

BRISTOL CITY LISTENING PROJECT 2020





Report Author

Emma Griffin (Research Analyst)

Bristol City Listening Project Manager

Debra Newrick

Foreword



Five hundred and thirty Bristol women have spoken out – women whose voices are seldom heard – and we all need to listen.

The breadth of issues raised by these women and the personal experiences they have shared with our researchers and community leaders makes for sobering reading.

Bristol is thought to be one of the most unequal of the core cities and this research is testament to that inequality.

Many of the issues raised are not new to us. Bristol Women's Voice has been working with women in Lawrence Hill, raising and amplifying their voices before the start of the City Listening Project.

The City Listening Project tells us that many women are unable to achieve their aspirations due to poor housing provision, disproportionate caring responsibilities, poor employment prospects, poor mental health, domestic

violence and abuse, problems accessing public transport, barriers to education and training and more. It is the fact that these issues are still so prevalent and so beyond the ability of local and national policy makers to remedy that is so shocking.

Women's health issues have long been swept under the carpet and were only briefly illuminated by Dame Sally Davies in her report on the 'Health of the 51%' in 2014. Baroness Cumberlege's recent report, 'First do no harm', into the use of specific devices and medicines prescribed for women exposes the extent to which women are disbelieved or belittled when attempting to describe their pain or complain about procedures. It is no surprise that women's health and wellbeing featured prominently in these interviews but nonetheless dismaying.

Women are disadvantaged and some women are disadvantaged more than others. When it comes to looking at issues faced by women, an intersectional lens is needed. Much of women's economic disadvantage is exacerbated by racism, by discrimination against disabled women, and by harassment and abuse.

Since our research the UK has been struck by COVID-19. The differential impact of the pandemic has not affected everyone in society equally and the economic consequences have fallen disproportionately on women.

The UN report 'The impact of COVID-19 on women' talks about the limited gains made in the past decade (globally) at risk of being rolled back. It goes on: "Women will be the hardest hit by this pandemic but they will also be the backbone of recovery in communities. Every policy response that recognises this will be the more impactful for it."

Bristol Women's Voice is grateful to the Government Equalities Office for giving us the opportunity to report to them the concerns raised by women whose voices are not often heard. We thank our researchers and our community leaders and most of all the women who took part in this project. We will now raise these issues with local decision-makers and we trust future policy responses from national government will be 'the more impactful for it'.

Penny Gane

Chair, Bristol Women's Voice and Bristol Women's Commission

Acknowledgements

We are extremely grateful to the Government Equalities Office for funding the Bristol City Listening Project and providing a platform for women's voices to be heard. We are also thankful for the continued support of Bristol City Council and their useful input into this project. We would also like to thank the members of the Bristol City Listening Project Steering Group who brought a diverse range of skills and expertise to this project. Additionally, we are extremely thankful to Sue Cohen whose dedication to both research and communities has been invaluable to this project.

The partner organisations have been key to the success of this project and we would like to express our gratitude to every organisation who participated in this research, either through facilitating focus groups or connecting Bristol Women's Voice to women who may otherwise not have been reached. We are deeply grateful to have had the opportunity to work with each of the community researchers who were vitally important to the success of this project. Additionally, to all the women who agreed to be interviewed or attended focus groups, participated in the online survey or pop-up events, we are very grateful for you sharing your experiences with us. These are powerful stories that enable Bristol Women's Voice to continue to advocate for the changes needed to support a more equitable city.

Finally, we would like to express thanks to the wider Bristol Women's Voice team for their support and input.

Bristol Women's Voice

Bristol Women's Voice works to make women's equality a reality in Bristol. When key decisions are taking place in the city Bristol Women's Voice ensures that women's concerns are heard and acted upon. Over the last four years Bristol Women's Voice has brought women together to share ideas and experiences, support campaigns and celebrate success so that together we can make Bristol an exemplary city for women's involvement, empowerment, and equality.

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Tel: 01179166555
Email: info@bristolwomensvoice.org.uk



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Bristol City Listening Project 2020

1. Introduction

1.1 Background to the Bristol City Listening Project

The Bristol City Listening Project has been funded by the Government Equalities Office (GEO) and delivered by Bristol Women's Voice. This project followed on from the Centenary Cities: 100 Years of Votes for Women programme and Bristol was one of the seven core cities who received a centenary grant to be chosen for a City Listening Project. The other cities selected were Leicester and Leeds.

This project was developed by the GEO in order to ensure the voices of women, particularly those that frequently go unheard, contribute to policy making. The GEO were particularly keen to hear the voices of disabled women, women in low-paid employment, and Black African, Bangladeshi and Pakistani women. We took this into account when selecting our collaborators within Bristol.

In summer 2019 Bristol Women's Voice launched their City Listening Project guided by the following aims:

To listen to women who face multiple barriers in order to:

- Understand what stands in the way of them achieving their aspirations
- Understand what they believe would enable them to take steps towards achieving their aspirations
- Understand what is working, or has previously worked well for them

Between summer 2019 and spring 2020 Bristol Women's Voice worked collaboratively with women, and organisations supporting women, to carry out in-depth interviews and focus groups. The experiences shared between all the women involved in the Bristol City Listening Project provide a grounding for real change. This report analyses the stories revealed to identify gaps in support and provision within local and national government agendas.

In presenting the findings from this research, this report is organised thematically. This enables Bristol Women's Voice to highlight the key areas that need to be improved and ensures this research communicates clearly and directly with the people who can affect change. However, it is important to note that in the process of analysing and consolidating the voices of women who contributed to this project, there are multiple and intersecting ways in which inequalities present in women's lives. Through this report we have set out to capture commonalities in the manifestation of these inequalities and to demonstrate the way that women's quality of life is systematically undermined by existing practices and policies.

70,400
Bristol residents
live in the 10%
most deprived
areas in England

► Bunting created by women during our focus groups



1.2 An overview of Bristol

‘...racial inequality was higher in Bristol than in other core cities’

Bristol is a city of significant wealth inequality. In 2019, 41 areas of Bristol were in the most deprived 10% of England, with three of these areas categorised in the most deprived 1%. This means that 70,400 Bristol residents live in the 10% most deprived areas in England (Bristol City Council, 2019). The number of children living in low-income families is 19.7%, significantly higher than the national average of 17.2%. Bristol's population includes 22% non-white British, yet a Runnymede Trust report (2014) found that racial inequality was higher in Bristol than in other core cities. Bristol is also experiencing high rates of fuel and food poverty, with over 27,000 households in fuel poverty and 43,000 people considered 'food insecure'. Women face greater likelihood of poverty whether through unemployment, underemployment, or insecure, irregular or poorly paid work. Changes in income and public spending for example on health, education, transport and social care, have a greater impact on women (Women's Budget Group, 2019b). Women of Bristol also face greater health inequalities with both life expectancy and healthy life expectancy¹ being significantly lower than the national average. Women in the city are on average living in poor health for 22 years (Bristol City Council, 2017).

The local picture of deprivation and inequality in Bristol is inextricably linked to the wider sustained impact of government disinvestment. A recent report published by the Women's Budget Group (WBG) (2019b) documents how local authorities in England have experienced a 49% cut in central government funding between 2010/11 and 2017/18. For every £1 of central government funding for local authorities, 60 pence will have been cut between 2010 and 2020. Additionally, the report highlights how cuts to public spending disproportionately impact on Black and Minority Ethnic (BAME) women.

Bristol has a Mayoral system, and is the first major European city to have elected a mayor of black African heritage as its current Mayor, Marvin Rees. Partly in response to government disinvestment and an understanding that the local authority acting alone cannot solve many of the city's most inextricable challenges, Rees established the One City Approach in 2016. The One City Approach seeks to respond to the complexity of modern public policy challenges by developing an array of collaborative, place-based approaches to Bristol's challenges. It recognises the need to embed a culture and framework of collaboration and collective responsibility in order for the city to thrive and benefit all who live in it.

The One City Approach brings together a huge range of public, private, voluntary and third sector partners within Bristol. They share an aim to make

1. Healthy life expectancy refers to the expected number of years a person may live in good health. Unlike 'life expectancy', 'healthy life expectancy' takes into account quality of life indicators

Bristol a fair, healthy, and sustainable city: a city of hope and aspiration, where everyone can share in its success. It is in this vein that the One City Plan was developed in 2019. The plan sets out our city's key challenges up to 2050, and brings the city together around a shared vision. The plan is a living, breathing document that is refreshed annually, drawing on engagement and consultation with a wide range of people and organisations. The interdependent challenges of growing an inclusive, sustainable city that both resolves our social fractures and inequalities and reaches carbon neutrality sit at the heart of the future that the One City Approach hopes to deliver. The City Listening Project forms part of the One City Approach, and adopts its spirit of collaboration and collective responsibility.

Whilst there is still much work to be done to improve gender equality in Bristol, there are a range of incredible specialist women's services as well as Bristol Women's Commission – the first in the UK – who work actively to ensure the needs of all women are represented in local policy and decision-making. Additionally, there are a wealth of voluntary organisations supporting women in holistic ways. This project has been fortunate to witness the quality of support Bristol women are receiving through small-scale and volunteer-led organisations.

2. Methodology

2.1 Research approach

The Bristol City Listening Project was guided by a participatory research approach. Bristol Women's Voice (BWV) worked in collaboration with women, and organisations supporting women, who have experienced or are at risk of experiencing marginalisation or deprivation. Through these collaborations a series of qualitative interviews and focus groups took place. Using a participatory and collaborative approach brought valuable depth to the data gathered during this project. Adopting this methodology positions women most affected by inequalities as the experts in developing solutions. The principles of trust and/or shared experience were priorities when developing the research methodology. The women and organisations conducting the data collection had either existing relationships or shared lived experiences with the women attending focus groups or being interviewed. In-depth qualitative methods enable a detailed exploration of the nuances of women's lives, which complements quantitative statistical data in furthering gender equality.

