a month, they are helping me, 'oh there you go, £254'... they should give carers at least, I feel, £1000 or £2000 to survive... So that's why some of the - what happens is I see some of the carers, they don't want to look after the children. They just give their child to Social Services,

because financially, they are so down, you're not getting any help and no relative helps, no one helps... [I do] not have any other support, whatsoever... I have to do it. If I say I can't do it, they will probably fund me more money to get a person with more hours."

The stringent delegation of financial support to carers and the lack of acknowledgement of the value of their role financially was succinctly captured by a worker in the caring profession:

"You know what, what is it? Sixty-seven billion pounds worth of care our informal caring communities providing across the UK. I'm sorry, but why are we arguing about budgets for supporting carers when the investment needs to be there. If you're going to continue to expect them to carry the weight of all of that on their shoulders."

At best, this chronic undervaluing of unpaid carers is damaging to a sense of self-worth, fosters frustration and causes tension with their paid care support. At worst, this causes some of the most isolated and vulnerable members of society to live in some degree of poverty.

While the cross-Government Carers Action Plan for England provided some short-term measures to support carers, there needs to be a greater revision of social care that includes carers support. The Green Paper on Social Care, which would allow a public consultation to be held, has been delayed multiple times, since Summer 2017.

Recommendation: Government to include policy ideas to address the nuanced issues raised in this report in relation to unpaid caring responsibilities, particularly in terms of the financial difficulties that they face, in the Green Paper on Social Care, and publish for public consultation.

Undervalued as Carers

Many female carers expressed feeling downtrodden and overlooked, both in their strives to advocate for the correct support for their care recipient, but also in the attention paid to supporting them to care and stay well doing so.

Many carers echoed one another's struggle to be acknowledged and listened to:

"Social workers are there, but they expect you to do it. They don't do it for you because they're saying that they have so many other people to deal with. So, they don't want to just help us individually... But what about the people who are caring for them? What's it like? It's just very hard for carers to get any form of support."

"We're just being ignored or we're disappearing as human beings."

"We're seen but not heard."

"I didn't want to tell everyone I'm a carer. That's all I'm doing. Because... other people don't - they judge - they don't see you, that you're a carer. They just see, 'oh, you're just a relative of that person. That's what you're supposed to be doing. You should be also be working'"

"You actually forget who you are... You lose your identity because you're caring. You become a mother. You become the daughter. You become the sister. You lose your own identity. And then your own health declines."

One participant expressed that the caring role is hardly valued and spoke to the differential treatment those with caring responsibilities and those with childcare responsibilities receive:

"Women with children are always given more understanding about caring responsibilities, compared to women without children... you can experience caring responsibilities linked to wider family members, but they have to be more justified."

Caring and Health

Many carers prioritise the health and wellbeing of those they care for over their own. As pointed out by a long-term carer, if you don't look after yourself, you are not able to provide the best care to those you love who are dependent on you.

While this should not be the overarching reason for looking after yourself, this resonated with the other carers, who went on to explain how they neglect their health and wellbeing.

Carers explained the very real impact this duty has on their health:

"I'm taking time out and caring full-time for my son. It can be very challenging because he's an adult now... You have to juggle caring and be the mum... it impacts on your own health"

How they ignore their health needs due to the all-consuming nature of unpaid caring:

"Just coming back to the doctor thing, when the carer is ill. I find that they tend to ignore themselves because they're concerned: 'We can't go. We... don't have time for themselves'. So that's when their health gets worse. Whether it's mentally or physically."

Placing the health of those they care for above their own:

"If it's my mum's or dad's or sister's appointment, I'd put theirs first and I would just ignore mine because I know mine's not a priority. But then again, I don't think about my health or anything. I just think that that there are lots of bigger priorities than mine. So, then

I just ignore mine and hope that nothing ever happens to me or just deal with it as and when I can.”

If addressing their health concerns, the difficulty with communicating their needs and fully utilising care services for their own, as opposed to their dependent’s needs was highlighted:

“It’s really hard for me to open up to the doctors because I don’t go there for myself. I just see it as going there for my parents or my sister. And I talk about their illnesses and their conditions.”

The effects of exacerbating conditions by not paying due regard to their own care:

“I do go sometimes, but with my health myself, I’ve been really unwell. So, I’ve had two knee surgeries and it took me right back for coming. You know, because my walking and I’ve got fibromyalgia with it. I’m not taking good care of myself; I should say.”

And in conversation about chronic health conditions experienced by carers, being unable to be a carer and have healthcare needs, due to stigma associated with being ‘fit to care’:

“I: It’s that disconnect between being a carer and acknowledging that you have your own health conditions -

Ps (in unison): Exactly.

I: - That are valid, and they don’t make you ‘being a carer’ any less valid.

P1: No, no. That’s right.”

As stressed earlier, caring lends itself to being ostracised and marginalised, this isolation having an effect on many carers’ mental health:

“I’ve isolated myself. It was my own fault that I kind of isolated myself like that. But my lifestyle and everything did impact on that... It wasn’t that easy for me. So, I thought, ‘just stay indoors and keep to myself and mind my own business’. So, I think it didn’t work well. It worked out - but it didn’t get me anywhere in terms of my mental health”

As captured in this section, carers struggle with advocating for their own healthcare needs; feel the way caring expenditure is granted is out of touch with real need, leading many to experience poverty; the effects of consistently being overlooked or their carer identity being valid leading to isolation, low self-esteem, and an internal devaluation of their skills and impacting on their ability to enter work or education; missteps in the care received fostering mistrust towards the exact services put in place to support them and their care dependant, and the carer-inaccessible set-up of work or education acting as a real barrier to many.

It is felt a lot of these issues boil down to poor inter-agency interaction and organisational structures that are difficult to hold to account for mistakes, as well as a lack of awareness surrounding caring, and a displaced societal duty to accommodate this work.

Recommendation: Leicester City Council to ensure that the relevant corporate policies acknowledge carers and the discrimination they can face arising from their association with someone with a disability/ies (discrimination by association).

Participants suggested specific acknowledgement of carers by private businesses via occasional free treats (proposed by participants as free cinema tickets every few months) would go a long way in recognising carers and the work they do, as well as the limited incomes many have.

Recommendation: Leicester City Council to consider offering carers discounts, deals or occasional free treats at City Council run sites (museum and heritage sites, for example) and events, to acknowledge the hard work of those who care and the minimal disposable income available. To encourage other businesses in the City (who are in a position to do so), to also consider offering discounts or deals for carers.

5. Sports and Access

One of the main barriers felt by women in accessing sports is the gendering of certain sports as 'male'. As illustrated by the participants, this message is perpetuated by social agents via alienation and belittling of their engagement when it comes to what are typically seen as 'male' sports;

"She played a lot of rugby. And one thing I did notice is when she was growing up, a lot of men in the family would be like, 'why are you playing that? It's a men's sport. Yeah, I play that'. She goes, 'no, I enjoy it'. She would love it. And at one point I just went, 'she can do what she wants and she's enjoying it'"

"Bet you don't really box. I bet you you'd probably like do some boxercise, you don't do any proper -' so you get that kind of vibe"

This message is then practically enforced by the segregation of P.E. activities in school,

"In the actual school. I mean, girls could pretty much just play netball, and that was it. Yeah. Particularly during my time in school, the only thing they had is netball - and gymnastics... a lot of my friends played netball and that's why I got involved into it"

"My cousins are in high school... And I've asked them this as well. I'm like, 'have you not wanted to play football?' And they go, 'yeah, but there's not much of a choice; not a ladies' team or club, it's more focussed towards the boys'"

P1: "Well, it's like subjects at school as well. Even in stuff like P.E. the girls do netball and boys do football. Yeah. Why can't they both just do both?"

PX: "Yeah."

PX: "You know, I don't think that's fair. I took P.E. at school and I was gutted when I weren't allowed to join in, with the boys."

PX: "Just simple little things like that, they should give you the opportunity to try everything."

PX: "You know, whether it be something that is 'meant for boys' or 'meant for girls'. It shouldn't be meant for either, they should get a chance to do everything..."

This is further supported by an absence of a range of, if any, clubs targeting girls and women in the community, causing some women to accept participating in 'female' sports as this is their only opportunity to engage:

"And then there just wasn't enough interest and they stopped it [the girls' sports club]. I feel like that was maybe the wrong approach. They should have just kept it going, because as you keep going, more and more people will be interested"

"Hmm, I don't know any [community sports] groups for women"

"I'm not really interested in it [netball], but it was like, 'no, go and play. That's the one. If you want to join a team as a girl, this is probably the one team you will have a good shot getting in'"

"I think there is a lack of opportunities for women to learn new sports especially as an adult. As a teenager sport often focused on male participation. There are often lots of sports clubs for males- football, rugby and hockey for instance."

"Inequality in time available for sport/exercise: Society expects that men should find time to do physical exercise but that women should forego physical exercise to take look after children/care for family."

As captured by the participants, even in 2020, it appears that some schools do not provide the same offer to boys and girls when it comes to their mandated P.E. lessons. Reinforcing the gender script via P.E. conditions adolescents to think certain interests, beyond just sports, are only for one gender, and that in turn, certain personal qualities are an exclusive, gendered domain - with non-conformance resulting in ostracisation:

"For the kids, there's a lot of peer pressure as well. One of the lads, you know, shows his feminine side or whatever. He'll get picked on for it and bullied for it. My boy gets it at school all the time, because he's very girly, let's say. So yeah, he gets bullied for being a bit of a [redacted - slur], but he does what makes him happy... It is a lot more accepted. Yeah, definitely. But it still goes on."

While ensuring equal access to sports within school will not solely dismantle the gender script perpetuated by many social agents including schools, rectifying this to ensure sports within school are universal could help to normalise the engagement of underrepresented genders in certain activities.

Some participants expressed a desire for 'women only' spaces when referring to sport, health and exercise. In some instances this was referred to in relation to cultural and religious reasoning, a means to be able to encourage women from all walks of life to improve their health and well-being. Whilst in other cases women referred to these spaces in relation to safety; how safe they feel. This would accommodate for women who may have been through traumatic experiences of abuse and assault. It may encourage women from older age groups to re-engage with sports, having grown up and the idea of sports being 'gendered' reinforced throughout their education experience and through other societal structures and systems.

"Access to support facilities in gyms for women only, especially considering the demographic of women in Leicester and health consequences of them not engaging in physical activities."

"I want to exercise in a safe space for women of my background and ethnicity... I'd like to educate my local community on health and exercise, and I want to advocate to my local council to improve the socioeconomic conditions that effect the health of the people in this city because I don't think there's enough."

"I'd like to see more women only exercise groups as well...I feel awkward exercising in front of men"

"I would never go for a run or cycle for instance on my own during the day or night. I wouldn't walk or exercise on my own because I feel unsafe, however I think this is something men do not have to think about."

Consultation question: "Are there any places or times you feel unsafe?"

P: "The gym or public pool if I am alone"

Recommendation: The Department of Education to give guidance to schools and colleges relating to the P.E. Curriculum and equal access to sports in practice, to ensure education providers are aware that while they can separate by sex for P.E. lawfully, they are obliged to provide the same opportunities for both girls and boys to engage in sports.

Recommendation: Existing Council-operated sport and gym facilities to consider expanding their selection of 'women only' classes where there is evidence of need and to offer these at a range of days and times, accommodating for the many responsibilities women take on (as highlighted throughout this report). In addition, to advertise services more widely to enable women to participate.

Upon adulthood, a lot of women expressed their engagement in sports being heavily linked to their personal safety, which can be achieved with the financial freedom to afford a gym membership:

"I have a gym membership, so I go running; I go to the gym because I know that it's safe"

Safety and sports will be further explored in the next section – however it must be acknowledged that access to sports that are safe and in accordance with cultural and religious requirements, for some, is contingent on having the disposable income to access.

Finally, sports can be utilised as a safety mechanism for boys, asserted a participant who created a boxing initiative to target boys at risk of engaging with knife crime in her neighbourhood. This participant spoke in depth about her work, which acknowledges the physical urges felt by the boys she works with, and instead of trying to diffuse these, she has created a safe environment in which these feelings can be explored. This reflective practice demonstrated a successful community engagement initiative, and the role of sports in avoiding anti-social and potentially life-affecting behaviour.

6. Safety

Personal safety came out as a common concern to Leicester's women. This section will shed light on how real safety concerns impact on how women live, how unsafe situations can be mitigated, and where crimes have occurred, women's experience of engaging with the police and support services.

It cannot be stressed enough that when discussing mitigation, we are relaying the methods participants voiced using to feel protected, as well as how women could be supported by others and authorities to be safer. Women who do not use the safety mitigations highlighted are never to blame for any harassment, victimisation or assault experienced.

Safety Methods, Fear Barriers and Solutions

"I tend to work until late at night, so 'til like 7, 8PM, cos I'll help out for it if needs be. [My managers] won't let me walk home, they'll either get one of my co-workers to drop me off. Get me a taxi or they'll walk with me just to make sure I'm safe."

Common safety methods used by women in transit include getting lifts with family or calling friends on journeys home; such prevention methods relying on trusted support networks, that are the norm for many women:

"She would ring me, and we would stay on the phone together sometimes to be safe. It's just this extra stuff that you do"

"Town, it's very dangerous at night. So, when my mum picks me up because I can finish at like half ten, so by then, especially at the

weekends, it gets really crazy and rowdy. but if my parents can't pick me up for some reason, then they always pay me to get a taxi"

While the proactive and resourceful personal safety measures can be respected, this does allude to the question - if a woman doesn't have someone they can rely on to boost their confidence and aid in their safety, how does fear of danger impact on the way women are able to live their lives?

"I work long hours; I don't have the time to go to the gym. But I want to go for a run... But you know, at the time that I would have available to go for a run would be in the evening. But I don't wanna go for a run by myself..."

"I'd like to go running, but I wouldn't go running on my own at night, because there's the assumption that I'd get murdered"

As illustrated, not having the correct safety mitigations in place causes women to avoid doing what they want to, and not make the most of the opportunities available in Leicester.

Regarding solutions to make cities safer, this project supports Plan UK's call for women and girls to be made a priority in future redesigns of cities and involved in the process. Women commonly voiced several problems relating to neighbourhood safety, with clear solutions:

Firstly, a crime deterrent that women frequently expressed would significantly bolster confidence is street lighting:

In our consultation women were asked 'what would help make you feel safer?': at least 43 responses out of 151 mentioned better or more street lighting.

"It's really darkly lit as well, and there's a church across the road and it's just little nooks, but you notice all these things, you know, you're walking, and you think..."

"If they kept the odd streetlight on it would be alright. every other one or something."

"At 11PM, every other streetlight, 200 yards, all the lights go off. There are certain cul-de-sacs where there's no light whatsoever, so you have to be in at a certain time, otherwise its pitch black. So, it's not very safe."

With one participant voicing a loss of faith in the local authority following a lack of response to a dimly lit, crime-attracting local area:

"We live right next to an alleyway, and it's a long alleyway. The lights in the middle of the alleyway don't work, they've stopped working for about, what, three months now... what if somebody

walks through there... there was a stabbing. But there's still no light there... nobody's doing anything about it. So, it's just going to stay that way."

While Leicester is striving to be as green as possible given the declared climate emergency, safety also remains a priority. Leicester's residents must feel some confidence to travel by foot any distance at night.

Recommendation: Local Authorities to consider keeping intermittent streetlights on to ensure no one area is pitch-black. This local strategy should be individually tailored to neighbourhoods, with priority given to areas of higher criminal activity.

Safety in travelling to and from their parked car and not having enough safe parking areas were also acknowledged as problems:

"I would finish a shift sometimes 8PM, and where we were was in front of [a city centre area] renowned for a lot of drug users, alcohol addicts, Yeah. Not a nice place to be really. And I would have to park my car and walk past there. And I just thought to myself at some point, 'why isn't there parking areas or spots for females?' Particularly women that are working late at night or work in the city."

In a response to a high level of crime in the area, teenage girls were provided with rape alarms from their college. When discussing this, the women expressed feeling 'patronised' as these were not given to the boys and they did not wholly make them feel safer:

I: "When you were given the alarms did it make you feel more safe or less safe?"

