



# **Bristol Women's Voice**

## The Impact Of COVID-19 On Women In Bristol




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# THE IMPACT OF COVID-19 ON WOMEN IN BRISTOL

## Introduction

Bristol Women's Voice has recently conducted research with the aim of understanding the impact of the COVID-19 pandemic and associated government lockdown on women in Bristol. Whilst the impact of the COVID-19 pandemic has been far-reaching, there are some groups who have suffered more than others in the wake of the repercussions of both COVID-19 and associated government responses. This report examines the ways in which women have been disproportionately impacted by the pandemic. It will investigate the ways in which women have been impacted with regards to both their physical and mental health and their economic, work and home lives alongside their relationships with family and friends and their engagement with and experiences of prosocial behaviours. It will additionally explore how some groups of women, such as those from ethnic minorities or those with pre-existing health conditions, have been disproportionately adversely affected. The following data has been collected from the results of two surveys containing both open and close-ended questions, along with focus groups to collect more in-depth qualitative data. Both were conducted throughout June and August of 2020, reaching 177 survey respondents in total along with 6 focus group participants. Efforts were made to reach a wide range of respondents, with the survey link shared to the Bristol Women's Voice mailing list, other Bristol-based organisations and a wide variety of Bristol-based Facebook Groups.



**Bristol Women's Voice wants to hear from you!**

**23rd & 30th July**


Do you live, work or study in Bristol?  
Have you been impacted by the COVID-19 pandemic?  
Do you want to be part of the conversation about what happens next?

We would like you to be part of our city-wide research project!  
We want to hear how you have been affected and make your priorities going forward OUR priorities.

There will be focus groups taking place on the 23rd and 30th of July. To register your interest, please sign up at this link.

Link to sign in:  
<https://buff.ly/2BwXcqQ>

For more information, please contact  
Amy Gibbs at [intern@bristolwomensvoice.org.uk](mailto:intern@bristolwomensvoice.org.uk) or  
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**Bristol Women's Voice wants to hear from you!**

**6th and 10th August**

Do you live, work or study in Bristol?  
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We would like you to be part of our city-wide research project!  
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There will be focus groups taking place on the 6th and 10th of August. To register your interest, please sign up at this link.

Link to sign in:  
<https://buff.ly/2BwXcqQ>

For more information, please contact  
Amy Gibbs at [intern@bristolwomensvoice.org.uk](mailto:intern@bristolwomensvoice.org.uk) or  
Mamie Woodmeade at [mamiewoodmeade@outlook.com](mailto:mamiewoodmeade@outlook.com)

Alongside this, we also reached out to organisations that provide services to women. We had 10 responses from charities, NGO's, Bristol City Council and community organisations. This allowed us to capture data for hard-to-reach groups and specialist areas, while also understanding the full impact the pandemic and lockdown has had on women's services.

## Key findings

- Women's mental health has been deteriorating throughout lockdown, particularly because they are faced with the societal expectation of working and looking after a family, causing significant anxiety amongst the women we spoke to.
- BAME women have experienced significantly more loss and bereavement and their mental health has been impacted. Furthermore, they spoke of how the unequal impacts of the virus and of systemic racism as a whole feeling too much to cope with.
- The lack of childcare and the lack of information about when and how childcare will resume has been one of the major concerns from the women we have spoken to. Both their employment and their mental health has been affected as a result of this.
- Access to green spaces was crucial for women, particularly for those without gardens, for mental and physical health. However many women, particularly those shielding, felt unsafe in public parks and as if they were less visible.
- The government responses to the pandemic, both national and to a lesser extent local, were seen as a source of anxiety for women. They felt the lack of clarity in government messages was a source of stress, and the lack of information left them feeling unable to judge how to respond.
- Disabled women felt under-represented in government and found that government responses and language were out of touch with their lived experiences.
- While some women were glad for the opportunity to work from home, either because of the lack of commute or the extra time at home, the majority found working from home challenging particularly if they had caring responsibilities.
- Younger women and students were by far the most concerned about their employment prospects.
- Prosocial behaviour was identified by the majority of women as a positive part of lockdown, either in the form of an increased sense of community or by participating in voluntary work. Community organisations in Bristol were seen as having a crucial role throughout lockdown because of this.



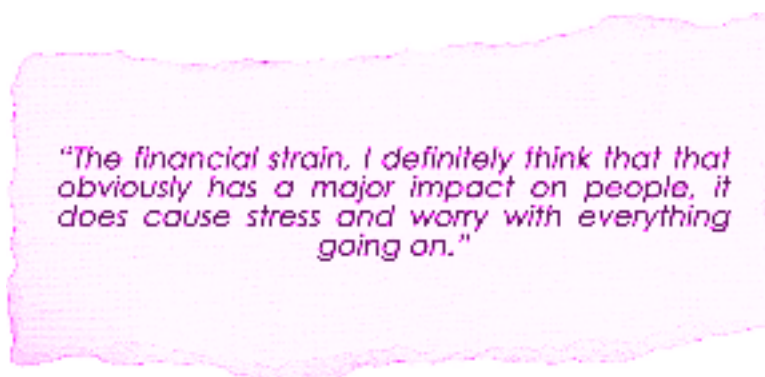
## Mental Health

Mental health and wellbeing have emerged as an area where women in Bristol have been significantly impacted. Broadly, women reported a negative impact on their mental health as a result of the COVID-19 pandemic: 47% of survey respondents indicated their mental health to have been negatively impacted by the COVID 19-pandemic, compared to just 6% who felt it had been positively impacted overall. In open-ended questions, components of mental health such as psychological, emotional and social were frequently mentioned, with women describing ***“depression getting worse”***, being ***“worried, tearful, angry and scared”*** and ***“increased isolation”***. Organisations supporting women with mental health issues highlighting the increase in anxiety, loneliness and depression, further citing that some women had returned to habits such as self-harm. Some women did find that their mental health improved, with increased exercise and time spent outdoors as a result of lockdown cited as ***“good for my wellbeing”***.

Women felt their mental health had been negatively affected as a consequence of a variety of factors. Several women who are new parents claimed it had been ***“very challenging not being able to socialise”***, highlighting the importance of local support groups for parents and the impacts of their inability to meet in person. Additionally, pressures of childcare were noted as impacting women's mental health: ***“when childcare started to bite, mental health nose-dived”***. The unequal impacts of the virus were also causing participants considerable mental health impacts, both in terms of the emotional burden of caring responsibilities while continuing to work, but also because of the impact of racial inequalities, highlighted by the Black Lives Matter movement. Furthermore, research by Imkaan (2020) and the Fawcett Society et al (2020) has highlighted that BAME women are facing far more acute mental health challenges due to bereavement, the increased likelihood of being a key worker or having family on the frontline and because of their experiences with systematic and structural racism. The combination of these factors, along with many others, create fear and anxiety for BAME women (Imkaan 2020; Fawcett Society et al 2020, Public Health England 2020). These results were reflected by a variety of community organisations that dealt with mental health, the community hubs and the City Council.

