Overview Select Committee

Women Talking, City Listening: Summary Report

Date: 3rd December 2020

Lead director: Director of Delivery, Communications and Political Governance

1	Summary

1.1 The purpose of this report is;

1.2 To outline the research undertaken by the City Listening Project team over the previous 12 months and summarise the key findings both directly and indirectly related to the Council's business.

2	Recommendations

2.1 The report contains both national and local recommendations. The local recommendations outlined in this report are draft recommendations, subject to any comments or refinements. The Corporate Management Team, (CMT), and Executive have agreed the recommendations subject to review by Departmental Management Teams and leads for the service areas identified and subject to Scrutiny comments. This work is on-going and therefore the recommendations are likely to continue to be refined and built upon over the coming months.

2.2 The local recommendations, once finalised, will be integrated into the Equality Action Plan, which will be reported to Overview Select Committee, (OSC) and agreed by CMT and the Executive, as per the usual reporting and governance arrangements for the Equality Action Plan. The national recommendations have been provisionally made to the Government Equalities Office (GEO); however, a final report is due following this report to OSC. At the time of writing this report, we are awaiting feedback from the GEO. A copy of the list of the full set of recommendations arising from the research is attached as Appendix A.

2.3 The full research report is attached as Appendix B. The full report provides greater detail and also includes accounts of the lived experiences and views of some of the women who participated in the project.

2.4 **It is recommended that;**

2.5 OSC notes the contents of the report, in particular the findings of the research project and the recommendations (both local and national).

2.6 OSC endorses the recommendations in principle, subject to any comment and/or revisions.

3   Background Information

3.1   As one of the seven national Centenary Cities, Leicester City Council has been widely recognised for its work in celebrating the achievements of local suffragettes.

3.2   Following on from the Centenary Cities project, The Council were one of three cities successful in securing funding from the GEO to research women's position in Leicester, today.

3.3   This research project sought to identify barriers to equality in modern Leicester and elevate the voices of women, using their insight to develop the recommendations made.

3.4   Using a range of research methods (focus groups, 121 semi-structured interviews, online consultation, Dialogue and email submissions) 330 women were involved in the project.

3.5   This summary report captures the ten key issues identified by this research:

   Careers and Motherhood
   Community Support
   Workplace – Policies vs Practice
   Recognition of and Support for Carers
   Sports and Access
   Safety
   Personalisation of Services and Communication to Service Users
   Finance
   Health
   Covid-19

3.6   This summary refers to the full draft research report, which is attached as Appendix B. For ease of cross-referencing, the pages of each theme in the full research report are listed against the theme summaries in this report.

4   Introduction: Equalities and Recognition (Page 9)

4.1   The Equality Act 2010 acknowledges nine protected characteristics; however discrimination cases currently must be brought separately for each protected characteristic. This means that intersectionality, for example racialised sexism, is currently not recognised to the fullest extent in law. Many of the women involved in the project had experiences of inequality and discrimination which were intersectional in nature. Section 14 of the Equality Act 2010, which deals with 'dual discrimination' was never brought into force. The following recommendations would aid in greater recognition of and in addressing the barriers and inequalities women face where multiple inequalities intersect with one another.

5   **Careers and Motherhood** (Pages 10-27)

5.1   The most prevalent theme, highlighted by a vast majority of women, was the strain felt between pursuing career goals and managing childcare responsibilities. Almost all mothers spoken to were the primary caregiver of their child or children. 61.71% of women asked, said that family commitments hold them back.

5.2   Many women experience living through the triple shift: employed or seeking employment, expected to do most of the housework and the childcare. Many women expressed that these unpaid forms of labour are demanding, unrewarding and considered of lesser important. Many participants said that these roles are often learnt in childhood, reinforced through family structures and are difficult to shift.

5.3   A common frustration was **the desire to do paid work, but the feeling of being unable to**. Many mothers involved in the project felt that, while the early years funding programme for childcare of 3- and 4-year olds (15 hours a week for 38 weeks of the year for all families, 30 hours a week for families where lone parents/both parents earn at least £139 per week) is a help, many do not feel this sufficient. This scheme doesn't account for families of multiple children under 5, families with a child under 3 with parents who wish to return to work, or the continuous need for childcare before/after school. The **steep cost of childcare** means that for many women in Leicester, their wages would entirely go to paying or supplementing childcare fees to ensure care provision during working hours, with some families even left at a deficit if the primary caregiver returned to work.

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

5.5   **Flexible working arrangements** and understanding managers who create a workplace culture that is inclusive of mothers were two significant ways women said that they were enabled to recommence work.

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

5.7   For many, the skilled career paths they wish to follow **do not always accommodate part-time workers.**

5.8   Upon **returning to work** sometime after they have had a child/ren, many **women felt at a disadvantage to their colleagues**, due to the time that was spent away from work and how they are viewed returning to work as mothers. Networks of support are of importance.

5.9   Women also spoke of an over reliance on other female family members to support with childcare responsibilities, which is also likely to have an impact on opportunities available to those family members.

5.10   Many women involved in the project spoke about not pursuing, or delaying, their career goals and not being able to fully contribute to the economy and also about the strain on their mental health, due to the stress and the chronic undervaluing of their unpaid labour (caregiving and housework).

5.11   There must be a greater **inclusion and acceptance of mothers in the workplace**. The following recommendations are based on the solutions offered by the women involved in the project;

5.12   **Recommendation 1: Flexible Working Arrangements (including flexibility in recruitment to facilitate job shares) to be implemented by employers in corporate policy and job advertisements.**

5.13   **Recommendation 2: Leicester City Council to integrate an action into its Equality Action Plan to support and publicise more opportunities for women employees, including networking events and promotion of the Council's employee groups.**

5.14   **Recommendation 3: Leicester City Council to further consider and integrate an appropriate action into its Equality Action Plan: ways in which to promote professional and employment opportunities and to provide more opportunities for women in the City to network (for example, an externally focused event, possibly in partnership with Economic Regeneration).**

5.15   **Recommendation 4: Leicester City Council's Voluntary Community Sector liaisons and Communications team to communicate news of both Council-affiliated and external networking events to women-majority community groups (for example, library and children's centre 'Toddler Time' attendees), to offer mothers who are not in employment greater professional opportunities.**

5.16   **Recommendation 5: Leicester City Council's Human Resources team to consider implementing employee policy for those returning from maternity leave to better support both the employee and their manager's facilitation or their re-entry into work.**

5.17   **Recommendation 6: That the government flexible working taskforce continue to campaign for employers to adopt flexible working practises in the public sector and the private sector.**

5.18   **Recommendation 7: That the Job Centre Plus continue to build on its work thus far to promote flexible working practises, by challenging appropriately and requiring adequate justification where an employer has communicated that an opportunity is not suitable for flexible working.**

5.19 **Recommendation 8: That governmental policymakers review the '30 hours free childcare scheme', taking into account and addressing the issues raised by participants, to give women a greater opportunity to re-enter work without suffering financially.**

5.20 **Recommendation 9: That governmental policymakers consider exploring the merits and risks to implementing an allowance or financial benefit (subject to certain conditions), where women are relying on family members informally to take on childcare responsibilities to enable them to work, to ensure that family members (particularly female family members) are supplemented and are not experiencing detriment financially.**

6   Community Support (Pages 27-31)

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

6.2 In a context of chronically strained NHS mental health services and increasing poverty (Rose and McAuley 2019; Power, Doherty, Pybus, Pickett 2020), community groups play an ever more important role in supporting individuals. These groups serve many **functions,** such as providing a sense of belonging and collectivism, therapeutic interaction, escapism and even career support.

