



Leeds
CITY COUNCIL

Leeds City Listening Project 2020

Findings Report



Leeds City Listening Project

Leeds City Council

The report was produced by: Leeds City Council

We would also like to thank all the organisations who supported us to run focus groups. Most importantly, we would like to thank all the women who took part in the focus groups for their honest and open input and feedback and for sharing so many personal and inspiring stories.

Acknowledgements: Leeds Migrant Access Project, Leeds Involving people. Gypsy and Traveller Exchange (GATE), Leeds Community Foundation, Asha, Getaway Girls, Karma Nirvana, Better Leeds Community, Leeds Women's Aid, Basis, Black Health Initiative, Voluntary Action Leeds, St Anne's Leeds, Turning Lives around, Leeds United Women, Cross Gates Neighbourhoods, Nurture at Kentmere, Proverbs 31 Woman, Carers Leeds, Women's Lives Leeds

This project was funded by Government Equalities Office



Table of Contents:

Introduction	page 3
Background	page 4
Poverty and Inequality	page 5
Research Approach	page 8
Overview	page 11
Mental and Physical Health and Health services	page 12
Family and Culture	page 16
Housing and Homelessness	page 19
Children and the Education System	page 22
Language Barriers	page 26
Financial Issues- Employment, Benefits and Accessing Financial Services	page 28
Community Safety	page 32
Aspirations and Confidence	page 35
Local Issues	page 37
Domestic Violence	page 39

Introduction:

“Our vision is for Leeds to be the best city in the UK: one that is compassionate with a strong economy, which tackles poverty and reduces the inequalities that still exist. We want Leeds to be a city that is fair and sustainable, ambitious, fun and creative for all with a council that its residents can be proud of: the best council in the country.”

Located in the heart of West Yorkshire and the Leeds City Region, Leeds is the second largest local authority in England, covering an area of 552 square kilometres. It is an area of great contrasts. It includes a densely populated, inner city area with associated challenges of poverty and deprivation, as well as a more affluent city centre, suburban and rural hinterland with villages and market towns.

According to the 2018 mid-year estimate, the population of Leeds is 789,200. 50.9% of the population are female and 49.1% are male. The age structure for Leeds is broadly similar to that for the UK with the notable exception of the 20-24 age band which accounts for 10.0% of the population in Leeds and reflects the large student population.

Leeds is one of the fastest growing cities in the UK with people of different ages and from many different backgrounds, cultures and beliefs living and working alongside each other. Leeds continues to become more ethnically diverse. The national 2011 Census showed that 18.9% of Leeds population was from a BME background. According to the 2011 census, the number of Leeds residents born outside of the UK equated to just over 11%. Of those, more than 66% were born outside of the European Union, and just over half arrived at some point in the preceding ten years. Since 2011, the number of migrants settling in Leeds, particularly, from the European Union following the expansion of the European Economic Area (EEA) countries into Eastern Europe, has continued to rise. Leeds residents represent over 170 ethnic groups speaking over 104 languages

Leeds has the youngest age profile of the core cities. Whilst population growth in poorer communities undoubtedly offers challenge, it also offers an opportunity for much longer term benefits, for example if we can improve education and skills and maximise the potential of the city's young people, this will improve health over a lifetime.

The number of women living in Leeds represents half of the population and despite continued growth in the city we know that the benefits of economic growth are not reaching everyone. In 2017/18 nearly one fifth of the Leeds population – around 150,000 people across the city were classified as being in ‘absolute poverty’. What’s more, according to the End Child Poverty Coalition, around a quarter – nearly 50,000 – children and young people in Leeds are living in poverty.

Studies have shown that women are more likely to be disproportionately affected by poverty and disadvantage. Work has been taking place across the City for several years now to engage with and involve women and girls to understand the challenges that they face.

Background:

In April 2019 the council were successful in their bid for funding for the Leeds City Listening Project from the Government Equalities Office for the delivery of a programme of activity to ensure female voices are better heard by policy makers. This included working with women in communities who face multiple barriers to achieving their potential. This funding was part of the legacy element of the Centenary Fund which the council received in 2018 to deliver Centenary Cities: 100 Years of Votes for Women for the delivery of a programme of activity as part of the Women's Suffrage Centenary programmes. Leeds was one of only 3 cities in the UK who were successful in receiving City Listening funding from the Government Equalities Office.

Leeds is one of the fastest growing cities in the UK with people of different ages and from many different backgrounds, cultures and beliefs living and working alongside each other. The number of women living in the City represents half of the population and despite continued growth in the city we know that the benefits of economic growth are not reaching everyone. In 2017/18 almost a fifth of the Leeds population – over 170,000 people across the city were classified as being in 'relative poverty'. (Relative Poverty measures individuals who have household incomes 60% below the median average.) with a number of our residents in low-wage and insecure jobs. We know that women are more likely to be disproportionately affected by poverty and disadvantage.

There has been a range of work taking place across the City to ensure that women and girls are empowered to have a greater voice and influence in Leeds. This has included the specific programme of events that were funded through the Centenary Cities Grant Programme in 2018

Leeds City Council also work in partnership with Womens Lives Leeds which is a unique partnership of eleven women and girls organisations from across Leeds. Womens Lives Leeds are also the Womens Hub for the City which is part of the Equalities Assembly. The Equalities Assembly is a forum, made up of Equality Hubs, which helps ensure Leeds City Council is engaging with and involving the full range of citizens that live in Leeds in the decisions it makes. It offers all equality groups the opportunity to meet and work together to let the council know the issues that affect them.

Leeds City Council is one of the biggest employers in the City and employs 15,049 staff and of these 61% are female. The internal staff network 'Womens Voices' is currently undertaking work to refresh the network which will help to identify the key issues and priorities for women in the organisation, particularly, those women who are employed in lower paid, remote jobs who don't always get the opportunity to have their voices heard. Central to this is improving how women are able to influence the decision making process and provide mutual support.

The council recognises that it has a twofold role in supporting and developing women both as citizens and employees and would prioritise work with both of these groups to encourage them to discuss issues that affect them and to consider what they see as potential solutions to those issues.

The programme of work is targeted at marginalised women, particularly, those who are likely to live in poverty suffer from inequality, are disengaged and who are the furthest away from mainstream involvement and engagement. This is to ensure women in communities who face multiple barriers to achieving their potential are understood and are heard by policy makers and their views on potential solutions are considered.

Poverty and Inequality:

Tackling poverty and inequality is a cross cutting theme throughout the council's approach to being the best city to live and work in understanding the issues that affect women is integral to this as poverty disproportionately impacts on them. We know that women have been disproportionately affected by austerity. Analysis for the House of Commons has shown that by 2020, men will have borne just 14% of the total burden of welfare cuts, compared to 86% for women. The total cost of cuts is estimated to be £79bn for women since 2010, compared to £13bn for men.

The council has a long history of locality working which has a focus on tackling poverty and inequality, particularly in our poorest neighbourhoods. Whilst it is understood that poverty is complex and is influenced by a range of contributory factors it is clear that without a change in focus through locality working, comprising of joint interventions from council services working alongside those that are delivered by our partners in a more integrated way around specific neighbourhoods, the harmful effects of poverty and inequality will exacerbate the already challenging circumstances faced by citizens in our poorest neighbourhoods.

The key message in the Best Council Plan is that for Leeds to be the Best Council in the Best City, we need to tackle poverty and reduce inequalities. The council's approach to equality improvement recognises poverty as a barrier that limits what people can do and can be. The approach recognises that a number of protected characteristics are disproportionately represented in those people living in poverty. Our latest socio-economic analysis (notably the 2018 Leeds Joint Strategic Assessment, analysis based on the 2019 Index of Multiple Deprivation and the 2019 update of the council's Poverty Fact Book) show that a range of inequalities persist across the city and, linked with deprivation levels, are particularly concentrated in specific localities with long-term related challenges such as access to employment, housing, language and literacy, skills, health and care responsibilities. The slow economic recovery alongside reductions in public spending has significantly impacted the poorest members of society.

The council's Community Committees have constitutional responsibilities for well-being of their communities are at the heart of the new Locality Working arrangements and provide connected and accountable local leadership, overseeing the neighbourhood improvement local work programme in priority neighbourhoods, and wider priority wards, and ensuring it is integrated into wider community activity. There are ten Community Committees across the city each providing a forum for local people to have their say about what happens in their community. Community Committees also fund a number of community organisations with £1.2m Well Being funds, supporting valuable community schemes and projects.

As a result a new Locality Working model was approved by the council's Executive Board in November 2017 and responded to the national Indices of Multiple Deprivation (IMD) data for 2015 demonstrating Leeds had sixteen neighbourhoods now categorised as being in the most deprived 1% of neighbourhoods nationally. The Indices of Multiple Deprivation (IMD) 2019 shows Leeds has 114 neighbourhoods in the most deprived 10% nationally. This is 24% of Leeds neighbourhoods. Leeds is ranked at 33 out of 317 local authorities on the proportion of neighbourhoods in the most deprived 10%. All the other Core Cities, apart from Bristol, have a higher proportion in the most deprived 10% (e.g. Liverpool has 49% and Manchester has 43%).