P: "I Suppose a little bit of both"

While good intention was there, it's likely this also contributed to them realising the real threat to girls and women in public spaces. One of the participants went on to illustrate the rape alarms weren't practical:

"If someone comes for me, I'm not gonna just take that out my pocket, you're either gonna defend yourself, or you're gonna run. there's no, 'oh wait just stop there while I take my [rape alarm out]'"

Many women expressed how their relationship to their own safety and the safety of loved ones changed after becoming a mother:

"I find that before I had my son... I felt safe to walk about and do things, but now I'm a mother I feel on the streets, I feel like I don't want to take those risks because I feel I've got to be here to look after my family. Anything goes wrong with me, who would be there to look after my son?"

"I think at the minute, it's all open isn't it, the danger is open. It's there, whereas before, many, many years ago, it was hidden. It was still there. You had the stalkers, the paedophiles, but they were all hidden. They weren't very out there. Now it's just you step out of the house and you know, you know that someone's watching you all the time."

"So, I've got two little girls and I'm constantly holding their hand a bit tighter, reminding them to be with mummy all the time. I don't really like that. I don't know how you guys feel about it. It creates something in their mind that, you know, they're not safe all the time. But then that's life, isn't it? You're never safe, really."

Safety and the night-time economy were addressed as a point of concern. As acknowledged by this participant, women being in such spaces do experience harassment, and should they not meet advances, face intimidation and aggression:

"Couple of times when I've been out with friends... you'll be out with a group of girls, there's usually only about four or five of us... We'll be talking, and somebody will just come and sit the table... But then there is this expectation that you will be nice to this person and if you are not, they will very quickly turn into. Slightly aggressive... they get very angry like you owe them something, you have to speak to this person. Or you'll just be having a friendly chat with someone. And then you go, 'I'll see you later then' and then they're like 'Well, like what?' You know, they're expecting more because you've spoken to them. And I think. I guess just being in a group makes you feel safer. I think if you are separated from friends, then that would be quite a scary situation to be in."

The theme of victim blaming, a fundamental element of rape culture, was rife in discussions of safety, with some of the women speaking about safety with a subliminal victim blaming undertone:

"Bearing in mind that I'm kind of like mid-30s; mum. I can't imagine how bad it is for a 20-year-old. You do have to kind of be careful that you're not giving off the wrong signals or, you know, you don't speak to the wrong person and they get the wrong idea."

"To an extent, in general lifestyle a lot of women won't go out 'cause they might get raped or hurt. Or, 'don't wear this, don't wear that', when that's not our fault as women, but we are held back for it"

Recommendation: Leicester City Council to consider the merit of PSHE/Citizenship in the City's schools including a lesson on a rape culture and identifying harmful views and behaviour around love, sex and sexual assault,

(such as shaming women who are sexually active or based on how many sexual partners they have, rape jokes, victim blaming, judging what women wear, ‘cat calling’). Whilst this is not within the Council’s direct remit, it is worth considering how the Council might effectively engage with schools to achieve this.

Looking to best practice internationally, in 2018, Plan International launched their ‘Safer Cities’ programme, in which girls used technology to create safer local spaces. This innovative piece of collaborative work involved using the popular videogame Minecraft “to recreate the neighbourhood as a virtual world, where they can design and build solutions to the problems they’ve identified, such as increased street lighting, separate sex toilets, covers for gutters at the side of communal areas and bins to decrease littering. The girls are then able to prioritise the changes they want to see and pitch these solutions to local government officials to implement in their neighbourhood” (Ashmore 2018).

Recommendation: Feed the issues raised in this section to the Smart Cities Team and Community Safety to consider whether we can use technology as a means to collaborate with citizens, to identify problems in their neighbourhoods and help facilitate a safer Leicester.

Recommendations: The Council’s Community Safety and Protection team to support local community awareness initiatives relating to standing against rape culture and violence towards women (i.e. in externally circulated communications such as Your Leicester).

Experience with the Authorities:

It is noteworthy that women’s experiences of working with the authorities following victimisation were polarised: some praised the service received and others felt their service was a severe injustice. This is likely due to the seriousness required for many women to feel they should seek support and/or report a crime, and the sensitivity of experiencing a crime.

A participant discussed a crime she experienced, in which she sought support and was unable to gain the assistance of other civilians:

“We were walking home really late at night and... I just sensed something; we look round and this bloke was flashing at us... we saw some houses with lights on, so you’re banging on the door. Because you could clearly see he rode past us first, on his bike. Then he must have done whatever, he’s parked up... Then we’re really paranoid. Thinking; ‘oh god, he’s gonna get on his bike and follow us’, because it was quite late at night. And so, we saw these houses, lights on. Knocking on door, you know; people are looking at the curtain saying, ‘we’re not opening the door’, and we were really panicked... [we] ran home, reported it in the morning.”

The next case is a woman’s positive experience of police and social service support in an ongoing domestic abuse situation, where she was treated with respect and comprehensive aftercare, that led her to feel empowered:

"The police were amazing... I had to rely on them a couple of times... it was a Saturday night and I think there was only about six police in the whole of Leicester and they were all, all of them, sent to my house and I felt so guilty - not 'guilty' cos it's the wrong word to use but I thought 'god, this is what we have to do, to get help' - especially with domestic violence, it irritates me. I just thought 'gosh, how stretched we are, as a police force'. And a woman needs help, you know, if it was a man it would probably be different. It does happen. But the support I got with that. I mean, the police were amazing. I can't fault them at all. they were so good. Didn't look at me as a 'poor woman', they were just matter of fact: 'no, he's put his hands on you, we'll sort this [expletive] out', and then after, the support was there after. The police, next day, came around. 'Are you okay?' and a phone call came, Social Services rang up to make sure the children were fine. So, I think that was such a good, good, good, lovely support... I wouldn't let a man bring me down now."

The same woman went on to discuss how victims can be negatively perceived and treated by those around them:

"One of my friends was saying in her domestic violence, that she felt like she was made to feel [as if] 'you are a poor woman that suffered'."

Another participant voiced that when she reported her domestic abuser, as the victim, it was her life, not her abuser's that was unnecessarily disrupted and she felt that she was racially discriminated against:

"[If I] were a British woman they would take him out of the home."

Recommendation: National policymakers consider ways in which women who have experienced domestic violence are enabled to safely stay in their own homes should they wish to, and instead perpetrators are required to leave the household.

Recommendation: Leicester City Council to do some awareness raising work on how constituents can raise complaints and escalate concerns about any public body/authority if they feel that their complaint has not been sufficiently dealt with.

Work may also need to be undertaken nationally to ensure that women are equipped to challenge effectively. This links with a recommendation in the section 'Workplace – Policies vs. Practise' (p.35) which recommends that awareness raising work is undertaken to ensure that women are aware of their rights in employment and are equipped to challenge where these are breached and where they have experienced discrimination, harassment and victimisation. It may be that these two recommendations can be combined, if appropriate.

While this report is focused on the experiences of women, it is important to acknowledge that men who experience domestic violence often have a hard time finding related support, as a participant vocalised:

“My partner has got a chronic history of abuse... ‘he’s in an absolute mess because of abuse as a child? Because of domestic abuse? A man, struggling with domestic abuse?’ You know, that was really hard for him to access services. We live in a really horrible world... But the support doesn't feel proportionate.”

In other focus group sessions, women have reported a ‘loss of confidence in the police’ generally, stressing that this can only be restored by action. Women have voiced frustration with ‘time lapse’ incapacitating them from following through the Criminal Prosecution Service (CPS); because so much time has passed between the period of abuse and them feeling able to report this that it has passed the point of the CPS being able to get involved.

Women also questioned, ‘who polices public authorities?’ Demonstrating that some are currently not aware of independent scrutiny bodies or means of escalating complaints, and work to make the public more aware of these mechanisms could strengthen perceptions of public authorities. Additionally, it has been stressed that advocacy for women, particularly more ‘vulnerable’ women such as women with disabilities, would help considerably in strives towards women receiving the correct service provision: Unfortunately, not all women are in a position to speak for themselves about the victimisation they have experienced.

Domestic Violence and Resources

Moving away from direct relations with public authorities and onto the interpersonal difficulties of domestic violence and support, many victims of domestic abuse are unaware that they are experiencing abusive treatment, and it takes good support from indirect services to flag this and help the individual to become conscious of the situation:

“We ended up being allocated a support worker from one of the children's centres, who did some work with my daughter, and it was through the conversations with him, where he kind of said you’re talking about being a victim of domestic abuse... this power struggle.”

Being unaware of the extent of abuse or feeling able to leave an abusive situation when it’s in a familial setting, was, for some women, in part due to cultural expectations and not bringing disrepute to the extended family, as highlighted below:

“For me personally, I was in a 20-year marriage[with] domestic violence, and then I had this daughter, with cardiac issues. She came at 31 weeks due to the domestic violence; I nearly lost her. And then I decided that I was going to walk away from a marriage. I couldn't walk for 20 years because there was a lot of, you know, in Asian culture, ‘you don't leave your husband and its written for you’, et

cetera. And then I remember laying in ICU. Because what he'd done is thrown me on my stomach. And then the doctors told me that I'd lost the baby. So, they had to do a C-section to take her out. But prior to the C-section, they said that your blood pressure's so high that you're gonna have a stroke. Your organs are going to collapse. So, you're not going to make it... I decided. I thought right, 'I've got three girls to set an example to and there's no way in the world I'm tolerating this anymore'. And I came home and told my gran, and my grandma's [saying]: 'don't you dare think about leaving him'. And I thought, 'You know what, done it for 20 years for you, now, it's my turn, and I'm walking away'. and I did just that. I've never looked back. So, from that point on, I've literally just turned it and I'm trying to make every effort where they see me being a strong independent woman. We don't need to rely on anyone. We don't need this cultural pressure. We don't need any peer pressure. We are who we are. Yeah. And I really feel passionate about spreading [this message] to other parents as well, cos I see a lot of moms struggling. I mean, even if they're living with in-laws, there's a lot in our culture where, because of the financial strains, you are forced to live as family under one roof. But that has pressures in itself. There's abuse from family members, which you don't have to tolerate, but you do it because you don't know how to handle it"

Another woman spoke to her experiences of how insidious, and therefore, difficult to identify, domestic violence can be:

"I was always made to believe that my voice, my opinion and everything about me was invalid when it came to my husband... Initially, it started as him raising his voice. Then it started with him hanging me by my neck, on the wall, to show me how strong he was to intimidate me. Then just getting us into debt all the time. And I used to work my guts out to pay the debt; before I know he's got us into debt again and nothing to show for [why]. He'd have his friends around - I'd have to cook for them all hours. His friends, you know, would do inappropriate, say inappropriate things, and I was not allowed to say anything, because it was my husband. I felt dirty in my own home... It was almost degrading. I lost faith in myself. you know, I was a quite successful academic. I was quite successful from a work point of view as well. But I just felt invalid in myself."

Women also reported not going forward to report or pursue divorces and separation proceedings of any kind due to the cost involved. Comments made by services in some instances had also been unhelpful and unwelcome. In many cases, women experience further detriment by often being the one that has to leave the household and go to a refuge, whilst their ex-partner remains in the home, without worry or fear. This can leave women feeling trapped in an unhappy relationship. These feelings of

being trapped are heightened during the pandemic, especially during the initial strict lockdown period.

Participants have voiced in these situations that there must be more community education and discussion about domestic violence, and community assistance to help victims of such crimes acknowledge that abuse is not acceptable, and that their safety is more important than stigma:

"I think there's a lot involved in it [why people stay in abuse], it's cultural, lack of education, lack of confidence... everything all boils down to the same thing, really. And I think [we need] a lot of team building activities, trust building activities and things like that should teach people. How it's okay to be treated and how it's not okay to be treated"

Recommendation: Leicester City Council and the Government Equalities Office to continue to support campaigns to increase awareness and recognition around the different types of abuse, where and how to get support, both locally and nationally.

Recommendation: Leicester City Council to ensure our relevant commissioned services (in Community Safety, Housing and Social Care) continue to make available practical help and support to survivors of domestic violence, taking into account the lived experiences of those seeking support and taking steps to ease the process of resettling and in some cases, becoming independent for the first time.

7. Personalisation of Services and Communication to Service Users

The project heard a variety of negative experiences of female-identifying service users in regard to depersonalised services. Seeing a different doctor or support worker at an employment agency upon each appointment were the most common issues, likely due to both the commonality and sensitivity surrounding chronic health conditions and strives for employment.

Women strongly voiced that speaking to a different person each time made for an inconsistent standard of support, with greater opportunity for mistake by service provider, due to poor internal communication, in addition to fostering a sense of being a number to get through the system; not a person to work with.

These effects lead to service users losing trust in service providers, and therefore being less forthcoming in experiences of such services, leading to poorer quality interactions that sustain ineffective service provision.

An additional result of this was women fostering anger to other people in similar situations to themselves, who felt the support they received was lesser than another's, causing internal class friction.

Housing and Financial Support

One of the main findings surrounding this theme is internal class divisions. In Leicester, a considerable amount of the population experience economic deprivation.

It became evident that living through economic hardship, caused a reactionary anger and had left many working class people resentful towards other working-class people who had experienced similar hardship to themselves.

This is particularly clear in conversations about housing and welfare, which will be explored in this section.

As discussed in the Carers section, many carers do not feel the support they receive is sufficient. In regard to housing, frustration was voiced around accessible housing support:

“We own our own property. If we were in a council house, then they would pay for this [equipping the house with a shower accessible for the resident with disabilities]”

A common frustration voiced was that of working-class families in which the parent/s work full-time struggling to make ends meet and finding no support comparing their situation to other parents who are receiving more support. For these women, the current welfare system implicitly encourages a parent – as the typical primary caregiver, a woman – to stay at home and not work. Women have frequently expressed frustration between this state persuasion and their opposing career goals:

“If they [the Government] could help those ones who are working full-time because... When I apply for council house, they say, ‘you’re not eligible for it’ and I’m going bonkers. I’m like, ‘I do full-time, my husband works full-time. This is why you should help us’; we work full-time... And I’m like, ‘so you’re encouraging me to not work’... most of the time we come out in the end of the month, we barely have anything to sustain ourselves with. And still, you need to go back to work and Council are not helping out with things... If you can at least save £20 in your house. It does really help for many parents. I have people who has dropped work saying they can’t do that anymore, they had to. It’s better for them to be a full-time mom at home, getting the benefit. And I don’t see myself ever doing that because I want to work more. They’re not helping.”

Logically, for some women this has fostered a resentment felt towards others in relatable experiences who in their eyes, unfairly ‘get an easier ride’:

“I’ve got a full-time job, 37.5[hpw]. And some of those not working, is getting everything. And they’ve got council housing.”

In some cases, this push for an adult to leave work to receive the support they are seeking has been grossly explicit, as illustrated in the cases of these two women facing difficulties with their private housing:

“They just said, ‘look, I’m sorry, we can’t do anything really – only if you quit your job’. They will tell you straight on quit your job”

“We’d been asked to move out from our first house, went to council housing. ‘Unfortunately, we can only help if one of you drop from working’ and if one person is working it’s not truly supporting because of the bills, which everyone knows how dangerous the bills are and having to care for kids as well”

On the other side, women in council housing feel that they are in an equally precarious situation, in that they are unable to become mobile in their career standing, for real fear they will be forced out of their home to a more dangerous situation, should they commence work:

“So, they say if you go to work, you’ll be kicked out of the council house. You go to a private renter yourself. So, it’s hard. It’s not just you... they said that if you go to work full-time, more than 16 hours, you have to get to a private rented [house] and private renters are not wanting to take people who are on benefits anymore”

Private renters placing blanket bans on recipients of DSS was recently ruled as unlawful under the Equality Act 2010, as a form of indirect discrimination (Richardson 2020). This recognition is a positive step for fairer access to private tenancies, however work to debunk the prevailing expectation of private renters not taking on those who are in receipt of benefits as touched upon by this participant may be required.