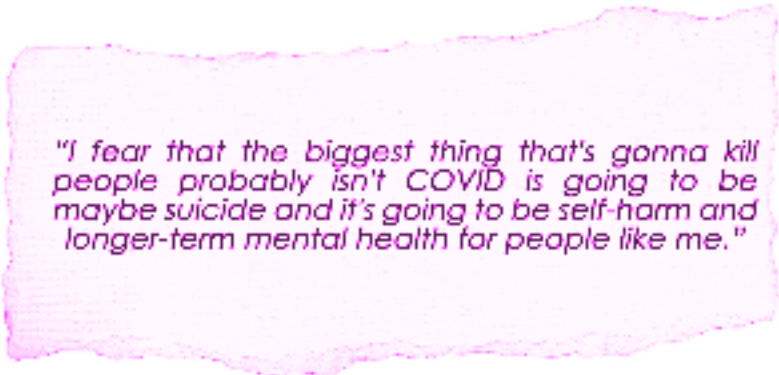
*“Add to that, as the human race we've divided ourselves and, and made us fight each other based on the colour of our skin and body. Too much man, it's too much.”*

Many women also experienced changes in their mental health-related to their working lives. Whilst a minority of these were positive, with some enjoying the flexibility of working from home, the majority were negative. Feelings of purposelessness or uselessness were frequent: one woman shared how she missed **“being needed and able to do a job”**, explaining that it had a massive impact on her mental health. Those furloughed often experienced a lack of purpose or loss of professional identity. Others feared they would lose their jobs and experienced nervousness at their inability to rely on work. In the focus groups even those who classified themselves as safe or well-off described the fear of an uncertain future. One woman still living with her parents spoke of the anxiety caused by having her mother made redundant and being unable to find a job for herself. The culmination of this meant her family was having to find ways to cope with the stress and anxiety caused by financial strain alongside trying to find another job. This is in line with the findings from the Young Women's Trust report, which demonstrated that 73% of young women are experiencing an increase in anxiety because of lockdown and the financial implications that come with it.



Changes to and delays in mental health services as a result of COVID-19 also had significant impacts on women. Organisations have found that older women are particularly at risk of feeling isolated and anxious as they are more likely to be unable to access services or information about current guidelines. Some of the survey respondents have found telephone counselling such as that offered by local organisations such as Womankind, or phone CBT counselling through the NHS to be helpful. However, some women, especially those with pre-existing mental health problems, described a deterioration in their mental health-related to changes in services. One woman shared that she hasn't **“felt able to talk about anything related to trauma”** whilst taking calls from her mental health team at home, which has stalled recovery and progress she had previously made, with her suicidal risk and self-harm increasing. Another with severe long term mental health problems found it harder than usual to access therapy due to longer waiting lists. One respondent who works as a psychotherapist also commented that it is **“much harder work”** having to work via video calls and said her clients had been **“very badly affected”**. For some women, it is important that face-to-face therapy appointments resume as soon as possible, else they will continue to suffer negative consequences and frustration that they can go to the **“pub or hairdresser but not have an essential medical treatment”**. One woman who attended the focus

group also expressed frustration at the lack of acknowledgement and empathy from the government, and felt that the lack of recognition and consequently the lack of priority given to mental health services could have serious consequences:



*"I fear that the biggest thing that's gonna kill people probably isn't COVID is going to be maybe suicide and it's going to be self-harm and longer-term mental health for people like me."*

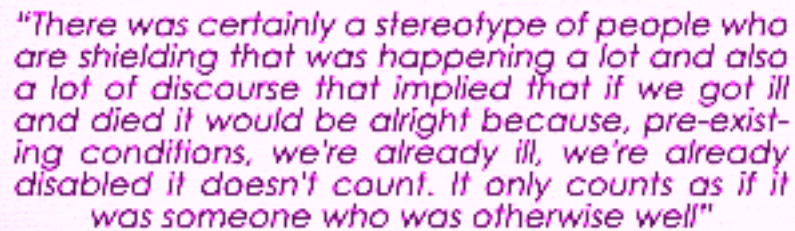
## Physical Health

Women's physical health both impacted their experience of lockdown and was impacted by the lockdown. Women with conditions that meant they were shielding and women with disabilities who normally rely on carers emerged to be especially impacted. For those shielding, the frequent feelings of isolation and need to comply with stringent government restrictions during the COVID-19 pandemic were intensified. One woman experienced similar feelings of uselessness as previously discussed, intensified by the fact that she ***"couldn't do anything to help anyone else"*** as she was shielding. One woman who is a wheelchair user experienced increased ***"isolation from friends and family, had to stop volunteering"*** and was impacted negatively by her support workers reducing their hours by a third. This experience was echoed by others, with complaints that ***"my carers and support workers have been unable to visit ... I've been left without healthcare and without support"***. One respondent was left unable to get food for 6 weeks as a result. A woman with ulcerative colitis and IBS who has been shielding shared that she won't feel comfortable venturing out until ***"until public toilets (including community loos, cafes/pubs) are reinstated"***. Another woman expressed that the lack of availability of public toilets meant she was unable to see many of her friends as she didn't want to be in ***"higher risk"*** situations. Others felt they had been overlooked by the government's shielding guidance: ***"despite having ME and asthma, I wasn't put on any assistance list"***, and as if ***"the Government just didn't have any plan or care for disabled people"***.

Half of the focus group participants had been shielding, All of the shielding participants felt that the language used to describe people shielding or those who are disabled stereotyped to only



include an image of someone elderly, vulnerable and helpless. As a result of this, as many are shielding but do not fit this stereotype, it left them without guidance about how to carry out their daily life. Furthermore, the language around people shielding left them feeling like their lives were of secondary importance:



*"There was certainly a stereotype of people who are shielding that was happening a lot and also a lot of discourse that implied that if we got ill and died it would be alright because, pre-existing conditions, we're already ill, we're already disabled it doesn't count. It only counts as if it was someone who was otherwise well"*

On the other hand, those that genuinely felt vulnerable due to physical illnesses, mental health issues or simply because they were taking social distancing seriously, often felt like they were less visible on the street, particularly to young men. Moreover, they felt that other people were taking for granted that they didn't mind others getting too close. One participant spoke about the effect this was having on her ability to physically exercise in communal outdoor spaces. Without access to a garden, parks are many people's only option for outdoor activity, meaning that they feel unsafe when confronted with large amounts of people, many of whom are not taking social distancing seriously. This highlights the inequality that older or shielding women face when trying to access green spaces to exercise in urban areas.