As part of this approach, six priority neighbourhoods were identified to accelerate the council's approach to tackling poverty and inequality in the city. The approach is predicated on the council's ambition to be a compassionate city and a view that a smaller

neighbourhood focus creates the opportunity to develop a more detailed process for understanding and responding to communities affected by poverty.

Each priority neighbourhood has a multi-agency Core Team consisting of local partners, service leaders and managers, elected members and residents and is responsible for developing local neighbourhood improvement activity.

Each of the priority neighbourhoods has a draft action plan that highlights the priorities and key actions and is starting to identify which performance measures should be used to monitor progress.

In addition neighbourhood improvement work takes place in the twelve priority wards identified by The Executive Board as the focus for targeted neighbourhood improvement to address poverty and inequality.

The approach in these wards focuses on working with ward members and local partners to agree partnership priorities, improve how partners communicate, coordinate and integrate activity in the target wards. The approach uses the Indices of Multiple Deprivation to identify the most disadvantaged neighbourhoods in the twelve wards. Although, in some of the wards the amount of deprivation is significant across all neighbourhoods. Work has taken place to review any existing neighbourhood improvement activity and partnerships and refresh the priorities or develop new arrangements to enhance partnership working. This work is less intense than the priority neighbourhood programme but includes targeted interventions, community engagement activity and supporting better local leadership.

Some of the aforementioned Community Committees do have disadvantaged neighbourhoods that fall outside of the categorised as being in the most deprived 1% of neighbourhoods nationally. Any learning from the work in the priority neighbourhoods and targeted wards will be shared across all community Committees.

In addition the Leeds Inclusive Growth Strategy 2018-2023 was approved in 2018 by Executive Board with the aim of delivering inclusive growth across the whole city. It focuses on three themes of people, place and productivity and will provide opportunities for all of Leeds's citizens and communities, reducing unemployment and increasing wages.

The council is using the Inclusive Growth Strategy, including the investment planned around the city centre, to develop better linkages between the priority neighbourhoods that border the city centre. There are discussions taking place with 'Anchor' organisations about how they can better connect to priority neighbourhoods and how to maximise the impact of Anchor organisations in the city's poorest neighbourhoods. This commitment is shown by the inclusion of Leeds as an example in the Governments' Long Term Plan for the NHS where it is quoted as an example of good practice. The approach in the priority neighbourhoods and targeted wards is fundamental to the Leeds Inclusive Growth Strategy.

We know from the research undertaken by Leeds Beckett University for the State of Womens Health Report that there is a higher proportion of ethnic minority women who are living in the poorest areas of the city, with 73.3% of all Bangladeshi women living in the Middle Super output Areas (MSOA) identified in the report. The research also showed that when ethnicity is considered as a factor women in the Black/African/Caribbean or other black ethnic group are most likely to be living in deprivation, with 63.6% living in the most deprived MSOA's and 90% living in the most deprived half of the City. The research also summarises that women in non-white ethnic groups are overly represented in the most deprived areas. However, when considering the absolute numbers, they identified that there are a greater number of females in the white ethnic group living in the most deprived MSOA's.

The demographics in each neighbourhood are different and this approach means women from a diverse range of backgrounds have been included in the consultation.

Poverty is an issue that impacts on equality, and financial exclusion is a barrier to an equal society. We know that poverty and financial exclusion disproportionately affect people within specific equality groups, particularly single parents, and people with mental health problems. Through research commissioned by Leeds City Council into Financial Exclusion and Poverty in Leeds, it was found that families with children were much less likely to save and therefore less resilient to any changes in their finances. Survey results of 600 deprived area households found that 47% of lone parent households in deprived areas said they never save, compared to 38% of all households surveyed. [Source: Research into financial inclusion in Leeds, University of Salford, 2018].

Research Approach:

It was decided that the best way to engage with women for the Leeds City Listening Project would be through a programme of focus groups. This offered the opportunity to engage with a diverse range of women and it was felt it would be less emotionally demanding on the women than one to one sessions. It was also in realisation that women would feel more comfortable and supported in a group setting as they would be able to offer each other peer support while discussing issues.

The focus groups reached a broad spectrum of women from across the City who were targeted by geography and identity. The priority was listening to the voices of marginalised, disadvantaged or disengaged women to identify and understand the barriers that prevent them from reaching their full potential. The project focussed on four key areas;

- Women who live in our targeted wards and priority neighbourhoods
- Women who are our staff
- Women by identity or theme
- Women in new and emerging communities

For each focus group an individual session plan was developed which took into account the circumstances of the women who will be attending. These focused on key areas including:-

- Understanding the challenges faced that cause barriers to engagement and participation and specific times they had experienced these barriers
- What would help them to overcome these barriers
- What additional support would help them

Monitoring and evaluation for every focus group also took place which included:-

- Total number of attendees
- First part of attendees postcodes
- Country of origin of attendees (optional)

For the majority of women attending the focus groups this was the first time that they had their voices heard, therefore the approach used to engage and involve them needed to be informal to allow them to feel comfortable in participating. Focus groups were held in venues that were familiar to the women attending and where they felt comfortable. This was also because some of the women who engaged with us disclosed how it would potentially raise suspicions in their community if they were seen to be attending venues that they would not normally attend. Every session was developed taking into account the women's needs and abilities, for example, BSL Interpreters, Translators, child friendly meetings.

Trust was a barrier for many women, partners ran a total of 32 focus groups on our behalf, this was done mainly because they had a pre-existing relationship and level of trust with the women we wanted to engage with.

Inclusion costs such as travel and childcare costs were identified as a barrier to women participating, an incentive of £10 per woman was included to encourage participation. This incentive was a pre-paid payment card which could be used in a variety of suppliers.

Women were more comfortable to take part in focus groups based on theme rather than geography. As a result more themed sessions and fewer geographical sessions were held. Women who were asked, stated that although they may live in a certain area, that does not necessarily mean they experience similar issues and may feel embarrassed talking in front of other women about their issues.

However, while taking part in the geographical sessions it often resulted in the women supporting each other with experiences they previously felt had only affected them, examples included;

- Women who experienced domestic violence finding out about local support groups to attend
- Women who had children with additional needs and felt uncomfortable in social environments discovered other women felt very similar and this resulted in a local group wanting to set up a play scheme specifically for children with additional needs.

In total, 32 themed focus groups took place, the themes for these included;

- Women who are carers
- Women in the criminal justice system
- Lesbian, Bi, Trans women (LBT)
- Gun and Knife crime effects on women
- Women of faith
- Women in sport
- Disable women
- Deaf women
- Women who have experienced forced marriage
- BAME women
- Women who experienced homelessness
- Women with experience of addiction
- Older women
- Women's health
- Sex Workers
- Women and leadership

Monitoring of the women taking part included asking for the first part of their postcode, as a result we know all Leeds postcodes were covered by the focus groups. There was also input by a few Bradford and Wakefield postcodes. Although these participants may not live in Leeds, they work in, use services in and regularly travel into Leeds.

The Government Equalities Office stated that only women over the age of 18 were eligible to take part in the project, however we recognised that childcare could be a major barrier for a number of women. With this in mind we ensured the focus groups were child friendly and women knew they were able to bring their children with them, even if the child was unable to participate.

The questions used in the focus groups were purposefully kept as open ended questions, this was to help us avoid influencing the women and the discussions, we were extremely keen for the women to lead the discussions and raise the topics that were most relevant to them. A 'prompt sheet' that included some examples of barriers women had previously identified was used if needed.

After every focus group women were asked to complete a feedback sheet that included questions on how the focus group had run, so we could change anything that made them uncomfortable or they didn't enjoy. The feedback form also asked them if they would like to take part in similar engagement in the future, more than half of those who were asked did confirm they would be happy to be contacted in future regarding similar events, however these figures are slightly skewed due to the fact that although some women would like to be involved in future sessions, they may not have felt comfortable leaving their contact details, or did not have a current email address or phone number and therefore asked that the

organisation they were already working with was contacted on their behalf. There was also the option for women to disclose their country of origin if they were happy to do so.

The focus groups were extremely diverse, including women from over 30 different countries who took part in the focus groups, their country of origins included; UK, Poland, Ireland, Tanzania, America, Iran, Nigeria, Jamaica, Romania, China, Kurdistan, Malaysia, Syria, India, Guinea, Ghana, Afghanistan, Sudan, Uganda, Slovakia, Zimbabwe, Libya, Yemen, Turkey, Pakistan, Cameroon, Ivory Coast, Eritrea, Nepal, Qatar, Congo and Albania, some additional countries not disclosed. They included a wide age range of women, with a couple of the focus groups having a specific focus on older women and a couple focussed on women between the ages 18-25 to ensure their voices were heard.

The project included a total of 112 focus groups taking place between May 2019 and March 2020 allowing us to engage with 1390 women.

The events held for International Women's Day 2020 were used as a way to engage with more women from across the city. The events were held between 3rd March 2020 and 13th March 2020 and included events held in more than 20 community hub venues, 15 events for staff and a main city centre event hosted by the Leader of Leeds City Council.

Overview:

112 focus groups took place between May 2019 and March 2020, culminating with a range of focus groups for International Women's Day 2020. This report focusses on the 10 key areas women identified as their biggest barriers, in addition to these, there were also a range of more specific barriers and solutions identified that were more relevant to certain areas in Leeds or specialist teams. These will be fed back directly to council directorates to be picked up by specific teams and help them shape future work streams to ensure a focus on gender is included.