When choosing areas to engage with around the city, BWV decided to include areas with anchor organisations that have strong bonds with their communities and understand the localised challenges and barriers faced by women. The anchor organisations covered the following wards of Bristol: Hartcliffe and Withywood, Lockleaze, Southmead, Filwood, Ashley, Knowle West, Lawrence Hill, Avonmouth and Lawrence Weston. The anchor organisations either conducted focus groups themselves or recommended local organisations that were well-positioned within the target area. Many of the community researchers were also recruited through anchor organisations to ensure we were offering different ways for women to feed their voices into the data collection. The areas chosen reflected the diversity of the city. Our research focused on areas that have higher levels

of inequality and deprivation and life expectancy rates below the Bristol average of 82.6 years (Bristol City Council, 2020).

2.2 Research methods

The Bristol City Listening Project collected data through four different methods:

Focus groups:

A total of 22 focus groups were carried out during this project. Focus groups were led by organisations that support women. Each focus group had on average 10 women participating. Staff and/or volunteers from the organisations attended a training workshop led by Bristol Women's Voice, during which they developed 'talking topics' tailored to the women attending their groups. These talking topics were used to guide the focus group discussions. During the focus groups, women had the option to participate in a crafting activity. Using crafts enabled some women who felt less able to participate fully in verbal discussions, to capture their reflections by writing on fabric. Additionally, evidence suggests that people may find it easier to talk about and/or reflect on emotive or traumatic experiences if they are also carrying out an arts or craft activity (Wang et al, 2017). The focus group facilitators worked with the women participating to capture key themes and recommendations coming through in the discussions. A number of focus groups were conducted with interpreters or in languages other than English to increase accessibility.



► Photo from a focus group hosted by Bristol Bangladeshi Women's Group

Interviews:

Community researchers conducted 82 individual interviews with women from within their communities during this project. Bristol Women's Voice worked closely with nine community researchers who were embedded and trusted within specific communities. This enabled the project to gain access to people who would have been extremely difficult to reach out to without the relationship of the community researcher. The community researchers also attended a workshop where they were guided through research training and role-playing activities designed to practice leading interviews, thinking through the ethics of interviewing, holding space for people to share stories, and being prepared to signpost to services where necessary. A number of the interviews were conducted in languages other than English to increase the reach of this research. The community researchers recorded their interviews and kept a reflective research diary. Both the recordings and diary entries were analysed as data.

Pop-up activities:

Pop-up data collection activities were used alongside interviews and focus groups, as a light touch method of reaching out and talking to women of Bristol. These were small interventions that could easily be adapted to

different environments. Bristol Women's Voice staff asked women to think about their dreams and aspirations and what things would enable these to become a reality. A total of six pop-ups took place at two women's group sessions, one market, and three events.

Online survey:

In addition to the face-to-face research activities, an online survey was conducted. This was open to anyone living in Bristol who identifies as a woman. Survey questions included multiple choice and Likert scale questions, as well as a small number of open questions for women to provide further information. The online survey received 239 responses.

Demographic forms:

Participants who took part in focus groups, one-to-one interviews, and the online survey were asked to complete a demographic form supplied to the Bristol City Listening Project by central government. Some women chose not to complete demographic forms and the public surroundings of pop-up activities meant they couldn't be completed confidentially. A total of 272 demographic forms were collected through this research.

Our research activities were only open to women. Beyond this, we did not define any specific details about who could participate in this project.



► Our felted cloud which was used to gather women's ideas during pop-up activities

2.3 Analysis

All of the data was analysed in Excel and NVivo (qualitative data analysis software). The first level of analysis was influenced by the themes identified in the focus groups. A second level of analysis was conducted to identify emerging ideas, look in more depth at sub-themes, and explore the relationships between different themes.

2.4 Ethics

The upmost care was taken to ensure that the project actively engaged with a diverse range of ethical considerations. This included the common ethics of research as well as ethical challenges particular to a participatory project approach and the sensitive nature of the research. The Bristol City Listening Project team adopted an 'ethics in practice'² approach – remaining engaged at all times with questions around the forms of power, control and representation that inevitably emerge from collaborative research. Particular attention was given to ensuring the wellbeing of all women involved in this project. The community researchers had 24/7 support and attended a halfway reflection session, as well as initial training. The women being interviewed and participating in focus groups were provided with details of the project and how they could keep in touch with Bristol Women's Voice.

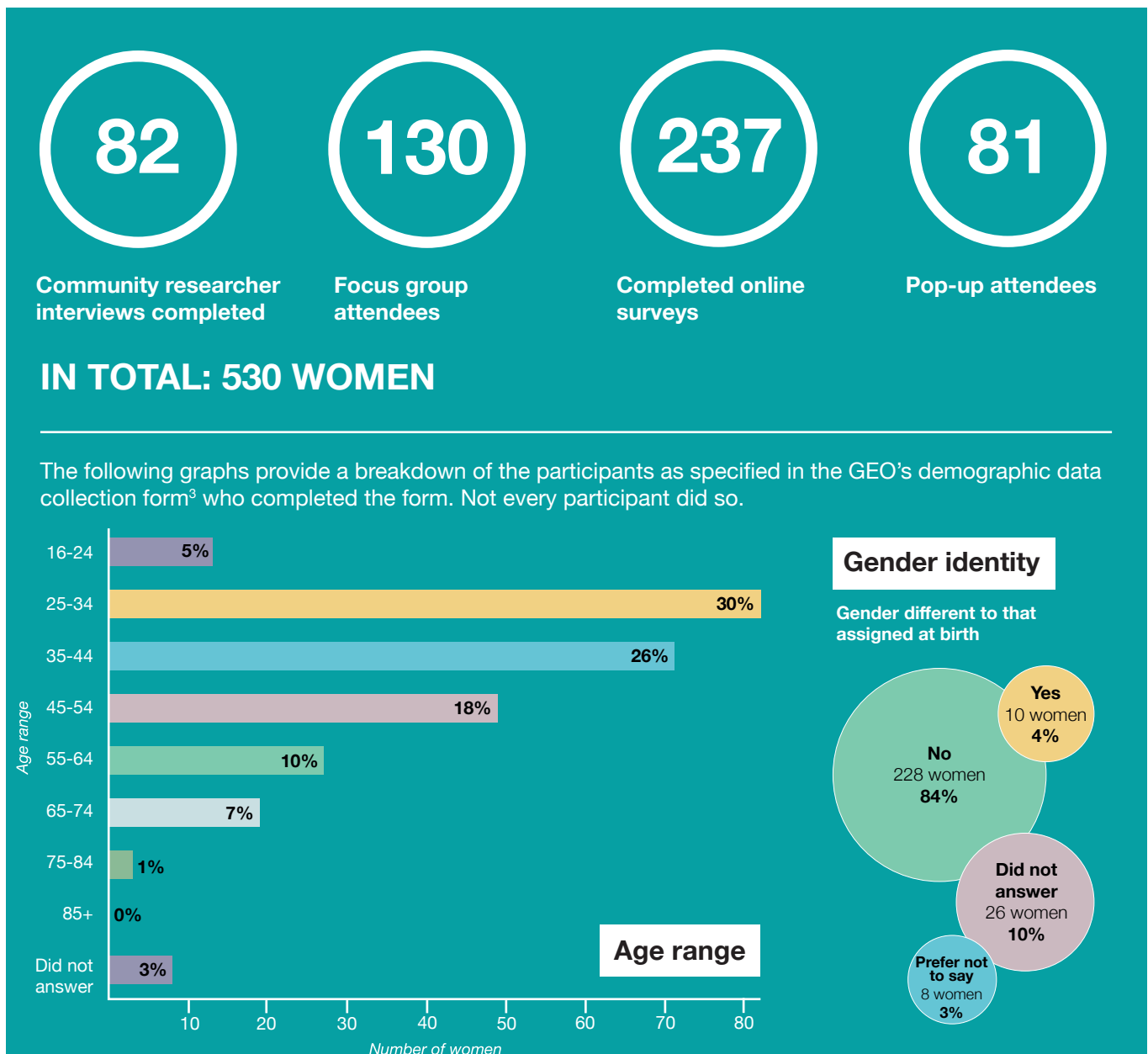
2. For more detail of 'ethics in practice' see Guillemin and Gillam (2004, p.261).

All data was collected and stored anonymously. Demographic forms were completed by participants and placed in sealed envelopes before being returned to the community researcher/focus group facilitator. This ensured that personal information was kept confidential at all stages of the research process. Participants' names and identifying details have been altered to ensure anonymity.