Jobseekers

Women commonly spoke about negative experiences with employment agencies that boil down to a lack of tailored support. The following participants illustrate this, comparing current experience to historical ones, detailing the infrequency of meetings and one-to-one support, and the formal nature of their support – which is understandably intimidating and off-putting:

“Back then, it was completely different. I was on income support. The leader told me to find a job or think about the kind of option that I wanted; we talked about my skills. She directed me. I applied for the jobs and basically, she helped me step by step, bus fares, uniform costs and she was really encouraging. And she had a meeting with me every week to follow up just that motivation. Just keep on top of it and it really kept me motivated... And now what’s happened is that I have a meeting once every six months. And it’s, you know, it feels really formal. It feels like you’re under pressure, you’re scared to attend these meetings now whereas back then, it was motivational. It was different. I used to look forward to going. Now it’s too scary”

“Not as personalized, it’s very robotic. It’s very scripted and it’s very formal. Yeah. Whereas those ones were casual. Yeah. The people spoke casually, and they relax, and I think a lot of the time, the pressure at the moment is the queues, you’re constantly waiting in

the queue, so you're constantly under pressure about parking, bus fare and all of that. And also, it's just not efficient. I think back then people were skilled and equipped. Now there's, you know, the people that you see, they're not the same people every time. There's not a consistency. And I think there's that's a one to one relationship – that makes a difference”

“it's become robotic. I mean, it's become formal. And it's... a bit intimidating”

The removed nature and formality of employment agencies explains why so many women have voiced feeling as if in a “tick box system”. Additionally, participants spoke of being placed in unsuitable jobs as a deterrent to returning for support:

“I didn't want to go back to [my employment agency] because they would send me to jobs that I didn't even like doing, they would just give me any sort of job.”

When trying to find employment, work must be suitable for skill and practically for the individual's lifestyle, but it also should be somewhat relevant to the individual's interests and career goals – otherwise the work will be a temporary stop-gap solution, as opposed to a long-term fulfilling investment for the individual and their employer. Whether employed or seeking employment, women deserve to be satisfied in their work.

Personalisation is so important to ensuring a good fit for individual and work, but also in ensuring the job-seeking experience is respectful and not daunting. Seeking employment is a stressful and sensitive experience, this must be acknowledged in the support offered to ensure individuals are getting the most out of job-seeker services, and not returning after several months of ill-fitting employment, or leaving the support service while still looking for work.

Personalised services would be beneficial to both those using employment agencies and employees. Providing such a service is of benefit to employees in that they get to see a customer through their job seeking journey, facilitating greater investment and personal reward to see their assigned cases succeed.

Caring and Correct Support

Women who have caring responsibilities frequently voiced that within health and social care, the support received was of an inconsistent standard and highlighted the frequency of falling through the gaps.

Women spoke of red flags being overlooked (regarding timely diagnosis or adequate support, as listed in care plans), their advocacy being dismissed by health and care professionals unless they possessed the knowledge and interpersonal skills, and clear cross-agency miscommunication, all of which lead to poor care experiences.

This participant highlights required care not being implemented, in her son's hospital experience where a Learning Disabilities nurse was flagged as needing to be involved:

“When I went to the hospital and then afterwards, I saw a Learning Disabilities nurse on site – meeting that I attended, I asked her, I said, ‘why didn’t you attend my son? Why wasn’t he flagged up? His records are flagged up as red.’ ‘I’m really sorry. I don’t know why he was missed.’ Well, why was he missed?”

Carers have repeatedly voiced exasperation with being dismissed as an advocate when seeking health and care support:

“It takes quite a long time for the process to happen [establishing social care for their dependant] because they tend not to want to listen to the parent”

“Makes you wonder how the system works with someone who either doesn’t have a carer or has a carer that is a bit reticent or frightened by the system.”

“When you don’t have a voice or when you don’t know the protocol... When you don’t know how to approach people or how you need to speak to them, they ignore you.”

As highlighted by the second participant, this does pose a question of the quality of care and support against needs being met for both the person requiring care and where applicable, their carer, when they do not have the same resources as other carers.

Similarly, in a school context, a parent of a child with additional needs voiced frustration with ‘lip service’ meetings, her concerns not being met with sufficient action:

“For me personally, I found that I had endless meetings with the staff members. Yeah. But I wasn’t getting any joy; I was getting a lot of lip service, but I wasn’t getting any help.”

Additionally, it was highlighted that where oversights occurred in relation to the correct care for a person with disability – where things went awry – this resulted in interagency scapegoating, leading the women experiencing this to be unsure of where to turn to, to rectify the situation:

“They [the Council] keep saying, oh, the college, you have not sent any information... They keep blaming each other.”

“They have [in hospital] a department over here, and a department over there and they don’t talk to each other!”

In discussions surrounding mental health, poor inter-agency communication was a common finding as well.

Linking into some of the issues highlighted in relation to care agencies, multiple women have expressed difficulty with getting a diagnosis for their children with SEN and/or

autism. Commonly women report that concerning behaviours of their dependant they have flagged with their GP are not taken seriously, until an external agency such as nursery or school states the behaviour is disruptive. This parental dismissal is both frustrating and demeaning; the child missing out on earlier support to live with their condition:

“Autism – It’s being diagnosed so late. Children are 3, 2-3 years old are being, you know, they have symptoms or ADHD. You can clearly see it as a child with a behaviour issue, but they’re not picked up by the services until they’re going to school. That’s too late.”

“[My son] wasn’t actually diagnosed [with autism] until he was twenty-nine.”

“I know a lot of people here. I think even when they come to the meetings, they’re still struggling to get their children’s statemented... a lot of parents I have spoken to are often struggling to get their children a statement” [‘statemented’ referencing an Education, Health and Care Plan (EHCP)]

“I spoke to a doctor or someone: to get a diagnosis, it’s really hard... if it’s just mild autism, even if the child is not coping even at home but is coping at school. It will just get missed.”

“Now it’s getting harder and harder for families to get educational psychologists in to see a child, because of funding”

The struggle to get the correct level of support was felt by many carers the project spoke to, with many feeling that the only way to gain this is to persevere with force:

P: “For us to make changes, we have to get Social Services [involved], but then we chase them... like, I spoke to a social worker four days ago, but he hasn’t got back to me. So, we have to constantly chase them to get back to us. So, we basically try to do their job for them as well”

I: “Do you mind explaining a bit about how it is to get the service in the first place?”

P: “Sometimes it can be very frustrating... I asked him to do that on Monday. I’ve given him the details of this new support worker. So, he’s meant to get back with me so we can give notice and get the ball rolling for that to happen. So hopefully he should get back to me today. Yeah. This was Monday and it’s Friday today. He hasn’t got back to me with an update to tell me what’s happened. Have [respite organisation], you know, accepted support workers details? How long will it take? So, he should have got back to me with some kind of [update]”

These statements shed a light on the difficulty of carers advocating, or people with caring needs, in accessing the appropriate health and social care. The women carers spoken with evidently have had difficult experiences, which with the right knowledge and interpersonal skills can be fought against, but not all will have the same assets to hand to push for fair treatment.

Recommendation: Ask the CCG to suggest that GPs document conversations on concerns voiced over dependant's behaviours and commit to listening and exploring these with the advocate.

Recommendation: Reviewing the sharing systems of key information in health and social care patient files.

Recommendation: Social care workers and health workers to provide service users date deadlines to provide updates/information where possible.

Child to Adult Support Transitions:

Participants who were in situations that made them more dependent on services spoke out about the drop in support given, when transitioning from adolescent to adults' services:

"After the age of 25. And you have a person with a learning disability or any support need, mental health, looking for something is really hard. There's basically nothing out there, you have to really, really fight for something."

"There's no more places they [people with disability] can go, it's limited"

"I don't feel that there is enough help and support out there for people who have been in care... When you've left care, when you're 18, that's it. The support is all gone, is completely gone."

This care leaver ended up having a short period of homelessness following her leaving care.

Dramatically dropping service provision is distressing and can leave many in a situation of instability as new adults.

Recommendation: Social care services to continue to review the way in which dependant services users go through from child's to adults' services and respond to feedback to ensure a gradual and manageable transition for the service user.

Education

In education the project did hear of what good service provision looks like, in the case of a young woman with epilepsy and her reasonable adjustments. Sadly, this support wasn't as frequent as she required, but she did suggest it helped her to perform her best:

P: "I have a mentor and like she sat down with me and we did a learning plan. Because when I get stressed as well, it sets off my epilepsy. So, we kind a learning plan and whenever we did assessments, I was allowed to go for a 20-minute walk if I needed to go to calm down and that really helped me because I was able to concentrate more"

I: "Do you feel like there is kind of enough support in place?"

P: "They help when they can where they can but it isn't always available, which is something that is kind of hard because when you really need it... they're only there on Mondays... so if something happens during the week, I have to wait until next week. To go and talk to her, and it could've escalated, or it could have just been forgotten about."

This participant went on to speak about a difficulty in college in which her mentor fully supported her, illustrating how good service provision can be when it's tailored and consistent. However, in the experience below, due to an administrative issue the participant was made by her teacher to feel that she was to blame and that her teacher was averse to her, which could potentially lead to this participant becoming less engaged in college:

"They've lost a year's worth of my work (college) and they're making me redo it... and then they're sitting there, and they've been complaining at me saying I'm failing the course... she's just doesn't like me"

I: Does anyone support you to make a complaint?

P: "Yeah, my mentor, because of my anxiety. My mentor was like, 'don't worry, you write it down and I'll give it to the course leader', so she went to the course leader herself and she went to the teacher as well. And she had a go at the teacher for me and I was like, 'thank you.'"

Many young participants, speaking of their current or recent experiences, felt their college post-18 support is or was insufficient. The sole concern for teachers, perceived by these participants, was getting their students into University, without fully explaining the process or responding to questions:

I: "You mentioned that you found UCAS quite daunting. What was daunting about it?"

P: "The point system, I just didn't really understand it. And my tutors were just like, 'oh, no, you just gotta do it. You've got to do it...' nobody wanted to explain it further and I had no interest. I just did not."

"She's not academic, she's not into education. She came to me a year and a half ago, absolutely broke down because she couldn't

cope with the schooling system and what the education system was demanding off of her. But she's – take her aside. She's been one of the most committed, reliable, hardworking members [of this organisation]"

"I think most of them were overwhelmed with the [amount] of students"

"I had a French teacher at GCSE, and I was constantly trying to get more information from her, but she just did not have time to sit down and have a one to one with me. And I think that was a big reason why it didn't end up going into it."

"They see children in a way as tick box exercises."

Additionally, current schooling does not support alternatives to University as equally 'valid' options, meeting students with hostility:

"We went in [to college] the other week and the teacher was talking about applying for Uni and she asked us who wasn't doing it. And about 10 of us put our hands up and she was like, 'ok, then go look for jobs'. And I said to her, 'what if we've already got a job? Do we have to be in this session?' She was like, 'you like making my life difficult.' I was like, I'm sorry, I literally felt so bad in that minute"

The consensus was that post-college life decision making is not being taken as seriously as the gravitas of the situation. Students deserve to feel informed and listened to when they propose their plans post-college, and colleges have a duty to be the primary source of information to support their students to make informed decisions that are right for them – providing comprehensive support for all options.

Recommendation: Feedback to colleges the need for post-college lessons to both pay fair attention to all career paths (not putting the onus on University) and for such sessions to take a more collaborative structure, in which students are made to feel comfortable asking questions, and confident their query will be met with a response.

Many women who are over the age of traditional students today (over 25) expressed a desire to return to education to carry out further study. However, they were met with several barriers surrounding childcare, financial constraints and worries about having to stop working or reducing hours. Those who are currently in education whether they are following a traditional route or studying after some years also expressed similar concerns.

"I feel unable to access more beyond a degree due to time and money."

"No money, no education."

"I would consider further study but it is expensive."

"I was supported [in university] but wish there was less of a financial burden at uni."

"More information on adult education and access courses. People can't afford to reduce the hours they work for courses so there needs to be some sort of funding."

Where women over the age of 25 were out of traditional education routes, they expressed they felt supported in pursuing education with their employers. This was beneficial to both the employee and employer.

"Employer is encouraging to access an apprenticeship to benefit all, there is no pressure but [we] can take advantage of working hours and this will benefit myself and family."

"Supported at uni, currently with an employer that funds and supports additional project management qualification."

Some participants highlighted how having a childcare facility attached to an educational setting was beneficial. This is similar to what was stated earlier in the report with regards to child-friendly workplaces or joint childcare facilities.

"Having an educational setting with a creche was immensely beneficial and useful, however now that would not be possible."

Paraphrased: "

Women from BAME communities also expressed that they felt they were not supported during their education and experienced discrimination:

"[I was] supported until my apprenticeship where [I] faced discrimination due to [my] skin colour"

"[I] felt oppressed due to the colour of my skin."

"I was supported well however felt held back due to lack of experience or professionalism, lacked due to background or no access to the same culture employers were looking for"

"I was supported at uni but unable to take part in activities out of studies due to culture, never aware of other pathways to success other than via uni and this limited understanding of passions."

Recommendation: Universities and other adult learning institutions to identify and establish whether there is a need for childcare facilities and act accordingly to accommodate for this. This may be in the form of creating links with nearby nurseries to offer parents subsidised rates or priority places for children.

Recommendation: Employers in Leicester and across the country to be encouraged to support their employee more widely in gaining additional qualifications.

Health

A lot of women voiced feeling let down by their primary care services, whether it be due to inaccessibility, sudden drops in care, lack of information, or the effects of procedures relating to female health. These subjects are explored in further depth in the Mental and Physical Health section of this report; this sub-section focuses on the quality of service received.

Starting with post-natal care, it was acknowledged that they could not access the health services they required due to post-natal physical recovery:

“Even doctors’ surgeries, you can get appointments, but you have to walk to go there”

Continuing with post-natal experiences, one participant spoke of the debilitating condition they experienced following a procedure error:

“With my first I had an emergency episiotomy, but they overcut from one side to the other. And then two days later, the stitches opened, and they said to me, there’s nothing we can do. You have to wait for them to naturally heal, and it took one year. One year. Yeah. Yeah. So, one year not to be able to walk.”

Additionally, post-natal women spoke to the difficulty of having their care suddenly and dramatically dropped:

“Even the midwife visits and the health visitors, you might find for the first six weeks you get a lot of visits, and then all of a sudden, it’s gone. And you’re on your own.”

As touched upon earlier, having a different professional upon every service encounter contributes to an experience which is not person-centred, as well as providing inconsistent information and guidance, as demonstrated in this participant’s experience of navigating menopause through her GP service:

“I think that if you’re a woman of a certain age and you’re experiencing the menopause you do not get support from your GP. Every time I go to the GP, I see someone different. They tell me something different”

It is worth stating that a condition such as menopause is spoken about very little in society, and due to the nature of the condition and stigma, is incredibly personal, so sensitivity and consistent information sharing is vital to making the menopause a manageable experience.

Women also voiced frustration with the differing rules accepted for patients and GPs in regard to appointment cancellations, with either party being cancelled on facing cost in some capacity:

P1: "But they do cancel quite a few appointments don't they, NHS themselves"

PX: "Yeah"

PX: "It's all right for them to do it but if you do that then they say that this is how much it's costing them if they you cancel it."

PX: "It's costing me a day's work!"

PX: "When they cancel it's OK, yeah."

PX: "Only ten minutes late for a doctor's appointment!"

Women also highlighted the need or preference to choose which gender GP to visit. Accommodating for the needs or preferences of many women in this manner contributes to a more respectful and accessible service:

"If you want a specific doctor that you want to speak to. Like if it's a female doctor, the date, they want to know why you want a female doctor, or they would just give you any doctor. But for me, I'm not saying I'm fussy, but I'd prefer if it was a female doctor because I'm more comfortable around talking to a female than I am with a male doctor"

"Usually my practise is quite good when they have the option – Male or female – which helps"

Some participants stated that getting a GP appointment was hard enough, so they have learned to accept talking to a male doctor about a female health issue. In some instances, participants expressed how once they were able to get appointments, they were told they cannot speak about a second condition or issue. Appointments were 'one appointment per issue' despite comorbidities and overlapping health concerns and problems. Or how a ten-minute time frame was not sufficient enough to discuss the co-morbidities and overlapping health conditions. Where this was the case participants were told to book another appointment to continue the discussion. However, this was not always suitable and meant more time off work or the flow of conversation and context being interrupted.