Health, particularly mental health, was an area that came up in the majority of focus groups we held. This is a universal issue that was effecting women regardless of age, background, ethnicity, etc. A lack of available mental health services was something women felt was very important to them and something they believe would significantly improve their lives if the access to health care, especially mental health care, was address.

Social isolation is increasingly affecting younger people too, not just older women, this was felt across many groups and the key reason identified for this was child caring responsibilities, this was particularly exasperated when the child had additional needs. Women in these instances often felt they could not ask for support from family and friends due to their child's behaviour or the level of care required to look after the child.

Children and childcare was an anticipated barrier, however women were also very keen to talk about the issues facing children in their local areas, not just their own children or grandchildren. Many identified that local anti-social behaviour may be avoided if the young people had more facilities available to them.

Language barriers were much more prominent in groups with a large percentage of new and emerging communities, however this was not something that exclusively affected this group of women. On the whole, women are disproportionately affected by language barriers, this is for a multitude of reasons including less chance to use English in conversation, family members discouraging wives and mothers to learn English, etc. There is also a barrier for many women who are second generation migrants, their parents were only able to speak their native language but their children were only able to speak English, this meant they were unable to communicate properly and would also add to pressure for the women we talked to from parents to encourage their children to learn their native language.

Domestic Violence and Abuse was raised in a number of focus groups and by a range of women therefore it was felt it should be included as a stand-alone priority. There are some great organisations in Leeds who offer support specifically around domestic violence and abuse however many of the women feel the services could be better promoted to those who need them. Also they would like to see more awareness around non-violent controlling or cohesive behaviour, especially for young people. Support for children who have witnessed domestic abuse was also raised many times.

Mental and Physical Health and the Health Service

Mental and physical health and the health service in general come up in the majority of groups and among many different communities. Perhaps the biggest impact was the stigma that still surrounds mental health. The general perception of the NHS was a good one, however the majority of people did feel that a lack of available services or support has/does directly affect them in their daily lives. Access to appropriate mental health support was consistently highlighted, long waiting lists and the lack of an appropriate services were the main issues. Many women also had no idea where to go if the support they require is not available to them, they feel they are fighting against their health problems and also feel they are fighting to get the support for these problems. Confidence was seen as a huge contributory factor to mental health, having confidence booster sessions or open chat sessions would be a welcome addition to the current mental health offer- this could perhaps even be offered in a library or community setting.

Quote: “I have a recognised mental health problem but the service I was referred to told me my condition was too advanced for them to support, so they referred me to a specialist for additional support- 6 months later I am still waiting and I don’t have the strength to go back to chase them as I am a carer. I just want somebody to help me”

The perceptions of what should be offered by the health service was different for different groups, some people had much higher expectations of what should be offered than other groups. This could be as a result of not fully understanding what is available or not managing expectations. There were a couple of groups who did not understand why the doctor had asked them to buy paracetamol, even though they were eligible for free prescriptions, there needs to be a clearer message explaining why people may be asked to buy some over the counter medication. This message should also be promoted if other languages to help new and emerging communities to fully understand the reason the doctor may ask them to do this and what the benefits are to the NHS when this happens.

Women would like to see changes to the way doctors are taught about women’s health when training, they would like to see it forming part of the main teaching programme and not taught as an add on. Women’s health can be very complex and it was felt that doctors, particularly GP’s had been dismissive of women who had questioned health concerns. This caused women to feel additional embarrassment and perhaps not feel comfortable in returning to the doctor after such an experience.

Many of the women in the carers group who had been employed when they became carers had experience of bosses and managers not understanding the responsibility on them. One woman had felt forced to leave her work place after 20 years, this was a government organisation. Getting through to social services can be very difficult. There is a very long wait for adaptations to houses that help carers and those they care for to live in their existing residence, this can add to already pressured environments. Financial barriers were particularly prevalent for carers, they feel being a carer is used as a reason to stop benefits for personal illness and the benefits system as a whole is very intimidating. Most of the women agreed the Universal Credit system is very overwhelming for them.

Quote: “I am a young carer for my mum who has bipolar disorder. This means my family have struggled financially. I’ve been a carer since I was 7 and I can see the direct impact of cuts in services. I didn’t get into Leeds so I went to Manchester Uni. I felt under pressure as I don’t have much support and I felt it was wrong to go, so I spend a lot of time at home in Leeds.”

Key comments/issues raised:

Mental Health:

- Almost everybody who discussed mental health said they still believe there is a stigma around mental health. This stigma can be worse for women from some new communities. All agreed that more needs to be done to reduce this stigma, having more information and more services available would help this, also
- Mental health training in schools and colleges (for staff and pupils) could help with reducing some of the stigma around mental health and also recognising the signs of it
- Common perception that things have to get very bad before support will be offered – and even then it isn't guaranteed.

Quote: “my money keeps getting stopped so I struggle the whole month and it makes me more depressed. I feel like I am going to lose my home because I am in arrears and don't get much money to survive on”

- Isolation: including women who, due to mental health issues, find it difficult to leave their house; women moving to a new area; women who, due to local safety issues, stay indoors; women who, due to poverty, have few opportunities to go out.
- Mental health: because their children's mental health is poor, this affects the mums' mental health. One mum had a son who had attempted suicide

Quote: “Having to prove my mental health makes me feel anxious, makes me feel judged. I find it hard to tell friends and family about mental health”

Health:

- Medical students may be taught about Lesbian, Bisexual, Transsexual women's health as if it is a separate issue to heterosexual women's health. Some women felt medical students are taught as if women's health only affects women and not the concern of the whole population. Womens reproductive issues taught as a side issue in a side class.
- Need alternative to cervical screening test -it can be particularly difficult for sexually assaulted individuals. Many women cannot face them or put them off because they dread them so much. If investment was made into developing a new kind of less intrusive test the numbers of women taking up their screening would be much higher. Women do want the test, but not the procedure that goes along with it.
- 50% of women who took part in the focus group for sex workers have physical health issues and mobility problems that they experience as a barrier. Mobility and related transport issues as well as chronic pain relating to physical health issues act as a barrier.

Quote: “It really affects me when I have to ‘come out’ to the doctor repeatedly. They do not do the monitoring form or will fill it in on my behalf but assume the information without asking”

- Bi sexual women have received the wrong information regarding health care and being advised they would not need a cervical screening test as it was assumed she was lesbian.
- Information on Female Genital Mutilation is not made public –posters needed in reception and toilets to promote support services
- People not understanding invisible disabilities

Quote: “The fact that nobody understands my invisible disability. Giving my forms and speaking to me about things I don’t understand overwhelms me and I panic, due to my anxiety.

Carers:

- The group would like a booklet to let them know what they can access and what support is available rather than being advertised on line. Many of the people in the room focus group found out about Carers Leeds by accident and would have liked the support network sooner. Would like to see a ‘new to caring’ booklet produced locally- recognising print is more convenient for many carers
- Personal assistants are often changing and this can cause some confusion for clients
- Blue badges are very hard to gain for temporary circumstances, almost impossible. Could a red badge be issued as a short term fix
- Would like to see more information and support made available for those who are moving on from full time caring responsibility- this could be because the person they care for has passed away or they could be moving into full time care facility. The person who did care for that person can feel very mixed emotions and this is not always supported well
- Hospital appointments are booked for a morning, but this is not when wheel chair access busses are available. Could this be checked at booking?

Quote: “Women feel the biggest burden of the caring responsibility within the family, there is often a lack of support from other family members too. There is a widely perceived expectation at women will take on the caring responsibilities (particularly when it comes to parents), this expectation feels to be more on women than men”

- Could doctors and pharmacists ask people if they are carers and if they are- point them in the direction of support

Maternity:

A specific maternity/ Womens health focus group was held, but maternity issues came up in a small number of other focus groups too.

- There were several instances of women who had experienced miscarriages and were unsure why this had happened as some of the women did not speak English as a first language and they felt particularly isolated in this instance because they could not understand the doctors and nurses and didn’t know if they had done something wrong that resulted in the miscarriage
- Many women are still scared to tell employers they are pregnant. Examples of employers giving women a hard time for getting pregnant, particularly if it was a second, third or more child

Quote: “I had a C-section, but I am not from this country so didn’t have a support network around me. I didn’t want to go home as alone with the baby”

- There were examples of men trying to force women to have more children, including under the threat of divorce or him finding another wife
- Emotional support volunteers service needed- group of women volunteers who could support new mothers post pregnancy

- Doctors have asked people to give up having children for health reasons but they don't want to due to family or cultural reasons

Accessing health services:

- Many of the women didn't have a dentist and couldn't find one on the NHS and didn't know to ring 111 for an emergency dental appointment. One woman said "I need a crown on my tooth, but I need to eat more." So was in constant pain and working and still felt it wasn't a priority
- Lack of understanding why GPs don't prescribe anti-biotics as much anymore
- Get more LGBT identifiers into healthcare jobs (NHS rainbow badge, etc). List of LGBT friendly doctor's surgeries.
- Need for more Bereavement support for adults and children and this to be wider known about

Key recommendations:

- Mental health training in schools and colleges for staff and pupils
- Increased mental health support services and better advertising of services that are available and how to access these
- More information on Female Genital Mutilation and how to access support
- Campaign to raise awareness on invisible disabilities
- Information booklet for those who are new to caring
- Campaign to explain why people may be asked to buy certain medicine, this should be available in a range of languages

Family and Culture

Family and culture was raised repeatedly in the focus groups. This was discussed slightly more often by women from the new and emerging communities because they were very keen to make changes that would affect the lives and experiences of their children who may have been born in the UK. However it is important to note that there were many women born in the UK who had similar concerns around their family or cultural expectations. There were also many occasions when women from different backgrounds were surprised to learn that women from other cultures and backgrounds had experienced something similar to them, they believed it was unique to their culture and were often relieved to realise they were not alone.