6.3 However, the project heard from many women who had created initiatives in their communities, who voiced the perceived **threats to the future of these services**, namely, a lack of funding. This was also felt by the Council-commissioned community services, with concern that the tendering process is always becoming narrower, and this could threaten the longevity of an established service that provides essential advice and support.

6.4 Group organisers spoke about the **difficulty with accessing funding** for community groups, such as Ward Funding, and suggested that more information events for applicants and simplified application systems would be beneficial. The Council's Ward Engagement Officers do hold information sessions for those applying for funding, however it was apparent that participants involved in community group leadership weren't always aware of this.

6.5 Additionally, if participants are describing the funding bid process as complicated and difficult to undertake, there is possibly an issue with the **accessibility** of systems used for funding applications. As the Council champions accessibility, it is recommended that any in-house bid application processes be reviewed, in light of this feedback.

6.6 Other barriers to accessing groups were linked to finance, transport or location. In the Council, we have a directory of care and support called 'MyChoice', which was mentioned only by the participants who were Council staff members, suggesting that this valuable informational hub requires greater advertisement.

6.7   Some participants also suggested a mapping system would be helpful. In light of these comments, **MyChoice could streamline with Leicester Open Data to offer a mapping system**, locating where particular community groups meet. Leicester Open Data platform has already been piloted for this purpose by mapping support as part of the Covid-19 response. The Open Data platform also has the benefit of being collaborative, meaning that Voluntary and Charitable Sector, (VCS), organisations and individuals can add any groups or support that the Council are unaware of, thus promoting a more comprehensive picture. By utilising visual mapping, the Council will be able to **identify and then target underserved areas and overlay with other maps (such as public transport routes)**, ensuring that any barriers, such as lack of transport, can be identified and addressed.

6.8   **Recommendation 10: Leicester City Council to review all funding application systems, to check accessibility and make the relevant changes where any issues with accessibility are determined.**

6.9   **Recommendation 11: Leicester City Council teams dealing with bid funding applications (within both Neighbourhoods and Procurement) to consider how contact information for advice and support is published, to ensure maximum uptake of such offers of support.**

6.10   **Recommendation 12: Adult Social Care and others who may have an interest in mapping the support offer to consider whether it may be beneficial to align to Leicester Open Data, in order that information isn't replicated and can be found in one place.**

6.11   **Recommendation 13: Leicester City Council to develop a Comms plan which fulfils two functions; 1. to make VCS organisations and community groups aware of the Open Data Platform and to encourage as many as possible to add information to the relevant map and 2. to make citizens of Leicester aware of the Open Data Platform and how to use it.**

6.12   **Recommendation 14: Once the Open Data Platform is more developed, consider overlaying VCS support map with public transport routes map to establish whether there are any issues which need to be addressed. This will need to be in partnership with public transport operators.**

7   Workplace – Policies vs. Practice (Pages 32-49)

7.1   Participants frequently spoke about the following issues relating to work: unhealthy working environments where the workplace culture stifled women from being retained or progressing in their organisation, guilt for exercising supportive policies such as flexible working or parental leave and such policies not being properly implemented by managers, discriminatory behaviour, sexual harassment and poor, potentially illegal, employer practice.

7.2   This highlighted that some organisations are complicit, to a certain extent, in sustaining inequality.

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

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

7.5   A significant proportion of women said that **Flexible working arrangements** (FWAs) and the ability to reduce contracted hours are important in aiding employees who have had a change in circumstance or additional needs to continue to succeed in their employment. However, where women utilised such FWA policies, they expressed that this way of working is not normalised and has a stigma attached to it.

7.6   In the context of Covid-19, flexible working is already becoming somewhat of a 'new normal'. Now is the ideal opportunity to make FWAs a staple part of working culture, post-Covid. It is appreciated that standardisation of flexible working may have some financial implications for employers i.e. IT equipment costs which smaller businesses or those in the Voluntary Community Sector (VCS) may not be able to shoulder independently, which should be accounted for.

7.7   Regarding part-time work, women who had reduced their hours expressed frustration in that their hours (and consequently, pay) were reduced, but their workload wasn't. Women also perceived their requirement for part time work, as limiting the number of opportunities to progress. Women make up a disproportionately large share of part-time employees (Office National Statistics: House of Commons 2020). Therefore, women are disproportionately impacted by such barriers.

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

7.9   Such perception and treatment can impact on how suitable an employee is perceived to be for a progression opportunity. Black and Minority Ethnic,(BAME), and working-class women spoke to their experiences of being treated differently in the workplace, as well as a workplace culture that left them feeling excluded or othered. Some BAME women expressed how they felt more barriers in relation to their ethnicity or race than their gender and spoke about

feeling a need to be more diligent than their white counterparts, in order to be respected in their role.

7.10   In some specific fields, women said that their career goals were incompatible with family goals. A common report of women in employment was that many managers deem it acceptable to ask about their female staff's fertility, and that this can have an impact on the desirability of an employee for opportunities in work.

7.11   Women returning to work following maternity leave were sometimes met with dissuasion. It was made clear that women who are mothers (or even just perceived of as likely to become a mother) do need more support progress in their careers in the same way that other employees are able to. Family responsibility has to be acknowledged in both recruitment and workplaces without stigma or as a perceived weakness, and rather, **an accepted part of life experienced by a significant proportion of the working population**.

7.12   Participants also expressed that fertility is a topic for discussion when in the perceived interests of the employer, however health concerns or conditions such as periods and the menopause, are taboo topics in the workplace. It was largely felt that there should be a **greater awareness of these health issues in the workplace**. Where participants had policies or open dialogues in the workplace addressing these issues, they voiced being able to address their health needs and establish adjustments to enable them to do their job more effectively.

7.13   Women spoke of **assault or harassment in their line of work** by managers, staff and service users - these stories most commonly arising from women in lower paid, particularly service, roles.

7.14   Resolves to eradicate barriers relating to the workplace must be focused on shifting the workplace culture, with senior staff members held accountable for modelling this.

7.15   One of the main resolutions suggested was access to **safer spaces**. Safe spaces refer to a 'place or environment in which a person or category of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm' (Oxford Dictionary definition). Acknowledging the immense challenge of tackling inequality and to avoid making commitments that cannot be met which can undermine trust, operating on a 'safer space' policy would be more appropriate currently.

7.16   Safer spaces can be created by having zero-tolerance equalities policies, diversity and inclusion training for staff of all levels, encouraging staff to create or partake in employee groups and supporting staff members equally to engage, adopting a dignity framework to practically manage conversations and encouraging all employees to learn about how they can support a culture of equality and inclusion.