In the context of living through the Coronavirus pandemic and avoidance of face-to-face interaction in standard doctor or nurse appointments, telephone appointments have become standardised. While in some cases, face-to-face appointments are required, telephone appointments as a standard route to care should remain in place to accommodate for patients who are unable to travel to their surgery.

Recommendation: The GEO to consider feeding back to the Department for Health the expressed need to assign 'lead GPs' to patients and prioritise this GP

as the care provider, for patients to receive consistent care. Similarly, in a longstanding condition, the GP first approached with the concern/s should be the one to oversee this care, to ensure continuous support, non-conflating information or guidance offered, and lesser oversights via inter-GP communication.

Digital Exclusion

Finally, one of the main concerns of service provision being of adequate quality today is digital exclusion. Participants voiced their frustration with services they require being digitised and because of this, inaccessible, with other participants advocating and voicing concern on behalf of the digitally excluded not having the same access to vital services as others.

Digitisation allows for greater collaborative opportunities, more opportunities for service users to address issues with their service experiences and for some, a more convenient way to access services.

However, as illustrated by this project's participants, it must be acknowledged that digital inclusion is a privilege not afforded to all.

While the percentage of adults with disabilities not using the internet has been steadily declining, in 2018, 23.3% of adults with disabilities were not internet users, compared with 6.0% of adults without a disability (ONS 2018).

Not all have the same access to the internet, and this cannot be rectified by simply offering community computer lessons; a sizeable proportion of the internet is inaccessible for people with vision conditions, who have English as a second language or have poor literacy skills.

Digital services as an option for access is not a bad thing, but by transforming services to become online-only, organisations who do so are preventing many from accessing the services they require.

Participants addressed the misconception digitised services are universally more convenient and accessible, speaking passionately about the unequal access opportunities:

"They've also done this digital thing, for people to make life easier. But to be honest, it's not making life easy, is making it more complicated."

"We're working with all the people in the most poverty, the most distressed, basically digital exclusion. And every time somebody puts a form online, what they forget is the person who can't read and write and the person who can't go into a computer... if you were excluded, that person then can't get that service"

"I hate the term channel shift... cause, if you work with vulnerable people, channel shift is not a shift in the channel; it's the closing of a door."

Essential services that promote online use significantly over other forms of contact result in women who are digitally excluded finding it harder to access these services:

"I want to fill up the application for my child, the school, he's gonna go next year, and they said to me, 'you have to fill in form online now'... that I don't know"

A woman who has English as a second language explained her frustration with being unable to communicate via online-only services, explaining that she can have better interaction by speaking than writing:

"It is so difficult to explain it in English. Who is going to write a letter to the city council like me? A woman? I do, like, get stuck. It takes a lot effort and time instead. You know, if they send a letter there's a phone number you can just ring them. Yeah. And have it told, that's it, job done. Nowadays they said, write an email So who's going to do it? Like, OK, the next generation is coming. They might be able to do it like us."

Additionally, digitisation can make accessing the right services difficult when the service user is in a complex situation, as demonstrated here by a participant who is carer to several family members:

"That system online. I think that's a bit confusing because they don't tell you... they [also] don't mention the name of whose blood test or whose prescription is... And now recently they've said that it's not an automatic thing where you can get your prescription. But if you if you forget to, then they won't get their medication. And that happened to me just recently, like in December time. It's only November. I think they started it. I didn't know this was taking place, even though I did get a text message. But I was too busy with my sister's issue that I forgot that they said that you have to go online and order your prescription... Luckily for my parents, they had extra medications, both my mum and dad. But they didn't have a one-month worth of medication from the pharmacy. And we used to nag the pharmacy, 'you haven't given the prescription and blah' But in the end, they said, 'oh, well, what can we do? You didn't order it online'."

Recommendation: Leicester City Council to ensure where decisions are made to channel shift our services, that an EIA is completed - demonstrating consideration of our PSED.

Recommendation: Leicester City Council to ensure that service users are given notice of our services digitising and to make online access an option to using services, not the only method of using the service.

Recommendation: In recognition that digital inclusion plays an important role in enabling women to not only access services but also to engage fully in public life (including work and education), particularly given some of the additional barriers posed by Covid-19, the Smart Cities, Equalities, Adult Skills and Learning and Neighbourhoods, in addition to other relevant services, will work together to scope a proposal for a project to deal with issues that have been highlighted as part of this project and more widely in response to Covid-19 – such as lack of access to devices, including appropriate devices for work and study and lack of access to adequate internet connection.

Acknowledging Diverse Needs in Service Provision

Participants who were apart of multiple marginalised demographics addressed the failure of services designed to support them, in meeting their needs. This is a practical translation of intersectional barriers not currently being fully recognised in the Equalities Act 2010. This sub-section explores the accessibility and quality of services for those who are apart of multiple marginalised communities, focusing on these intersectional barriers when accessing support.

A participant from a ‘strong religious background’ voiced that they felt very unsupported by a voluntary organisation that offers relevant advice and support, as well as their GP, when gender transitioning. They advocated for greater support for more marginalised members of the LGBT+ community from relevant support services.

Another participant voiced feeling reproachful about talking therapies, after a negative experience in counselling in which her faith was insensitively assumed as the reason for her mental health condition.

8. Finance

Leicester is a city experiencing significant and chronic economic deprivation (The English Indices of Deprivation, ONS 2019); widespread poverty likely to be further exacerbated by the impact of Coronavirus (The World Bank 2020). The economy has historically hit women hardest in a variety of ways.

“The “crisis in care” has been ongoing for years, leaving women run ragged, whether from childcare or elderly care; women are much more likely than men to be found in low paid parts of the economy feeling undervalued and overworked. Women’s low level of earnings compared with men makes housing unaffordable, and means they build up much less of a pension pot over their lives. And then, when Covid-19 hit, women were more likely to be found on the frontline, exposed to risk but in jobs that paid miserly wages.” – Dr. Victoria Bateman, Economics Fellow, University of Cambridge 2020 (in: Aspinall 2020).

In this section the main concerns voiced by women will be explored: the impact of changes to benefits including the introduction of Universal Credit, dependency on male partners in heterosexual monogamous relationships, a lack of understanding of gender

pay gaps and pension, Period Poverty and the mental and physical health implications of being disproportionately affected by poverty and economic hardship.

Period Poverty

Following years of campaigning and awareness raising, in March 2020, it was announced that the luxury taxing of menstrual products was to be abolished as of January 2021. This news is wholeheartedly supported by the project; prior to this announcement, participant voiced frustration at the unfair tax classification of menstrual products:

P: "If all women have to go through it, I think it ought to be brought down or not taxed... I find it absolutely ridiculous that there is a tax."

I: "It's taxed as a luxury item"

P: "It's not a luxury item!"

While the scrapping of 'tampon tax' is incredibly positive news, there will still remain many people who have periods, who are unable to afford the appropriate menstrual products for their needs, known as 'period poverty'.

Nationally, 27% of women and girls in the UK cannot afford menstrual products. In Leicester, this figure rises to 35% of the female population (Ginger Comms, Bloody Big Brunch, Hey Girls in: Watson 2020) Trans men are at higher risk of poverty and homelessness (Action for Trans Health 2020) and experience the additional barrier of either 'outing' themselves and risking their safety or avoiding asking for help altogether when experiencing period poverty.

For those in more financially strained situations, who suffer with more frequent or longer than average periods, purchasing menstrual products is a felt strain as illustrated by a single mother and carer, who is unable to work:

"I have very heavy periods at the moment, mine have been like 14 days. So, I'm spending probably double what most women would spend, and the cost of it is just ridiculous."

Following on from this, menstrual care product donations are often neglected when it comes to homeless shelter collections. This neglect may in part be due to the stigma still surrounding periods, but as stressed below, menstrual care is an essential need:

"But where women cannot afford to buy sanitarines [sic] or tampons... it's ridiculous. No woman should ever have to make a choice between food or period products. It should not be a question of either or."

Recommendation: Leicester City Council to address period poverty in the Equality Action Plan - as part of that work opening a dialogue with Leicester's Homeless Charities on access to menstrual care products for people experiencing period poverty.

Recommendation: When calling for physical donations, Homeless Charities in Leicester to include mention of menstrual care products on their donation list. When calling for fiscal donations, Homeless Charities in Leicester could mention this money, in part, will buy menstrual products – to boost awareness around this essential need often overlooked.

Recommendation: Leicester City Council to commit to providing free menstrual products in all Council buildings that are accessed by the public.

Considering societal, cultural, or gender expectations and related stigma, there must be a place those who experience period poverty are able to access menstrual products in a private and accessible manner.

Recommendation: That the Government consider the proposal that those eligible for free prescriptions be able to request free menstrual care products from primary healthcare services such as GPs and GUM Clinics.

Recommendation: Leicester City Council’s Public Health, Sustainability (within Estates & Buildings Services) and Education services to consider the procurement of menstrual cups to be provided in school to each young person with periods, appealing to the Department for Education and their commitment to fully-fund access to free menstrual products in schools and colleges for funding.

The Effects of Economic Hardship

The stress caused by financial hardship and navigating ever-changing welfare systems in addition to many other life stressors, can manifest with mental and physical health conditions.

In awaiting the five-week return on her Universal Credit, one participant attributed the stress of this situation as a contributing factor to her physical illness experienced:

“I was so stressed out; I think that’s why... I received the statement [to] say that, yes, I could get Universal Credit and payments [went] into my bank account about 48 hours later. That’s when I woke up with Bell’s Palsy – I think it’s all of the stress”

The lack of clear direction in a complex situation of financial constraint, with insufficient advice available, leading to a feeling of being trapped:

“There’s not enough resources to... Nothing to push you like, ‘do you know what, we’re going to help you, just, you know, what do you need?’ So, it was the legal requirements; the red tape. How will I be impacted financially if I’m going to be financially strained? What’s the alternative to try and get me on track or would it be better if I work?... you just feel like you’re in a trap all of the time”

The mental toll of living in longstanding poverty and consistently being knocked back in efforts to escape this leading to mental health conditions including suicidal thoughts:

“You can try your best, but even your best is not good enough anymore. And I think that’s a lot of [what causes] these mental health issues. You feel defeated every day. You wake up defeated, you sleep defeated... I understand the rise in suicides... because you [are] just trapped... Debt: it’s just so common now, I mean, everyone around you is in debt. That shouldn’t be the case. Not when you’re enrolled in this working culture and we’re all working this hard...”

As demonstrated, the impact on the health and wellbeing of women in economic hardship is significant and must be addressed. This will be explored further in the subsequent subsection: Health.

Changes to Support Including Universal Credit

Navigating government financial support is complex, but reviews of support add an extra element of instability which for women who are eligible, causes an additional source of anxiety. Reviews to support, as voiced by our participants, can leave women in stressful, financially precarious and unstable situations.

One participant illustrated the instability of financial support and the emotional toll this takes, when explaining that the condition of her son who has a disability hasn’t changed, yet following a review, the financial support granted did:

“He was turned down with the PIP because they said he didn’t get enough points... But he’s still got a disability; everything is still the same. And when he’s poorly, really poorly, he’s in hospital and obviously I’d have to take time out for that couple of weeks to be with him... and because of the Carer’s Allowance was stopped I had to go on Universal Credit. So, I’m still having to pay out for the medical stuff for him... So, I’m still paying for those, but I’ve not got the money to pay for them anymore... So, I’ve been really stressed out.”

The reform of many benefits, replaced by Universal Credit, was a frequently discussed issue affecting women.

The main issues highlighted were the five-week waiting period for a decision and the impact this can have on eligibility for other benefits – leaving women to take some chance, and potentially face having to repay payments – not to mention the complexity of navigating the system when eligible for multiple benefits;

P: *“With the Universal Credit, you have to wait five weeks... for even a decision to see if you’ve got it or not... I had two choices, where I could wait [and] apply for the monetary reconsideration. And that was a few weeks’ and that was turned down. I could have had the option to go on [through reconsideration] again. But what I thought*

about it, I thought there's no guarantee that I'd win the case. And then obviously, if I was applying for Universal Credit, no matter what situation, I would always have to pay the money back; have to pay what Universal Credit I had, I would have to pay that back and I was like, child tax credits... I wrote to the Citizens' Advice. They said, I've got two choices. I could leave it until I got the decision, because if I apply for Universal Credit now, it might mess up all the other things. So, I took that decision to wait until the decision. But because I waited, I was penalized. I had to pay back a month's money."

I: Who were you penalised by?

P: It was a Child Tax Credit. Because obviously I was getting extra, because my son was on Disability Living Allowance. But now, he's not on the system, he's just 'normal' so we've lost loads of money. I'm having to pay extra for Universal Credit. And his physical needs are just the same.

"It was just really stressful [applying for Universal Credit and waiting for a verdict]. I was just in limbo. I just didn't know what to do."

The offer of being paid some welfare support in advance while waiting for a Universal Credit verdict being an impractical solution to the long wait time, due to those who are financially disadvantaged feeling a need to avoid incurring debt:

"It was just really stressful time because I didn't know if I was going to be set for Universal Credit or not... But also, they say that they can pay some money in advance, but then you gotta pay it back. I thought, I don't be needing more debt."

The instability and ever-changing eligibility of benefits being a barrier to women making efforts to get qualifications to work:

"Because even if I go to the [employment agency] and I ask them, they put me on to this one course. But it ended up being that if I actually ended up on that course for six weeks... it'd completely missed all my benefits. And I'll be financially worse off than I would [otherwise]."

The real potential of financial support being lessened to those who are already financially disadvantaged, exacerbating poverty in Leicester:

"I think the biggest issue at the minute, in the last couple of months I've experienced at the [employment agency], is the change from benefits to Universal Credit... Everyone's financially strained; there's a lot of red tape; there's a lot of changes – and people are

financially already strained. And then when you go there, and the change of benefits, and you're going to be less well off. Yeah, it's another strain in itself. And it's almost as – it's just debilitating”

“You're not being frivolous buying milk for your baby [when it feels like it]”

With those who are in lone-income or no-income households, with no other safety nets, worst hit by the Universal Credit process:

“I think it's because my husband's working, I was alright for the money, but I've heard that the wait time being five weeks is very difficult for some people.”

Based on these participant testimonials, clear, definite advice needs to be given to those seeking it from associated services such as the Citizens' Advice Bureau or employment agencies. This can only be realised with further revision of services such as Universal Credit: to shorten wait-times and more comprehensively assimilate welfare benefits to avoid risks of women shouldering government debt.

By penalising benefits on the basis of attempting to prepare for work, there is a discouragement of attempts to become financially independent, contradicting the efforts of employment services.

Recommendation: Benefits, both current and those being phased out, to be assimilated by the Government, to ensure no eligible recipient is left waiting for payments and that no debts occur from overpayment – with any debts incurred to be gradually redacted from the overarching eligible payments.

Recommendation: The Government to review of the Universal Credit assessment process to cut down wait-times for a verdict.

Recommendation: The Government to ensure that those who are jobseekers do not receive a benefit penalisation for attempts to make them better adapted or skilled to work.

Financial Dependence and Awareness:

Even today, many women in heterosexual monogamous relationships remain reliant on their husbands financially – whether it be for expenditure or future planning i.e. pension control:

P: “I don't like relying on my husband so much, I want to be independent.”

I: “How do you rely on your husband?”

P: Expenses-wise, taking me out. If I need to go shopping. If it's not within the area, he has to take me on the weekends”

“I don't think about it [my pension] too much; my husband handles all that side of stuff; he just sorts everything out.

Additionally, pension was unanimously an aspect of finances that participants were unaware of how to access and manage:

“It’s working it out though, you get your piece of paper with what your predictions are. And you look at it... to I look at it every year and think, well, I really don’t know. All I want to know is what me lump sum and how much am I gonna get monthly. ... But it’s not very self-explanatory”

With 43% of consultation respondents saying they ‘didn’t know very much’ or they ‘knew nothing’ about their pension.

In light of the WASPI Campaign bringing awareness to pension inequalities experienced by women, it is becoming increasingly important that particularly women have control and knowledge of their pension.

Finally, the project found that there was a general unawareness surrounding the race and gender pay gaps. Using the example of the gender pay gap, this refers to women getting paid the same as men for the same job, but within the organisation there is over- and under-representation at different levels of seniority, e.g. a lack of women at senior levels, perpetuating the pay gap. The pay gap is different to unequal pay (which is illegal, refers to paying people differently for the same job and is straightforward to correct), and is far more complex to resolve, as there are multiple factors which cause it.