Some women had conflicts between what they wanted to do and what their families wanted them to do, this could be from fathers or husbands but was also from older women in the family. Due to cultural reasons many of the women didn't feel they could challenge back and didn't have the confidence or ability to do this.

Some of the women wanted to learn English but their husbands, children or older relatives were against it, they often felt isolated as a result and also meant they are reliant on others in the family translating for them. Many of the women also believed their culture promoted something that was dissimilar to English culture, this included things such as, women doing the majority of the house work while the men went to work, women and girls valuing their virginity more than men, etc.

It is very important to note that although some of the issues and topics are sensitive and some of the issues are only relating to a small number of women within communities, the women have spoken out about this because it is something they want to change. It is something they feel should be included in honest and open discussions or should form part of an education programme or campaign that also promotes cultural awareness and understanding and does more to dispel myths that can often be perpetuated in the media.

Of the women who discussed family, most family environments would rely on women to be the primary carer, this could be for children or could be for sick, disabled or elderly relatives. There were examples of men refusing to take part in childcare duties, this would impact women who were relying on them to care for the children while attending meetings or courses etc.

Quote: "I was expected to do this since I was born, just because I was born a girl- When is this life going to end?"

Key comments/issues raised:

Family:

Quote: "My husband threatened to get another wife because we couldn't have children and we weren't allowed IVF and we couldn't afford it

- Migrants don't always have families around to offer support. Need forms that ask 'if you have a family network' not just 'who is your emergency contact'
- School age children are told about their rights but parents aren't included or informed of the same information.

There is a bigger expectation on the females to do the family duties –looking after parents, translating for relatives, caring for children, housework, etc.

Some migrants who could not speak English well experienced a lack of understanding about the UK school system, which means the parents might not know that the children are expected to be at school, what time school finishes or what is expected of the children at school.

Husband told somebody she would have to take 'her' children with her because he refused to look after them while she attended an English course, this meant she was unable to attend

Quote: "For me, a barrier is my family judging me and my mental health because they don't understand."

Culture:

- Some of the women raised a difficult and sensitive issue around being disadvantaged in their mosque. They told of a lack of women's groups that have previously existed but have not done so for some time now. There was a consensus that women are losing the space they used to have to share and support and also to raise any issues.
- They feel that more people in power and positions of influence could be better educated on Cultural Awareness.
- If women take their children swimming there is often a male attendant at the poolside. This could make the women feel uncomfortable. In addition people viewing from the balconies doesn't feel comfortable for the women. One group has managed to negotiate with a local pool to have women only sessions with no viewing platform available but it is really expensive. Would like to see more women only sessions with women attendants and lifeguards
- A woman was dying of cancer and stopped people from visiting her as she was afraid that people would think she had done something to deserve the cancer.
- People are extremely worried about funeral cost and making wills, members of the South Asian community felt they needed more advice about this.
- Some women feel judged for integrating and mixing with people who are 'different' to them. The women would like to see more support for integration and the benefits this can bring for them as individuals and for the wider community. New generations could be used to spread the message.

Quote: "There is still a perception in my communities that women and men are not equal. Not as smart, valued, capable."

- Some community committee meetings are predominantly men. There may be one or two 'token' women in the room, but they often do not feel able to give their view and can feel silenced in the room.

Case study:

One woman on a committee that included 20 men and 3 women, was made aware the men had created a private Facebook group that excluded the 3 women. Decisions and discussions were taking place without the women knowing what was going on.

Quote: "I feel like I am fighting all the time. It is tiring. They always ignore my hand in meetings –this puts other women off"

- Deconstructing what it means to be a man and offering support for men too
- Women of colour are having to adapt themselves to fit in

- Some of the women said that they're sometimes referred to as 'Mr' when someone hasn't met them – it feels like people don't recognise their non-Western names and assume they're a man.
- Some people believe when something bad happens to a family or individual it is 'deserved'- education classes around this issue would be useful
- More cultural awareness for employers to increase understanding

Quote: "I was asked to change my name to a Western name when working at a call centre"

Key recommendations:

Women got extremely passionate in some of the focus groups while discussing this matter, they would offer each other support, encouragement and empowerment, the desire for real change was evident in the focus groups. The changes they would most like to see are;

- Campaign and support to better promote cultural awareness and understanding
- Campaign specifically for women who are new to the country to fully explain their rights in the UK and what support services are available if they do need to access them

Housing and Homelessness

Housing was revealed as another very high priority for a large number of women who took part in the project. This was predominantly in relation to concerns surrounding existing housing provision or landlords however there were 2 homelessness themed focus groups looking specifically at issues surrounding homelessness and the issues affect women who are homeless.

Homelessness:

Homelessness is a very complex issue that usually includes a multitude of reasons that have led to people becoming homeless.

Quote: “I had to leave my family home at 16 to get away from my Dad. I declared myself homeless and was put in a hostel which didn’t feel like a safe or appropriate place for a 16 year old. I was moved around from flat to flat and rent was too high for minimum wage as a 16 year old. It made more sense financially not to work.”

Homelessness was one of the biggest barriers identified by women in the criminal justice system. The women want housing when released, when they do not have housing or stability they feel they would be more likely to reoffend. They did understand the lack of available housing makes this difficult, but they see boarded up houses in their local area and don’t know why they cannot move into those houses.

Quote: “Homelessness really worries me. My money keeps getting stopped so I struggle the whole month and it makes me more depressed. I feel like I am going to lose my home because I am in arrears and don’t get much money to survive on.”

Many of the women who took part in the homelessness themed sessions were care leavers or had grown up in a household that had issues. The majority of the women who had children, no longer had caring responsibilities for those children. Many of the women had drug or alcohol addiction. These addictions were often made worse when their children had been removed from them. Drug and alcohol addiction were a large contributory factor for the women who were homeless in this group. Mental health issues were also a very important factor for these women, the stress of homelessness added to their mental health problems.

Key comments/issues raised:

- Homelessness in relation to domestic violence and abuse can have a huge impact on women. The uncertainty of becoming homeless can either cause women to wait longer before leaving a dangerous environment or can deter them from leaving at all.
- Women not knowing where to access support and services in relation to homelessness
- Homelessness is a real barrier for women in the criminal justice system. When sentenced, all benefit claims are stopped and women have to reapply upon release and start the application process again as a new claimant. Applications can take several months to process leaving women to feel as though they have no other option but to reoffend in order to survive.
- Property bidding is done online and prison residents do not have access to computers. Women felt they required more support from Housing Officers in the council to help them secure suitable accommodation prior to release. It was suggested this could be achieved by putting officers in place to be a direct link to prison residents nearing their release dates.

- Ripon House Hostel – women who do not have a place to live when they are released from prison are provided with accommodation at Ripon House. This is seen as a barrier by the women as the cost to stay is expensive, £25pw if in receipt of benefits, but this price increases massively if not in receipt of benefits. There is a restriction of 3 months stay and many women struggle to find suitable accommodation in this time. Ripon House is well known and offenders often target women recently released due to their vulnerability which results in them reoffending. The women felt there needed to be more places available to stay.
- Also examples of a woman who was homeless and pregnant, when she gave birth she was given a place in a hostel but this felt inappropriate for a new-born child and mother. Especially as it included a shared bathroom.
- Not all those who are homeless are obviously homeless, those who sofa surf etc. would like to access homelessness support, but don't know how to go about this. Seeing staff with this indicator badge would make it obvious that they can help with support and advice.

Housing:

Similarly to homelessness, housing problems were identified as a huge contributory factor to women's mental health issues. Houses either being unsuitable due to overcrowding, access needs or disrepair were all highlighted on various occasions during the focus groups.

Bidding for council houses was identified as a barrier. The system is done on line but not all women are able to access online services. Also there can be an added barrier if the first language is not English. Long waiting lists for houses was the main concern for women. Many women had started making adaptations to their current accommodation as they believe they would not be successful in bidding for a new property. Although the women do find this frustrating, they understand this is not unique to them and is a problem nationwide that does not have an easy solution. Many of the women had also had issues around repairs that are done to council housing. The repairs can take a long time and will often not be done correctly.