3. Who did we speak to?

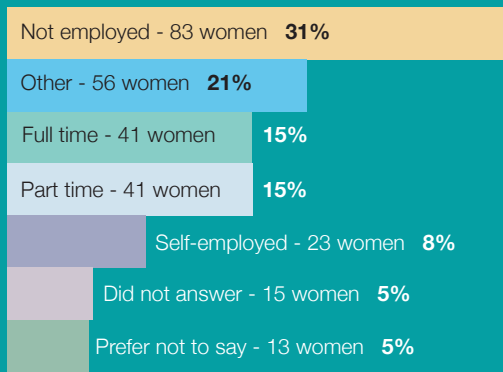
The Bristol City Listening Project spoke with 530 women from within Bristol. The following number of women engaged with each of the research methods:

Total number of women who participated by method:

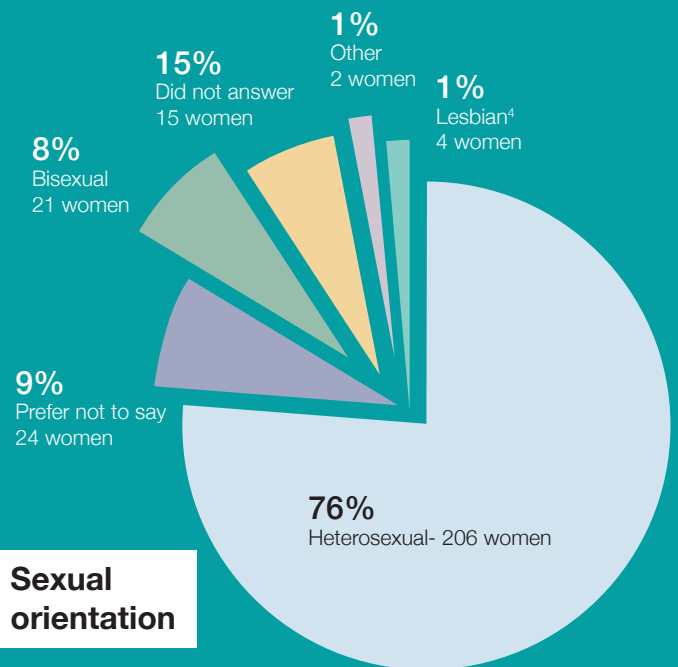


3. Please note that these are different from the characteristics that are protected by the Equalities Act 2010.

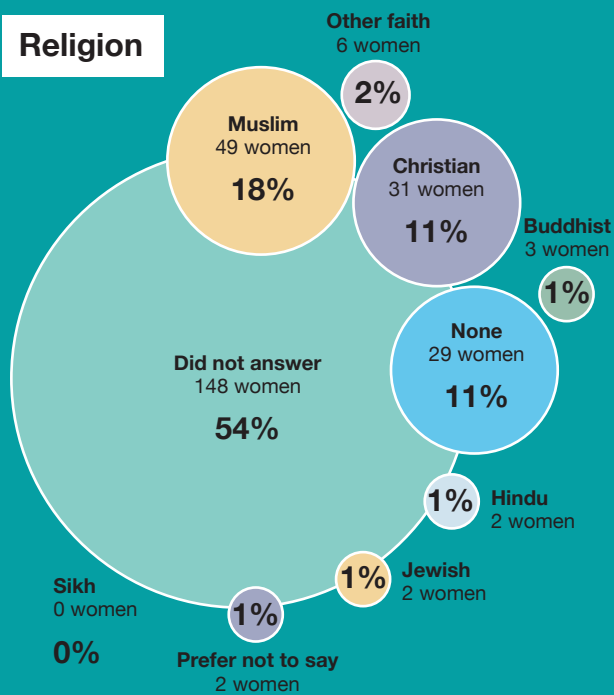
Employment status



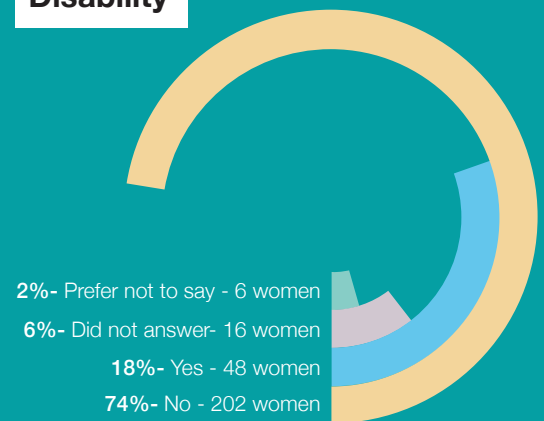
Sexual orientation



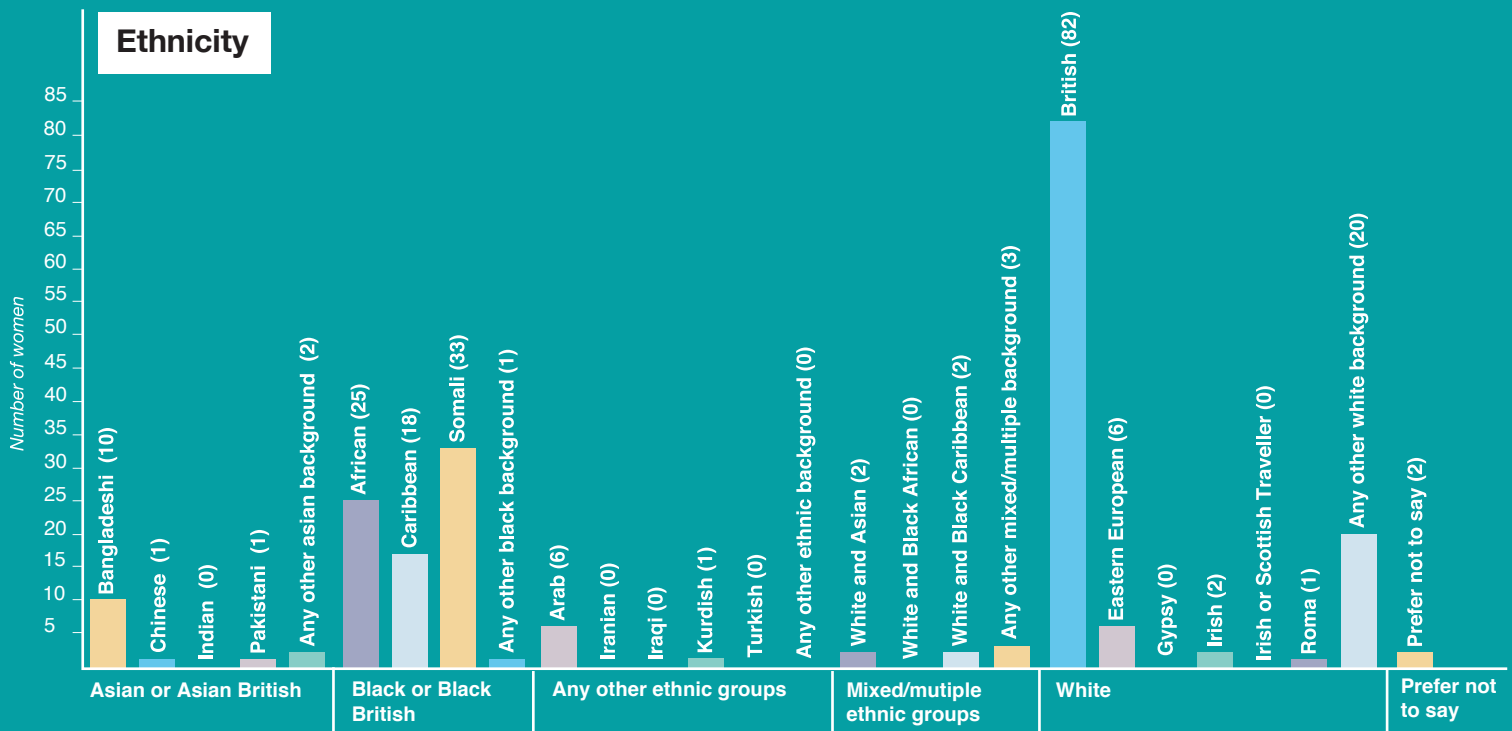
Religion



Disability



Ethnicity



Ethnicity

4. Bristol City Listening Project findings

4.1 What did we learn about women's aspirations?

This research set out to understand what was getting in the way of women reaching their aspirations. In order to achieve this, we needed to gain insights into the type of aspirations held by the women participating in this project. We by no means feel this is an exhaustive account but rather an overview of how women spoke about their aspirations and some key examples. Most striking was that many of the women participating in this research had very realistic aspirations and often understood what needed to change to enable them to move toward achieving them.

The most commonly shared aspiration was to secure better employment. Closely related to this we heard how many women aspired to return to education in order to gain the skills and qualifications they required to attain their preferred employment.

Living in secure and affordable housing which met the needs of women and their families was also a widely shared aspiration. This commonly linked to women's sense of safety and their ability to live without fear of discrimination, abuse or hate crime. Many women also aspired to live in homes large enough to comfortably accommodate their immediate families.

A number of women's aspirations were linked to their children's success; for example, becoming fluent in English in order to engage with their children's learning, supporting them with homework or doing additional learning at home.

Another aspiration for some of the women participating in this research was to be able to visit their home countries. This was often linked to having the finances to afford the travel costs for them and their families, and having citizen status, which enables them to leave and return to the UK.

Finally, we heard from women whose main aspiration was to either begin or maintain their recovery from substance use. This aspiration spoke to wider aims to enter education, gain fulfilling employment (often within talking therapy roles) and reconnect with friends and families.

4.2 What's getting in the way?

Challenges around women's housing and security of home

The lack of adequate housing featured as a key barrier for women in every different community and across each of the different data collection methods. 'A Home of Her Own: Housing and Women' (WBG, 2019c, p.1) examines the gendered nature of the housing crisis, reporting that "[w]omen's lower incomes relative to men's means they are less able to afford housing and their caring responsibilities mean they have specific needs when securing a suitable home for themselves and their children". In 2019 Bristol's housing tenure included 53% owner-occupied, 29% private rented and 18%

4. The number of people identifying as lesbian on the demographic form was lower than we had expected. This may highlight a gap in who was represented in the data. However, we are also aware that some women who identified as lesbian in interviews and focus groups may have not answered or selected 'prefer not to say' on the demographic form. Whilst we raise this as a point of interest- it is outside the scope of this project to draw any conclusions on the lower than expected representation.

socially rented properties. Average house prices in Bristol have increased by £118,000 over the last 10 years, an increase of 70% in comparison with the national average increase of 41% (Bristol City Council, 2020).

Many women spoke about the ways in which their existing housing situation was not working well for them, and the small number of women who did feel positive about their housing felt concerned about their children's/ grandchildren's housing needs. The lack of affordable housing was a considerable concern for women participating in this project. Whether in the private rented or social rented sector, women spoke of overcrowding, poor housing conditions including health concerns due to damp, insecurity of tenancy, or the inability to get support with property repairs. Women living in owner-occupied housing did not automatically experience a greater sense of security; women talked about being unable to afford mortgage repayments, not being able to save money to carry out repairs or living in overcrowded homes. Overwhelmingly, women identified a strong relationship between a lack of affordable housing and an inability to move away from precarious and low-paid employment or to return to education. High rental costs and fear of eviction fed a cycle of anxiety which meant women felt unable to try and secure better work despite existing jobs being low-paid, unrewarding or at unsocial hours.