Some participants were aware of the pay gap, but similarly to issues of discrimination and organisations separating themselves from this issue, women were unaware of their employers’ pay gap, as demonstrated by the following participant, who’s employer did have a pay gap:

“Luckily with [my organisation] there’s no gender pay gap. So obviously we get the same as the men.”

The issue in not being aware of the race and gender pay gaps, or where opportunities to uncover unequal pay is blocked (“Everybody was paid differently, and you were not allowed to discuss with your colleagues what you were paid”), is that this dodges accountability for organisations and stifles worker attempts at recuperation.

Recommendation: Organisations to offer information to their employees on pension as a mandated part of their starter pack.

As of 2017, employers with 250 employees or more, must publish their gender pay gap data every year.

Recommendation: Organisations should consider periodically publishing data on their pay gaps in relation to protected characteristics beyond gender and making this information publicly accessible.

9. Health

This section pays attention to the most prevalent health issues impacting women, including specific physical and mental conditions and experiences of care, as well as how accessible healthcare is.

Postnatal Needs

Postnatal experiences including postnatal depression and difficulties in breastfeeding were significant areas of concern for women.

As illustrated below, participants felt that there was not enough postnatal care provided to identify and support post-partum women, who are often isolated when breastfeeding, with their mental health:

"I know it's not often that you hear it, but, you know, if you're looking through the news you hear about mothers who are not coping well at all that commit suicide and stuff like that... You know, when you do have your midwife appointment after you've had a baby, they ask, 'Are you coping?'... And that's probably the only – they don't really push as such. I mean, some people are probably going to be quite apprehensive about saying, yes, I am struggling... And that's where I think in admitting it, there's not as much support for women out there."

"I think there's probably not enough contact from the midwives themselves [in comparison to her past postnatal support]"

"It was just pretty much four months of crying and constantly sitting breastfeeding. I didn't go out at all. I was just housebound and it just kind of obviously get a bit depressed and you get to moods and things like that."

Similarly, women stressed that individualised support – which not all get – is essential in helping women to successfully breastfeed:

"But the problem with breastfeeding is that it's so varied in terms of the problems you can have, unless you speak to somebody who's quite familiar with the problem that you're having. Or somebody who's very passionate. A lot of mothers tend to give it up quite quickly."

Additionally, conflicting advice given by different professionals and dismissal of concern was an issue raised that impacted on mothers being able to breastfeed – linking back to the emphases placed on personalised, consistent and attentive care discussed earlier in the report:

"You get like conflicting advice or sometimes like when I went to the hospital with him initially. He's dehydrated they just stuff, a formula bottle with him and there like you're not producing enough milk. So, he's going to have to be on formula. But it's not something

that anybody should hear... I feel really sorry for mothers who give it up very quickly. And I think it is literally down to the support that they get”

A further barrier to accessing the necessary post-natal support was the societal pressure on women to be happy and enjoy life after having a baby, and the associated guilt with not fitting this expectation and experiencing postpartum depression; this image acting as a silencer when it comes to accessing potentially life-saving help:

“And if you see someone struggling, then you feel more open to telling others that you’re struggling as well. But if you see everybody having such a wonderful time in their life then it becomes more difficult to say that, OK, this is this is not my life at all I’m completely the opposite and I’m struggling.”

“In this country, they’ve created a situation where it’s highly unlikely to die during childbirth. But the main cause of death of mothers is suicide... cos of anxiety and depression, because we don’t like to express that... it’s more dangerous.”

Additionally, participants voiced that when they did address their mental health concerns, they were offered medication, which was felt to be dismissive and not the solution they wanted – advocating instead for accessible community support in which they could speak with other women about their experiences.

Coping with Miscarriage

Miscarriage is more common than generally expected: among women who are aware they are pregnant, an estimated 1 in 8 pregnancies end in miscarriage (NHS 2018). Women volunteered their stories of miscarriage and ectopic pregnancies, and their experiences of recovering from these traumatic experiences: the commonality being insensitive or insufficient care and support.

Several women were told their pregnancy was terminal, to then discover this was not the case:

“You haven’t been told you’re not pregnant, having to go through those emotional torture weeks, not sleeping, thinking, why is your fault? What happened? And after you’ve been told you’re pregnant again.”

Doctors must refrain from saying a pregnancy is terminal unless absolutely certain, due to the turbulent emotions coming back from this news causes.

Insufficient support has many forms, such as employers not allowing any time off to recover, which for this participant, caused her to have to leave her job:

“We had a miscarriage the first attempt. And the job that I did, in retail, as a retail manager. They just – it’s all about money. So, they

hadn't no time to support me even having a miscarriage. Like having time off work to recuperate. And we end up having to part ways. So, I ended up losing a baby and losing my job. My whole life just like changed completely cos I've always been this very strong, hardworking person. And all of sudden that was taken away."

Miscarriage is a medical condition that needs to be recognised by employers in the same way that other conditions are.

Women also expressed not having enough support following miscarriages or pregnancy complications. Signposting is essential to ensuring the safety and wellbeing of women following these traumatic experiences.

Comparatively, some women are supported with pregnancy-related health conditions, such as this participant undergoing IVF treatment who had her needs met with time off:

"I had to have sort of emergency days off because things change and stuff. And they've always been very helpful. I have to say, my colleagues are great. I know that not everyone has that experience."

Managing Periods and Endometriosis

As illustrated by our participants, there remains a lot of stigma surrounding periods, with people who have periods feeling pressured to hide them and the associated symptoms:

"For me, especially traditionally; where I come from, that's not something you're supposed to discuss. You know, your sister, who you can share the bedroom with is not even supposed to know when you're on, it that we raised"

"They kind of hide it away, that they're not feeling that great for that reason. And it becomes a bit of a taboo"

"[I] talk about it more with women rather than men. It's just something I would do. For example, if I was at work and I was on my period and I wasn't feeling well. Yeah, I'd be up to saying it to my female colleague quite easily, but I would not say that to my male colleague."

"All of us have been taught to hide how poorly we actually feel. And again, I think that is something why in society we are just not that far. I mean, just look at classic advertising for period products... We are essentially told that the 'perfect period' is the period where you can still be a full member of society."

The last participant raises an interesting point on what it means to 'full member of society' aligning this to not appearing to have periods or, not being 'female'.

The pressure put on those who experience periods to hide this risks people not getting the right adjustments in place to fulfil their duties to the best of their ability and discourages people from addressing abnormalities and concerns about their menstrual health when necessary with a GP.

The debilitating effect periods have for many people in the context of hiding such struggles was highlighted by participants not addressing their needs or having no adjustments in place to allow them to carry on their lives:

"I felt like I was about to drop. My blood pressure dropped. I was pale. I was shaking. I was cold. But I worked a full day because I didn't feel I was believed that I am actually not well"

"Cos I'm very heavy and I've got very bad period pains there are times I've had to cancel, quite often I have to cancel things, 'cos I'm just not feeling well enough, don't feel like I can actually leave the house, 'cos I'm too scared of showing..."

"I used to enjoy swimming, got to the point that I was in the swimming club, doing competitions and winning, and then periods got in the way and I had to stop it, I just couldn't keep doing that"

The impact on daily life was also highlighted in voiced experiences of endometriosis:

"I have to think about – plan ahead a bit in terms of what I do on a daily basis... I try not to let it stop me, but it does sometimes"

In the context of the workplace, participants explained how managers responding to employees vocalising struggle with their periods, with trust and flexible options, contributed positively to the employees' sense of being respected and consequently their work output:

"Just you know. I know you don't take the mick. Just get on and do what you need to do. I'll support you in whatever way I can', and it makes such a difference to coming into the office and doing your job"

Menopause: Assumptions and Stigma

Like periods, there remains prominent stigma surrounding menopause and a lack of acknowledgement of the menopause as a health condition. By sustaining this taboo of discussing menopause, many people lack the necessary knowledge to understand what is happening to them, or don't know where to turn to for this information:

"In the past it's not been considered something you do talk about. And that hasn't quite changed"

"[It was a] surprise"

“But there is not a place where you can talk to somebody who has knowledge that can give correct advice and that if that was a male disease... It would seem as a national issue.”

As demonstrated by participants, there is additional stigma surrounding discussion of menopause in the form of an ageist devaluation of older people. Associating the menopause with getting older also alienates younger people experiencing early menopause from understanding their condition:

“I think people don’t want to talk about it because you think you talk menopause. It means you’re old or you’re getting old.”

“One of my colleagues was told that she was too young to have the menopause and they refused to give her a test”

Seeking Healthcare: ‘Pain Bias’

Women are more likely than men to be inadequately treated by healthcare providers (The Journal of Law, Medicine & Ethics, 2001).

‘Pain bias’ refers to certain demographics being taken less seriously in health services than others.

The data gathered in this project also supported the claim that some women are less likely to be taken seriously than other women – namely, BAME women and younger women experience greater pain bias.

A BAME participant spoke of her work not taking her health needs with the appropriate response.

“After the second hospital admission people [at work] start saying to me: ‘Are you sure you should be working?’ – you should have been asked that on day one. You know, the first time I went in.”

Another BAME participant reflected on her experience of addressing health concerns at a younger age, and what it took to have her health attended to:

“I’ve had really bad problems with things like periods and I just feel like it gets overlooked sometimes. Yeah. Symptoms used to get really bad, when I was at Uni and I think I went to the doctors a few times. They were kind of like, ‘oh, it’s just bad cramps. It was just this, it’s just that’. And you go ‘no, I’m suffering. Please, I’m suffering’. And it was usually the male doctors that would say, ‘okay, well, just take it easy and see how it goes’. And I remember a few years later, I went again to the doctors. I saw a female doctor and she just said, ‘you must be in a lot of pain. And I said, yes, I am’ and she went, ‘Okay’, and she sat down and properly listened and gave me meds for it. But I think it took like several appointments for me to get heard. Then after that, I thought to myself, ‘okay,

well, I'll only ever go if it's something really serious'. But technically, any problem, you should go.

When I talk about, say, my symptoms, but my health, they do listen quite well, which helps. I feel like because I'm older now. Because when I had all my problems with my periods when I was younger, about 17, 18, I'd say, yeah. And there was a lot more difficult to get take seriously. And I think now I'm twenty-six. They see me as a grown woman"

Demonstrated here is the pain bias felt by various marginalised groups, a concern because it stops some from having their needs met, and as stressed in 'Personalisation of Services', consistently poor standards make service users adverse to returning to the service, until it's "something really serious".

Myths about different people experiencing pain differently need to be debunked. Recommendation: If not already, healthcare practitioners should undergo some form of unconscious bias training to ensure they are providing care that is fair and consistent to all patients.

Recommendation: Leicester City Council's Public Health to discuss with healthcare practitioners the need for training staff on 'pain bias' and dispelling myths of different pain and symptoms experienced by people of various backgrounds.

Barriers to Smear Tests

BAME women are less likely than white women to attend cervical cancer screenings, with 39.6% saying they would feel unsafe attending a doctor's surgery as a result of the current pandemic, compared to 27.2% of white women. (Jo's Cervical Cancer Trust, 2020 in: Thomas 2020).

A participant spoke of the need felt to encourage "especially women from the Asian and African communities to go and have the smear test done", explaining the barriers she perceived as particularly affecting BAME women:

P1: "I think it's also a cultural thing. You're quite protective of your body and it's quite invasive."

Contrariwise, another participant voiced frustration with the assumptions made about her not going for a cervical screening, and the betrayal of confidence following her standpoint being one that was disagreed with:

I: "Have you ever had one?"

P: "I've not had one. I've been given a letter to go but. I don't wanna go."

I: "Is there any specific reason?"

P: "I just, just don't want to go... I think I mentioned to some of my work colleagues that I'd gotten my letter to go to a screening and they just got really inappropriate like that, 'You have to go. You need to go'. And there were just mentioning in the open office and, I said this to you in confidence, that I don't want to go because I just don't want to go... people make assumptions. 'Oh, is it because of your family? Is it a religious thing? Is it a cultural thing?' Actually, no. I've got my mum and my sister telling me. I just don't want to do it."

There are a multitude of reasons why women may not want to attend cervical cancer screenings that were not fully explored in this overview research.

Speaking to representation as a tool to encourage greater uptake from BAME women, P1 agreed to be in posters designed to encourage women to go for their cervical screening and chose to dress traditionally, using representation and relatability as a tool to call to African women:

"And I felt that women, in my group, if they see me in my African attire with the head gear on... they wouldn't walk past it [the poster] in the hospital... 'that outfit is something I identify with'. They're more inclined to stop and have a look"

That is not to say equal access can be achieved by representation in persuasive media alone – however this is one element of good practice supported by the project.

Living with Disability/ies and Autism as an Adult

Participants living with disability/ies, or those who were advocating, most commonly brought up issues surrounding dignity and accessibility.

Speaking about busy shopping streets in the city centre and city wards, participants pointed out failures in accessibility, for example pavements not being wide enough for mobility supports and public toilets being in the vicinity, but never open.

Speaking about public awareness, a participant stated that the pandemic has highlighted how little people consider particularly hidden disabilities. She referred to her sunflower lanyard and how there needs to be greater public awareness of signifiers such as this.

Participants addressed the lack of value given to ensuring dignity, with one advocate telling the project about Social Services not being able to find an appropriate showering system to install for a person with disabilities (prior to Covid-19), meaning she had to go to a local swimming pool to wash:

"She had to go to Beaumont Leys swimming pool because they couldn't find anything for her... so when the services can arrange that transport, only then she can have a bath"

In discussions surrounding disability and employment, participants expressed fear they have or would be discriminated against on the basis of their disability. It became apparent that there was some lack of awareness of people with disabilities' rights, for example in job interviews:

I: "You don't have to disclose at an interview that you've got any kind of health condition at all."

P: "At the job interview?"

I: "Don't have to say it."

P: "Really? I thought you had to tell everything. Otherwise if you don't... you can get sack if you don't?"

I: "I would double check with whoever is dealing with your case at the [employment agency], but from my knowledge and experience of my employment, it's always been an optional thing. You can disclose your disability, but I don't speak about mine unless I feel comfortable speaking about it."

P: "Oh, that's good to know. 'Cos obviously my son, I don't think he'd want to tell"

Continuing with not being fully aware of relevant rights, many participants with disabilities were unsure about applying for free bus travel and whether their carers could get free bus travel to assist them in transit.

Recommendation: Community-based officers should touch base with community group leaders to ensure they are aware of relevant support their participants may be entitled to. This could support constituents who don't have direct contact with the Local Authority to be more aware of support mechanisms in place, and access the full range of support available to them.

Several participants spoke about getting a late autism diagnosis, highlighting also that there are long waiting lists for adult Asperger's support – for some it took two years.

Autism is understood in terms of common traits exhibited in males but tends to present differently in females: participants stressed that female traits are under-researched, and as a result, frequently overlooked by authority figures and in standard diagnostic tools.

Additionally, women learn to mask their traits to conform with their gender role and societal expectations:

"Women have a better capacity to hide their symptoms than males. It backfires on us."

Women are left undiagnosed or with significantly late diagnoses – and resultantly, not getting the right support. Participants voiced this absence of diagnosis and support disrupting their lives in significant ways, such as their ability to maintain a job.

Several participants with children who have disabilities spoke about the incorrect support being offered by their schools acting as a barrier to their education, with one participant disclosing being told by the school they didn't want their child in the school:

“At the beginning it was like they did him [child] part-time and then some of the teachers, they need the training, but they didn't get the right training. So, then they said to us, like, we don't want him in school because we don't know what to do if something happens.”

Another participant spoke about her child's school not being equipped for the child's needs, highlighting the affect it has on her as a parent and her ability to work:

“And in her school, she's not special needs. Every school has special needs met. Yeah. She's got medical needs. So, schools are not equipped to deal with that... because they don't have the resources to do that, she's absent all the time... it has a knock-on effect [inconsistent childcare provision].”

As a carer, frustration was felt with tighter restrictions imposed on repeat medications making getting the medication at the right time more of a concern:

“They did say to me that sometimes people are over ordering and things like that. But you've got life conditions, you need your tablets. You can't over order because you constantly need them.”