7.17   In recruitment, participants drew attention to **lack of diversity on interview panels** and how a lack of relatability already places interviewees from protected

and under-represented groups at a disadvantage. The value of 'banter' or 'off the cuff chats' utilised by candidates of greater privilege to relate to their interviewer was criticised heavily by participants, who advocated for more structured interviews as a means to fairer recruitment.

7.18   The researchers heard numerous accounts of unfair recruitment practices which are often undetectable. A hidden preference in recruitment for those who aren't a **'pregnancy risk'** was commonly felt by women of 'prime child-bearing' age, and discriminatory practice and reasonable adjustments not being implemented in recruitment, despite having been agreed prior, were mentioned.

7.19   Recruitment bias can be reduced by implementing measures such as standardised curriculum vitae, (CV), -blinding, mandated diverse recruitment panels, ensuring inclusive terminology in advertisements, seizing non-traditional recruitment opportunities such as having a stall or scheduling an agenda slot with a minority advocacy network's event, and choosing to conduct structured interviews that enable decisions to be made strictly on evidence of suitability for the role.

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

7.21   **Recommendation 15: That Leicester City Council's Equality Action Plan 2021 incorporate work internally to support line managers to understand organisational support mechanisms which are particularly relevant to the issues that participants have raised (such as the flexible working policy, time off for dependents policy) how those policies and support mechanisms support equality and how to make decisions which promote a supportive environment and also more flexible working, where it is practicable. This is likely to be achieved most effectively through some form of training or workshop style events.**

7.22   **Recommendation 16: Leicester City Council to consider what training and/ or guidance managers are currently having on Occupational Health and consider reviewing this to promote an understanding of Occupational Health as a supportive tool, not a disciplinary measure.**

7.23   **Recommendation 17: That further work is undertaken with other services within the Council, for example economic regeneration, tourism and culture, to establish whether there are any actions that could be included in the Equality Action Plan 2021 which would encourage other employers in the City to promote supportive policies and work environment, for example flexible working and increased part-time working and job share opportunities, where practicable.**

7.24   **Recommendation 18: Organisations should review their policies collaboratively with their employees, by seeking feedback on how policy is**

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

7.25 **Recommendation 19: Awareness raising and information sharing locally and nationally to ensure that women understand their rights in relation to employment, and to increase women's confidence and ability to challenge effectively, where they have experienced both overt and/or covert discrimination, harassment or victimisation. This also links with a recommendation under 'Safety' to ensure that women are confident and equipped to raise concerns and complaints in relation to service provision (p. 75)**

7.26 **Recommendation 20: That policymakers consider providing some form of funding to small and medium sized enterprises, (SMEs), and VCS organisations to enable them to purchase equipment, for the specific purpose of encouraging and enabling them to implement flexible/ home working.**

7.27 **Recommendation 21: The government flexible working taskforce/ policymakers to consider how they might influence employers to more openly consider employee part-time proposals and support part-time employees to do an effective job within contracted hours.**

7.28 **Recommendation 22: The government flexible working taskforce/ policymakers to consider how they can promote and encourage employees to offer job shares, to better support part-time employees to progress in their careers into more senior or skilled roles – benefitting both employer and employee.**

7.29 **Recommendation 23: Leicester City Council to consider implementing a zero-tolerance approach within the review of the Dignity at Work Policy.**

7.30 **Recommendation 24: Policymakers to consider ways in which to either encourage or mandate transparent recruitment processes that are publicly available for scrutiny and are designed using positive action where lawful, to reduce recruitment bias.**

7.31 **Recommendation 25: Leicester City Council to ensure that guidance on how to use the positive action provisions under the Equality Act and guidance on recruitment panel make-up is included in updated recruitment guidance for managers.**

8   Recognition of and Support for Carers (Pages 49-66)

8.1 The role of a carer (for an older or disabled family member) is frequently delegated to female family members. Women expressed that these

responsibilities meant they have had to put both career and education goals on hold, sometimes indefinitely. Many did not identify with the term 'carer', instead they saw it as a 'family duty'. This may mean that people are not accessing the carers support they are entitled to.

8.2 Many of societies structures do not recognise carers or their responsibilities and this can create multiple barriers to work and education – for example, trying to get GP appointments or time off for these appointments and accessing health and well-being support. This further isolates an already marginalised group. A lack of adequate support can be a significant contributor to mental health conditions. Greater awareness is required of how carers can be discriminated against by virtue of their association with an older or disabled family member. In addition, some participants spoke of their experiences of having been a young carer and feeling let down that this was not identified by their school and so they did not receive support.

8.3 **Recommendation 26 Leicester City Council to work with schools in the City to help to introduce guidance, training or professional development, as deemed appropriate, for teachers - to aid them in identifying young carers and referring to the relevant support. To publicise tools to aid schools in identifying young carers, for example the young carers identification tool for education staff on the schools intranet.**

8.4 **Recommendation 27: Policymakers to consider the issue more widely to see whether there are any additional national measures which could be put into place to better equip teachers in identifying young carers.**

8.5 **Recommendation 28: Leicester City Council to consider the merit of personal, social, health and economic, (PSHE)/Citizenship in the City's schools including a lesson on being a carer and having meaningful conversations about caring. Although this is not directly within the Council's remit, it is worth considering how the Council might effectively engage with schools to achieve this.**

8.6 **Recommendation 29: Leicester City Council's Adult Social Care/ Communications teams to share information with schools in the city on what support is available for young carers.**

8.7 **Ineffective support:** Many carers gain knowledge from speaking with others in carer support groups. This community information-sharing function was felt as an absence in formal service communication. Many carers felt they wouldn't have enough knowledge of services available, if such community groups didn't exist.

8.8 **Recommendation 30: Leicester City Council's Adult Social Care Department to work with health partners to review the way in which information is shared with carers; to make information packs more easily accessible, so that service users know exactly what support is available and whether they are entitled to such services. To utilise the Council's communication mechanisms, including social media, to raise awareness**

of information and support for carers.

8.9 **Caring and respite:** Women spoke about financial constraints and financial support not adequately covering their needs. Unpaid carers indicated that it was frustrating to be paid less than professional workers to do a greater share of caring. They also expressed mistrust for external paid support based on negative past experiences. Participants voiced paid respite did not cover the essential needs and had long waiting times. The difficulty of the care recipient adjusting to respite care and unpaid carers mistrust mean that sometimes respite care does not provide an adequate break for the unpaid carer, as intended. There is additional pressure to use the respite care available, even if the carer doesn't feel comfortable – otherwise such support, that was hard to fight for, is lost.

8.10 **Recommendation 31: Undertake further work locally with the relevant service area to understand and respond to the issues raised by participants in relation to respite.**

8.11 **Caring and aspirations:** Caring responsibilities put a pause on primary carers life aspirations. Opportunities were hindered due to the incompatibility of goals and caring responsibilities. Where individuals tried to pursue their aspirations and maintain caring responsibilities, they were met with significant strain. They felt there was little to no choice but to prioritise their dependants care and well-being. These setbacks cause low self-esteem, leaving carers to underestimate their skillset, when in fact community group members would help others realise the transferable skillset gained from caring.