Due to the waiting time for council houses, many people choose to privately rent. Women identified some issues with some landlords who did not make repairs to properties or did not ensure the houses were safe and suitable for tenants. There was a feeling that if houses were unsuitable, women would be scared to report issues as this means they would be likely to lose their home. One woman explained how she was currently in hardship due to a private landlord not maintaining her property. This woman has been bidding for council housing for some time and her situation in the private rental is getting worse. The current accommodation has a broken boiler and the landlord has not attempted to repair it so the house is currently being heated by an electric fan heater which is very expensive to run. Because of this little money is left for other basics and the family will now have to rely on foodbanks to support them. Although this situation is very specific, situations similar to these are not unique and are happening to many women in the city.

Key recommendations:

- Official staff wearing some kind of indicator that they can help with homelessness advice and issues while in local areas would be beneficial.

- Housing support for women who are currently in the criminal justice system through a housing link to prison.
- Further information regarding housing to be made available to women who access domestic violence support
- Additional housing support specifically advertised for women who are not able to access online services

Children and the Education System

Childcare:

Childcare was identified as another barrier for many of the women who took part in the focus groups. Caring responsibilities would often fall to the women in the family and the children were often seen as the responsibility of the women. Cost of childcare providers and the lack of available child care during school holidays was a barrier for many women when looking for employment or looking to progress in their current role. Some areas in Leeds do not have any after school clubs/out of school clubs available at all. Childcare issues and costs also contribute towards women being more likely to give up their job to care for their child as the cost means it is not worth them working.

Quote: “Working full time means that I need to rely on after school club both before and after school four days a week, which becomes extremely expensive on top of the cost of my rent, bills, travel, and other outgoings. Despite working full time on a decent salary, I’m often left with little to no money at the end of every month”

Some activities and learning courses don’t have crèche and childcare facilities which makes it hard for parents, particularly single parents, to access. For some services, local volunteers interested in child care or training to work in childcare could be better supported to offer these services at a reduced rate or for free. Understanding there would be difficulties of this around the safety of this, but it could be done in controlled environments.

A lack of activities for children to do was highlighted. The women identified that there is a particular lack of provision if your child doesn’t want to play sport. Additionally, lack of young people’s activities was believed by many to be the reason for a lot of the anti-social behaviour in local areas. There are some brilliant parks in the city, however, some parents did talk about parks being secluded and parents having to check for drug needles before letting their children play.

Quote: “There’s very little for families or children to do and I’m scared fear that if children are bored they get into trouble”

The main message most parents agreed with was that they wanted to encourage their children to ***“Get off their devices and get outside”***

Children and the care system:

Particularly evident in the addiction and homelessness focus group was that there was a circle of children in care. The women attending the sessions had experienced the care system themselves and many who had children had seen those children taken into care. For them this often meant they began using drugs or alcohol even more that they previously had.

Quote: “When my workers constantly changed it felt like they gave up on me, so I gave up on myself.”

Quote: “I had my daughter and she was taken off us in hospital. I see my daughter in foster care. It’s really hard trying to get kinship care. I’ve got nowhere to stay trying to sort out my housing and no money. We go to foodbank and get food parcels. It’s hard to think about the future.”

Quote: “My mum and dad are stopping me from seeing my son all the time. The only time I see my son is on a Sunday, I am not allowed to see him on his birthday or Christmas. It really gets me down, I can’t cope with it any more. I just wake up and put a smile on my face like there is nothing wrong, but it really hurts me inside.”

Kinship carers don’t always feel they have the specialist experience required to care for children who have experienced abuse or neglect, particularly how to cope with attachment disorder. Additionally they would like more information on what support they can access and the opportunity to learn from each other in a support group. The attendees all agreed that without the groups, they would all feel isolated.

Quote: “I’m 61 years old and bringing up a child: it should be my time, we’ve had to give our lives up”. The carers often have to deal with other people’s perception and comments when their children are behaving badly that it’s due to their “bad parenting”.

Children with additional needs:

Children with additional needs are not always considered for respite care, but the parents feel they cannot ask friends and family to watch the children as they are often seen as a lot to handle. In addition, accessing services for children with additional needs is really hard.

Quote: “The mums don’t feel they are able to take the children to ‘normal’ sessions as they feel judged or their child may cause issues. There is a limit of the number of activities on offer for the children with additional needs.”

This can lead to women feeling very isolated with their child and would stop going out as much. The parents would like the ability to meet and chat with other parents of children with additional needs in an area they are safe and can relax- this isn’t available locally.

When hearing about this issue at one focus group the manager of the local stay and play said she would look into whether this could be provided. Another group had decided to meet more regularly and hold open discussions on this topic so women had the opportunity to share and support each other. The validation they got that it was normal to feel upset, overwhelmed or depressed, and that it was understandable that they may have isolated themselves and recognition that it takes time to improve. The group members provided important support, encouragement, and offers of help.

Case study:

Local school in the area is unable to support a child with additional needs, if a SEND school was available they could offer enough support to enable the mother to go to work- as it currently stands, she needs to be on hand for her child as school are always ringing for her to come pick him up. This same mum had to leave university for the same reason. Feeling that schools often say they can provide the required level of care for these children because they get additional money. School says they can cope but constantly ring so limits on what mother can do. Teachers are then facing additional pressure too. The lack of specialist schools able to offer children the correct support is also a contributing factor, so even if a school does have difficulties supporting a child, alternative options for that child are not available in many cases.

Many feel the procedure is very hard to get a health care plan. Nobody is fighting the family/child's corner. A mother was blamed for her parenting skills, however when her friend attended the meeting and knew the "correct lingo" she was awarded a diagnosis for autism.

Lack of specialist childminders who are equipped to look after children with additional needs or those who are in kinship care

SEND Passport: - One grandmother said the school had helped her grandson produce and use a passport, which was helping in school – this helps ***“what he wants [other] kids to know [about him and his behaviour]”*** – as a result, teachers now understand that, if he puts his hand up, he needs help from them

Isolation was identified as a barrier for parents with SEND children. They would like to see more support networks made available for them to access while socialising. They would like these sessions to be available for the whole family as siblings of children with additional needs are often affected socially too.

Education system and beyond:

Apprenticeships were completely misunderstood by the majority of people who spoke about them, they believed they were only for younger people and at an apprenticeship wage of approx. £2 per hour. They see no advertising or information about apprenticeships at all. They did say that they didn't believe care homes offer apprenticeships and that is where the majority of the jobs in the area would be.

Some women did feel as if on the occasions they had try to escalate any queries or issues that they had not been taken seriously by those that are in more of a position of influence – this was particularly noted with issues with schools. A number of the group stated that they had given up trying to push through any frustrations with those in a position to help them.

Key comments/issues raised:

- Finding emergency childcare falls on women
- (Migrant children/Status not confirmed) Not able to stay at 6th form –the college are not able to offer a wider variety of courses
- Woman talked about how she felt when she had to take her GCSEs when she was at college, she felt like she was lagging behind her friends. Her parents didn't really understand the school system and she wished they'd pushed her to finish school. **“My pace could have been sped up if I'd had this support”**
- Woman talked about how she was kicked out of mainstream school and put into a Pupil Referral Unit – she said this was a huge help to her and she says she wouldn't be at university now if it hadn't been for that intervention. That PRU is now being closed down.

Quote: “I am currently at college 3 days but would like to access 5 days. Would like to do more than just English and maths classes”

- Some reports of children at local school who may 'look different' and being treated differently. Could schools do more around inclusion and awareness of other cultures?
- More cleansing in park areas so they can take their children, unfortunately whenever there is any refurbishment done, someone comes along and burns/damages it

Key recommendations:

- SEND passports to be considered for children as an option
- Further information regarding apprenticeships and high education advertised to young people and parents and carers
- Increased child care provisions for services predominantly accessed by women, including when learning English or studying further education.
- Cultural awareness campaign for schools and colleges

Language Barriers

Women who have English as a second language reported how they found this a barrier to many aspects of their lives. It made them feel socially isolated and unable to communicate with people when they are out of their home or community environment and means the women are reliant on children or partners to translate. Alternatively, women may rely on other women to translate for them and often travel about together for this reason. Along with confidence almost all conversations around barriers went back to the language and self-confidence which were heavily tied together.

For many women, they can speak English but do not feel confident in having a full conversation, especially, with somebody who speaks English as a first language. They felt self-conscious of their accent or pronunciation. To overcome some of this self-consciousness, they would like to attend more integrated services and events, where they can get to know their neighbour and also practise speaking English in a safe environment. They suggested it could be facilitated by interpreters and translators so everybody is able to find out a little more about each other. Some women said they do not feel integration has happened on the whole and communities within communities tend to keep with themselves and they would like to see this changed.

In addition, funding that is made available quite often focusses on minority groups, although the reason for this is understood, one woman who raised this felt that by doing it this way she was made to feel that she needed to focus on her differences (being from a minority group herself) rather than focusing on inclusion. This felt like it was a backward step and didn't encourage people to work together to solve issues that often affect people from a wide range of backgrounds.

Many English classes are oversubscribed and most don't have crèche facilities, so if a partner does wish to disrupt a woman's ability to learn English he can refuse to care for the children and the woman is left with no option but to miss her class. West Leeds was repeatedly highlighted as having a lack of language lessons available. Women from the West would like to see these services near them, they cannot easily travel to East Leeds from where they live, even though they know there are more classes taking place in that part of Leeds.