Several women responding to the survey expressed fear that medical delays resulting from COVID-19 would impact their physical health. One such woman faces worries about missing a follow-up test for recurrence of cancer - an appointment that she now **"probably won't have for many months"**, by which it may have **"developed beyond a stage it can be treated"**. Another from the focus group highlighted that due to lockdown they were not even on the waiting list for a crucial operation, the impact of which could mean that it is never done. This experience was echoed by others who were unable to continue with hospital treatment or see their GP. Where they did receive treatment, women couldn't have visitors in the hospital, an issue that has also affected pregnant women and their partners. Additionally, pregnant women have experienced changes in the way services can be accessed - one woman noted that her midwife appointments had largely moved to telephone, with the services and support available limited due to lockdown. Pregnant women have been facing anxiety and isolation as a result of these changes; specialist organisations have found that the looming possibility of having to give birth without their partner present causes significant stress. Another woman worried her daughter's health was at risk due



to delays in medical assessments/treatments. Furthermore, organisations that provide services to both pregnant women and those experiencing crisis situations with maternal health have seen a lack of support for those about to give birth, during birth and when women are sent home. Those who decide on early medical abortions are also facing a lack of information and support after the procedure. This is also in the context of women struggling to access contraception due to funding cuts and COVID-19, as found by the all-party parliamentary group on sexual and reproductive health, who believe this will lead to an increased number of unplanned pregnancies (APPG SRH 2020). The dire consequences of delaying or changing access services due to COVID-19 can be seen acutely in the experiences of these women.



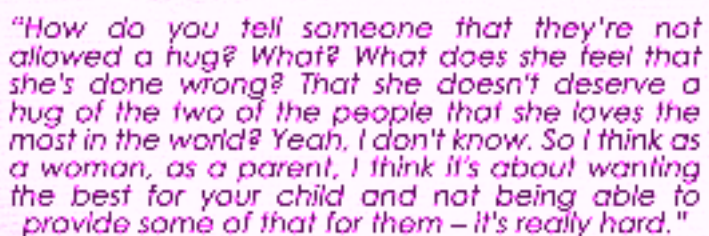
## CARE AND EDUCATION

51.9% of survey respondents had children or dependents. Of those with children, 50% said their children had been affected both positively and negatively by the pandemic. 46% said their children had been affected negatively by the pandemic. The remaining women said their children had been either unaffected or positively affected by the pandemic.

### Children

Childcare was an aspect of the pandemic and associated lockdown that was not only often challenging, especially for those who had to balance it with work, but also often fell to women to cope with. Findings from Women's Budget Group (2020) along with UCL (2020) support these findings as they highlight both the reality that in the majority of households women are doing more of the childcare, as well as the stress that is caused by the societally prescribed role that they will do so (Lancet 2020). One woman shared how ***"it has been really hard juggling working from home along with childcare"***, adding that although her husband had some flexibility with work, she felt it came down to her ***"a lot of the time to be the most flexible one"*** which has caused her work to suffer and limited her time for self-care. Lack of time for self-care was seconded by a foster carer who also had children herself. Additionally, she ***"found parenting really stressful at times due to having no break"***, revealing the importance of childcare pre-COVID in giving women the ability to work, take time for themselves and have relief from the pressures of parenting. Another woman described how lockdown had been ***"horrendously busy and hard to cope"*** as she and her husband both work. She expressed frustration at schools, who she felt ***"made poor decisions on who could attend which made us feel even more isolated as many of my children's friends were attending, even without both parents working"***.

Almost all of the focus group participants, both with and without children, tended to demonstrate a belief that childcare was the most gendered aspect of the pandemic, as it directly impacted women's ability to work, their social distancing and isolation, and the stress of parenting children without support from family and friends. Those participants with children expressed great concern about how the lack of social interaction and schooling would affect their children in the long run.



*"How do you tell someone that they're not allowed a hug? What? What does she feel that she's done wrong? That she doesn't deserve a hug of the two of the people that she loves the most in the world? Yeah, I don't know. So I think as a woman, as a parent, I think it's about wanting the best for your child and not being able to provide some of that for them – it's really hard."*

Women who were working from home expressed the challenges of trying to work alongside providing childcare and maintaining a household. Participants felt as if employers, the city council and the national government were not taking childcare into account when planning the return to work. Women in the focus groups also expressed worries about childcare if there is another lockdown, with concerns that ***“employers won’t be able to be as flexible next time”***. Many of the services that would usually provide childcare to those experiencing deprivation not only reported that they had been unable to work, but also that they feel as if the government does not care about the impact that this will have on their organisation despite the fact that their services enable women to work and attend healthcare appointments. Similarly, they expressed frustration at the expectation on women was to work while homeschooling and caring for children and felt that in most cases the caring role was delegated to women, echoing the results of other reports such as Whilst some had now found paid childcare over the summer holiday period, one respondent noted it was ***“depressing, not because we have to pay but because it's only open to us because we can”***. The culmination of these issues means that women with children are being acutely impacted by not only the lack of childcare but the lack of clarity at how and if childcare will be provided in the future, already adding to the extra emotional and caring burden that women have faced throughout the pandemic.

## Other caring responsibilities

In addition to childcare responsibilities, some respondents had extensive caring responsibilities for relatives. One respondent described being a carer for her partner whilst pregnant, in addition to caring for their 4-year-old child, as hard, with ***“no relief, no escape”***. Another shared how she lives with her elderly father, so has to ***“be very careful and feel very trapped. My adult children can’t take him out. He can only go out if I go with him. He relies on me for everything”***. One woman, who has been caring for her mother with dementia, shared that ***“this pandemic has affected her massively and in turn has impacted me massively. My anxiety has been very bad***

***and I am still suffering with sleepless nights***". Another woman shared that she had ***"experienced a lot of anxiety about the health of my elderly parents, my children, and myself as a clinically vulnerable person. As a mother and daughter, I feel it's my job to take on most of the emotional burden"***. Responses such as this highlighted the extensive caring responsibilities shouldered by some women during the pandemic and implicated gender as playing a part in determining who emotional and care based labour fell to during the pandemic.

## Education

Education was something which impacted both respondents attending university and mothers of children whose school life had been disrupted by the pandemic. With the closure of schools, many women faced the additional task of homeschooling their children, something they were concerned they could not always effectively carry out due to additional pressures of work and general teaching inexperience. One woman shared how homeschooling has ***"been good and bad for my kids"***, but ***"stressful for me in parallel with doing my busy job from home"***, adding that due to her husband's mental health ***"a great deal of the household, homeschooling and earning burden"*** had fallen to her. Another parent shared that her experience of lockdown had been ***"negative due to the pressure of homeschooling a 12 and 13-year-old"*** with school work ***"relentless with no feedback"***. Women expressed concern that lockdown will negatively affect their children going forward. One single mother and healthcare worker who worked through lockdown shared that she was ***"concerned about them adjusting when they return to school"***, as they had ***"not had the attention or supervision they should have, or what other children may have had"***. Going forward, women hoped for a return to children attending school. One expressed that she and her children ***"need normality back, they need the whole school experience, they can't learn without a teacher showing them"***. For children with learning difficulties, carers noted the pandemic was ***"especially challenging"***. Finally, parents with younger children expressed concern that their children's development would be affected, noting difficulties accessing baby groups or opportunities for their children to socialise.