8.12 They voiced feeling frustration at having to be reliant on the state for insufficient income. Carers also voiced feelings of loneliness; living a less typical life. Organisations should be more adaptive and take a more carer-friendly approach, offering flexibility in the workplace, education and other settings, this will benefit individuals holistically. Many carers express how they want to work for financial independence, being in a better financial position, being part of a community, fulfilling their goals and being positive role models for others. If more carers get into employment that is adapted, more will learn that they too can commence work or education and have fewer barriers in achieving their goals.

8.13 **Disparity between primary carers and paid care staff:** All carers and advocates highlighted the unfairness of their financial support against the job they do, further accentuated by wages received by external care staff. There is sometimes an inability to commence work as the prescribed hours to be eligible for Carers Allowance are not commonly available in the working world. Frustration was voiced with the lack of government's perceived lack of understanding that their caring duties are a restricting and real barrier to work. All carers we spoke to have a desire to work for various reasons but are unable to. There is no acknowledgement that goes into carers benefits and allowances that consider costs innate to living in a house with a care recipient (e.g. bills). At best the chronic undervaluing of unpaid carers results in damaged sense of self-worth and fosters frustration and tension with paid care support. At worst this causes some of the most isolated and vulnerable members of society to live in

some degree of poverty.

8.14 **Recommendation 32: Government to include policy ideas to address the nuanced issues raised in this report in relation to unpaid caring responsibilities, particularly in terms of the financial difficulties that they face, in the Green Paper on Social Care, and publish for public consultation.**

8.15 **Undervalued as a carer:** Many females felt overlooked both in their endeavours to advocate for correct support for care recipients and in attention paid to supporting carers to care and stay well whilst doing so. They expressed various struggles surrounding being acknowledged and listened to.

8.16 **Caring and health:** Many carers prioritise the health and well-being of those they care for over their own. However, if carers don't look after themselves, they are unable to provide the best care to those that they care for. The neglect of their own health and well-being impacts physical and mental health.

8.17 **Recommendation 33: Leicester City Council to ensure that the relevant corporate policies acknowledge carers and the discrimination they can face arising from their association with someone with a disability/ies (discrimination by association).**

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

8.19 **Recommendation 34: Leicester City Council to consider offering carers discounts, deals or occasional free treats at City Council run sites (museum and heritage sites, for example) and events, to acknowledge the hard work of those who care and the minimal disposable income available. To encourage other businesses in the City (who are in a position to do so), to also consider offering discounts or deals for carers.**

9   Sports and access (Pages 66-69)

9.1 The main barrier felt in accessing sports is the gendering of certain sports as 'male'. This can be reinforced by segregation of physical education, (P.E), activities in school. This is further supported by a lack of clubs targeting girls and women in the community, causing women to accept participating in 'female' sports as this is their only opportunity to engage. Participants noted that, even in 2020 some schools don't offer the same P.E lessons for girls and boys, reinforcing gender scripts.

9.2 Some participants expressed a desire for 'women only' spaces when referring to sport, health and exercise. This was sometimes due to a cultural or religious reason and in other instances due to safety concerns.

9.3 **Recommendation 35: The Department of Education to give guidance to**

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

9.4 **Recommendation 36: Existing Council-operated sport and gym facilities to consider expanding their selection of 'women only' classes where there is evidence of need and to offer these at a range of days and times, accommodating for the many responsibilities women take on (as highlighted throughout this report). In addition, to advertise services more widely to enable women to participate.**

10 Safety (Pages 70-78)

10.1 This was a common concern to the women. This section explored how real safety concerns impact on how women live, how unsafe situations can be mitigated and where crimes have occurred, women's experience of engaging with the police and sport services.

10.2 **Safety methods, fear barriers and solutions:** Common safety methods include getting lifts with family or calling friends on the way home. Such methods rely on trusted support networks that are the norm for many women. However, if a woman doesn't have someone to rely on to boost confidence and aid in their safety, the fear of danger may impact the way women are able to live their lives. Not having safety mitigations in place caused women to avoid doing what they want to and not making the most of opportunities available to them. Regarding solutions to make cities safer, the project supports Plan UK's call for women and girls to be made a priority in the future redesigns of cities and involved in the processes. Women voiced several problems relating to neighbourhood safety with clear solutions, in particular better and more street lighting. Whilst Leicester is striving to be as green as possible given the declared climate emergency, safety remains a priority. Residents must feel some confidence to travel by foot at night.

10.3 **Recommendation 37: Local Authorities to consider keeping intermittent streetlights on to ensure no one area is pitch-black. This local strategy should be individually tailored to neighbourhoods, with priority given to areas of higher criminal activity.**

10.4 Safety in travelling to and from parked cars and not enough safe parking spaces were also raised. Participant expressed feeling patronised being given rape alarms and that this did not wholly make them feel safer. Safety and the night-time economy were addresses as a point of concern. Being in such space's women experience harassment and should they not meet advancements they are met with intimidation and aggression. The theme of victim blaming, a fundamental element of rape culture was also rife in discussions of safety.

10.5 **Recommendation 38: Leicester City Council to consider the merit of PSHE/Citizenship in the City's schools including a lesson on a rape culture and identifying harmful views and behaviour around love, sex and sexual**

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

10.6 **Recommendation 39: Feed the issues raised in this section to the Smart Cities Team and Community Safety to consider whether we can use technology as a means to collaborate with citizens, to identify problems in their neighbourhoods and help facilitate a safer Leicester.**

10.7 **Recommendation 40: The Council's Community Safety and Protection team to support local community awareness initiatives relating to standing against rape culture and violence towards women (i.e. in externally circulated communications such as Your Leicester).**

10.8 **Recommendation 41: National policymakers consider ways in which women who have experienced domestic violence are enabled to safely stay in their own homes should they wish to, and instead perpetrators are required to leave the household.**

10.9 **Experience with authorities:** Women's experiences of working with the authorities following victimisation were polarised. Some praised the service, and others raised concerns. Some described experiencing a lack of help from other civilians during an incident. One particularly poignant account from a participant described how she felt racially discriminated against and that her life, rather than her abuser's life, was being unnecessarily disrupted. Some women questioned 'who polices public authorities?', demonstrating that some are not aware of independent scrutiny bodies or means of escalating complaints. Ensuring more public awareness of these mechanisms could strengthen perceptions of public authorities. Additionally, advocacy for women, particularly more 'vulnerable' women such as those with disabilities, would help women to receive the correct service provision.