Case study:

One woman with very low level of English language shared her experience of school using one of their English speaking children to translate in a meeting between staff and parents regarding the behaviour of another child in the family. The school do not have a translator service available for these meetings or if there is a translator available the women are not aware of this and the school was not using it. The child who was translating was still at primary school and there is a concern this child may not fully understand the meeting to be passing the messages along correctly or may wish to protect their sibling by 'covering' for them.

The majority of women had a desire to learn English, however for some of the women, the desire to learn English was lower. The reasons for this include; they were happy to stay in their own communities and didn't often feel they were impacted, they also felt they had enough to do with looking after the children and home. They did not want the additional pressure of learning another language. Although the women did not believe they were often impacted by their lack of English language, some members from this particular group had experienced medical emergencies or healthcare issues that would have been easier to manage if they had been able to speak English.

Quote: “My dad could speak English but my mother didn’t. They split up, and we spent some time living in a refuge. It was only when this split happened that mum had to start working and therefore had to start learning the language”

Although the majority of families were very supportive, there were also examples of women who wanted to learn English but were discouraged from doing so by family members and/or children.

Key comments/issues raised:

- Disproportionately affects women as they are more likely to be in the home with family and/or children
- There used to be groups for parents at the local primary school where they would be told in their first language about the school, the curriculum, school in The UK etc. but that was axed
- Difficult to communicate over the telephone without a translator available – can result in the other people choosing to hang up the phone as they can’t understand the other person.
- Lack of conversation classes –all in agreement. This should be done with British born families, including their children

Key recommendations:

- Increased English speaking classes available in the West of Leeds
- Integrated social events with English speaking families to practise conversation skills and support a feeling of community
- Online English learning courses
- Translator services for schools are promoted and widely used, this would need to be at no additional cost to schools to ensure it is fully accessible

Financial Issues- Employment, Benefits, Accessing financial services

Finances had a major impact on many women's lives, and was often closely linked to mental health. Women who had financial issues confirmed that these would make any mental health issues worse, they didn't feel able to cope with financial issues very well.

Women who had a history of criminal activity would often say that they felt the need to return to crime because of a lack of money or because there is a long wait to access benefits.

Employment:

Overall the majority of women felt able to gain employment and felt like they were respected in the work place. There was a belief that larger companies, such as the Council are good places to work as they are able to support a work/home balance, offer care for employee's wellbeing and are able ensure equality policies are in place. Some women did perceive smaller companies as less likely to follow equality practices as they may not be able to afford it, so women would feel less confident applying for a job in these companies.

In some areas of Leeds, the main jobs in the area are in the local care home, local supermarkets or the nearby hospital but the roles available are often low paid with unsociable hours. For those who don't have family in the area they face a bigger barrier for child care during the unsociable hours they are expected to work. They do not see advertising for other jobs and very few of the women were aware of the apprentice schemes available in many places or what this would entail. All the women in the focus group who raised this issue agreed schools could give some information away regarding jobs and training for parents. Many women would like potential employers to also use Facebook and leaflets to advertise jobs in their area.

Some women taking part felt quite strongly that they would not have considered employment in the organisations they work if they hadn't seen Black, Asian and Minority Ethnic (BAME) women represented in the workforce they were entering. This was important to them to feel supported with language and to have a cultural 'ally' in the workforce.

Some women who were not in work commented on how culturally it was frowned upon for women to go out to work which put many off even though they would like to and the difficulty of finding work that fit in with school hours was an added pressure.

Women felt they were still expected to look after the home and children whilst also working, particularly in single parent households, they may struggle to socialise after work as they need to return home- in some jobs this can hold you back.

Quote- "Myself and male colleague were applying for jobs and he was always tipped there were jobs coming and that he should apply, he found this out by being part of the "old boys network" by being able to socialise and play tennis after work."

Some women were doing roles where they still feel they are not treated equally, in manual roles some of the women felt they were perceived as being incapable and felt disrespected if they challenge this. The inequalities that women still face in work still exist for these women.

Confidence in the workplace can have negative effects, for example studies show women will only apply for a job if they can match 95% of skills and attributes required, men will apply if they can meet 60%. Women will also typically apply for 20% fewer jobs compared to men.

Key comments/issues raised:

- In the care homes there is a real lack of training and support. They felt this could leave them vulnerable to making mistakes and them getting the blame
- Jobshare is a good solution for returning to work post maternity leave
- Women who do 'industrial' roles would like the opportunity to encourage other women to apply for these roles
- Smaller companies could have more support for equality
- Due to being offenders, many women struggle to find employment once released from prison. It was felt that if women were provided with support, such as a list of employers who hire ex-offenders, this would improve their chances of finding employment. It was suggested that a pack could be produced for women who are released which signposts them to support and services to help them adjust, similar to what the Army produce for soldiers. Also, some women believed they would not be employed by organisations such as Leeds City Council because of their record. They did not realise that some jobs would not be off limits because of this. The women would like to see potential employers going into the prison to discuss what job options would be available and how to apply
- Wages in women's prison is less than men receive in male prisons. There is also an issue around prisoners who misbehave and are then taken off 'enhanced privileges' (this is for prisoners who behave whilst inside and receive a higher wage, better conditions, more freedoms) there is only a small difference between 'standard' and 'enhanced' privileges
- There was also discussion that the prison service offers the chance for work experience of the prison- this could be more widely advertised to organisations

Benefits:

Many of the women in receipt of benefits spoke of the worry they feel about their money stopping with no warning. This has happened to women previously, especially when they struggle to understand the benefits system.

Leeds moved to the full service digital platform of Universal Credit (UC) in October 2018. Full service means that all new claims to benefits that UC is replacing, known as legacy benefits (Job Seekers Allowance, Employment support Allowance, Income Support, Child Tax Credit, Working Tax Credit, Housing Benefit), are now claimed to UC instead. Over 28,000 people were claiming UC in Leeds in October 2019: 53% were female, 47% male. The age breakdown reveals 20% of claimants were aged 16 to 24, 63% were aged 25 to 49 and 17% were aged 50+.

Universal credit was welcomed by some women but many believed the wait for payment was so long that they had been forced to use food banks or rely on support from family and friends until they received payment.

Part time workers who were also in receipt of benefits disclosed that they were working overtime but not claiming any money for this, what they lost in benefits payments was much greater than what they gained from the additional hours. Unfortunately because their role would require them to work overtime, they would do the work but not tell their employer they required any extra payment, therefore working for free. The stress of their benefits constantly changing made them feel they had no other option but to do this or give up work entirely.

Quote: "When I got school uniform vouchers, I was told I had to buy brand new uniform and couldn't use it for second-hand uniform, I could have got so much more uniform for my children if I had been able to buy second hand items too"

Women who were retired or nearing retirement age also spoke of financial situations. Many women feel the change to pension age has adversely affected them to a massive degree. The delay to accessing their pensions had caused instances of women staying in homes with domestic violence, being unable to care for elderly parents or young grandchildren and there were examples including a woman who had turned to sex work because she felt she had no alternative option. Elderly women who were retired were not always aware of support that was available to them, including additional financial support and felt this could be better advertised, perhaps GP's or pharmacists could have some of these conversations.

Key points/Issues raised:

- Low understanding of benefits system
- Women have felt the benefit squeeze and the uncertainty of when payments will be in the bank causes stress
- Some of the asylum seekers were living on just a couple of pounds a day, they were unable to get a job and get more money. They couldn't afford fruit and veg that they would eat at home so felt that affected their health. Not being able to afford food or basic hygiene products was a source of embarrassment for many women.
- 67% of sex workers who took part in the focus group stated that not having any food was a barrier. Lack of energy due to food was a reason they were unable to attend benefits appointments and other welfare support.

Quote: "as an asylum seeker with no access to public funds, there have been times I have gone home with men, not because I want to but just so I know I have a bed to sleep in and I will get some food to eat"

Financial services:

Many of the women who discussed financial services were aware of and had access to the Credit Union. They were extremely happy with the service and would encourage others to use the Credit Union. Banks did not have the same response from many of the women, by shutting down more local branches and reducing services available in their local area was worsening the financial barrier for many women including those who were older, disabled or not IT enabled.

It transpires women in the community had started to come up with 'savings' schemes for other local women, for example they would contribute £10 per week and take turns for the money to be shared out equally in a lump sum. This did require a very trusted member of the community holding all the money, however the women seemed to trust this method more than some of the well-known savings schemes. Women also often used Christmas saving schemes, however after the collapse of Park, a lot of the women would rather use other women in the community to save the money for them.

Key comments/issues raised:

- Bank account access for women who are homeless or women who are asylum seekers is still a barrier
- There are instances of cash machines being moved because they have been targeted by thieves. One cash machine in particular was moved to a side that is obstructed from street view, meaning women don't feel safe using the machine anymore.

Key Recommendations:

- Continued promotion of Credit Union services in community settings and schools

- Advertising local employment opportunities through social media and local schools
- Women promoting roles that are less likely to be considered by other female applicants
- Increased support for women accessing the benefits system, particularly Universal Credit, to better understand how to apply and what they are entitled to
- Support for workers who are also in receipt of benefits who may be at risk of working additional hours with no pay as they will lose benefit payments as a result. This predominantly effects women who are part time or low paid jobs. Allowing workers to work a small number of additional hours monthly without any effect on benefits payments.