Mental HealthThe mental health of participants was an incredibly prevalent theme.

Frequently, participants expressed the distress experienced by long wait times for mental health related treatment, and that mental health was not treated with the urgency and priority it should be.

There was frustration felt in that increasingly, people are told to speak to a professional if they have concerns about their mental health, yet when they do so, there is no support available: this false promise causing many already 'vulnerable' people to feel let down.

Participants detailed their mental health affecting their ability to work, access the doctors, and a contributing factor to feelings of isolation and loneliness.

This section explores women's experiences of living with mental health conditions, the resources available, and NHS mental health support given.

Participants highlighted the absence of understanding and support, contributing to feelings of isolation, when managing their mental health; accentuating also the essential need for mental health community support services:

"It's really, really, really hard... Ugh, I have got to go back to school. I'm already in school now, I need to wake up at night to do the assignments... Sometimes you might be depressed. Obviously, you don't really have help. You don't have somebody to rely on. And the constant in the UK. Everyone is busy... who do you call to like, 'oh, could you help me? Stay with these kids for just even 30 minutes', it would have such help"

"You know, how [coming out as] LGBT+ is a big thing right now... there's all this encouragement about recognizing who you are and changing who you are because you want to be happy. But once you've changed who you are. Who's there to help?"

"[There's a] lack of understanding, lack of support and lack of information about it."

"People are not understanding of mental health and the impact it has on you, whereas being in groups with people who experience similar things to you... they are understanding. You're not judged; there is space for you."

Misinformation about, and stigma associated with, mental health, led to the validity of some participants' conditions being disbelieved by those around them:

"You must fit a stereotype or expectation of behaviour before you are able to get help, but not everyone is going to fit that stereotype."

"My anxiety is like one of those where I sweat my eyes get watery and I'm not confident. So, I just keep to myself and people think, 'oh, well, maybe she's just acting it all up'"

Voiced also was the differential concern and value placed on mental compared with physical health by both the individual and their health provider:

"But I never go to the doctor or anybody for that matter, talking about my mental health to anybody. I just keep it to myself because I prefer to deal with it like that. But then again, if it's like a physical health issue, then it's another thing. Then I have to, you know. Because if it's like physical health, like, say, if something happens to me, then obviously I will go to the doctor."

"Processes for mental health wouldn't happen with physical health. When you start to improve, suddenly it's taken away from you, the support you were getting. You need services or things in place to help you maintain it."

“Unless you tell someone you are ending your life, there is no support. You are given a leaflet and phone numbers. To get regular appointments you must pay private.”

When addressing mental health concerns with a GP, commonly mentioned was the lengthy process of getting the correct NHS support before and after diagnoses, with many participants voicing that it took years of waiting lists to get some support in place:

“The same with mental health like if you come forward and admit it, or you go to the doctor, something like that. What happens then? Because the doctors aren’t trained so you have to be referred to like a specialist mental health nurse. That kind of thing. But then the waiting lists are like a year long or something. So, by then it’s too late. I’ve decided I want to kill myself... It doesn't make any sense.”

Similarly, to discussion of carers advocating for the correct support, in discussions of mental health and NHS support, participants voiced having to be persistent with doctors and health professionals, otherwise these concerns are ignored or ‘shrugged off’.

For some participants with anxiety, trying to get an appointment in the first place with a doctors’ surgery wasn’t feasible, as they had to call and give a reason for an appointment and due to their condition, were unable to do so. This accentuates the need for multiple forms of contact, or doctors’ surgeries not requiring a reason where a service user doesn’t feel comfortable disclosing.

Mental health and appropriate support are particularly essential in today’s climate of living through a global pandemic. People should feel able to go to their GP and know that they will be adequately cared for, with the same urgency in response as a physical ailment is granted. This cannot be achieved by a one-off cash injection; the NHS mental health services need to have a long-standing, consistent, increase in financial investment.

Recommendation: Government to create long-term solutions to currently ‘underfunded’ (Mental Health Policy Group 2020) mental health support within the Comprehensive Spending Review.

Recommendation: Leicester City Council’s Public Health to request local GP surgeries to offer multiple forms of contact and not require a reason to give an appointment, where a service user doesn’t feel comfortable disclosing.

10. Covid-19

As part of our consultation we had the opportunity to ask women about the impact of Covid-19. Of the 175 responses there were 128 to this question. There were no additional themes identified due to the pandemic. Rather it highlighted the existing inequalities that women face in society as the unpaid carer at home and in society and the little value placed on this. This was highlighted in particular by the following participant:

“It has been an eye opener to my (pretty progressive) husband as to how the food arrives in the house.”

Most respondents reported having an increased demand on their workload. In addition to regular childcare responsibilities home-schooling had been added as another ‘unpaid’ role women were expected to carry out. There was some mentions of fathers or partners not carrying out this role due to their workplaces not making allowances for children being at home, workplaces still expected males to be as productive as they might be whilst in the office, showing little regard for children at home. However, this same disregard for increased childcare and home-schooling was present for women in their job roles, yet as primary caregiver still carried out home-schooling whilst still being expected to be as productive as they would be in ‘normal times’.

“How can we work to the level we were doing when we have children that need more time and emotional support. No acknowledgement from my employer of this.”

To make up for this women might be working more at home or forced to leave their jobs as stated by this participant:

“I have had to give up work due to needing to look after my daughter. I am a single parent and have anxiety and depression and panic attacks and Covid-19 has made it worse.”

In any circumstance this is difficult but during a pandemic when there is already economic instability during the height of lockdown and going forward the looming rates of unemployment, the impact is harder.

It was also reported that whilst school vouchers were helpful, there was still difficulty in managing the increased cost of living during the pandemic:

“My rent increased just before lockdown, my four teenage children are at home and eating more, we’re using more electric because we’re at home and yet the amount of benefits I receive has remained the same. I lose approximately £300 a month due to the cap and have found it a lot harder to budget during lockdown. The vouchers from my children’s schools has helped but I am spending a lot more money on food and am only just managing.”

Some women reported being trapped in a mentally abusive relationship and abuse increasing at home during the pandemic.

“My husband is still working and has told me that he hopes he’ll bring Covid-19 home, because it’d be okay if it hurt or killed me. My husband usually behaves worse at weekends, but now I’m on the receiving end of his passive-aggressive behaviour (sulking, crying, blaming etc.) almost every day.”

Other comments made in response to the impact of coronavirus largely include increased feelings of isolation and fear, leading people to feel anxious. The mental health impacts of this can last longer than someone would anticipate, providing further support for long-term investment into mental health services as mentioned previously.

Bibliography

Oakley, A. (1981). Interviewing women: A contradiction in terms. Doing feminist research, p.30-61. London: Routledge.

Duncombe, J., Marsden, D. (1995). 'Workaholics' and 'whingeing women': Theorising intimacy and emotion work — the last frontier of gender inequality? The Sociological Review. 43 (1), p.150-169.

Oakley, A (1974). The Sociology of Housework. Oxford: Basil Blackwell.
Ministry of Housing, Communities & Local Government (2019) English indices of deprivation 2019. Office for National Statistics.

Fontinha, R., Walker, J., (2019) Four Better or For Worse?. Henley Business School. [<https://www.henley.ac.uk/news/2019/four-day-week-pays-off-for-uk-business>] Accessed 23.09.2020.

Rose, W., McAuley, C. (2019) Poverty and its impact on parenting in the UK: Redefining the critical nature of the relationship through examining lived experiences in times of austerity. Children and Youth Services Review. (97). p.134-141.

Power, M., Doherty, B. Pybus, K., Pickett, K., (2020) How COVID-19 has exposed inequalities in the UK food system: The case of UK food and poverty. Emerald Open Research. 2 (11).

Bowles, S., Gintis, H. (1976) Schooling in Capitalist America. London: Routledge.
ter Haar, A. (2020) Making flexibility work in the 'new normal'. People Management. [<https://www.peoplemanagement.co.uk/voices/comment/making-flexibility-work-in-the-new-normal>] Accessed 23.09.2020.

ONS in: Devine, B. F., Foley, N. (2020) Women and the economy. House of Commons.

Ashmore, B. (2018) 'Using technology to create safer cities for girls'. Plan International. [<https://plan-uk.org/blogs/using-technology-to-create-safer-cities-for-girls>] Accessed 24.09.20.

Serafino, P. (2019) [2018] Exploring the UK's digital divide. Office for National Statistics.

The World Bank (2020) Poverty Overview. The World Bank. [<https://www.worldbank.org/en/topic/poverty/overview>] Accessed: 23.09.2020.

Dr. Victoria Bateman in: Aspinall, G. (2020) How will the recession impact women? An economist explains. Grazia Daily. [<https://graziadaily.co.uk/life/in-the-news/recession-impact-uk-women>] Accessed: 30.10.2020.

Ginger Comms, Bloody Big Brunch, Hey Girls in: Watson, H. (2019) 1 in 3 women in Leicester 'can't afford sanitary products during their period'. Leicestershire Live. [<https://www.leicestermercury.co.uk/news/leicester-news/1-3-women-leicester-cant-2574161>] Accessed: 30.10.2020.

Action for Trans Health. (2020) Housing and Homelessness. Action for Trans Health. [<https://actionfortranshealth.org.uk/resources/for-trans-people/housing/>] Accessed: 30.10.20].

NHS (2018) Miscarriage. NHS. [<https://www.nhs.uk/conditions/Miscarriage>] Accessed 30.10.2020.

Hoffmann, D. E., Tarzian, A. J. (2001) The girl who cried pain: A bias against women in the treatment of pain. The Journal of Law, Medicine & Ethics. 29 (1), p.13-27.

Jo's Cervical Cancer Trust in: Thomas, T. (2020) Cervical cancer: minority ethnic women more likely to miss screenings in pandemic. The Guardian. [<https://www.theguardian.com/society/2020/aug/25/cervical-cancer-bame-women-more-likely-to-miss-screenings-amid-pandemic>] Accessed: 30.10.20.

Mental Health Policy Group (2020) 2020 Comprehensive Spending Review. Rethink. [<https://www.rethink.org/get-involved/campaign-with-us/resources-and-reports/mental-health-policy-group-2020-comprehensive-spending-review/>] Accessed: 30.10.20.

Interview Schedule – Focus Groups

Family and Community

- Tell me about your family, growing up.
- Do you think men and women are treated differently? When did you realise this? In what ways are they treated differently, and by who?
- What kind of responsibilities do you have for your family now?
- Do family commitments hold you back from doing anything you want to do?
- Do you worry about what your community may think or say about you if you act in a certain way?

Education

- How important was it to you in doing well at school?
- Why did you take those subjects? (i.e. was it what your friends were doing, were you encouraged into those particular subjects by anyone, were you most passionate about them?)
- Were there any subjects you wanted to take but didn't? Why? (Intimidation; ridiculed; self-doubt; 'male', fear of being the only girl; judgement)
- Were you involved with any school clubs?
- Did you face any difficulties at school? How well were you supported? How did that support end? (i.e. additional needs, reasonable adjustments, bullying and discrimination, mental health, sexuality)

Relationships and sexuality (partners)

- How do you feel about the relationships in your life? (friendships/relationships)
- How supportive is your relationship or have previous relationships been?
- How much control does your partner have over your children, activities, or finances?
- Every couple argues at times – what are your arguments like at home?

Relationships – peers (friendships)

- How would you describe your friendships? HA
- What does a good friend mean to you?
- How satisfied are you with your friendships? Has it always been that way?

Paid work, unpaid work and pension

Current Job:

- What are your working hours like? Why is that?
- Tell us about your experience of finding work right for you.
- Have you ever not taken an opportunity to progress your career? And if yes, why? (If collective 'no', why is that?)
- Do you think women and girls are discouraged from becoming leaders? Why?
- Do you act differently at work? If so, why? (Behavioural changes)

Maternity:

- How did you feel about having to tell your organisation about your pregnancy, or if you haven't had a child, but think you may in the future, how do you feel about having to potentially tell your organisation about your pregnancy?
- If you had a child with a partner and you both work, how did you split up parental leave with your partner?
- If you took maternity leave, what did you do after your maternity leave had finished? Were you encouraged by anyone to follow a particular path?
- What was your experience in returning to work after maternity leave?
- How did you feel emotionally during pregnancy and after?

Motherhood/Caring

- Do you feel any expectation to have a baby, or that people expect you will have a baby?

Volunteering

- Do you do any volunteering work, and if so, what?

Pension/Finance

- If you are not doing any paid work or have had to take breaks from paid work (for instance to care for the house, your children or other family members), how has this made you feel about your state pension?
- If you care for a dependent, what kind of support do you receive to do this? (benefits, financial support from partner, respite, support network)
- What kind of support could help you to live your life as you wish?

Role Models and Aspirations

- If nothing held you back, where would you like your 'future you' to be?
- Do you think you'll be able to achieve this?
- What would need to change for you to be able to achieve this?
- Do you feel there are expectations to be a certain way, or to fulfil a certain role? (Yes: what do you think is expected of you – and where is that coming from?)

Mental health/Image

- Do you feel like there's a certain way you're supposed to look or act? What is that ideal, and where do you think it comes from?
- Do you try to look or act in the way you think you're expected to?
- Have you ever been concerned about your moods, and turned to someone for help? (If yes, who did you turn to, and how supportive were they? If no, why did you decide not to?)

Pursuing Interests

- Talking about things you enjoy, is there anything you would like to do, but feel that you can't? Why can't you do that activity?
- Do you feel that you can't pursue any of your interests because you're concerned about your safety? (if 'yes', how do you feel your safety is at risk? What do you do to avoid that risk?)

Safety/Crime/Violence

- Have you ever been harmed by someone?
- Has anyone close to you ever threatened or hurt you?
- Thinking back to a time that has made you feel unsafe – what would have helped to make you feel more safe?

Physical health

- How comfortable do you feel talking about women's personal health issues (i.e. periods, menopause, health)?
- Has being on, or expecting your period, ever impacted your ability to do something?

Generic

- What stresses do you currently experience?
- Do you feel constrained (held back) in any way?
- Do you think you've been treated differently to other people? In what way?
- Are there any other issues you've experienced as a woman that we haven't discussed, and you'd like to share?

Women Talking, City Listening – Data Collection Guidance

Introduction

The purpose of this document is to provide you with a step-by-step guide on how to collect data on our behalf and feedback to us. References in **bold** will be made to one of the documents in the data collection pack folder. Those of you collecting data on our behalf will be referred to as 'community champions'.

We request that community champions are female as there is a genuine occupational requirement (GOR). This is due to community champions potentially engaging with women who have experienced domestic or sexual abuse, who may feel uncomfortable disclosing such information otherwise.

Project aim

The project aims to identify the barriers and challenges that women in Leicester face to enable us to make effective recommendations as to how women and girls can be better supported and given equal access to opportunities.

Project information

Leicester is one of three cities that won funding from the Government Equalities Office (GEO) to carry out the City Listening Project. This is a one-year project which started in September 2019 and will end in September 2020.

We want to speak to those that identify as females, aged 18 and above across Leicester. The barriers and challenges women face cover a range of areas, any and all areas women feel are important to them.

We will analyse the data we collect and set out a series of recommendations in a research report, informing of the ways in which women can be better supported. This report will be presented to our City Mayor, other LCC executives, GEO and any relevant organisations. There will also be a report made available to the public. We hope these organisations and bodies take the recommendations on board to implement policy change and initiatives both locally in Leicester and nationally.

Data collection

Please ensure you have read, understood and signed a copy of the data processing agreement and that this has been sent to us before you start any data collection.

Introduction and consent

1. Introduce the project. Please refer to the **consent statement in the data collection pack folder**. It is important you go through all the points on this document to ensure participants are fully aware of what they are taking part in. If there are no objections, check they are happy to proceed. You can email participants a copy of the consent statement, but you must read it out to them first and make a note of whether they give consent or not.

2. Answer any questions the participant(s) might have. Please refer to the **information sheet in the data collection pack folder**. A lot of frequently asked questions are answered here. If, however you feel you cannot answer the question, get in touch with us on 0116 454 4178. We are available Monday-Friday, 9am-5pm.

Inform us if you will be having a discussion with someone outside of these hours. Where possible, we will arrange for someone to be on standby to answer any questions. If we are unavailable, make a judgement as to whether you feel it would be wrong to continue the discussion without answering the question. If so, end the session and re-arrange for another time.