10.10 **Recommendation 42: Leicester City Council to do some awareness raising work on how citizens can raise complaints and escalate concerns about any public body/authority if they feel that their complaint has not been sufficiently dealt with. Work may also need to be undertaken nationally to ensure that women are equipped to challenge effectively. This links with a recommendation in the section 'Workplace – Policies vs. Practise' (p.35) which recommends that awareness raising work is undertaken to ensure that women are aware of their rights in employment and are equipped to challenge where these are breached and where they have experienced discrimination, harassment and victimisation. It may be that these two recommendations can be combined, if appropriate.**

10.11 **Domestic Violence and Resources:** Many victims of domestic abuse are unaware that they are experiencing abusive treatment. It takes good support from indirect services to flag this up and help the individual become conscious of their situation. Being unaware of the extent or feeling unable to leave a situation

when it is in a familial setting was described as some women as, in part, due to cultural expectations and not bringing the extended family into disrepute. Some experiences of abuse can be insidious and therefore hard to identify. Women also reported not going forward to report or pursue divorces and separation proceedings due to the costs. Further detriment was felt by some of the women involved in the project as women are often the one to leave the household, whilst abusive partners remain at home. Feelings of being trapped are heightened during the pandemic, especially the initial strict lockdown period. Participants expressed that there must be more community education and discussion about domestic violence and community assistance to help victims acknowledge abuse is not acceptable and safety is more important than stigma.

10.12 **Recommendation 43: Leicester City Council and the Government Equalities Office to continue to support campaigns to increase awareness and recognition around the different types of abuse, where and how to get support, both locally and nationally.**

10.13 **Recommendation 44: Leicester City Council to ensure our relevant commissioned services (in Community Safety, Housing and Social Care) continue to make available practical help and support to survivors of domestic violence, taking into account the lived experiences of those seeking support and taking steps to ease the process of resettling and in some cases, becoming independent for the first time.**

11 **Personalisation of Services and Communication to Service Users** (Pages 78-92)

11.1 Many women raised the importance of receiving a person-centred service. Many women felt that seeing numerous different professionals contributed to a lack of consistency or personalised support, for example seeing a different GP or support worker at an employment agency were commonly raised. This fostered feelings of just being a number going through the system. This led to feeling a loss of trust in service providers, therefore being less forthcoming in experiences of such services, leading to poorer quality interactions that sustain ineffective service provision. This also led to women feeling anger towards others in similar situations to themselves, who felt the support they received was not as effective as the support that someone else had received, causing internal class friction.

11.2 **Housing and financial support:** A considerable amount of the population in Leicester experience economic deprivation. Living through economic hardship caused a reactionary anger, leaving many working-class people resentful towards other working-class people who had experience similar hardships. Particularly in conversations about housing and welfare. Regarding housing, people felt frustrations around accessible housing and support. Another common frustration was that of working-class families where the parent/s work full-time struggling to make ends meet and don't receive financial support, when comparing their situation to other people receiving more support.

11.3 Some of the women with council tenancies expressed feeling in an equally precarious situation, in that they felt unable to progress in their career, for fear

they will be forced out their home to a more dangerous situation should they commence work.

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

11.5 **Jobseekers:** Many women voiced negative experiences with employment agencies that came down to a lack of tailored support. They would often make references of current experiences to historical ones, detailing the infrequency of meetings and one-to-one support, the formal nature of their support which can be intimidating and off-putting and makes women feel as though it is a 'tick box system'.

11.6 There was mention of being placed in unsuitable jobs and this acting as a deterrent to return for support. Work should be suitable for skill and practically for the individual's lifestyle and somewhat relevant to an individual's interests and goals. If not, it becomes a temporary stop-gap solution, not a long-term fulfilling investment for the individual and their employer. Everyone deserves to be satisfied in their work. Personalisation is important to ensure a good fit for individual to work and ensure the experience of job seeking is respectful and not daunting.

11.7 Personalised services would be beneficial to both those using employment agencies and employees. Employees in that they see a customer through their job-seeking journey, facilitating greater investment and personal reward to see their assigned cases succeed.

11.8 **Caring and correct support:** Women with caring responsibilities frequently voiced that within health and social care, the support received was of an inconsistent standard and highlighted the frequency of falling through the gaps. Women spoke of red flags being overlooked (regarding timely diagnosis or adequate support, as listed in care plans), their advocacy being dismissed by health and care professionals unless they possessed the knowledge and interpersonal skills, and clear cross-agency miscommunication, all of which lead to poor care experiences. Where individuals don't know the regular protocol or information, it raises the question on the quality of care and support they are receiving and whether this is appropriate. With regards to mental health, poor interagency communication was also highlighted.

11.9 Similarly, in the context of school – parents with children with additional needs voiced frustration with 'lip service' meetings. Concerns not being met with sufficient action. Where oversights occurred in relation to correct care it resulted in interagency scapegoating, leaving women unsure of where to turn to, to rectify a situation. Multiple women expressed trouble getting diagnosis for their children with SEN and/ or autism. Concerns aren't taken seriously until an external agent expresses concerns of disruptive behaviour etc. This is frustrating and demeaning for parents; the child misses out on earlier support to live with

their condition. The struggle to get the correct level of support was felt by many, and many feeling the only way to gain support is to perseveres with force.

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

11.11 **Recommendation 45: Ask the clinical commissioning groups, (CCG) to suggest that general practitioners, (GPs), document conversations on concerns voiced over dependant's behaviours and commit to listening and exploring these with the advocate.**

11.12 **Recommendation 46: Reviewing the sharing systems of key information in health and social care patient files.**

11.13 **Recommendation 47: Social care workers and health workers to provide service users date deadlines to provide updates/information where possible.**

11.14 **Child to adult support transitions:** Participants in situations that made them more dependent on services spoke about a drop-in support when transitioning from adolescent to adult. This can leave many in a situation of instability as new adults.

11.15 **Recommendation 48: Social care services to continue to review the way in which dependant services users go through from child's to adults' services and respond to feedback to ensure a gradual and manageable transition for the service user.**

11.16 **Education:** We heard of what good service provision looks like, one participant spoke of how her reasonable adjustments were met, she suggested it helped her to perform her best as did support from her mentor in college. This illustrates how good service provision can be, when tailored and consistent. However, many young participants students going to university rather than those taking other routes into further education or employment. Students deserve to feel informed and listened to when proposing post-college, and colleges have a duty to be the primary source of information to support their students in making informed decisions that are right for them – providing comprehensive support for all options.

11.17 **Recommendation 49: Feedback to colleges the need for post-college lessons to both pay fair attention to all career paths (not putting the onus on University) and for such sessions to take a more collaborative structure, in which students are made to feel comfortable asking questions, and confident their query will be met with a response.**

11.18 Many women over the age of traditional students today (over 25) expressed a desire to return to education. However, they needed to consider childcare and

financial or employment related constraints. Many women spoke of positive experiences where employers supported employees with further learning. Women also suggested that having a childcare facility attached to educational settings was also beneficial.