We heard from many women about their experiences of being caught in low-paid work on zero-hour contracts. Sara, who participated in a focus group supporting women with substance use⁵, told us how:

“You just have to work to earn money – so it’s hard to find anything that’s fulfilling. Doing low-paid work is a barrier to doing anything that you’re really interested in”

In the same group we also heard from Ellesha on how the impact of a low-paid zero-hour contract and high rental costs meant that losing her home was a very real and constant threat:

“Even though I work, if I lost my job it would only take a month before I wouldn’t be able to pay my rent”

Between April 2018 and April 2019, there was an 11.4% increase in the number of households assessed by local authorities as either homeless or threatened with homelessness (Ministry of Housing, Communities and Local Government, 2019). Data shows that Bristol has higher than average numbers of rough sleepers who are women (Bristol City Council, 2018). The most common cause of statutory homelessness in Bristol over the past five years has been the termination of assured shorthold accommodation. The private rented sector in Bristol regularly fails to provide affordable and secure housing options. This is largely a result of the growing gap between average rents in Bristol and the Local Housing Allowance (Bristol City Council, 2018).

The data collected through interviews and focus groups revealed that for some women the lack of affordable housing impacted on their safety. Women spoke about how the lack of affordable rental properties meant they felt unable to leave abusive relationships. Aleksandra shared how she was



► Women's reflections collected during pop-up activities

5. In writing this report we have opted to use the term 'substance use support needs' rather than other frequently used terms such as misuse or dependency. This decision was informed by women participating in this research and their preferred terminology. Our approach is congruent with existing studies and discussions which highlight how linguistic decisions may inform attitudes toward people seeking support and the subsequent quality of support they receive (Kelly and Westerhoff, 2010; Kelly, 2017).



waiting for a charity to get back to her about emergency accommodation. In a one-to-one interview with a community researcher, Aleksandra told us that she had been experiencing domestic abuse at home but felt unable to leave until she knew she had alternative accommodation in place as she also has a child and speaks very little English. The commonly shared assumption that there are very limited refuge spaces, paired with a belief that it is difficult to secure housing in either private or socially rented housing, meant that for some women the threat of being homeless outweighed the fear of domestic abuse.

Overcrowded homes were an issue for many women. Our research revealed this disproportionately affected women from BAME backgrounds. We heard from many women living in small flats with large families in the centre of Bristol. Some women told us how they had been offered larger housing in a different area by Bristol City Council (BCC) but that they are too fearful to move there due to concerns of racial discrimination and abuse. Nahid, who moved to Bristol from Afghanistan, spoke about her fear of relocating to South Bristol. Although Nahid lives in a two-bedroom high-rise flat with five children and her husband, she feels that is safer than moving into a house in South Bristol where she has heard stories of families from BAME backgrounds being verbally and physically assaulted.

“I have friends who live in Knowle, they’ve had their house set fire to. Their children were playing in the garden and people threw burning cans with petrol at the house. You hear of it lots... people getting their houses and belongings damaged because of their background”

► Bunting creating during a focus group at Barton Hill Settlement



This was reflected in many of the one-to-one interviews and focus groups with women from South Asian, Middle Eastern and North African countries. Women described feeling excluded from specific areas of the city due to racism and discrimination. The impact of this was that women remained in housing that was overcrowded rather than relocating to adequate housing provision.

However, our research revealed that there are areas in North Bristol that have previously been perceived to be unsafe for some BAME communities, which are now considered safe to live. Interviews conducted by a community researcher with Somali women living in Southmead⁶, North Bristol, revealed that any past concerns over safety and security for BAME communities were shifting. Laylo described her feelings when she was allocated a house in Southmead, rather than Barton Hill, where she had previously lived:

“When I was bidding for a house, we were hoping to stay nearby our previous home. When we were offered this house, I felt scared and worried. But thank God we settled well into the area”

6. Southmead shares many similarities with Knowle West, specifically: housing tenure, vernacular architecture, distance from city centre, and high ranking in the Indices of Deprivation.

Yasmiin shared similar experiences to Laylo, describing how she has missed connecting with her Somali community since living in Southmead but feels safe from any racial discrimination and benefits from having more space:

“The only thing I miss living here, is my local Somali community and shops. We’ve never had a problem, but it lacks a community feel, somewhere where families can come together and socialise or where children can learn about their culture or religion”

Whilst we cannot draw any firm conclusions on the different experiences of some BAME communities in North and South Bristol wards, from our data we are able to suggest that Southmead, in North Bristol, has had some success in becoming a more inclusive neighbourhood. Our data does not offer an explanation for this, and future exploratory research may seek to understand what factors have influenced this change.

Through this project we heard the multiple ways that a lack of adequate housing acts as a barrier in women’s lives. Women have shared how the lack of affordable and secure housing provision intersects with other key factors such as women’s safety, health, employment and ability to live fulfilling lives. In setting out recommendations for change we would like to emphasise the importance of ensuring women have access to high-quality, affordable housing. The state of housing delivery in Bristol demonstrates that there is much work to be done to address local housing inequalities. Given this, we would like to highlight concerns about the current trajectory of housing delivery in Bristol and encourage people in positions of influence to ensure developers are demonstrating a commitment towards the 40% affordable housing policy target⁷. Additionally, in the allocation and distribution of Section 106 funds, we ask that BCC consider the findings presented in this report which demonstrate the importance of providing housing in the right locations and ensuring attention is given to the integration of new communities into existing neighbourhoods.

Recommendations based on women’s experiences of housing and security of home:

Work to deliver more genuinely affordable housing

We recognise that the lack of affordable housing impacts many different people and that this impact is fairly well understood. However, our research specifically revealed how unaffordable private rental and homebuyer markets significantly impact on women. Through this research we heard how a lack of affordable and emergency housing can trap women in abusive relationships. It also leaves families living in poor quality housing with little recourse to complain due to poor regulation of the private rental sector. Based on the findings from this research we recommend:

- Further investigation to understand the relationship between a lack of affordable housing and gender inequalities and to ensure this informs future policy decisions.
- Central government should invest in social housing

7. Bristol City Council Affordable Housing Practice note (2018): <https://www.bristol.gov.uk/documents/20182/34560/Affordable+Housing+Practice+Note+2018/31012544-f558-ee5a-79fd-0ee560191537>

- Central government should make it easier for local authorities to build and invest in housing, giving Local Planning Authorities control over Permitted Development Rights to ensure new housing delivered through permitted development (especially office-to-residential change of use) meets local housing needs and decent home standards.
- Local housing allowance rates should be restored to the level of local average private rents.
- We would welcome an end to Right to Buy (RTB) and the proposed Voluntary Right to Buy scheme, which is currently being piloted by a number of Housing Associations in England. Immediate steps to reduce some of the negative impacts of RTB include:
 - Devolving more control to local authorities to restrict the letting of RTB properties
 - Giving local authorities 100% of the capital receipts⁸ to build replacement social rented homes
- Improving the quality and security of the private rental market. Many women participating in this research were living in poor quality private rented housing. This significantly impacts on their health and wellbeing and their quality of life. We urge central and local governments to take action to improve the living conditions of private renters by:
 - Improving the definition of decent and non-decent housing to include issues such as accessibility and healthy ageing.
 - Protecting the rights of private renters by ensuring the ban on 'no fault' evictions works in practice and protecting private rental sector tenants against excess rent increases
- Women told us how they welcomed some of the innovative housing models being piloted in Bristol (such as 'We Can Make' in Knowle West) and we believe more could be done to understand how the community sector could create housing for women who are vulnerable or experiencing marginalisation. We believe these collaborative housing approaches could be particularly important to women who are experiencing isolation as well as women who already live in intergenerational homes but are faced with an uneven distribution of care. In order to ensure these innovative models of housing reach those who stand to benefit most, we urge BCC to be actively involved in leading and/or facilitating pilot schemes.
- Explore ways that funding can be drawn from house building, primarily through the Community Infrastructure Levy (CIL), to address aspects of the built environment that disproportionately impact on women (including but not limited to: affordable housing; public space provision; green space infrastructure; safe, reliable and affordable public transport).



Credit @macrovector

Review existing social housing process to take account of the multiple ways in which vulnerable and marginalised people are being adversely affected

Our research has highlighted a range of social and material ways that Bristol City Council's housing processes are negatively impacting on women. Based on the findings from this research we recommend:

- Increasing capacity to maintain council-owned buildings. We heard

8. Capital receipts refers to the money raised through the sale of a property through RTB. Currently, local authorities only receive a proportion of this money to build replacement social rented homes.

from women who were impacted by housing conditions that could be rectified through regular maintenance. For example: women living in high-rise buildings with broken elevators who were unable to get pushchairs out of their homes; women living in blocks of flats with significant rodent infestations.

- Providing a basic grant for lone parents moving into unfurnished council-owned properties. Whilst the women we spoke with were pleased to be allocated a home, there were many instances where they moved into properties with no carpet or basic furnishings and no money to obtain these.
- Specific groups of women have different needs so a whole range of different housing options should be made available taking these different needs into account.
- Local housing and Violence Against Women and Girls strategies should inform each other and be co-ordinated.
- Recognising that within some BAME communities there is significant concern about being housed in certain areas of Bristol. Responding to this requires a dual approach:
 - Ensuring these concerns are taken into account when allocating homes and ensuring that the 'fear of racism' is not being classed as a rejection of council housing support. One recommendation would be the inclusion of a place-based 'race impact assessment' as part of the wider process for the allocation of homes, but this must not delay people who are at increased risk of racism being housed.
 - Developing long-term neighbourhood strategies to overcome racism and/or fear of racism and discrimination. As part of this strategy we recommend looking specifically at Southmead ward to understand what has changed there to alleviate fear of racism within the Somali community.