Community Safety

Many of the women in the focus groups said they did not feel safe in their local areas and almost all of those women confirmed they would avoid being out alone at night as much as possible. This included women from all demographics and of all ages.

Almost all of the women who took part had seen some form of crime or anti-social behaviour. Some women who had grown up in areas they were currently living in would feel comfortable challenging anti-social behaviour if they saw it happening because they normally knew the perpetrators, however if women were new to the area or had moved into the area from another part of the city they were much less likely to feel able to challenge behaviour. Women who had witnessed crimes or anti-social behaviours would not always report these to the police, a low police presence in areas means they are fearful of reprisals and do not feel confident that perpetrators would be caught.

The damage caused to local green spaces and parks was a concern for many of the women because they, their children or grandchildren were then unable to use the spaces or they needed to check there was no broken glass or needles laying around before using the space. These spaces can also often be damaged by young people. An increased police presence in the area or monitored CCTV in areas that keep getting damaged would be welcomed by the women.

Safety in the City Centre, particularly on an evening was also raised at various times. Leaving clubs or bars didn't always feel safe, women didn't feel safe around the train station on an evening. LBT women who visited 'the scene' in Leeds have started to feel less safe in the area in recent years. Some believe the clubs and pubs in the Freedom Quarter have started to work at attracting more heterosexual men and women. This has resulted in instances of women feeling they have been targeted as a result of their sexual orientation while in an area that was designed to be safe for them.

Hate crimes and racism still appears to go unreported for many women. There is some lack of understanding of what constitutes a hate crime and there were women who had been racially abused or experienced a hate crime and had not reported it because they did not realise they could. There was some lack of knowledge of how to report a hate crime.

QUOTE: "It (racist comments) doesn't bother me anymore, as long as they don't put their hands on me- it's fine"

Crime:

Key comments/issues raised:

- Would like to see better CCTV, more cameras around and for people to check the cameras when an incident has occurred. They women did not feel the CCTV was checked when they reported a crime
- Crime, theft, selling fake goods and general safety was a big barrier. There is a lack of reporting crime as there is a lack of confidence that it will be followed up, or the fear of reprisal in the community.
- Police are not seen in the area- women confirmed that ambulance, fire, take away drivers and busses all refuse to enter some areas (the emergency services will come but do not feel safe doing so and on occasion have waited for police assistance before entering the area)
- Street sex workers have only felt confident in more recent times to report crimes against them (indoor sex workers still rarely report when they have been a victim of crime,

including domestic violence). 67% of sex workers stated they felt fearful and chose not to enter public spaces or services.

- Women described examples where stigma left women more vulnerable to crime or exploitation due to the threat of identification to others as a sex worker. For example, somebody had been threatened if she didn't pay money this person would reveal she was a sex worker.

Quote: “My ex-partner found out (I was sex working) and threatened to tell social care and stop me seeing my child”

Safety:

Key comments/issues raised:

- Lots of stories of crime in the local areas- stabbings, mugs etc. but they didn't feel there was adequate police presence and they rarely find out if the stories are real or fake, this can generate stress and worry for no reason
- Another woman witnessed a crime and felt that her report was ignored by the police. This alleged crime was committed in a public space and also observed by others. As the perpetrator was known to the woman she then felt intimidated in her presence.
- One woman talked about her daughter who works in a restaurant and feels unsafe coming home on a night on the bus and that she often got a taxi home instead
- Discussion about how they would love there to be a female only taxi company in Leeds, they felt they would use it all the time and would feel much safer doing so
- Don't feel listened to as a woman when reporting crimes if you are not physically hurt. However, if you have been drinking, people don't take you seriously and imply the victim has done something wrong **'what did you do to cause that to happen to you'**

Quote: “Not feeling safe in my city because I can't get a restraining order on my rapist. So if I see him there's nothing I can do.”

- Male prisons are categorised but women's prisons are not. Women feel less safe living in a mixed category environment.
- A major concern for sex workers was the fear they felt in accessing services and engaging with the wider community (underpinned by stigma). Crime committed against sex workers range from what is termed 'low level' offending/victimisation (throwing of eggs, verbal abuse, harassment, etc.) to rape and homicide.
- Many women reported a lack of community policing and questioned if police still attend local schools to speak with children high school and primary school to build some better links. If not, this would start to break down some of the mistrust between the police and local children

Gun and Knife crime;

Two focus groups took place with a specific focus on gun and knife crime. Although research shows men are more likely to be involved in gun and knife crime, women also feel the effects of gun and knife crime on their family and community.

Key comments/issues raised:

- Would like to see a central data base for organisations in Leeds to use so they can see what support is available locally

- One woman talked about how she never walks past a particular place because it's where her friend was shot and killed. She's scared because it's the location of a gang war, and also because of the grief.
- There needs to be long term fixed investment into tackling the problem, smaller pots that only last for a year means work is only just getting off the ground then the organisations are looking into wrapping up the project
- The women in the room believe there needs to be work done around 'what it means to be a man'
- Stop and search has led to an increase in young men using women to carry their knives for them, there has been instances of knives being stored in children's prams. Could there be a programme showing women who are supporting men with knives what the reality of this looks like and what knife crime in the community looks like
- Reaching people in a different way would be good, going to them, using music, developing music, etc. Using methods that young people can relate to.
- Problem with the knife disposal scheme is that there is confusion around what happens if you are caught carrying a knife while taking it for disposal
- Churches could be used as a safe space, doesn't have to be religious- just safe
- People get phones out when somebody has been attacked, this is not to ring the police, but to video the event. A situation recently took place where a stabbing had occurred and due to the volume of people videoing the emergency crews had to immediately remove the individual from the scene without the chance to do any work on him.
- People in the community know who the perpetrators are, but they don't come forward to say. They need to be shocked into opening up and working with authorities to help tackle the crimes. The parents of young people need to be shocked to understand their child could be involved in some way (victim or perpetrator)
- 40 schools signed up to working with groups on knife crime, this worked because schools didn't see it as admitting they have a problem, unfortunately there was no funding for staff to go into schools
- Some of the organisations working on knife crime are 9-5 companies working on a 24hr problem. So they are unavailable when a crisis occurs
- The bus and train stations in the city centre are seen as unsafe spaces due to a large number of incidents. It was felt there needed to be more CCTV and street lighting.

Key recommendations:

- Churches could be used in the effort to tackle gun and knife crime. Most areas have a church and many of the people affected have parents or grandparents who use the church. Funerals of victims of gun and knife crime could be used as a chance to have the conversation
- Campaign showing the reality of gun and knife crime and the affects it has on families
- Data base of organisations that are available in Leeds that can offer support for professionals who are working with those affected by gun and knife crime or organisations who can be used for referrals by other organisations
- Increased CCTV and police presence in areas with high levels of crime or anti-social behaviour
- Campaign to promote what constitutes a hate crime and to direct women where they can report and get support if they experience this
- Community police visiting schools to speak to children to continue breaking down barriers between police and young people in the community

Aspiration and Confidence

A number of the women we spoke to cited low aspiration as a significant barrier for them. This prevented them from achieving their potential because they didn't know what was available but even if they did, they often didn't feel comfortable accessing the services or they didn't believe they could achieve. Many of the women we spoke to indicated that ensuring their children had the opportunities they didn't was something that drove them to do better.

Women would like to see more championing of people who live in these areas and what they achieved. This could help raise aspirations for local young people and give them good role models to see from their neighbourhoods.

Confidence was also a major barrier for many women, this could be in applying for a job or promotion. Confidence came up repeatedly in the female staff focus groups we had. There was a strong feeling that a fear of the unknown and a lack of confidence to take on new roles often held women back. The groups believe that sessions around confidence and applying for new jobs or courses would be very beneficial- perhaps during school holidays when it is usually quieter. This would also offer the opportunity to use office equipment during school holidays to build on IT skills- this could help with progressing in the work place. Low IT skills were cited as a reason for people to feel they would struggle to progress.

Universities don't advertise in some areas and the people in these areas don't even consider university when planning for leaving school. Some discussions take place in schools but this is usually in GCSE years- so too late for any of the pupils that aren't already in line for the grades they would need in order to access high education.

Quote: "I didn't go to university, none of us did. We didn't even look into it because we never even imagined it was something we could do. But even now the children in this area still believe that. University isn't an option for them, so they don't even look into it. University representatives could do some targeted approaches in more deprived areas with both children and parents. But this would need to start with children who are just entering high school, waiting until year 10 or 11 means children have already started down a path and if they are not making the grades, they have very little time to put the work in"

Volunteering was seen as a massive positive by many of the women. They felt that by volunteering they had seen many more opportunities open up and barriers they felt had been there before, were able to be worked through in many cases. The women would like to see a push on advertising volunteering and the benefits of this- particularly for women- although would need to ensure it was not just seen as free labour and something that was equally beneficial to the women and the organisation they are supporting.

Training and support on life skills, confidence, prioritising and having difficult conversations would be something many women would like to take part in. Perhaps this could be done when considering events for International Women's Day in future. Arming women with life skills they can use.

Confidence building sessions would be very well received in the community. This could perhaps be included within mental health services. There was also understanding that there is a stigma around mental health and a lack of services and funding in the area. But these could be run by the community and offer a safe talking space where women are encouraged to buddy, mentor and support each other.