11.19 **Recommendation 50: Universities and other adult learning institutions to identify and establish whether there is a need for childcare facilities and act accordingly to accommodate for this. This may be in the form of creating links with nearby nurseries to offer parents subsidised rates or priority places for children.**

11.20 **Recommendation 51: Employers in Leicester and across the country to be encouraged to support their employee more widely in gaining additional qualifications.**

11.21 **Health:** Many women voiced feeling let down by their primary care services, whether due to inaccessibility, sudden drops in care, lack of information or the effects of procedures relating to female health. These are explored further under mental and physical health. This sub-section focuses on the quality of service received. Concerns were raised about post-natal care where they could not access the services needed to aid physical post-natal recovery, alongside the dramatic drop in care six-weeks post-partum. As mentioned earlier, a different professional on every service encounter also led to experiences that were not person-centred and resulted in inconsistent information and guidance.

11.22 Women highlighted the differing rules accepted for patients and GPs with regards to appointment cancellations. Women also expressed the need or preference to choose which gender GP to visit. However, some participants stated that getting a GP appointment was difficult, so accepted talking to a male doctor about female health issues. Challenges were raised around being able to discuss comorbidities and overlapping health conditions, due to the 'one issue per appointment' rule.

11.23 Also, worth noting under this section is that menopause is spoken about very little in society, due to the nature of the condition and stigma, it is personal. Sensitivity and consistent information sharing are key to making the menopause a manageable experience.

11.24 **Recommendation 52: The GEO to consider feeding back to the Department for Health the expressed need to assign 'lead GPs' to patients and prioritise this GP as the care provider, for patients to receive consistent care. Similarly, in a longstanding condition, the GP first approached with the concern/s should be the one to oversee this care, to ensure continuous support, non-conflating information or guidance offered, and lesser oversights via inter-GP communication.**

11.25 **Digital exclusion:** This was one of the main concerns surrounding access to services, in terms of those who are digitally excluded not having the same access to services as others. Whilst digitalisation has many benefits, digital inclusion is a privilege not afforded to all. Whilst the percentage of adults with

disabilities using the internet has been steadily declining, in 2018 23.3% of adults with disabilities were not internet users, compared with 6.0% of adults without a disability (ONS 2018). Digital exclusion also affected women who have English as a second language or have poor literacy skills.

11.26 Participants voiced that there are misconceptions that going digital is easier universally, but this is not the case. Essential services that promote online use significantly over other forms of contact result in women who are digitally excluded finding it harder to access these services.

11.27 **Recommendation 53: Leicester City Council to continue to ensure where decisions are made to channel shift our services, that an equality impact assessment, (EIA), is completed - demonstrating consideration of our public section equality duty, (PSED).**

11.28 **Recommendation 54: Leicester City Council to ensure that service users are given notice of our services digitising and to make online access an option to using services, not the only method of using the service.**

11.29 **Recommendation 55: In recognition that digital inclusion plays an important role in enabling women to not only access services but also to engage fully in public life (including work and education), particularly given some of the additional barriers posed by Covid-19, the Smart Cities, Equalities, Adult Skills and Learning and Neighbourhoods, in addition to other relevant services, will work together to scope a proposal for a project to deal with issues that have been highlighted as part of this project and more widely in response to Covid-19 – such as lack of access to devices, including appropriate devices for work and study and lack of access to adequate internet connection.**

11.30 **Acknowledging diverse needs in service provision:** Several participants from multiple marginalised demographics addressed the failure of services designed to support them, in meeting their needs. This is a practical translation of intersectional barriers not currently being fully recognised in the Equalities Act 2010. This subsection explored the accessibility and quality of services for those who are apart of multiple marginalised communities, focusing on these intersectional barriers when accessing support.

11.31 **Recommendation 56: That the Government should evaluate and review existing legislation and policy to ensure it takes an approach which fully considers the interaction between sex and other protected characteristics, or 'intersectionality' in addressing inequalities disproportionately experienced by women, many of which are covered in the later sections of this report.**

11.32 **Recommendation 57: That the Government should make it possible to bring a single discrimination claim based on an individual's full identity (which is likely to include multiple intersecting protected characteristics), by reviewing and then implementing Section 14 of the Equality Act 2010. Whilst Section 14 covers 'dual discrimination' there may be merit in**

considering intersectionality of more than two protected characteristics in conjunction with one another, as part of the review.

12   Finance (Pages 92-98)

12.1   Leicester is a city experiencing significant and chronic economic deprivation (The English Indices of Deprivation, ONS 2019); widespread poverty likely to be further exacerbated by the impact of Coronavirus (The World Bank 2020). The economy has historically hit women hardest in a variety of ways. In this section the main concerns women voiced will be explored: impacts of change to benefits including introduction of Universal Credit, dependency on male partners in heterosexual monogamous relationships, a lack of understanding of gender pay gaps and pension, Period Poverty and mental and physical health implications of being disproportionately affected by poverty and economic hardship.

12.2   **Period Poverty:** In March 2020 it was announced that the luxury taxing of menstrual products was to be abolished as of January 2021. The news is wholeheartedly supported by the project; prior to this, participants voiced frustration at the unfair tax classification of such products. Despite this good news there will remain many people who have periods who are unable to afford the appropriate menstrual products for their needs, known as 'period poverty'. Nationally, 27% of women and girls in the UK cannot afford menstrual products. In Leicester this rises to 35% of the female population. Trans men are at higher risk of poverty and homelessness (Action for Trans Health) and experience the additional barrier of either 'outing' themselves and risking their safety or avoiding asking for help altogether when experiencing period poverty.

12.3   Menstrual care product donations are often neglected when it comes to homeless shelter collections. This neglect may in part be due to the stigma surrounding periods, but menstrual care is an essential need.

12.4   **Recommendation 58: Leicester City Council to address period poverty in the Equality Action Plan - as part of that work opening a dialogue with Leicester's Homeless Charities on access to menstrual care products for people experiencing period poverty.**

12.5   **Recommendation 59: When calling for physical donations, Homeless Charities in Leicester to include mention of menstrual care products on their donation list. When calling for fiscal donations, Homeless Charities in Leicester could mention this money, in part, will buy menstrual products – to boost awareness around this essential need often overlooked.**

12.6   **Recommendation 60: Leicester City Council to commit to providing free menstrual products in all Council buildings that are accessed by the public.**

12.7   **Recommendation 61: That the Government consider the proposal that those eligible for free prescriptions be able to request free menstrual care products from primary healthcare services such as GPs and GUM Clinics.**

12.8 **Recommendation 62: Leicester City Council's Public Health, Sustainability (within Estates & Buildings Services) and Education services to consider the procurement of menstrual cups to be provided in school to each young person with periods, appealing to the Department for Education and their commitment to fully-fund access to free menstrual products in schools and colleges for funding.**

12.9 **The effects of economic hardship:** Stress caused by financial hardship and navigating ever-changing welfare systems in addition to many other stressors can manifest with mental and physical health conditions. People are left feeling trapped when there is a lack of clear direction or advice available. The mental toll of living in longstanding poverty and consistently being knocked back in efforts to escape this leads to mental health conditions including suicidal thoughts. As demonstrated, the impact on the health and wellbeing of women in economic hardship is significant and must be addressed. This will be explored further in the subsequent subsection: Health.