Women's experiences of caring responsibilities

Many of the women involved in the Bristol City Listening Project had at least one caring responsibility, and it emerged as a key theme in 17 one-to-one interviews, six focus groups as well as in pop-up activities and the online survey. Our research revealed that very few women received adequate support with these responsibilities, whilst many of the women we spoke with were not in receipt of any formal support. The impact of caring for a family member or close friend was significant, and many of the women identified how it affected their mental and physical health, their ability to socialise, and their employment and education opportunities. The experiences we heard paint a picture of how women with caring responsibilities face multiple challenges in accessing support for themselves and the people they care for. Women who had caring responsibilities also frequently reported feeling the impact of cuts and vulnerability within community services. The women we spoke to were mainly caring for a spouse, older relative, friend, or SEND (special educational needs and disabilities) child. A small number of women were caring for both a relative and a SEND child.

Caring for a spouse, older relative or friend

For women who were caring for a spouse, older relative or friend, we heard about the impact this had on career and work opportunities. Women spoke about having to take on lower paid and/or shift pattern employment in

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order to carry out their caring responsibilities. Additionally, we heard how women pass up opportunities to attend training events that would enhance their career opportunities as a result of unpaid caring responsibilities for a spouse, older relative or friend. Hana, a young Muslim woman, talked about her experience of caring for her mother whilst raising three children and working long shifts as a nurse:

“In my family there’s only me and my brother. He’s not expected to do much because he’s a boy, so he can go to work. He lives with my mum so it would actually be easier if he could do some of the caring (...) he could easily do it. He doesn’t have children, he just has work. But there aren’t the same expectations. Sometimes cultural expectation is a barrier, because as a woman you’re expected to look after your household and take care of your parents. Everything is on the woman and the man is just expected to go to work and come back home. All the burden of emotional and physical caring comes down to the woman”

A number of women shared Hana’s experience of putting their career and personal development on hold in order to care for someone else.

Caring for a SEND child

Women who care for SEND children spoke about a wide range of barriers and challenges they experience in their lives, which have a cumulative impact on their overall wellbeing and the wellbeing of their families. It is important to highlight the extent to which this emerged as a theme for the women in this project. Women of different ethnicity, religion, age, and class spoke about the impact of caring for a SEND child. Whilst it is not possible to generalise beyond the data collected during this project we suggest that given the extent to which this emerged during our research, and in light of the ‘significant areas of weakness’ highlighted in the most recent Ofsted and Care Quality Commission inspection of the City of Bristol, that serious attention should be given to the nuanced and complex experiences of women with SEND children.

Many women spoke about a feeling of systemic failure, which had resulted in them either being unable to access the support they required or having been exposed to long and drawn out processes in order to get the most basic support provision. Women shared their experiences of trying to get an initial assessment, achieve a diagnosis, and secure an Education, Health and Care (EHC) plan for their child. For all the women who had gone through this process, they spoke about long waiting times and the impact of those on their family. Additionally, we heard how many women were unsure about where they could access support and did not feel that the process was transparent. When additional factors such as English as non-native language, religion, cultural background, or socio-economic geography were involved then we heard many instances of women being unable to access



any support for their children. Asha shared her experience of trying to obtain an autism diagnosis for her son:

“I kept on saying there were changes but they [Asha’s GPs] wouldn’t take it seriously (...) the health visitor told me not to label him. Luckily I spoke to my community nursery assistant who works in the GPs, she believed me and made the referral. I’m so glad she did, we’re getting that support now. I knew there was something wrong as his mum, but I wanted it confirmed. He still needs a proper care plan. If he was getting the right support, it would make such a difference to us. I’d be able to feel at ease”

► Bunting creating by women from Bristol Parent Carers and Bristol Bangladeshi Women’s Group

Asha felt living in a small flat in a large apartment block impacted her son’s condition further. She spoke about how she lives with her husband and four children in a two-bedroom flat with no outside space. Asha is reliant on the elevator in order to be able to get in and out of the apartment block with her four children, and she told us how sometimes her son refuses to use it because he is scared and other times it is out of order. For Asha, her housing situation significantly compounds the challenges she experiences as a result of her caring responsibilities, but her family’s financial situation does not allow for them to move into more suitable accommodation. Additionally, Asha spoke about the challenges of being Somali and having a son with autism. She told us how she has struggled to get people within the Somali community to understand autism as a specific condition and has sometimes found her son has been labelled as having a mental illness.

A focus group with Bangladeshi women from inner-city Bristol uncovered similar challenges around accessing support for SEND children. Language barriers were believed to be one of the biggest obstacles to obtaining the correct support. Women were unsure of the process to access SEND support services and felt they needed to be approaching their child’s school, doctors, and Bristol City Council simultaneously. Women spoke about their experiences of being pushed between different departments and services, and being placed on long waiting lists without knowing what service they were waiting for. We heard how women feel exhausted by engaging with opaque processes in their non-native language. For some of the women in this focus group, their struggle with the SEND system had been so drawn



out that they were resigned to the fact that their child would not receive any formal support. As with Asha, women from this focus group felt that living in overcrowded homes added additional challenges to caring for a SEND child but were unable to move due to financial constraints.

Asha's experience and the experiences of some Bangladeshi women from our focus group, highlight the intersectional impact of caring for a SEND child, being from a BAME background, and being economically marginalised. The Bristol City Listening Project has demonstrated a need for further investigation into the barriers that families from BAME backgrounds face when trying to access SEND support services.

Our research also flagged geographical areas where women frequently reported inadequate support for SEND children, in particular Lawrence Weston (North West Bristol) and Knowle West (South East Bristol). In interviews and focus groups women shared their experiences of feeling unsupported in caring for children with diverse and complex needs. Women attending our focus group in Lawrence Western told us that there are no face-to-face support services in the neighbourhood. We heard from Joanne about a lack of awareness of SEND in mainstream schools. Despite her child having a diagnosis of autism and ADHD they were regularly threatened with exclusion. Joanne's child was frequently sent home from school due to their behaviour. Initially, this meant Joanne lost earnings on her zero-hour contract, but it became such a common occurrence that she was forced to give up work entirely. Women from both Lawrence Western and Knowle West spoke about the impact that caring for a SEND child had on them and the other members of their family. Some of the women reported how their child could exhibit violent behaviour, but how there was no specific support to deal with this. For Emily, this had resulted in her other child having to move in with other family members.

This research has highlighted the emotional and sometimes physical toll on women and their families, when trying to secure the support they need for a SEND child. Katia, a young woman attempting to find support for her child said:

“You have to keep battling for your children, no-one else is going to. You have to just carry on”

Overwhelmingly we have heard how women's mental health is affected by attempts to secure the necessary support for their children. When paired with a shortage of free adult counselling and subsequent long waiting lists, limited appointment times, and caps on the duration of treatment, we see the significant impact this is having on women of Bristol. Whilst women

said that they were sometimes challenged by their children's behaviour, the most frequently cited cause of stress was interactions with institutions that are supposed to support their child's development, such as schools, GP practices, and Bristol City Council. The underfunding of SEND services presented in this report comes as no surprise to Bristol City Council who were recently called upon to review their proposed funding cuts to its SEND budget. However, we also recognise these cuts inevitably stem from wider problems with the underfunding of local authorities. Whilst central government has allocated additional funding for specialist support for children with complex needs and disabilities, it is clear that this is not sufficient to meet the shortfall.

At a local level there were significant inconsistencies in the availability of support provision, and of women's awareness of support being offered. The support services that were most commonly identified were provided through volunteer-led organisations, inevitably reducing opportunities to reach out to more socially, culturally or geographically isolated communities. Bristol Parent Carers provide support to a number of women who participated in this research, whereas many women received the majority of support from Bristol-based online communities, such as Supportive Parents' SENDIAS service, as well as national charities such as the National Autistic Society and The SEND VCB Project's online community. Given the extent of distrust towards Bristol City Council, GP practices, and schools, significant steps need to be taken to engage parents – especially those who are facing multiple challenges (including but not limited to: language barriers, insecure citizen status, cultural stigma around SEND, and economic inequalities) – in conversations about how to ensure services are responding to the varied needs of parents and carers of SEND children.

Recommendations based on women's experiences of caring responsibilities

Conduct a systematic review of SEND services in Bristol - importantly engaging people with lived experience

We heard time and again how women are being adversely affected by a lack of support for parents of SEND children. Poor SEND provision is having devastating effects on some women, especially those from minority groups or those living in poverty. We believe that BCC needs to take immediate action to respond to this. Based on the findings from this research we recommend:

- That BCC commission a review into the gaps in SEND services, working with local organisations to ensure the review reaches more marginalised and harder to access communities.
- We would like to see a targeted campaign reaching BAME families with SEND children. Our research has highlighted how a significant number of Bangladeshi, Pakistani and Somali women with children who require SEND services have no idea where to begin in accessing support.
- Recognising the disproportionate impact on women who face additional barriers and ensure SEND support services respond appropriately, and in a timely manner, to this. We heard from women who are single mothers, living in poverty, in deprived wards outside the city centre, with poor public transport, and no local specialist SEND services.
- Ensuring that organisations offering SEND support receive the funding they require to continue to offer outreach services. As part of any future funding BCC might look to provide additional funding

► Breakout discussions at our reflective workshop for community researchers



for these organisations to target specific geographical areas and demographic groups.

- Whilst many services are reaching out to harder to access communities there is still progress to be made in ensuring that advertising is inclusive and accessible. We heard from women who were unable to find information about specific services due to language barriers or not having access to social media.