Courses are good for learning more skills for employment, however it would be good to see more advertisement of what is on offer in general. Advertising in schools, shops, churches, GPs, pharmacies, online, Citizens Advice Leeds and one stop centres would cover most places women would see the advert.

Quote: “We measure our success against what our children have managed to achieve– we look at what we are able to make possible for our children rather than ourselves”

When women use specific services they develop powerful trust and relationship bonds with staff: this presents an opportunity for these staff to then lead the beneficiaries out of their comfort zone to try new services, take part in projects, access opportunities on offer that are relevant to them and their families. This can make life so much better for women and their while families. But it relies on trust so this must be done carefully.

Key recommendations:

- Confidence building and open discussion sessions available for women in the community in addition to current health care provisions
- Confidence and skill building sessions available to women in the workplace that would encourage women to learn the skills (particularly IT) and techniques that could help them progress in their career
- Volunteering database for opportunities for women to volunteer in their local community
- Universities directly advertising to children in priority neighbourhoods and targeted wards to increase children from these areas accessing university and further education

Local issues

Some of the issues raised are very relevant to Leeds. However, they were discussed by multiple groups, therefore, it was felt these key points should form part of the report, despite some being very local issues. The main issues raised were transport and incidents of anti-social behaviour and crime in local areas.

Local Transport:

- Perceptions were that public transport in Leeds is overall reasonably good. However main issues were cost and unreliable services (those frequently cancelled or delayed)
- Buses in Leeds can feel unsafe, especially when travelling late at night or when there are large groups of young people travelling together. There was an understanding that often the young people would not do anything wrong, but this did still feel intimidating for other young people traveling alone or for vulnerable people

Quote: “Young people on the buses can make me feel uncomfortable when I am traveling with the person I care for.”

- Women would like to see bus drivers trained in equality issues, particularly, around disability and cultural awareness
- Buses changing routes need to be better advertised. Parents and carers will spend time showing their children or those they are caring for what bus route they will go, then the bus route will change unexpectedly and this can cause stress and worry
- Delays and cost was a significant barrier when using the train services in Leeds. Frequent delays had impacted on women getting to colleges, universities and their places of work

Local areas:

- ‘Clean up’ days are held by the Housing Directorate of the council. These are great for integration and the residents would love to see more of these, rather than taking place every 6 months
- There is an increase of anti-social behaviour and drug usage in some areas of Leeds. This has increased over the last few years and there is a general feeling some areas have deteriorated in recent time. A lack of activities for young people was given as a reason for the increase to anti-social behaviour.

Quote: “Living in this particular area prevents me and others from going out, due to it being quite unsafe. This isolates me and others.”

- Cycling is not an option **"more chance of getting your bike taken away on your street than anywhere else"**
- Many noted they don't let their children play outside due to not feeling safe or lack of provision

Quote: LGBT scene and culture: “If trying to promote an event specifically for women/lesbian groups, there is a feeling of being side-lined. Businesses/venues don’t seem interested and mainly focus on where the market is, not on increasing equality. Bars/clubs try to appeal more to heterosexual couples and heterosexual men. I don’t feel safe in there any more as a lesbian woman”

- Many of the LBT women confirmed they did not feel comfortable and welcome in the Leeds scene and would often chose not to visit. Overall, they did not feel it was inclusive of them as Bisexual or lesbian women.
- There was a feeling that there needs to be more investment throughout the year into specific events for lesbians and bisexual women.
- Leeds LGBT hub meetings are held at venues revolving around drink/bar element, the women would like to see the hub meetings also take place in other venues that are not bars as some of the women do not wish to be in those venues.

General comments or suggestions:

- Council tax- Why is it so expensive? There is a need to share more information of what council tax does and to have these available in community languages
- Some women, particularly older women, when initially asked what barriers they may wish to discuss almost all said they had no issues, then shared their experiences after we dug a little deeper. They don't see themselves as needing support- they 'just get on with it and always have' they believe this was a generational thing. These women may need some support to feel safe and enjoy their lives completely- but they won't volunteer it easily
- Menopause: a lot of women suffering in Merrion House because they're hot, no sleep a lot of the time, memory problems. Not making any provisions at work for menopause? Answer: there is a menopause policy but is this actually being followed through? Need the culture where women feel comfortable to ask their manager for reasonable adjustments due to menopause.
- Lots of community centres in Leeds closed down so lost that sense of community. Looking forward they would like to see more community groups for women.
- In general most women had a good trust in public services and sang the praises of police/ambulance services in particular. They were less trusting of their local councillors and schools and felt as if they did not have a voice, nor know how to get a voice in these areas. Where do they ask for help, where is the information. Who do they go to if they are still not happy
- Children and parents who live near the red light district have been called over as prostitutes. In addition, other associated issues have increased, such as drug use, needles in public spaces particularly the parks, alcohol drinking in the parks and streets and fighting.

Key recommendations:

- Schedule of 'clean up' days in local areas to encourage residents to get to know each other better
- Bus drivers trained in equality, particularly disability
- Increased number of LBT events available in the city
- Some of the women would like to advise the council on racial equality and Islamophobia

Domestic Violence

The Leeds Domestic Violence Service comprises a consortium arrangement, bringing together all those working to help prevent domestic violence occurring and supporting those affected. The Best Council Plan 2018/19 – 2020/21 includes “tackling and working to prevent risks, threats and harms, including domestic violence”. Progress will be measured by the number of “Increased self-reporting of domestic violence and abuse incidents.”

Domestic violence and abuse was raised in a number of focus groups with some women sharing personal experiences of experiencing domestic violence or abuse. Some chose to share stories of their friends or family members who had experienced domestic violence and some wished to talk about the challenges in their communities around domestic violence.

Quote: “We know abuse is happening but we don’t talk about it”

We know domestic violence can have long term effects, however, many of the women did not know what support was available to them. In one instance, support was offered to one woman in the immediate aftermath of the domestic violence, but she was still experiencing the effects and was not receiving any follow up support. This woman was informed by somebody else in the group of a support network who meet regularly in Leeds city centre. The woman had previously been unaware of this support group and was able to ask safety questions from the other person who attends to reassure herself that she would be safe and able to attend. The women arranged to travel there together for peer support.

There was an obvious feeling that domestic violence services are lacking the local areas, although there is a support group in the city centre there is nothing more local for women to access. Would also like to see crèche services offered for domestic violence support facilities. Child care can be a big issue for some women as the family support unit can break down following domestic violence and this leads to women feeling unable to rely on family members/partners/friends/etc. for support. This can be long lasting- not just in the immediate aftermath.

The definition of domestic violence and abuse has changed in recent years to encompass not only physical abuse, but also financial, sexual, psychological, emotional abuse, and controlling and/or cohesive behaviours. Women would like to see more work take place to show that domestic violence and abuse is more than just the physical abuse. Particularly explaining to young people what healthy relationships look like or highlighting what unhealthy relationship signs may be. Additionally, the women believed better support should be available for children and targeted work should be done with the young people, especially young boys, who have witnessed or experienced domestic violence.

Domestic Violence and abuse needs to have focussed support for women who were new to the country. The experiences women shared included; women in their communities who had arrived to the country under a spouse visa, the partners or family of those women have then used the spouse visa as a way to control the women by threatening to revoke their permission to be in the country if women did not comply fully with what the family expected of them.

Partners who are aware that domestic violence is illegal in the UK have taken women and their children to their country of origin as domestic violence may not be illegal or easily reported there. They will only allow the women and children to return to the UK once the women have agreed to behave in an expected way, however some of the women were sent away for years. In addition to these very specific issues, there have been instances where women coming to the UK from other countries have been told by family that domestic

violence is accepted in the UK or they are not aware of the full explanation of what domestic violence is.

In addition to this, their trust of government, immigration and public services means they may not be confident in reporting instances. The women would like to see information or sessions specifically for women who are new to the country to explain their rights in the UK and where to access help and support if it is needed.

Quote: “Being a victim of domestic violence changed my whole life, it meant I had to come into a refuge, go onto Universal credit, face my abuser in court. I had to leave my home and area where I felt I was accepted and understood. Find a new church, leave my home, my furniture, the children’s toys and everything I had bought for my home- all because of what he did to me.”

Forced Marriage:

Key comments/issues:

- Fear of being found and constantly living in fear – in some cases of forced marriages some families will continue to look for a victim once they have left, in some cases paying bounty hunters. The community and extended family may also become involved and making it so there are multiple perpetrators.
- Lack of awareness of support services – particularly for young people or adults at risk
- Not aware of the terminology of abuse, so they are unaware that what is happening to them is abuse.
- Victims may have been conditioned to believe that what is happening to them is “normal”.

Key recommendations:

- Increased training for professionals around forced marriage and honour based abuse, recognising victims and responding appropriately to disclosures can have many impacts on victims of forced marriage.
- Campaign to ensure women who are at risk of forced marriage know that it is illegal and how they can report this and get support
- Increase of support services available in local areas for women who have experienced domestic violence
- Support services available to children who have witnessed domestic violence
- Campaign to advertise how women can report domestic violence for themselves or others in their community also, to advertise what services are available to women who have experienced domestic violence
- Information in a range of languages for women to inform them of their rights in the UK and where support is available