12.10 **Changes to support including universal credit:** Navigating government financial support can be complex but reviews of support add an element of instability which for women who are eligible causes an additional source of anxiety. This can leave women in stressful and financially precarious and unstable situations. The main issues highlighted were the five-week waiting period for a decision and the impact this can have on eligibility for other benefits; this leaving women to take some chance, and potentially having to repay payments – not to mention the complexity of navigating the system when eligible for multiple benefits. The offer of being paid some welfare in advance while waiting for a UC verdict was seen as an impractical solution to the long wait time due to those who are financially disadvantaged feeling a need to avoid incurring debt. This instability and ever-changing eligibility of benefits being a barrier to women making efforts to get qualifications to work. The potential of financial support being lessened to those who are already financially disadvantaged, exacerbating poverty in Leicester. Those in lone or no-income households, with no other safety nets worst hit by the Universal Credit process.

12.11 Clear and definitive advice needs to be given to those seeking it from associated services. This can only be realised with further revision of services such as Universal Credit to shorten wait-times and more comprehensively assimilate welfare benefits to avoid risks of women shouldering government debt. By penalising benefits based on attempts to prepare for work, there is a discouragement of attempts to become financially independent, contradicting the efforts of employment services.

12.12 **Recommendation 63: Benefits, both current and those being phased out, to be assimilated by the Government, to ensure no eligible recipient is left waiting for payments and that no debts occur from overpayment – with any debts incurred to be gradually redacted from the overarching eligible payments.**

12.13 **Recommendation 64: The Government to review the Universal Credit assessment process to cut down wait-times for a verdict.**

12.14 **Recommendation 65: The Government to ensure that those who are jobseekers do not receive a benefit penalisation for attempts to make them better adapted or skilled to work.**

12.15 **Financial dependence and awareness:** Many women in heterosexual monogamous relationships remain reliant on their husbands financially, whether for expenditure or future planning. Pensions were unanimously an aspect of finances that participants were unaware of how to manage and access. With 43% of consultation respondents saying they 'didn't know very much' or they 'knew nothing' about their pension. In light of the Women Against State Pension Inequality,(WASPI), campaign, it is increasingly important that particularly women have control and knowledge of their pension.

12.16 The project found that there was a general unawareness surrounding the race and gender pay gaps. Some participants were aware of it, but similarly to issues of discrimination and organisations separating themselves from this issue, women were unaware of the complicities of their employers' pay gap. In not being aware of such gaps or where opportunities to discuss pay is blocked, it dodges accountability for organisations and stifles worker attempts and recuperation.

12.17 **Recommendation 66: Organisations to offer information to their employees on pension as a mandated part of their starter pack.**

12.18 As of 2017, employers with 250 employees or more, must publish their gender pay gap data every year.

12.19 **Recommendation 67: Organisations should consider periodically publishing data on their pay gaps in relation to protected characteristics beyond gender and making this information publicly accessible.**

13 Health (Pages 98-109)
13.1 This section pays attention to the most prevalent health issues impacting women, including specific physical and mental conditions and experiences of care, as well as how accessible healthcare is.

13.2 **Postnatal needs:** Postnatal experiences including postnatal depression and difficulties in breastfeeding were significant areas of concern for women. Participants felt there wasn't enough postnatal care to identify and support post-partum women, who are often isolated with breastfeeding with their mental health. Women stressed how individualised support (which not all get) is essential in helping women to successfully breastfeed. Additionally, participants experienced being given conflicting advice from different professionals and dismissal of concerns was an issue raised.

13.3 An additional barrier was the societal pressure on women to be happy and enjoy life after having a baby, and the associated guilt with not fitting this expectation. This acted as a barrier in accessing potentially life-saving help. Many voiced that when they addressed their mental health concerns, medication was offered. This

felt dismissive and not the solution they wanted – advocating instead for accessible community support in which they could speak with other women about their experiences.

13.4   **Coping with miscarriage:** Miscarriage is more common than generally expected: among women who are aware they are pregnant, an estimated 1 in 8 pregnancies end in miscarriage (NHS 2018). Women volunteered stories of miscarriage and ectopic pregnancies and their experiences of recovering from traumatic experiences. The commonality being insensitive or insufficient care and support. Insufficient support has many forms, including employers not allowing any time off to recover, not having enough support following a miscarriage or pregnancy complications. Miscarriage needs to be recognised by employers in the same way other medical conditions are. Signposting is also essential to ensure the safety and well-being of women following such traumatic experiences.

13.5   **Managing Periods and Endometriosis:** There remains lots of stigma around periods with people who have periods feeling pressured to hide them and the associated symptoms. Women are made to feel as though to be a full member of society you should not appear to have periods or not being 'female'. These pressures to hide risks people not getting the right adjustments in place to fulfil their duties to the best of their ability and discourages people from addressing abnormalities and concerns about their menstrual health with a GP when necessary. The impact on daily life was also highlighted in voiced experiences of endometriosis. In the context of the workplace, where participants vocalised struggling with their period to be met with trust and flexible options from their employer, this contributed positively to the employees' sense of being respected and consequently work output.

13.6   **Menopause: assumptions and stigma:** Like periods there is prominent stigma surrounding menopause and a lack of acknowledgement of the menopause as a health condition. Sustaining this taboo means many people lack the knowledge to understand what is happening to them or where to turn to for information. There is an additional stigma in the form of ageism, that menopause only impacts older people. This alienates younger people experiencing early menopause from understanding their condition.

13.7   **Seeking healthcare: 'Pain Bias':** Women are more likely than men to be inadequately treated by healthcare providers. Pain bias refers to people of certain demographics being taken less seriously in health services that others. The data gathered supported the claim that some women are less likely to be taken seriously than other women – namely, **BAME women and younger women**. This pain bias acts as a barrier to individuals from marginalised groups having their needs met in healthcare, and as mentioned in 'Personalisation of Services', consistently poor standards make service users adverse to engaging with the service until it is "something really serious". Myths about different people experiencing pain differently need to be debunked.

13.8   **Recommendation 68: If not already, healthcare practitioners should undergo some form of unconscious bias training to ensure they are**

providing care that is fair and consistent to all patients.

13.9 **Recommendation 69: Leicester City Council's Public Health to discuss with healthcare practitioners the need for training staff on 'pain bias' and dispelling myths of different pain and symptoms experienced by people of various backgrounds.**

13.10 **Barriers to smear tests:** BAME women are less likely than white women to attend cervical cancer screenings, with 36.9% saying they would feel unsafe attending a doctor's surgery as a result of the current pandemic, compared to 27.2% of white women (Jo's Cervical Cancer Trust, 2020). There was mention of how due to culture people are discouraged from having their tests, it can be quite invasive. On the other hand, others expressed frustration with assumptions made about not attending such appointments, and the betrayal of confidence in speaking to others about the issue. There are numerous reasons as to why women don't want to attend screenings however, these were not fully explored in the research.