Ensure information on available SEND services is widely accessible

There are specific geographical areas or minority ethnic groups who are not accessing any support for SEND children. For example, the women we spoke to in Lawrence Weston reported that they were unable to find any local SEND services. Additionally, women reported a lack of information available to parents of SEND children in languages such as Bengali or Somali. Based on the findings from this research we recommend:

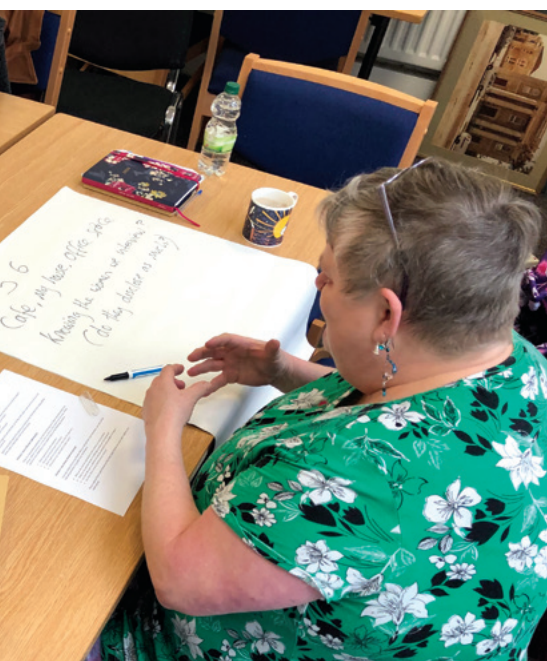
- Ensuring SEND services are reaching out to more geographically marginalised communities.
- Providing information and advertising in the range of languages spoken within Bristol. This requires adequate funding to ensure SEND charities can achieve this.

Women's experiences of accessing childcare provision

Reflecting the findings from Women of Lawrence Hill project (WoLH)⁹ – conducted by Bristol Women's Voice in 2018 – inadequate childcare provision was once again found to be a major barrier to women achieving their aspirations. In the WoLH project, we heard from 100 women who had a total of 91 children. Of the participants, 47.4% had childcare needs, and 75.8% wanted to access childcare in the future to enable them to undertake skills training and work. Only 26.4% of the WoLH participants accessed free childcare spaces. Many participants felt there was a lack of diversity in childcare provision, which led to reduced trust that children would be safe and well cared for, and that their religious beliefs would be catered for. Women spoke of a need for greater diversity in early years and after-school provision.

In Bristol's City Listening Project women from across the city told us how childcare was too expensive, located too far from their homes, and not available at the required times. The impact of poor childcare provision affected women's employment opportunities, their ability to attend courses or return to education, and their access to health and wellbeing services. Many women spoke about how their employment opportunities were negatively impacted by the lack of suitable childcare options. Responding to an online survey question on the barriers women face in their lives, one woman spoke about how she is required to work part-time due to childcare commitments and how that has impacted on her career and subsequent income:

"I'm trying to have a career but have not been allowed to go part-time in order to juggle childcare. Therefore I'm having to change my career plans which means I might end up working for less money because my employer wouldn't accommodate part-time"



9. Women of Lawrence Hill was a Bristol Women's Voice participatory research project funded by the Woman to Woman Rosa fund. The project spoke to 100 women to hear how they wanted to be involved in the large-scale redevelopment of their community.

Similar experiences were discussed in a focus group for women accessing mental health and substance use support services through a BAME-led charity. Several women spoke of their options for work and study being restricted by the need to commute by public transport and the inability to afford childcare to cover the additional travel time. The additional childcare costs to allow for travelling on public transport also came up in interviews in South Bristol. Kim, a mother of three said:

“If you get a job you can’t travel far because you’ve got to be able to get the bus back in time to do the school run”

Cuts to free after-school provision have resulted in some women having to give up their chosen career to find work to fit around school hours. We heard how this work was often lower paid, on zero-hour contracts, and presented no opportunity for career progression. Additionally, women working on zero-hour contracts faced additional concerns about not being eligible for free childcare. A woman from South East Bristol told us how she was regularly required to negotiate with her employer to be allocated 16 hours work per week to ensure she maintained her entitlement to childcare. Women working in low-paid roles or on zero-hour contracts were often most dependant on childcare provision, yet these were also the women who were most likely to find themselves without adequate access to childcare services at the times or locations they required.

Cuts to NHS services and the lack of adequate childcare had a cumulative impact on women we spoke with. We heard how women were unable to access health and wellbeing services because they could not find or afford childcare. Lacey told us how she had waited six months to be referred for counselling but when her appointment came through, they could only offer her a slot at 6.30pm. Lacey has a young child with ADHD and – with no provision for childcare and no alternative appointment times – she was forced to refuse the counselling support being offered. Similarly, Nikki was unable to access specialist support:

“I was referred for counselling for sexual assault but couldn’t access it as there were no evening, weekend slots or a creche”

Both Lacey and Nikki were unable to access vital mental health services because they could not secure childcare provision at the appropriate times. Offering a range of appointment times would have increased these women’s options, but better access to flexible childcare would go further in ensuring women’s health is not impacted by being unable to attend appointments.

Some women told us how they returned to education after having children and had subsequently secured better employment opportunities. Overwhelmingly, we heard how childcare from family members, friends and neighbours had been vital in enabling this to happen. Whilst informal support is a huge resource for many women, we also know that there are women who do not have these kinds of support networks. Single mothers and women who have relocated, migrated or sought asylum may not have friends or family members who are able to offer free childcare. Whilst there have been changes in childcare policy in England aimed at increasing provision for working families, other research suggests that these changes are not reaching families who stand to benefit most (NAHT, 2018). This was reflected in the findings from our research. At a local level we heard that



► Bunting created during a focus group at Barton Hill Settlement



significant steps are still required to develop a range of childcare provision that does not further exacerbate inequalities.

Recommendations based on women's experiences of accessing childcare provision:

Recognise the impact of childcare provision on women's ability to work and participate in education and training courses

This research has highlighted the importance of adequate childcare services in enabling women to achieve their aspirations. The lack of childcare provision results in many women being excluded from the labour market and training. We urge government to improve the subsidised childcare offer to enable women to access better jobs, training and education, and health and well-being appointments. Based on the findings from this research we recommend:

- Commissioning a review of existing childcare practices within local authorities- with a specific focus on identifying innovative approaches to delivery. We would recommend looking specifically for examples of flexible childcare services, culturally sensitive childcare, and childcare for SEND children. Any review should seek to learn from best practice.
- Extending the free hours offer to cover all women seeking work or training, those currently able to work fewer than 16 hours due to childcare responsibilities, and those whose work extends beyond school hours.
- Increasing the fee paid to childcare providers to enable them to survive without cross-subsidising from additional paid hours or provision of 'additional' services.
- Placing a duty on local authorities to ensure provision is available in all localities, including in disadvantaged areas and for SEND children.
- Placing a duty on the NHS, job centres and other public services to ensure their appointment systems take into account parents' childcare responsibilities.
- Place a duty on relevant authorities including LEPs and combined authorities to define childcare as infrastructure necessary to support economic growth and therefore able to be funded from regional funding to support the delivery of the national and regional Industrial Strategies.

Childcare is a major barrier to women being able to achieve their aspirations

Recognise how current childcare services are impacting on women's ability to access education and better paid or more fulfilling employment

Childcare is a major barrier to women being able to achieve their aspirations. This has been frequently reported both nationally and within Bristol. Childcare services should be improved as a matter of urgency. In addition to the national level recommendations, we make the following local level recommendations:

- Follow up on the recommendations from the report commissioned by the City Office on affordable childcare (Bristol One City, 2020), including working with employers, businesses, social enterprises and voluntary and community organisations to provide affordable, flexible, accessible and culturally sensitive childcare including before

and after school and during school holidays.

- Organisations providing education and training courses and health and support services should recognise and make arrangements for women to have suitable childcare so that they are able to access service provision. It is important to take into consideration women's travel time in calculating these requirements. Unless childcare services enable women to make the journeys required to get to and from training/education centres or work buildings at specific times then they will continue to be excluded from these opportunities.

Women's health and wellbeing

Women's health and wellbeing featured prominently in the interviews, focus groups, pop-up events and online questionnaire. Women shared a diverse range of concerns around their physical and mental health. These concerns were frequently interrelated; however, for the purpose of this report we have presented them under the following three categories: physical health; mental health; health and substance use.

Physical health experiences

Women raised a number of concerns about their physical health and the ability to access services or activities required to support their physical health needs. Many women spoke about being unable to get healthcare appointments within acceptable timeframes. We heard how women struggle to access routine services with long waiting times to see a GP, and reduced availability of flu jabs and other routine treatments. Additionally, women told us how – after it took many months to obtain a GP referral – they had waited over six months to receive appointments from specialist services. We heard how this had caused significant anxiety and stress, whilst for some women they lived with debilitating symptoms waiting for specialist treatment.

Some women spoke about the relationship between exercise and physical health. We heard how attending exercise classes had a positive impact on women's physical fitness and mental wellbeing. Many women felt that the cost of exercise classes and gym memberships could be prohibitive, whilst some of the women identified that women-only exercise options were vital

► Women from Sadaga crafting during their focus group





► A post-it collected during a pop-up activity

in enabling them to participate. For some women accessing substance use support services, we heard how important it is to be able to exercise in women-only spaces. Similarly, Tahira spoke about the physical and mental health benefits she experienced after joining women-only boxing classes. Tahira shared how she was initially nervous that she might be judged for wearing a hijab but that she has felt extremely welcomed and supported. Hafsa, a Somali woman, told us how she had previously enjoyed taking part in exercise classes but since moving to North East Bristol she has been unable to find women-only exercise classes or facilities.

Data around women-only provision was generally positive with women discussing the valuable contributions these services made to their lives. Concerns around who can access women-only services did not arise in the one-to-one interviews or focus groups. However, two survey respondents articulated concerns about trans women and non-binary people having access to specific services and spaces. These respondents expressed feeling particularly vulnerable in healthcare settings.