3. Ask participants if they want us to include their name in our acknowledgements page of the report. If so, what name would they like to use? They can use their first name only, full name or create a fake name so that only they would be able to identify themselves. Make note of their choice and share the information with us. You must always keep information safe and secure.

The interview process

4. The structure of these interviews is 'semi-structured'. You can ask questions to explore areas that are being said by the participant in more detail. However, it is important to ensure these are not leading questions. A leading question is when you are asking a question in such a way to gain a desired response. Keep the questions open ended to allow for women to think and speak as freely as they want.
5. Don't push for an answer if you find participants are unwilling to share. They are free to answer questions with as much information as they feel comfortable to share during the entire process. They can also decline in answering a question.
6. Please refer to the **interview schedule in the data collection pack**. Begin by asking the first question. This will give you an insight into areas of their life that might be worth exploring further.
7. The questionnaire is a loose guide and does not need to be followed strictly. It is normal not to cover all questions listed, if you feel you have covered the main areas and areas raised by participants, this will suffice.
8. When we have carried out these interviews or focus groups in person, they usually last anything between 1 and a half to 2 hours. This allows us to collect rich and in-depth data. However, there is no real time restriction or expectation, as mentioned above women are free to speak as much as they would like. You should allocate a maximum of 2 hours

for the discussion but don't feel you are restricted to this time frame. When you are at the end ask if there are any additional points the participant(s) would like to make that may not have been covered already.

Data storage and use

9. All data must be kept in a safe and secure location and/or device. You must always uphold confidentiality and anonymity. If there is any information that identifies who someone is, we will remove this information.
10. You should ensure where possible, discussions take place in a setting where there is privacy. This can be difficult when working from home, if others cannot hear the conversation, this will suffice.

You should **not** share any information that you learn through the discussion with anyone other than the research team or participant(s), unless there is a genuine safeguarding requirement to do so. This is only the case where you are quite sure the participant/ other people may come into significant harm; disclosure of petty crime is not a reason to breach confidentiality.

11. To record what is being said you can write or type notes. If you have access to an audio recorder, you can also audio record the conversation. Though if you are having a telephone interview, audio recording will probably not be possible.

However, if this is something you can do, think about how you can protect recordings i.e. storing them in a password-protected folder and speak to us if you have any concerns about how to safely store data. To see how to manage audio recorded data, see point 14.

12. It would be best if you make notes on a word document, this will make it easier for you to share with us. However, if you want to handwrite the notes and then type them up, please do so. You should type them up as soon as possible so the conversation is still fresh in your mind. Hence, typing as you have a conversation will probably be best. All notes need to provide us with enough information to understand the conversation and key points.

For example, on a document you could write 'Q1.' and then make notes. 'Q2.' followed by notes and so on. Make sure you write down any questions not on the interview schedule.

- a. Discard any handwritten notes in a confidential waste bin or shredder. If this is not immediately possible, keep them in a secure and safe location until the opportunity to destroy them arises.

- b. If and once you have typed your notes up, you must ensure that they are kept in a secure location on your PC or device. An example of this is a password protected device. You may want to add a password on the document or on the folder in which you keep all notes for this project.
13. Once you have typed your notes up, send them to us **as soon as possible**. If you have created a password for the document or folder, please remember to share this with us to access the document.
14. If you have a recording device, you can record the conversation between you and the participant. Ideally this should be done in an area where there is minimal background noise. Once the session is over you can send the recording to us and we will manage the data from here onwards.
15. Once you have shared data with us, we will confirm that we have had the opportunity to read through it. At this point we will also ask you to delete **all** data that you have and ensure you remove it from the recycle bin. Failure to delete and discard of the data you have collected will result in action as you have signed the data processing agreement.

Debrief, withdrawal and safeguarding.

16. Please refer to the **debrief sheet in the data collection pack folder**. Once your discussion with the participant is over it is important that you debrief them and thank them for their time, speaking to you and trusting you.
17. You should provide a verbal summary to participants. Where possible you need to email a copy of the debrief sheet to participants.
18. Please refer to the **list of safeguarding resources in the data collection pack folder**. Where possible also email a copy of the safeguarding resources to the participant. This is so that they can seek further help and assistance if they feel they have been impacted in any way by the discussion. If you are aware of a service not already on the safeguarding database, please contact us so we can update our list– we want our support to be as comprehensive as possible.
 - a. If they do not have an email address select a few services you feel might be relevant if any, based on the discussion you had with them and provide them with details of services.
19. It is important that you remind participants they have until the research report is written to withdraw their data from the project. They don't need to have a reason for this. We will delete it with no questions asked.

20. Regardless of whether you have emailed a copy or gone through the information verbally, tell participants should they have any further questions or concerns to contact the City Listening Team on our contact details provided below.
21. Ask participants if they would like to receive further information or any updates about the project and if so whether they are happy for you to share their contact details with us. For example, an email address or contact number.
22. You must always comply with General Data Protection Regulations (GDPR), Leicester City Council's privacy notice can be found [here](#), outlining how we follow GDPR.

Women Talking, City Listening – Dialogue Questions

Title	Education
Idea	<ul style="list-style-type: none"> • How important was doing well at school for you? • How long were you expected to stay on in school? • Why did you choose to study the topics you did? • Was there anything you wanted to do with your education but didn't? • How could you have been better supported in school?
Why the contribution is important	<p>These are just a few ideas to get you thinking about your experience of learning.</p> <p>You're welcome to answer as many of the above questions as you like, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Family and community
Idea	<ul style="list-style-type: none"> • How able are you to be yourself around your family? Has it always been that way? • Are there any parts of you, or your life, you have had to hide from your family? • What kind of responsibilities do you have for your family? • Do family commitments hold you back from doing anything you want to do? • Do you worry what your community may think or say about you?
Why the contribution is important	<p>Family means different things for different people. These are just a few ideas to get you thinking about the immediate people around you who matter.</p> <p>You're welcome to answer as many of the above questions as you like, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Relationships and sexuality
Idea	<ul style="list-style-type: none"> • Talking about partners, what is your experience of being in a relationship? • Is there any difference between what you expect of a partner and what you have experienced? • How supportive have you found your current or past relationships? • How much say does your partner have in decision making?

	<ul style="list-style-type: none"> • Has your partner, or a previous partner, ever made you feel unsafe? If yes, how were you supported with this? • Have you experienced any unjust treatment linked to who you choose to be with, or your sexual identity?
Why the contribution is important	<p>Relationships should be a source of joy, care and support - though sometimes, this doesn't match our experiences. These are just a few ideas to get you thinking about your sexual identity, relationship experiences and expectations of a partner.</p> <p>You don't need to have experienced a relationship to talk about relationships and your sexuality.</p> <p>You're welcome to answer as many of the above questions as you like, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Paid work
Idea	<ul style="list-style-type: none"> • What is your experience of finding work that is right for you? • How do you feel about your current job? If you're unhappy in it, do you feel able to find another job? • Is your job as secure as you would like? • Are there enough opportunities for you to progress your career? What could help you? • Are women discouraged from becoming leaders? • How do you feel about your pension?
Why the contribution is important	<p>Whatever your experience of working life, your opinion matters.</p> <p>These are just an idea to get you thinking about working life.</p> <p>You're welcome to answer as many of the above questions as you like, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Parenting
Idea	<ul style="list-style-type: none"> • Do you feel any expectation to have a baby, or that people expect you will have a baby? • How has being a mother, or a potential mother, impacted your life? • If you have had a baby, how did you feel emotionally the first few months after giving birth? • What was your experience of telling work about your pregnancy?
Why the contribution is important	<p>Being a parent is a demanding role, whether it be with a partner or alone.</p>

	<p>These are just a few ideas to get you thinking about your experiences.</p> <p>You're welcome to answer as many of the above questions as you like, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Goals and aspirations
Idea	<ul style="list-style-type: none"> • If nothing held you back, where would you like your 'future self' to be? • Do you think you'll be able to achieve this? • What would need to change for you to be able to achieve this? • Do you feel there are any expectations on you to be a certain way, or to fulfil a certain role?
Why the contribution is important	<p>We all have hopes for our future, and those close to us are likely to have hopes for us too.</p> <p>These could be hopes linked to our career, our family, our personal interests, our health, or another thing that is important to us.</p> <p>These are just a few ideas to get you thinking about what you would like to achieve.</p> <p>You're welcome to answer as many of the above questions as you like, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Image and mental health
Idea	<ul style="list-style-type: none"> • Do you feel like there's a certain way you're supposed to look or act? What is that ideal, and where do you think it comes from? • Do you try to look or act in the way you think you're expected to? • Have you ever been concerned about how you view yourself and turned to someone for advice? What was your experience of this?
Why the contribution is important	<p>These are just a few ideas to get you thinking about how you view yourself.</p> <p>You're welcome to answer as many of the above questions as you like, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Safety
Idea	<ul style="list-style-type: none"> • Do you go out of your way to avoid feeling unsafe, and if so, what kind of things do you do?

	<ul style="list-style-type: none"> Thinking back to a time that has made you feel unsafe – what would have made you feel more safe?
Why the contribution is important	<p>Personal safety is something we all think about, and it can affect the choices we make in how we choose to live our lives.</p> <p>These are just a couple of ideas to get you thinking about how safety may impact on your life, how you are supported to feel safer, and how you could be better supported to feel confident and safe.</p> <p>You're welcome to answer either or both of the questions above, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Your health
Idea	<ul style="list-style-type: none"> How comfortable do you feel talking about women's health issues? Have you ever felt like you should go to the doctor but decided not to, perhaps due to embarrassment or other time constraints like work or parenting? If you are sexually active, how much say do you have in the use of contraceptives, and the type of contraceptive used? Has your period or your experience of menopause ever impacted your ability to do something?
Why the contribution is important	<p>These are just a few ideas to get you thinking about your health, and how able you feel to express and address your health needs.</p> <p>You're welcome to answer as many of the above questions as you like, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Caring responsibilities
Idea	<ul style="list-style-type: none"> Do you care for anyone (as a carer) what has this experience been like and has it impacted the way you pursue your aspirations? If you care for a dependent, what kind of support do you receive to do this? (benefits, financial support from partner, respite, support network) What kind of support would help you with caring responsibilities?
Why the contribution is important	<p>Being a carer is an important aspect to the lives of many people and can be quite demanding.</p>

	<p>Ensuring that you are well supported is important. These are just a few ideas to get you thinking about your caring role and responsibilities.</p> <p>You may not have cared for someone else, but may be thinking about having to in the future - you can share your thoughts on this too.</p> <p>You're welcome to answer as many of the above questions as you like, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Volunteering (unpaid work)
Idea	<ul style="list-style-type: none"> • Do you do any volunteering work, and if so, is there a reason you choose to do this? • Do you carry out any paid work alongside this? • Are there any other forms of unpaid work that you carry out?
Why the contribution is important	<p>Volunteering is just as important as paid work and so all experiences and views are equally important. This is just one idea to get you thinking about volunteering.</p> <p>You're welcome to write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>
Title	Faith
Idea	<ul style="list-style-type: none"> • What are your experiences of religion and faith? • Do you think there is equality?
Why the contribution is important	<p>You're welcome to answer either of these questions, write about something else that's related, or make a suggestion.</p> <p>Thank you for voicing your thoughts.</p>

About You:

Postcode and EM DATA.

Aspirations/ Goals

1. If there was nothing stopping you, what would you like to achieve?
2. What would support you to achieve these aspirations/ goals?
3. Does anything stop you from pursuing these aspirations/ goals now?

Community and Culture

4. Does your community or culture have any impact on what you choose to do in your life? If 'Yes' or 'Sometimes', how so?

Covid-19

5. What affect has the coronavirus (covid-19) had on you as a female?

Education

6. What is your experience of the education system? (i.e. apprenticeships, university) For example, how do/ did you feel supported / have access?

Employment:

7. What is your employment status?
8. Have you ever taken maternity leave? If yes, how did your employer react? What was it like when you returned to work?
9. In your experience, what's it like being a woman in the workplace?

Expectations:

10. Do you feel there are expectations placed upon you? If 'Yes' or 'Sometimes', what are they and where do they come from?

Family:

11. Do family commitments ever hold you back from pursuing anything? If 'Yes' or 'Sometimes', how so?

Finance:

12. Do you feel financially secure? If 'Yes' or 'sometimes', how so?
13. How much do you know about your pension?
14. What are your views on your pension (if applicable)?

Health and well-being:

15. What is your experience of accessing healthcare? (i.e. speaking to health professionals, getting the right help, being able to speak fully about a problem)
16. Women experience certain health issues and cycles. Have any of the following ever impacted your life in any way (for example ability to pursue something)?
Periods, menopause, abortion, miscarriage, other.
17. How do you feel about your mental health and the support that is available? Has this ever impacted your ability to pursue something? If 'Yes' or 'Sometimes', in what way?

Parental leave:

- 18. How do/ did you split up parental leave or childcare arrangements?
- 19. How satisfied are/ were you with your childcare arrangements?

Relationships:

- 20. What impact have relationships and friendships had on you? (for example, positive, negative, supportive, demanding, etc)
- 21. How have they affected how you pursue your interests?

Responsibilities:

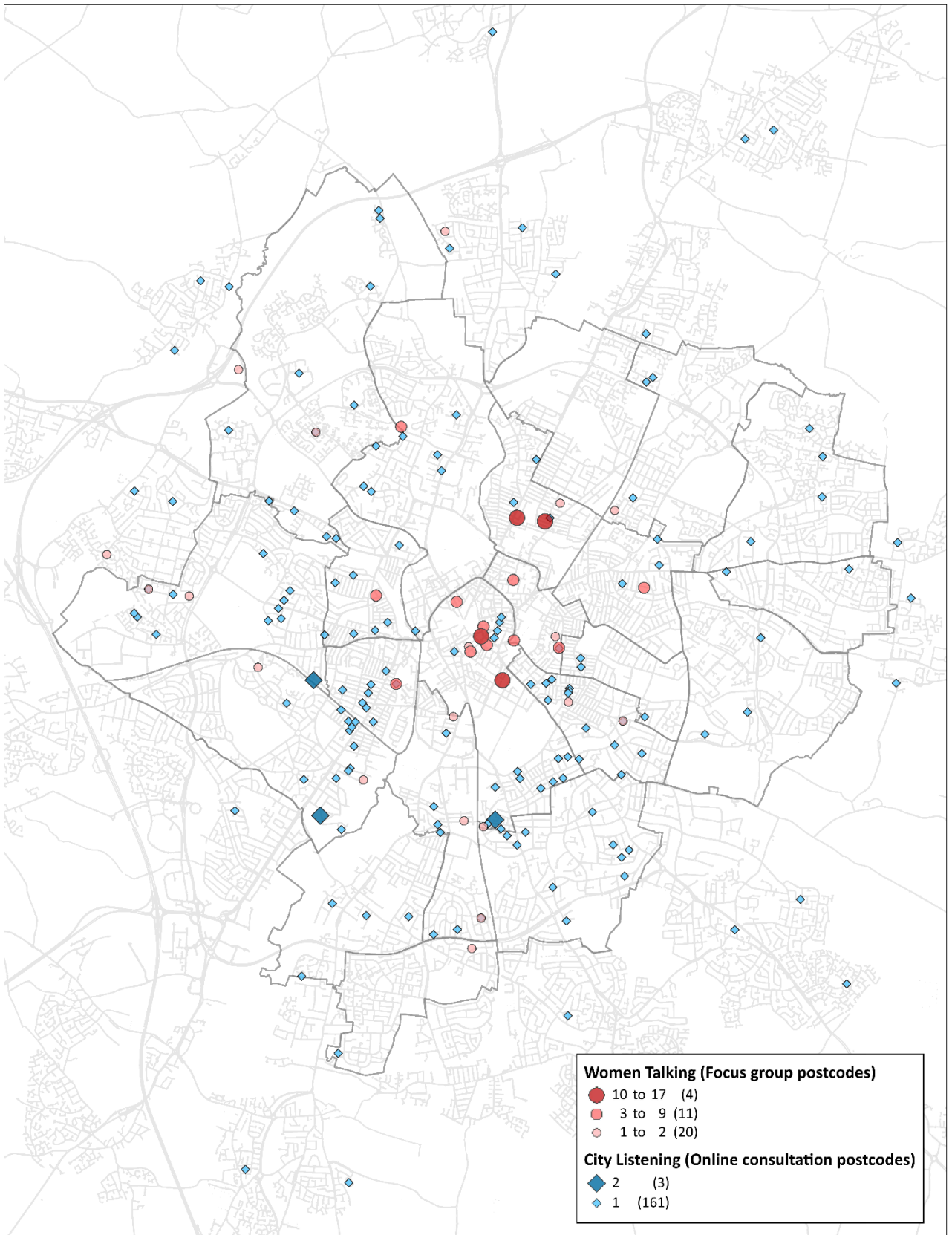
- 22. Overall, what are your responsibilities and what impact do they have on you? (for example. Childcare, carer, household duties, etc.)