University students also expressed that the pandemic had negatively impacted their education. One shared that ***"it negatively impacted University experience and final year grades"***, while another felt they had experienced a major setback in terms of their learning. They also felt that more graduate opportunities were needed as part-time jobs were limited. Another student added that as a university graduate ***"who had big plans which all got cancelled"***, ***"being stagnant with no foreseeable future for the past 5 months has had a huge impact on my mental health"***. One student shared that COVID-19 had led to them taking a year out of their studies, which they felt would ***"greatly alter the next few years"***. Students expressed frustration at ***"being told that our generation is lucky as we're not at high risk"***, as they felt the ways in which they had been

affected had largely ***“gone ignored”***. Going forward, students want their universities to improve their online teaching provision.

There were also concerns surrounding the lack of vocational courses and a lack of mentors for young women. Alongside this, those in positions to hire graduates felt limited in terms of the training they could provide via zoom, suggesting that their needs be more tools made available for training moving forwards. None of our participants specified that they were taking part in vocational courses or apprenticeships, so a further investigation into the impacts on young women outside of formal education should be examined.

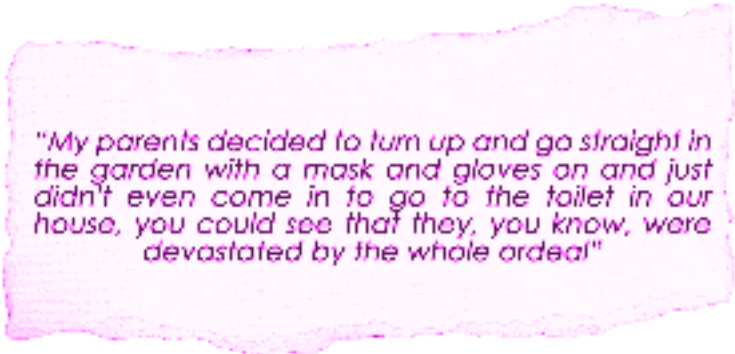
## Family

The COVID-19 pandemic has had a mixed impact on family life. For some, they enjoyed the opportunity to spend more time with family. Others found that lockdown increased friction amongst family members living together, or posed barriers to family members who couldn't visit each other. For those whose family life was positively impacted, they shared how increased time spent with their partners during lockdown was positive. Women were grateful for more quality time to spend with family members. One woman shared that her daughter ***“broke her year-long silence to talk”***, which was a positive aspect of lockdown for her.

To contrast, many women found aspects of lockdown with their families challenging. Several women shared how during lockdown they felt they were ***“carrying the emotional health of the whole family, which has been intense”***, a second woman adding that ***“the need to emotionally support others when I need support myself is tough”***. Increased time spent with family was challenging for some, with women experiencing feeling trapped with or annoyed by partners. Others found that they saw their partners less: ***“as both of our workload has increased, we hardly see each other during the week, despite living in a small 1 bed flat”***. Women who live apart from family, especially those who are immigrants, shared how not being able to visit family (and not knowing when they will be able to) was difficult: ***“I feel more stress sometimes because I am from Argentina and I don't know when I am allowed to come back and see my family”***. Many women had not been able to see family as they live in different cities - ***“It's been very difficult not seeing family in other cities, new nephews, nieces, being unable to celebrate birthdays”***, or even different countries - ***“both my children live a plane ride away”***. Women with young children expressed concern at family not being able to visit ***“I have an 8-month-old baby (...) It's impacted on our family who haven't been able to spend time with her or see her”***. Furthermore, for those who experienced loss of a loved one, travel restrictions were especially challenging - ***“I was unable to go to the funeral or support my daughter at her father's funeral”***.

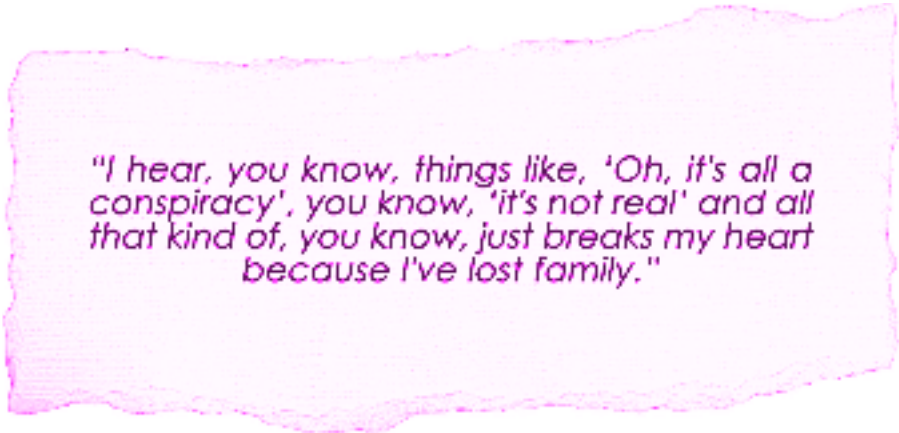
Some women highlighted family and relationship breakdown as issues emerging from lockdown. One woman shared that her ***“ex-partner, and father of my twin toddler sons, left us during lockdown”***, in addition to housing challenges as a result of COVID-19, she added that being unable to take her children to the park or library on top of their family breakdown exacerbated the impact on their emotional wellbeing. Women expressed concerns for family relationships going forward should people continue to work at home, and suggested that going forward, support for women dealing with relationship breakdown would be essential.

Perhaps unsurprisingly, the participants with elderly parents felt most concerned about the wellbeing of their family, which caused a significant amount of distress. Not only were women finding it challenging to be without familial support, but when parents and grandparents did come to visit, they found it hard to watch them be fearful while having to socially distance. Furthermore, although they were grateful for Zoom, they felt as if their parents could hide their true mental state. One participant spoke of the shock she felt seeing her parents after several months apart:



*"My parents decided to turn up and go straight in the garden with a mask and gloves on and just didn't even come in to go to the toilet in our house, you could see that they, you know, were devastated by the whole ordeal"*

Only one of our focus group participants spoke about losing family and friends to COVID, and it is worth noting that they were also our only BAME participant. There has been plenty of research demonstrating that BAME people are more likely to catch and be killed by COVID-19 for a variety of reasons (see here Imkaan 2020, Dodds and Fakoya 2020, Public Health England 2020, Fawcett Society 2020), so in this instance, further investigation is not the answer, instead, this finding should be followed by fast and direct action to tackle the racism systemic within this pandemic.



*"I hear, you know, things like, 'Oh, it's all a conspiracy', you know, 'it's not real' and all that kind of, you know, just breaks my heart because I've lost family."*



Women's economic lives were impacted in a variety of ways. 20% of those surveyed reported a positive impact on their economic lives, compared to 30% who said they had been negatively impacted. 38% felt they had been unaffected, with the remaining respondents impacted both positively and negatively. Whilst some of the government measures will temporarily help support women - ***"I took a mortgage holiday just in case, and was able to pay off a credit card debt"***, they are not without repercussions in the long term: ***"my monthly repayments will be higher from now on"*** - an example of the mixed way in which women were often affected economically. Others shared how whilst initially the furlough scheme was welcomed, it has led to them taking a ***"hit"*** financially, with many now facing redundancy.