Women's health was discussed in relation to both physical and mental health. Our research revealed that many women are concerned about the availability and quality of menopause support services. We heard negative experiences of healthcare professionals, especially GPs. Women told us how they had visited GPs seeking support for menopausal/peri-menopausal symptoms and had been prescribed hormone replacement therapy (HRT) without any accompanying advice on the impact of HRT or alternative treatment options. We also heard from a number of women who had negative experiences trying to access sexual health services. Long waiting lists for contraceptive clinics at GP practices were cited as one barrier whilst other women spoke about having struggled to access sexual health centres in Bristol. The process of securing an appointment at the city centre clinics was identified as being exclusionary of women with children or caring responsibilities, and a number of women said that they had tried to access emergency appointments but had been told their only option was to queue at a clinic from 7am for a same-day appointment, which they were unable to do. Additionally, a few women spoke about their experience of feeling shamed by staff when seeking emergency contraceptive pills.

A noticeable contrast was revealed when we spoke with women engaged in various different forms of sex work, who expressed how supportive they found emergency sexual health services in Bristol. Disparities in experiences of women's health services needs further investigation. Future research might seek to look in greater depth at the intersectional experiences of women's health, including age, sexuality, ethnicity, disability, language, citizen and immigration status.

Mental health experiences

Mental health was commonly identified as a key concern and barrier for women participating in this research. The prevalence of mental health concerns and the immense negative impact of poor mental health on all other aspects of women's lives suggests that current mental health services are continuing to fall short in meeting the needs of women of Bristol. We understand that systemic underfunding to mental health services is prevalent across England, and that the specific experiences of women of Bristol may well reflect a national picture. However, for the purpose of this report we remain focused on mental health services within Bristol.

For many women, their GP was the first point of contact for mental health support, whilst some women accessed one-to-one therapy directly through

private and charity sector services, and a small number of women self-referred through the Bristol Wellbeing Therapies (IAPT) Service. The data we collected revealed significant issues at all stages of engagement with NHS mental health services, including making contact and securing support, during treatment, and exiting and post treatment. Long waiting lists for free or reduced rate counselling had affected many of the women participating in this research. We heard how women had waited up to 12 months to access counselling through the NHS. For many women they felt this was their only option as their financial situations meant they were unable to go to a private therapist. Kate, who attended a focus group for mothers of SEND children, spoke about the difficulties of caring for her child whilst also struggling to look after her own mental health:

“My GP put me forward for a counselling referral I got an initial online assessment after four weeks, now five months later I’m still waiting for an appointment.. nothing at all no group or counselling.. nothing at all”

Stephanie also talked about the lack of mental health support available to her. In an individual interview she reflected on how NHS mental health services are reactive, rather than proactive in supporting people before they reach crisis point. This was reflected in other interviews and focus groups and was especially prevalent in areas with higher levels of deprivation. A number of women told us that they had been unable to access services when they became aware that they needed support; for some of these women the impact of this has been devastating, resulting in suicide attempts.

This feeling of inadequate support was echoed in women’s experiences of receiving counselling and mental health support through the NHS. It is important to highlight that the issues raised did not call into question professional capabilities of the therapists but rather systemic inadequacies. The main concerns around NHS talking therapies were the cap on the number of sessions available before being discharged from treatment. For women who had received NHS treatment the majority had been capped at between six and twelve sessions. Nikki spoke about her experience of being restricted to six counselling sessions before she had to go back on the waiting list:

“Services are not there to support you to make long-term change which takes account of people’s histories in order to bring about long-term change”

Olga was also frustrated at that lack of sustained support for women through NHS services. Acknowledging the importance of charities in responding to inadequate NHS provision, Olga said:

“There’s not a long-term commitment to women in any service. There’s charities that do amazing work but that relies on you having the wherewithal to get there and get involved”

Many women shared similar concerns to those of Nikki and Olga, identifying a need for longer-term support. Women spoke of a felt risk of becoming



► Women's reflections collected during pop-up activities



traumatised further by opening up to a therapist and running out of available sessions before reaching resolutions. This was a particular concern for women who had experienced sexual and physical abuse, women with chronic illnesses and women with SEND children. Clare told us about the importance of having time to work through personal trauma and the availability of more flexible mental health services:

“The benefit of giving space to someone who’s traumatised, a chance to have counselling when they’re ready, whether that takes two years or three years – the benefit to community would be massive. They’ll function better, they’ll parent better – the long-term benefits outweigh the short-term costs”

From the data gathered in this research it was noticeable that women who engaged with substance use services appeared more confident in attending group sessions, and/or seeking alternative forms of therapy, for example: outdoor group therapy sessions; volunteer programmes designed specifically to support people in recovery. Whilst it is not possible to generalise beyond the parameters of our research there was some evidence to suggest that women engaging with substance use services were often receiving more holistic support with housing and finances as well as courses such as professional development and gardening, alongside mental health support.

Additionally, a number of women spoke about their experience of being allocated a therapist with whom they did not develop a good client-therapist relationship. The therapeutic relationship between client and therapist is well understood to be vital in supporting people to move through troubling or distressing experiences. In counselling training there is much attention given to the importance of attending to this relationship and to acknowledging that some client-therapist relationships may not be conducive to making progress despite the expertise and capabilities of the therapist. Women receiving NHS treatment told us how they felt unable to request a different therapist even if they found the therapeutic relationship counterproductive. When women did do this, they were required to re-join the waiting list in the hope that they would have a better relationship with the next therapist. Sadie reflected on this in her one-to-one interview:

“Finding the right counsellor is like finding the right pair of shoes. If you don’t bond with the counsellor you end up back on the waiting list for another three months or so and that is a really long time to be left vulnerable”

Whilst we recognise how sustained funding shortages are significantly impacting on the availability of mental health service provision, this research highlights how inequalities in mental health services are disproportionately affecting women who are unable to afford private treatment. As such, we recommend that future mental health strategies should be developed more holistically, recognising the importance of accessing the right kind of support for the length of time required. Particularly, our research has highlighted how limiting women to six to twelve sessions can have

significantly counterproductive outcomes, which in some cases may leave the woman (re)traumatised. Additionally, future strategies might be greatly improved by allowing women to request an alternative counsellor if a good therapeutic relationship is not established.

The charity sector is vital in delivering services to women of Bristol. This involves phone services, face-to-face counselling, group sessions, as well as alternative therapeutic spaces such as outdoor gardening projects. A few of the organisations that women identified as supporting them specifically with their mental health included: Woman Kind, Feed Bristol, The Harbour, The Haven (Red Tent project), Mothers for Mothers, Nilaari, Off the Record, Positive Minds, The SWAN project, Missing Link, Bristol Drugs Project.

Amy received long-term counselling through The Harbour, a Bristol-based charity, after experiencing two bereavements in close succession:

“They kind of saved my life, they were brilliant”

Asya told us how she had received NHS trauma-based counselling after she was treated for a suicide attempt. Key to the success of this treatment in Asya’s eyes was the long-term nature of the support, which enabled her to address deep-rooted childhood trauma. Both Amy and Asya’s experiences reflect many of the stories we heard through this project about the need for longer-term approaches to mental health support.

Health and substance use

There was a strong relationship between substance use and mental health in our research. However, there were more general findings relating to the health and wellbeing of women with substance use support needs which led us to present health and substance use under a separate heading to the mental health experiences of women. Notwithstanding, many of the women we spoke to in focus groups and one-to-one interviews expressed a clear connection between their mental health and current or past substance use. Women told us about the extreme isolation they had experienced both during periods of substance use and in the process of long-term recovery. Many women we spoke with – who also identified as having substance use support needs – discussed the challenges of trying to attend social events and support groups, or to (re)build relationships with friends and family. These women sometimes attributed this to feelings of shame, and commonly identified a general level of anxiety, which left them uneasy when leaving their homes. Additionally, the lack of alcohol- and drug-free spaces to socialise without being in a specific support group was a big barrier to women feeling empowered about overcoming feelings of isolation. A number of women identified a need for more substance-free spaces to socialise in the evening. Additionally, some women revealed how their housing situations further exacerbated feelings of loneliness and isolation. Jackie, a woman living in South Bristol, spoke about her experience of abstaining from drugs after the birth of her child: ►►

Other women shared similar stories to Jackie, of feeling isolated from their social networks due to being in a recovery programme. We heard how women were unable to change their living situations

Jackie: “It was tough withdrawing. It was tough living in a flat, where all the people from my lifestyle before the birth was around

Interviewer: And were they still taking drugs

Jackie: Yes.. they were still in it.. and my daughter’s dad too. He was popping in and out and he was injecting

Interviewer: That sounds like it would have taken incredible strength

Jackie: Yeah. I was tempted you know, thinking just a line of coke or.. but then I kept looking at my daughter and thinking ‘no that’s not the thing to do’”



► Embroidered message created at our focus group facilitator training day

because they were not considered in housing need by Bristol City Council or social services but did not have the financial security to move to a new house of their own accord. For some women the impact of remaining in their existing homes whilst working towards recovery left them feeling desperately isolated and alone.

Several of the women who took part in focus groups and interviews spoke of specific challenges they had faced when trying to access health services. Sabrina made multiple visits to her GP to discuss chronic back pain. She told us how her doctor regularly tried to prescribe her morphine, and how on each occasion she had to explain that she could not take it due to being in recovery. Aga has cirrhosis of the liver and explained how she was very anxious to try and improve her health since being in a recovery programme. She told us how every time she visited her GPs about her liver, she would see someone different and was required to retell her story. For Aga, this has a significant impact on her mental wellbeing and she describes how the constant retelling leaves her feeling judged and ashamed. Our research highlighted inconsistencies in how women who are in a recovery programmes are treated by staff from the health and social care sector. In contrast to Sabrina and Aga's experiences, a small number of women shared positive stories of their engagement with GPs. Occasions where doctors referred women on to more holistic services seemed to be perceived positively. More holistic forms of therapy were commonly attributed to improved physical and mental health. We heard from women who had benefited from canine and equine therapy, as well forms of therapeutic bodywork. Discussing her experience of withdrawal from drugs Hanna noted:

“Having shiatsu while detoxing was so important. I was very disconnected from my body but allowing someone to physically connect was really helpful”

The findings from the City Listening Project highlight the indispensable work undertaken by charities and third sector organisations to provide for women with substance use support needs.