Safety:

- 23. How do you feel (or have you felt) about your safety as a woman? (for example, at home, at work, socialising, etc)
- 24. Are there any places/ times you feel unsafe?
- 25. What would help make you feel safer?

General questions:

- 26. Generally speaking, have you ever felt held back in any way?
- 27. Do you have any comments on other issues you have experienced as a woman that we have not covered?



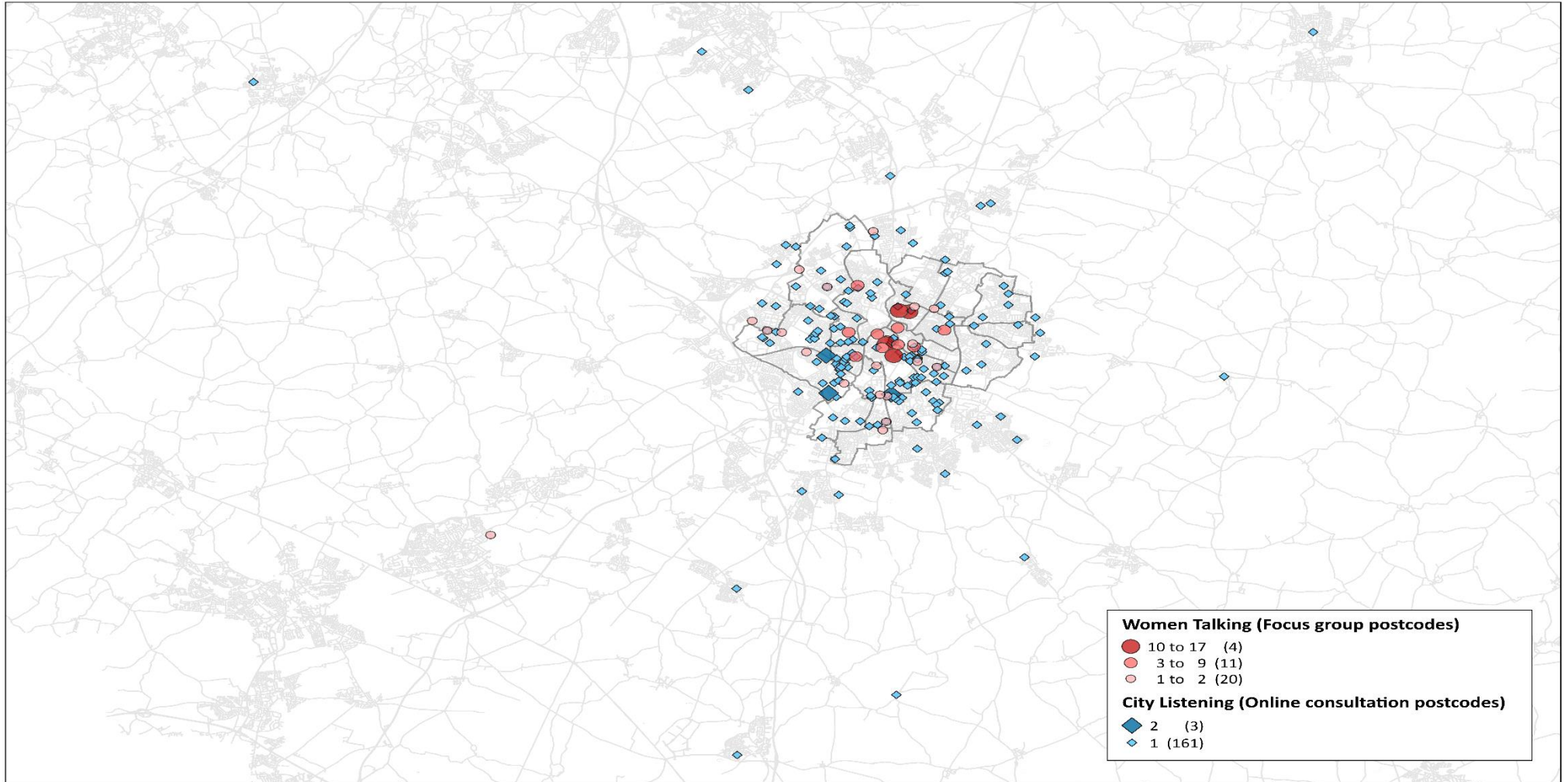
**City Listening/Women Talking project
(Postcode mapping - City wide)**

This map is based upon Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Leicester City Council. 100019264 (2020).

Date: 18/09/2020
Paper Size: A3
Scale: 1:45000
By: JR

Leicester City Council
Neighbourhood & Environmental Services
Standards & Development





This map is (based upon) Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Leicester City Council. 100019264 (2020).

**City Listening/Women Talking project
(Postcode mapping - all responses)**

Date: 18/09/2020
Scale: 1:145000
Paper Size: A3
By: JR

Leicester City Council
Neighbourhood & Environmental
Services
Standards & Development



Women Talking, City Listening – Participant Demographics

A total of 330 participants shared their views with us as part of the project, the different ways in which women engaged can be seen in table 1. All participants identified as female. 174 identified as the same sex assigned at birth, 4 identified to a different sex than assigned at birth, 42 preferred not to answer and we were unable to gather data from 110 participants. This can be seen in figure 1.

TYPE OF ENGAGEMENT	NUMBER OF PARTICIPANTS	ADDITIONAL INFO
Focus groups/ 1-1 interviews	134	33 focus groups hosted, some of which were 1-1 interviews
Online consultation survey	175	
Dialogue	15	A total of 26 contributions made from 15 participants
Telephone interviews	5	
Email	1	
TOTAL:	330	

Table 1: The number of participants that engaged with the project through different types of engagement.

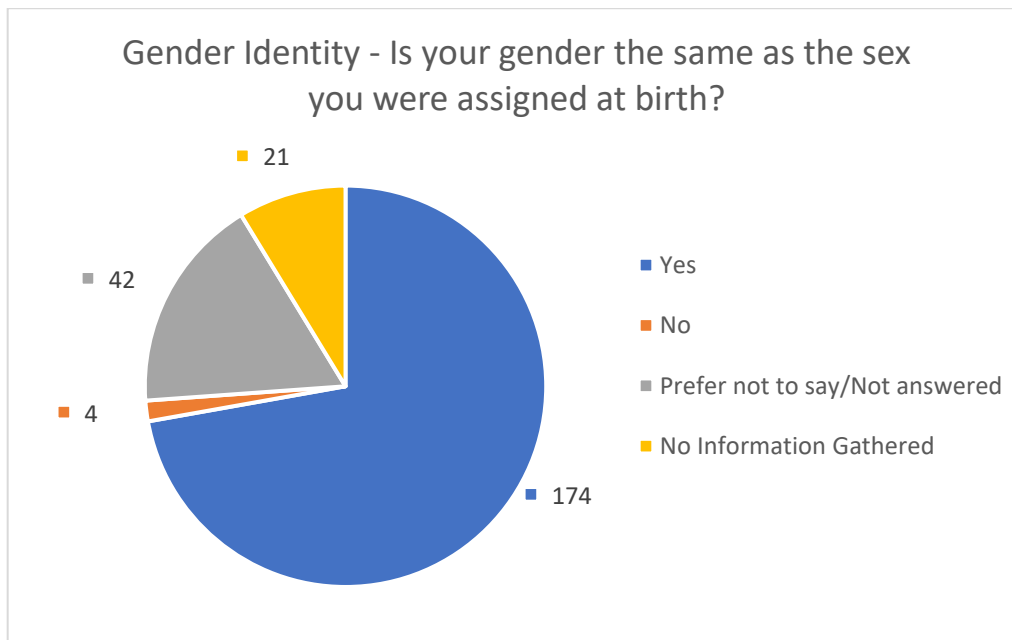


Figure 1: Responses to 'Is your gender the same as the sex you were assigned at birth?'

All participants were over the age of 18, the average age was 26.42, excluding the age category for participants from the 65+ age group. Age group data had to be combined due to discrepancies in the way age data was collected. This meant the final age categories had an overlap by a year. As it was only a year overlap this was not

deemed to be a significant issue. We were unable to collect age data from 110 participants. A breakdown of participants age can be seen in figure 2.

There was an underrepresentation of LGBT+ women. 16.06% of women identified as having a disability(/ies), 48.79% stated they did not and 0.91% did not answer. With regards to LGBT+ there was an underrepresentation, sexual orientation can be seen in figure 3. There was a fair representation of women from a range of ethnic background, this can be seen in figure 4.

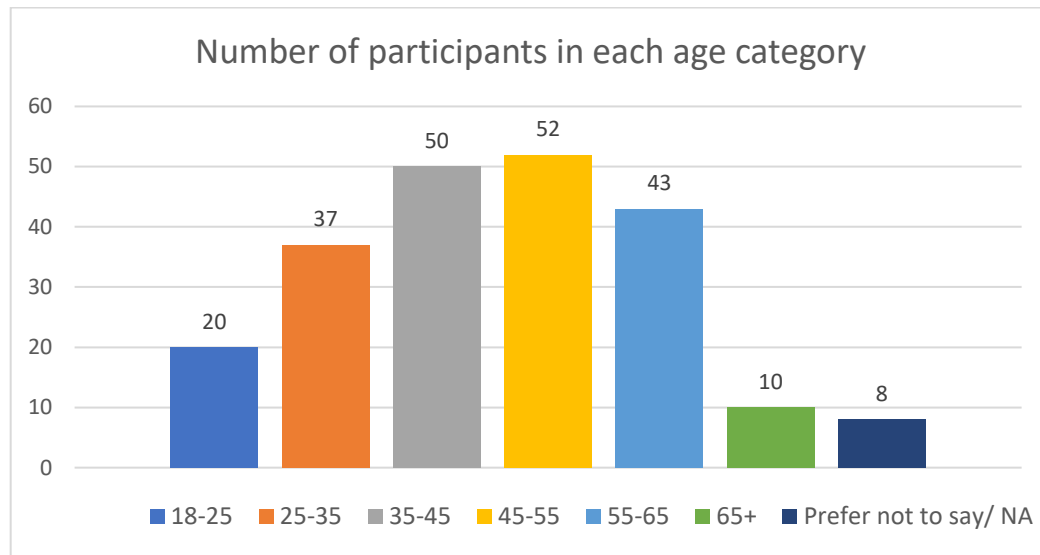


Figure 2: The number of participants in each age category.

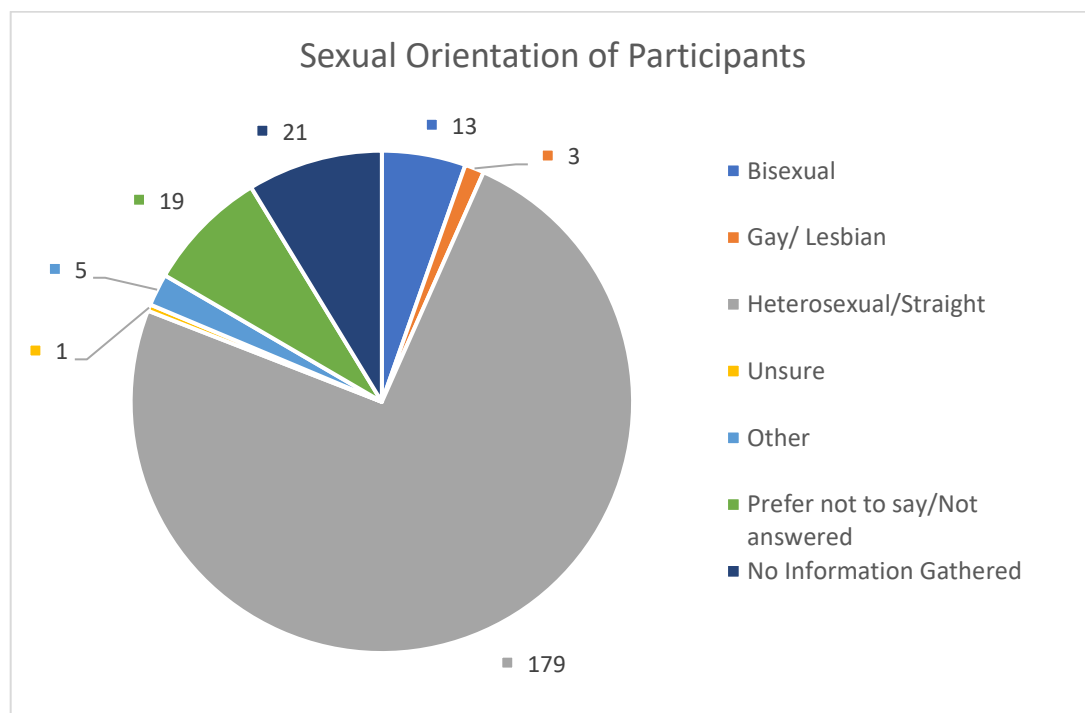


Figure 3: Sexual orientation of participants.

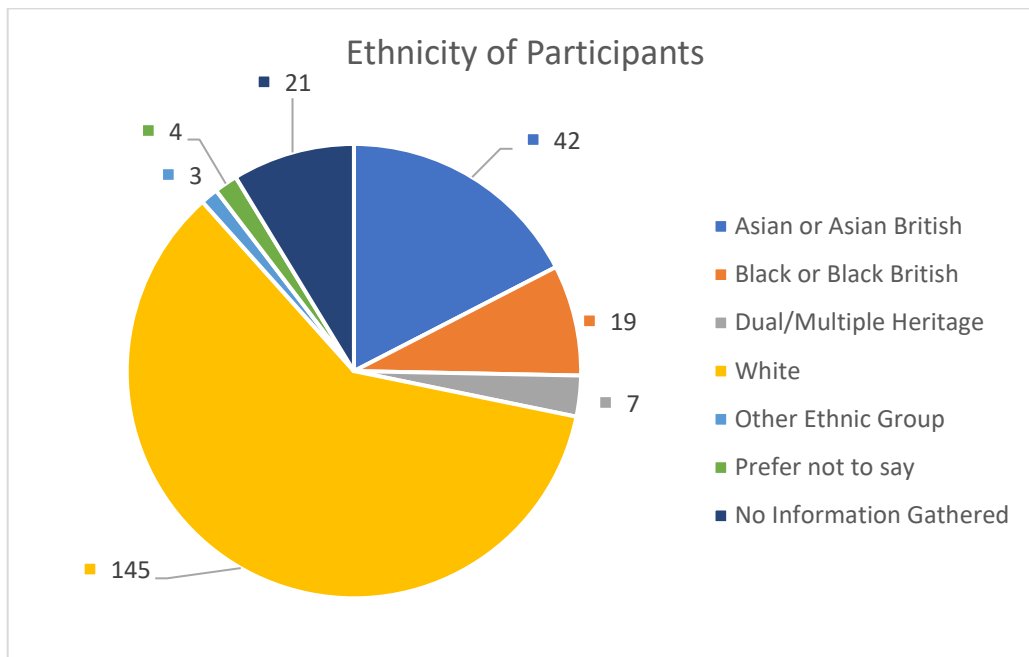


Figure 4: Ethnic background of participants.

Whilst we were unable to collect data specifically surrounding income, researchers that attended face-face research sessions established most women were from B, C1, D and E social grades (middle class – unemployed): gathering a good amount of our face to face research from those unemployed, or seeking employment via community groups and recruitment agency meetings. Other women were found to be in employment within low-middle class jobs.