Some women reported some positive impacts to their work lives as a result of lockdown. They cited reduced workloads and lack of commute as positive. For those who no longer needed to commute to work, they saved both money and time - ***"I've saved money without the 2-hour round trip to work"***, ***"I was able to do a bit more freelance work as I had more time"***. Others shared how working from home was beneficial for their family lives, as they were able to spend more time with their children. For some, working from home was an overwhelmingly positive aspect of lockdown: ***"working from home has been amazing and I will continue this permanently"***. However, not all women have employers who will offer such flexibility going forward, despite the benefits that working from home offers some women, especially those with children or long commutes.

Women working in the health and social care sector faced unique challenges which affected the nature and safety of their work. They reported dramatically increased workloads as a result of the pandemic, or changes to the way they delivered services which posed new challenges: ***"I have worked from home the whole time which has changed my job as a health visitor from one I loved to one I love less and us harder to do"***. One healthcare worker shared her concerns working full time throughout lockdown, as one of her children has asthma and she worried about ***"bringing COVID home, even though they were isolating/shielding"***.

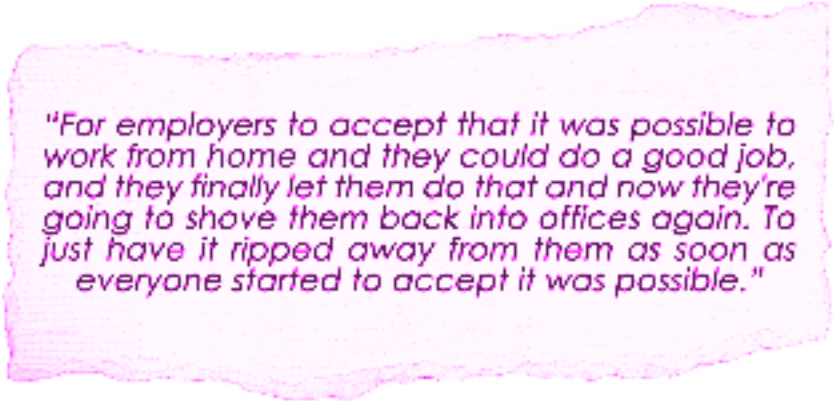
Half of the focus group participants were in paid work, two of which were juggling childcare alongside. One of the common feelings towards employment, even among those that enjoyed their job, was exhaustion. They felt as if they had not had a break, and it wasn't looking likely in the future. They also expressed concern about childcare if they were asked to return to work, as they also had full-time working partners. More concerning, they raised that if having both parents



work on the front-lines would leave their children without parents, the issue and fear of what employment in recovery could look like is demonstrating a significant and well-founded fear women have surrounding employment.

Moreover, those looking for work expressed significant anxiety at their ability to find it, particularly amongst younger women and students, who had experienced summer work and internships being cancelled. This concern was reported to have been intensified if parents and family have also lost work. The young women reported the pressure they felt to find work to help support their family alongside their pursuing educational obligations.

While lockdown has harmed many women's employment prospects, for those who would be unable to commute due to a disability or because they live too far out to factor in a commute alongside childcare, there has been a silver lining. The increased access to work from home has meant that women have been able to access paid work that previously would have been inaccessible to them. As two of the participants mentioned, this is something that disabled people have been arguing for a long time and expressed their fear that the eagerness to return to normal life would take with it the ability for more work from home and flexibility.



*"For employers to accept that it was possible to work from home and they could do a good job, and they finally let them do that and now they're going to shove them back into offices again. To just have it ripped away from them as soon as everyone started to accept it was possible."*

Survey respondents reported overwhelmingly negative impacts on their work lives. They noted challenges of working from home: 'it has become increasingly difficult to maintain a distinction between 'work-life' and 'home-life', and suffered **"exhaustion from virtual meetings and sitting down without moving much"**. The loss of the social aspect of **"physically seeing colleagues"** was also difficult for many. Where women continued to work despite some staff being furloughed, they expressed that they had **"been working extra because they fear being made redundant"**. Many reported having to work harder/longer to compensate for furloughed staff **"I am busier than ever for less money trying to squeeze more work into less time"**. For some women, they were made redundant - something which especially impacted those working in the events industry. They faced uncertainty about the future and whether they would be able to find

work in the same industry again. One woman was made redundant after finishing maternity leave, which intensified her doubts as to what she was **“good at any more”**, having not worked for over a year. For one woman, the mixed messages from both employers and the government surrounding work had a serious impact on her mental health, they **“compounded the strains of working from home and I was signed off sick with anxiety. The constant message of working as normal just wasn't helpful as nothing was normal”**. Others received little communication from their employers, only to later find out they were up for redundancy, which affected their mental health negatively. Respondents generally felt that volunteering and new work opportunities would be important for them going forward, both in order to make them feel useful and to provide them with financial security in such an uncertain and challenging period.



## REPRESENTATION AND GOVERNMENT

The focus groups and survey respondents highlighted the level of frustration and distrust towards national government, and to a lesser extent, local government as well. Many expressed that the responses from the government were causing them significant distress and anxiety, particularly for those women still shielding, as the lack of clarity and consistency left them feeling as if they had to fend for themselves. Women in the focus groups spoke about their desire for local government to be putting out more information as they were viewed as more reliable and trustworthy than both local news and the national government. However, many of the women felt that they were not being trusted by the local government to be responsible with the information and to mitigate their own risk. Women with disabilities highlighted the level to which they have been discriminated against because of this and how the pandemic has exacerbated ableist language and policies.

*"This idea that being disabled is inherently bad. It's better to be dead than disabled, all of this. This is still something we're arguing against quite strongly. So it wasn't particularly a surprise that that was where this went. But to hear it so often while also not being referenced at all, it just gives you a sense of how much consideration is being given to you and your safety."*

Women expressed their difficulties accessing information from the council as they were not available in accessible formats, so left many feeling unsure of the situation in Bristol and the guidelines that come with it. They further cited the daily briefings, attitude of the press, and language used by Bristol City Council as contributing to the feeling that they were being treated as secondary.

Moreover, lack of representation was felt particularly acutely by women with disabilities, who suggested that people representing their issues did not have the first-hand experience of what they were going through both before the pandemic and during. They expressed their frustration at not being included in the decision-making process:

*"There should be nothing decided for us about us without us being there. We feel there should be a lot more consultation."*

Not all of the feedback surrounding government responses was bad, women cited the community hubs and some of the volunteer programmes as being helpful and expressed gratitude that Bristol's response had been better than in other parts of the country. However, all of the women who attended were clear about what they wanted from the government, both national and local, moving forward: which included the following:

1. A holistic approach to recovery, meaning that childcare, education and employment were intrinsically linked to ensuring that working mothers were able to return to work. This should occur at the same pace as everyone else. There is also the need to ensure that children leaving school will have enough vocational opportunities and apprenticeships.
2. Increased awareness and empathy towards the various issues that women are facing including the experiences of those who were shielding; a fundamental acknowledgement and understanding of the financial struggles that women face in recovery.
3. The positive impacts of the pandemic on issues such as the environment and the cohesive work within the city that has led to an increased sense of community.