13.11 **Living with disability/ies and autism as an adult:** Participants living with disability/es or those advocating, commonly bought up issues surrounding dignity and accessibility. Speaking of busy shopping streets across the city, they mentioned failures in accessibility such as pavements not being wide enough or public toilets not being open. A participant mentioned how the pandemic has highlighted how little the public consider particularly hidden disabilities. She mentioned how there needs to be greater awareness of sunflower lanyards. There was also mention of the lack of value given to ensure dignity.

13.12 In relation to employment, participants expressed fear they have or would be discriminated against due to their disability. It was apparent that there is lack of awareness of people with disabilities rights for example in job interviews. Participants with disabilities were also unsure about applying for free bus travel and whether their carers could get free travel to assist them.

13.13 **Recommendation 70: Community-based officers should touch base with community group leaders to ensure they are aware of relevant support their participants may be entitled to. This could support constituents who don't have direct contact with the Local Authority to be more aware of support mechanisms in place and access the full range of support available to them.**

13.14 Many participants spoke of getting a late autism diagnosis and highlighted long waiting times for adult Asperger's support. Autism is understood in terms of common traits exhibited by males but tends to present differently in females. Participants stressed female traits are under-researched and thus frequently overlooked in standard diagnostic tools. Additionally, women learn to mask traits to conform with their gender role and societal expectation. These late diagnoses leave women with little to no support which can disrupt their lives in significant ways.

13.15 Participants with children who have disabilities spoke about incorrect support

being offered by schools, schools not being equipped for the child's needs These act as a barrier to children's education and impacting women's – being the primary caregivers, ability to work. As a carer frustration were felt on tighter restrictions imposed on repeat medications making getting the medication at the right time more of a concern.

13.16 **Mental Health:** Participants frequently expressed distress experienced by long waiting times for mental health treatment both before and after diagnoses, with many stating that it took years to get some support. Alongside, a need to be persistent with health professionals, otherwise concerns were ignored. Participants also spoke of how mental health was not treated with the urgency and priority that it should be, compared with physical health. Individuals are increasingly told they should speak to a professional if they have mental health concerns, yet when they do so, there is no support available. This leaves many already 'vulnerable' people to feel let down. Misinformation and stigma led to the validity of some participants' conditions being disbelieved. Participants spoke of mental health impacting their ability to work, access the doctors, and a contributing factor to feelings of isolation and loneliness. An absence of understanding and support contributed to this. These highlight the essential need for mental health and community support services.

13.17 For some participants with anxiety, trying to get an appointment with a doctors' surgery wasn't feasible, due to calling and providing reasoning for appointments, due to their condition they were unable to do so. This highlights the need for multiple forms of contact, or doctors' surgeries not requiring a reason where a service user doesn't feel comfortable disclosing.

13.18 Mental health and appropriate support are particularly essential in today's climate of living through a global pandemic. People should feel they are able to go to their GP and know they will be adequately cared for, with the same urgency in response as a physical ailment. This cannot be achieved by a one-off cash injection; NHS mental health serviced need to have long-standing, consistent, increase in financial investment.

13.19 **Recommendation 71: Government to create long-term solutions to currently 'underfunded' (Mental Health Policy Group 2020) mental health support within the Comprehensive Spending Review.**

13.20 **Recommendation 72: Leicester City Council's Public Health to request local GP surgeries to offer multiple forms of contact and not require a reason to give an appointment, where a service user doesn't feel comfortable disclosing.**

14   Covid-19 (Pages 109-110)

14.1 As part of our consultation we asked women about the impact of Covid-19. Of the 175 responses, there were 128 responses. There were no additional themes identified. Responses highlighted the existing inequalities that women face in

society; as the unpaid carer, at home and in society the little value placed on this. Many reported increased demands on their household workload. In addition to regular childcare, home-schooling was an additional 'unpaid' role they were expected to carry out. Participants mentioned often fathers didn't take on this role as their workplaces did not make allowances for children being at home. Men were still expected to be as productive as they were in the office. However, this was an issue for women too. To make up for this, women expressed that they worked more hours at home or in some cases were forced to leave their jobs.

14.2   Women also reported how school vouchers were helpful, however they still had trouble in managing increased living costs (bills, groceries). Some women reported being trapped in abusive households with abuse increasing during the pandemic. Other comments surrounding Covid-19 were largely in relation to increased feelings of isolation, fear and anxiety. The mental health impacts of this may be long-lasting, providing further support for need for long-term investment in NHS Mental health services.

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15   Appendix List

Appendix A – List of Recommendations
Appendix B – Women Talking, City Listening Full Research Report

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Financial implications

No specific financial implications arise from this report. The research should be taken into consideration when making future policy and strategy decisions, and any costs should be included as required. Similarly, any specific initiatives that might arise should be costed and funding identified at the time. - Colin Sharpe, Deputy Director of Finance, tel. 0116 454 4081

Legal implications

The Women Talking, City Listening is a research project funded by the Government Equalities Office with the aim to learn about the barriers faced by women and how women can be better supported in the City. The research has been split thematically into the specific areas it consulted on. This report summaries the findings of the consultation and research which has been annexed to the report. Officers have derived a number of recommendations specific to each theme / area it had identified following the research.

The summary report in section 2 has explained that the main recommendation is that the Local Authority should use the research in future policies and strategies.

Whilst the research is not legally binding, the Local Authority can use the findings of the

research to assist in developing future policies. Further legal advice should be sought at the time as and when these policies develop.

It is worth noting that some of the recommendations within the report would be applicable to the Council, some which the Council may have influence over (e.g. VCS groups etc) and some which fall outside its remit (e.g. the changing of legislation)

Suraiya Ziaullah, Solicitor, 0116 454 1487

Climate change and carbon reduction implications

There are no significant climate change implications directly relating to the presentation of this report. However, many of the issues raised and recommendations made will have significant links to the council's sustainability work, for example where they cover access to public transport, digital inclusion and homeworking, street lighting and various other areas. These implications should be considered individually when assessing implementation of the recommendations made.

Aidan Davis, Sustainability Officer, 0116 454 2284

Equalities implications

Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED), which means that, in carrying out their functions decision makers have to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The report makes a number of recommendations which support the aims of the PSED and other duties placed on public authorities under the Equality Act 2010, including responsibilities under the equality Act as an employer. Whilst the report specifically focuses on the experiences of women, a number of intersectionalities are identified and the project involved women from a range of different backgrounds with different characteristics and identities. It is worth noting that some of the recommendations within the report would be applicable to the Council, some which the Council may have influence over (e.g. VCS groups, employers in the City etc) and some which fall outside its remit (eg. the changing of legislation). Different organisations may have different levels of responsibility under the Equality Act.

The Local Authority can use the findings of the research to assist in developing future policies and projects and can be utilised to improve service delivery from an equalities perspective. Further equalities advice should be sought on any proposals for changes to or new policy, practice, projects or provision developed arising from this research. In

many cases, new proposals or changes to existing policy and provision are likely to require equality impact assessment to ensure that any disproportionate negative impacts for any protected characteristic groups are identified and mitigated, opportunities to progress equality of opportunity are maximised and to ensure that due regard to the PSED is paid before and at the time a decision is taken.

Hannah Watkins, Equalities Manager, o0116 454 5811