## SOCIAL DISTANCING AND ISOLATION

While the earlier section on mental health touched upon the impact that isolation can have on a person's health, this section focuses on the root causes of isolation. One of the key factors behind isolation identified by our focus groups was that the unclear information and advice disseminated by the national government left people feeling alone and unable to make decisions about what was safe. This is particularly prevalent for participants who were shielding either due to age or an underlying health condition. The community spirit which was talked about so positively by other non-shielding participants, left others feeling like ***“passive recipients”***. This is not to say that there was no community spirit amongst those shielding. All of the shielding participants expressed the kinship they had formed with neighbours or appreciation for community hubs, but rather to demonstrate the isolating impact that shielding has produced within Bristol as a wider community. Furthermore, once lockdown began to lift it became even more isolating for those already shielding:

*“Certainly everyone thought they were doing the same, all in it together, but of course when everyone else started to be able to go outside slightly more, and people who were shielding were slightly left there.”*

Another factor that women found to be isolating was that they felt many people, particularly younger people and particularly men, were disregarding the rules or interpreting them in a way that made them feel uncomfortable going out and using public spaces or going to the shops. One woman spoke of the feeling of invisibility when being passed by exercising men either running or cycling. Furthermore, those women that had expressed anxiety about those not following lockdown rules highlighted that up until this point isolating themselves in their houses had been a coping mechanism but expressed considerable distress at the idea of returning to *“normal”* life further increasing their feelings of isolation.

Women in the survey reported isolation due to the overwhelmingly negative repercussions on their social lives and friendships of COVID-19. They reported missing close contact with friends,

with women expressing that lack of social contact had got to them. This was especially pertinent for those who lived alone, or just with their children - ***“I normally rely on socialising for company”, “when I speak to other solo households there is an understanding of what it’s been like when you’re home alone”***. Even women who live alone who had never experienced social isolation before - ***“Pre-COVID I had a wonderfully busy social life”*** experienced ***“overwhelming”*** loneliness as a result of lockdown restrictions. One woman shared how all activities which gave her life meaning stopped: ***“no choir; no dancing; no social activities with friends”***. Women experienced feelings of uselessness and having nothing to look forward to. Many especially missed physical contact and hugging - ***“I also find seeing people but not being able to have a hug really hard; it makes the separation more acute”***. Others were worried to meet even where government guidelines permitted: ***“most of my socialising is done through cycling, and I don’t feel that it’s safe to cycle in groups, even if the government says so”***. However, it was mentioned that phone calls and zoom meetings with friends had ***“made all the difference”*** - whilst no substitute for in-person interaction, online communication was vital to those who have access to it.

## Free time

For some women, increased free time due to furlough, reduced workloads or loss of a commute, was a positive aspect of lockdown. They commented it had ***“been beautiful to slow down”***, with less pressure and need to rush giving them more time to be creative, start new hobbies and develop their interests. Some found this free time to be productive: ***“I was able to learn new skills such as Python and do things such as a focus on my garden”***. For some, it was an opportunity to improve their mental health - ***“it has enforced a much-needed break”***. Another woman shared how prior to lockdown she was burnt out, stressed and highly anxious, adding that lockdown has helped her ***“to reset for a couple of months”***. Women enjoyed leading more ‘simple lives’: connecting with nature, having more time to cook at home and various forms of exercise such as running and cycling - ***“I have enjoyed the slower pace of life and developed new interests closer to home such as supporting local wildlife, my local community”***. However, it must be noted that this positive experience was not evenly distributed amongst women; for those who still had to work or had other responsibilities, there was not the same level of free time or leisure enjoyed.

There was a reluctance to return to ‘normal’, with women expressing dread at the idea of returning to their old jobs and long commutes. Women stated their support for ***“transitioning to a different way of working going forward as the new norm”***. Additionally, maintaining access to and good management of green spaces was highlighted as vital going forward, given the importance of such spaces in helping people cope with the lockdown.

## Prosocial

Prosocial behaviour emerged to be crucial in helping women cope with the COVID-19 pandemic and associated lockdown. Women shared how community spirit and volunteering were very important to them throughout lockdown. The local community was especially significant: ***“I’ve appreciated the neighbours taking time to chat and the road Whatsapp group”***. One woman shared how she ***“built stronger improved relationships with my colleagues as we worked together to support people in Bristol with food delivery prescriptions [and] calls to reduce isolation”***. Not only did these behaviours benefit recipients, but those carrying out the voluntary work: ***“we did an amazing job, worked as a team and built trusting lasting working relationships”***. Volunteering provided individuals with a sense of purpose and meaning throughout the lockdown, countering the common experiences of feeling useless or hopeless. Respondents reported feeling proud of their work in volunteer groups. One woman shared how starting in her local volunteer groups ***“brought me out of a particularly bad spell of depression and anxiety as I finally felt as though I had a purpose again. It has been really good for my mental health to meet new people with similar morals and a similar outlook on life”***. There was an appetite for the rise in prosocial behaviour in response to COVID-19 to be continued post-lockdown - ***“I have loved the spirit of community and people coming together to help the most vulnerable. I would really like it to go on...”***.

However, for some women, the pandemic inhibited their ability to take part in their typical voluntary work, or participation caused them stress. Women reported having to stop their voluntary work as a result of personal circumstance, or a pause in the type of work they typically do. Another woman shared how fellow volunteers dropping out as they returned to work was causing her added stress, saying she had worked ***“to a breaking point”*** and had only taken her first day off in 4 months recently ***“after having a bit of a breakdown”***. Whilst prosocial behaviour has clearly been of huge importance for many with coping with the lockdown, its inaccessibility for some and potential to cause burnout in others must be considered.

Two-thirds of the women who attended our focus groups were taking part in volunteering and reported that it had given them a sense of purpose during lockdown. They reported that it had given them a routine, which was seen as critical for maintaining a good quality of life during lockdown. Furthermore, online video calls with charities such as Bristol Disability Forum improved women's quality of life in lockdown and allowed them to connect with other people in the city experiencing similar issues. However, while they were overwhelmingly positive about participating in voluntary work, two women did raise concerns about the safety of face-to-face volunteering and how it would fit into their lives once they return to office work alongside childcare and their other responsibilities.



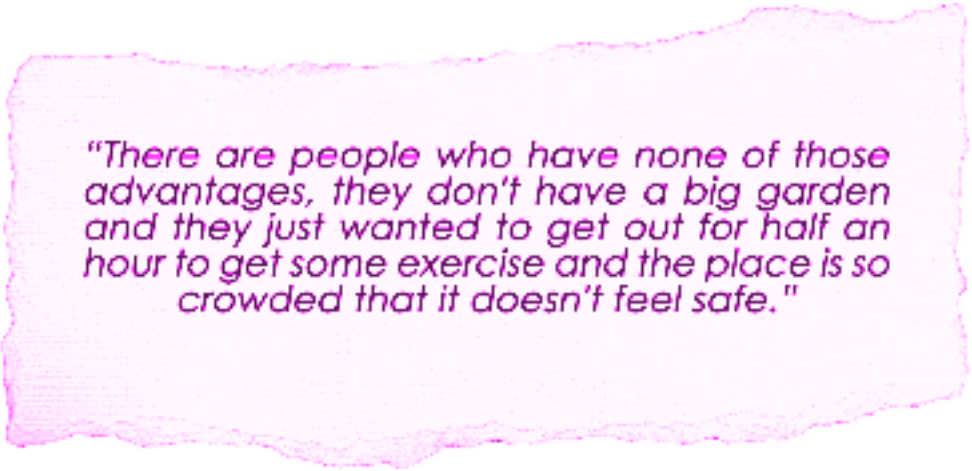
One of the biggest positive changes that these women noted was an increased sense of community both with their neighbours and in Bristol as a whole. They spoke of neighbours helping one another, socially distanced celebrations and of making friends with people they otherwise wouldn't have had the time to interact with. Furthermore, they noted that many Bristol organisations such as Bristol Older People's Forum, the Cable, Bristol Disability Forum, Extinction Rebellion and Bristol Women's Voice had helped in providing much-needed communication within communities and provided crucial support for women. However, those women who were shielding noted that while the increased sense of community significantly improved their quality of life, they were keen to get back their independence.

All of the women who attended the focus group expressed gratitude for some part of their lockdown experience. Many of them were grateful that Bristol had maintained relatively low case numbers in comparison to other parts of the country, many expressed gratitude for their gardens, their bicycles and for getting to know their neighbours better. This is key to highlight, as it demonstrates what improved women's quality of life in adverse situations. Green spaces are particularly important, as all women with gardens highlighted how lucky they were whereas those without brought up their lack of green space.



Housing was an area of difficulty for several women surveyed and in the focus groups, both in terms of their ability to find housing and the quality of said housing. For one woman, it was especially challenging to find a home to rent. Following a relationship breakdown, she had to stay at her ex-partner's parents house while searching for a house, a process which was long and challenging: ***"we were refused 43 houses due to me being a single mum and having to apply for universal credit, as the housing market was saturated. I have been sleeping on the floor of the bedroom where my sons share a double bed. Their sleeping, eating and emotional well being has been affected"***.

Other women shared problems relating to the quality of their housing, with lack of access to outdoor space cited as negatively impacting their experiences of lockdown - ***"not being able to go outside (...) has definitely had a negative impact on my mental health"***, ***"living in a flat with no outside space was hard"***. This was echoed in the focus groups as women found there was a lack of space for exercise and to create a positive environment for work and school. This particularly affected those in flats and those renting for cash, who did not have access to a garden. The knock-on effect of this was that those participants who self-identified as living in a small or cramped living situation had both their physical and mental health affected by their living environments preventing them from concentrating, exercising or having their own space. Furthermore, those without access to green spaces felt that they were being crowded out from public parks by those with gardens:

A pink rectangular box with a torn, irregular border. Inside the box, the following text is written in a pink, handwritten-style font:

***"There are people who have none of those advantages, they don't have a big garden and they just wanted to get out for half an hour to get some exercise and the place is so crowded that it doesn't feel safe."***



One of the most common themes that came up regarding transport was access to bicycles, for many it was a saviour during lockdown, but it is clear that this is not a privilege shared by all. Both the ability to store and ride a bike in traffic during lockdown was highlighted as one of the key factors that would have made lockdown more bearable. Although Bristol is a fairly small city the ability to get from place to place is far more challenging for older women or those with children, and cycling offers a way to do this faster.

Public transport was also raised as a critical issue for women, in particular older women and those without access to a car. One woman described the experience as being ***“trapped to our walking capacity”***. Another highlighted the isolation many people feel being unable to move freely around the city. In past research, (see here City Listening Project and Women of Lawrance Hill) public transport has been highlighted as a key issue for women already, so the fact that public transport is now extremely limited will only exacerbate these issues.



## ONLINE COMMUNITY AND ACCESSIBILITY

While online focus groups are not the best method for reaching the digitally excluded, we did get a small insight into the kind of issues that women who are digitally excluded face. Firstly, the rise in the use of apps for public transport, for council services, and test and trace apps present an issue to women who either do not have smartphones or do not feel comfortable using them. This was expressed particularly by older participants. Succinctly put by one woman: ***“The inexorable march of technology is a worry in this.”*** This also applies to a range of other services that are increasingly online.

Secondly, one woman who volunteered to distribute food parcels expressed distress at the condition of women and families in tower blocks, who were unable to access information, services and help as they did not have access to technology. Other research by Public Health England (2020) and Karma Nirvana (2020) have highlighted that a wide variety of issues can cause digital exclusion such as language barriers, domestic abuse and lack of funds, but they are both clear that this affects women, and specifically BAME women, most severely. This is an area which requires further research, as even from these small insights it is clear that digitally excluded women have been significantly impacted by the pandemic.

Participants who were able to use the full variety of online tools spoke of the creation of an online community between family, friends and organisations. The ability to speak to family and friends online, particularly over Zoom and Facetime, was cited as a coping mechanism, although some women expressed that they felt as if they were putting up a false front of positivity online.

Both positive and negative feelings were expressed about how events, jobs, friends and family were being accessed online. On the one hand, women in wheelchairs or with buggies expressed that they had been able to watch online theatre performances which otherwise they would not have been able to see due to accessibility requirements. On the other hand, women found that replacing everything with an online alternative often led to feelings of isolation and loneliness. Moving forward, they expressed a desire for a more mixed approach, particularly when it came to the possibility of lockdown during winter.



The responses from service providers to women particularly highlighted the increased isolation and anxiety that women are facing, particularly those who experience multiple discriminations. As with the results of the survey, health was one of the biggest issues that service providers were concerned with, both physical and mental.

The majority of service providers had kept their services running at a reduced rate, or by using online tools. They noted that while this was better than the alternative, many women and volunteers were not happy with this arrangement and the lack of face-to-face contact during times of stress such as pregnancy, grief, and mental health problems left many feeling even more isolated.

A number of service providers noted a considerable rise in domestic violence, as well as a key issue that women experiencing this violence, are unable to access services due to being either locked down at home or being financially dependent on their spouse. This has been particularly prominent amongst BAME women, and research such as Imkaan (2020) and Karma Nirvana (2020) has echoed these findings, but it is crucial to note that without more disaggregated data the extent of domestic violence for BAME women will not be fully discovered. While our survey did not have particularly high numbers of women experiencing domestic violence, it is clear from specialist organisations and targeted research that coronavirus has had a significant impact both on the rates of domestic violence, and on women's ability to access services.

One organisation spoke about the severe impact that lockdown has had on migrants and refugees. No recourse to public funds has left many women without access to financial aid, increasing their risk over lockdown in terms of poverty, domestic violence and health outcomes. The increased plight of migrants has been documented by Siddique (2020) who highlights the negative impact COVID-19 has had on their economic and health outcomes. This was not a group we managed to reach, so would require further investigation.



## RECOMMENDATIONS

As part of each focus group, participants were asked what they would like to see from local government and community organisations as we move into the next stage of recovery. These are the key messages our participants had:

*“Post COVID you know, the most important thing I would have would have been more support from the schools and the sort of childcare establishment, you know, like nurseries and schools”*

*“I think it's around protecting people's mental health”*

*“Tailored because what I'm experiencing as you know, as a white, middle-class ish working ish class woman isn't going to be the same as a single dad or a young teenager or an OAP and, and I think that what speaks to me and it's going to resonate with me to help me. It's not a one size fits all.”*

*“What would be quite good would be to set up a budding system in an area so you could make contact with people who want to do similar sorts of exercise and do that maybe as a pair outdoors or even just keeping up if you want to go for a walk today. But actually, it would be a way of people getting to know other people in their area and also sticking to an exercise regime.”*

*“We need the right support to live independently in our own homes without going to a nursing home.”*

*“We need to have some sort of umbrella group to deal with physical health, mental health, and autism. An umbrella group the council could meet with people because it seems that at the moment the language isn't good.”*

*“We could kick out the term vulnerable for a start. That would be a good one to get rid of.”*

*“Government accounts not providing information that can be easily understood by people with learning disabilities. They need very clear and concise instructions and we don't feel that has been forthcoming either at government level or at council level.”*

**Drawing from our participants experiences, we have added the following recommendations:**

## **Mental Health**

A review of the city-wide pathways to mental health services, with more tailored and varied approaches to good mental wellbeing. Future responses should include more needs based approaches and city-wide responses which can be achieved through collaboration with existing and community based organisations. This will also contribute to the dissemination of information about where and how women can access mental health services alongside supporting further research and programmes.

Mental health and wellbeing programmes moving forward should be developed to include specific outreach and race/culturally appropriate support for BAME communities. Programmes should consider the impact that COVID-19 related bereavement is having on BAME women. Additionally, there are two issues to be raised about systemic racism. The first is the systemic racism that exists within current pathways in accessing mental health services from its agencies and associated organisations. The second is the impact that systemic racism has had upon women in their daily lives as employees, parents, carers and recipients of services across organisations. Both must be addressed. Tackling systemic racism should be prioritised at an individual, organisational and city-wide level.

More generally younger women has vocalised the need for support in terms of anxieties caused by the financial impact of the pandemic.

## **Disability and consultation**

More spaces must be developed for local government to consult with the women of Bristol, particularly those who feel underrepresented such as those with disabilities or long-term mental health illnesses.

Women asked for clear, easily accessible information from the government that is well-disseminated and can be used by those with disabilities.

Ensuring safe access for all to public green spaces, particularly those without access to gardens and those who are shielding.



## Childcare

Bristol City Council must honour its commitment to Affordable Childcare for all and prioritise supporting the provision of quality and affordable childcare as women return to work, both in-person and whilst working from home. Appropriate, accessible and affordable childcare is crucial in order to avoid reverting to a two-tier workplace where men work and women stay at home. Our research shows women bear the brunt of childcare responsibilities.

## Economy and job recovery

We are looking for support from employers who should take into account the childcare responsibilities of their employees by reviewing policies to show the tangible impact of COVID19, and move towards more flexible and supportive ways of women delivering their employee responsibilities and balancing childcare. We ask for employers within the city to take a stand against workplace discrimination on the grounds of caring responsibilities.

Employment and childcare have been shown to be intrinsically linked for women, more so than ever during lockdown, thus equality in childcare reinforces equality in employment. Therefore, all economic measures taken going forward should include how they are ensuring that both men and women have equal opportunities and childcare should be taken into account.

In considering more flexible working options, work from home should be supported as a viable option for women with children, carer responsibilities and women with disabilities when the business is in a position to sustain it. The pandemic has demonstrated work from home can be effective and flexible for many women and should not be lost in the new normal.

Young women have asked for more active support when entering the workplace for potential recruitment and support when successfully recruited. This should include mentoring from those already in work, support accessing jobs and writing applications.

## Access to services for Women

Women's services should be coordinated more widely to ensure ease of access for women who need them. By linking together women's services it also creates the possibility of maintaining the sense of community many women alluded to during the pandemic at an organisational as well as

an individual level. This could be done by a central hub that focuses on partnering agencies, not just for communities, but to plan and produce systemic change to women's issues.

## Demographics and Limitations

BAME women were significantly under-represented by this survey and the focus groups, with only 7% identifying as a person of colour in the surveys and only one focus group participant. However, even with this small insight, inequalities were clear both in terms of bereavement, anxiety and concern about their own health. 10.3% of respondents identified as disabled and 20.9% were LGBTQ+. Only 1.5% of respondents identified as non-binary and we did not gather any data from transgender women, so this is an area which requires further research.

Due to the nature of online focus groups, there was a significant portion of women who were not represented such as women who do not speak English or digitally excluded women. While we had women from every age range, a third were LGBTQ+, a third were disabled and a variety of employment statuses from different age groups, BAME groups were under-represented along with single mothers and those on universal credit or in social housing.



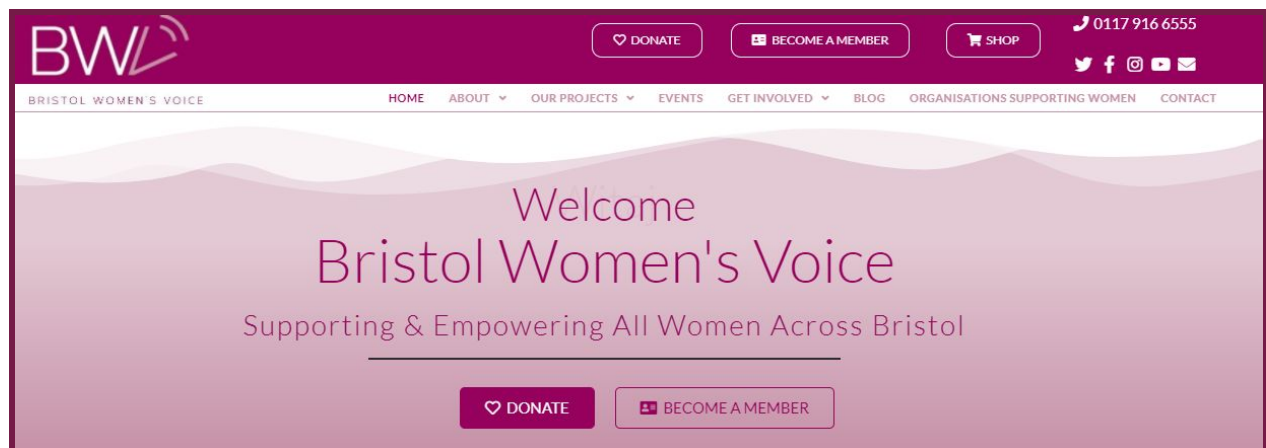
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This report was authored by Marnie Woodmeade and Amy Gibbs, designed by Laila Garzón Deguer; under the supervision of Dr Barbara Brown.

**For more information about Bristol Women's Voice, please go to:**

**[www.bristolwomensvoice.org.uk](http://www.bristolwomensvoice.org.uk)**





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