Recommendations based on women's health and wellbeing:

Recognise how public and voluntary sector funding cuts have undermined the role that volunteering plays in improving mental health and wellbeing

This research highlights the vast range of benefits attributed to volunteering¹⁰. However, we believe more must be done at a central government level to ensure these benefits can be realised. Based on the findings from this research we recommend:

- Central government works to recognise the social and economic benefits of volunteering.
- Evidence of the benefits should be used to encourage and support local authorities to better consider voluntary and community sector organisations in commissioning decisions and the allocation of public funding. Specifically, our research has revealed the importance of volunteer opportunities and community-led initiatives in supporting a holistic approach to improving mental health. The

10. Further discussion of the benefits of volunteering can be found throughout this report, especially in the 'Volunteering opportunities' and 'Experiences of disabled women' sections.

commissioning of mental health support should reflect this and adopt an openness around alternative therapeutic support services.

- In order to fully realise the potential for the voluntary and community sector, there needs to be more funds available to support volunteer co-ordinator posts, or to increase organisational capacity for volunteers to be recruited and managed appropriately.

Ensure better funding for community and third sector organisations that provide direct services to women

We heard how many community and third sector organisations are providing services to women that fill gaps left by cuts to public sector. Many of these organisations are delivering hugely valuable resources on very little funding, and with a significant amount of volunteer support. The quality of provision that can be provided for relatively small costs should be better utilised by funders of mental health services. Based on the findings from this research we recommend:

- Ensuring that the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) and Avon and Wiltshire Mental Health Partnership (AWP) recognise the important work being carried out by community and third sector organisations (especially those that may not initially present as mental health charities). There have been significant cuts to the funding available to community organisations, as reported in the 'Arm in arm' report (Centre for Mental Health, 2019). The CCG should recognise that these organisations often provide excellent value for money, but that their survival is largely dependent on funding from statutory bodies.

Increase mental health provision so that no one has to suffer while being kept on a waiting list for support and ensure mental health is a strategic priority for Bristol City Council and statutory services

Mental health was such a concern for women of Bristol that we believe there is a crisis in mental health provision across the city. The diversity of women concerned about their mental health demonstrates that this is a far-reaching problem. Based on the findings from this research we recommend:

- Ensuring that mental health services are adequately reaching BAME communities in Bristol and looking to create funding specifically for BAME mental health service providers.
- Using established community representatives to reach out to BAME communities in order to better understand the most helpful format for any future mental health support programmes.
- Recognising how community and third sector organisations are delivering valuable mental health support across the city and providing funding to ensure these services are not forced to close.
- Ensuring that GPs are aware of the range of mental health services available, including those provided by community or third sector organisations. Whilst we recognise the importance of professional mental health support, we are also aware of the valuable resources being delivered in community and peer-led settings. These services offer a lifeline to women who may be required to wait up to a year for NHS treatment.

► Group activities at our reflective workshop for community researchers





► Bunting created by women from WECIL

- Developing a long-term strategy to reduce waiting times for professional therapeutic support and to provide longer term, and culturally sensitive/responsive, support where needed. We heard from many women who were capped at six NHS therapy sessions and reported a worsening in their symptoms after their treatment stopped.

Ensure there are services meeting women in their homes and preferred spaces

Women told us how beneficial it could be when a service came to them in their homes or in a neutral location. Some women who participated in this project shared the shame or fear they experienced when required to visit a service building to access support. Based on the findings from this research we recommend:

- That organisations offering therapeutic support are funded to offer services in homes or preferred safe spaces. Some women are choosing not to attend support services because they are concerned about judgement; for example, a mother who chooses not to attend substance use support services for fear that someone might see her, but benefits significantly from someone visiting her in her home.

Experiences of disabled women

This research engaged with a number of disabled women. A total of 40 women identified as having a disability. It was evident early on in the data collection process that there were experiences relating to chronic hidden/less visible health conditions that were distinct and significantly underrepresented in existing research as well as in health and social care agendas. In response, we recruited a community researcher to focus specifically on the experience of women with hidden/less visible illnesses. In presenting our findings on disabled women's experiences we begin with a more general overview of the reported challenges and barriers, and then focus specifically on the experiences of women with hidden/less visible health conditions.

Women identified a range of ways in which they experienced exclusion and marginalisation due to being disabled. We heard specifically about challenges in using public transport. The lack of dedicated wheelchair space came up in focus groups and interviews. Women spoke about the impact of being expected to share space on buses with pushchairs. In an interview with a partner organisation the interviewee told us how conflicts would often arise between wheelchair users and people with pushchairs, over who should be able to use the allocated space. Additionally, women in interviews and partner organisations told us of instances where taxi drivers would drive away when they realised that an individual was using a mobility aid. The design and maintenance of buildings and public spaces was highlighted as a concern for disabled women trying to move around the city. Poor maintenance of pavements or illegal parking may significantly restrict where a disabled person can access. We also heard how many buildings are still badly designed or poorly adapted for disabled people. In interviews with partner organisations we learnt how the government's 'Access to Work' grants¹¹ are "notoriously slow" and "a very rigid system that's hard to work with". This was reported to be particularly difficult for disabled people on temporary or fixed-term contracts.

Our research reveals the significant impact of living with long-term hidden/less visible illnesses and the toll this has on women's self-esteem and

11. Access to Work grants are public funds which are intended to support disabled people in work. Grants are available for support and assistance such as: specialist equipment costs, extra travel costs, sign language interpreters.

mental health, as well as its impact on their ability to form and maintain relationships. Rosie, a woman who has been unwell with chronic fatigue, and related health issues, for many years talked about the lack of awareness around hidden and chronic illnesses:

“No-one understands how systematic the illness is – it affects every bit of your being”

Katherine shared her experience of feeling isolated from friends and family due to chronic fatigue:

“I don’t want them to see me like this, I’ve put on about three stone. I’m tired all the time and I don’t want them to see me like that – that’s the worst thing really, the loneliness”

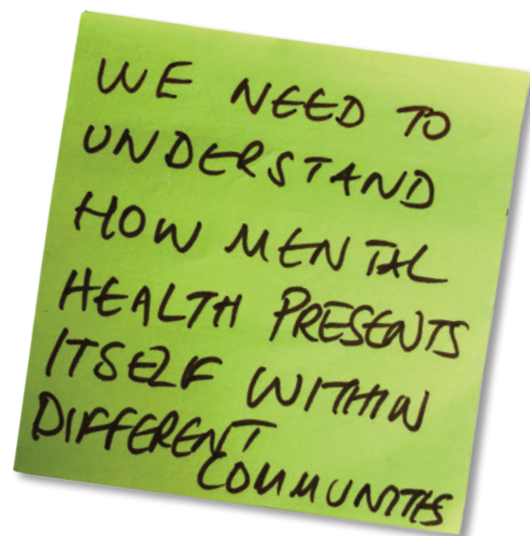
Extreme loneliness was a common theme amongst women who were experiencing or had recently experienced hidden/less visible illness. The isolation women experienced featured heavily in interviews. Esther has fibromyalgia and talked about how the pain she experiences affects her ability to go out and socialise. She spoke about feeling that she lacks a support network and reflects on how her health condition has impacted on her relationships:

“They’re getting on with their lives and going on holiday and have partners and children and I’m 38, childless and living at home with my parents – I don’t feel like I’ve got a lot to give anyone, so I don’t get in contact with anyone”

Women reported feeling isolated due to restrictions on their ability to leave their homes and get out to visit friends or attend social events, but there was an additional layer of isolation which affected a number of the women we spoke with. This was linked to experiencing high levels of fatigue, which resulted in women being unable to socially engage even when in the presence of people they wanted to connect with. A number of women spoke about experiencing ‘brain fog’ which limited their capacity to think and talk clearly. In Rosie’s interview, she described in depth the tension between wanting to connect with people but being unable to due to her illness:

“I would talk to people but I couldn’t talk for very long and my cognition was so bad I couldn’t remember stuff – so people would just think I was quiet, but I’d have all this stuff I wanted to say but I knew I’d start talking and I’d get so tired and feel so ill”

These experiences illustrate some of the ways that women with hidden/less visible conditions are impacted in their daily lives. A number of women we spoke with identified systematic obstacles that further compounded their health conditions. Poor public transport, public spaces and toilet facilities limited women’s freedom to leave their homes. Having to wait for a bus,

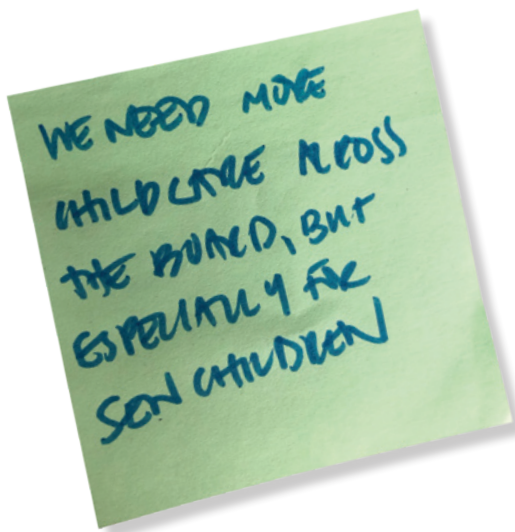


► post-it notes collected during pop-up activities

being unable to find public spaces to sit and rest, and a lack of accessible public toilets, were all particular concerns to women who have limited energy resources or experience sudden pain flare-ups. Simple measures such as facilities where women could rest in the city centre made a huge difference but these spaces were rare and access was unpredictable, meaning that women would not be able to rely on them being available when required.

Access to medical and financial support was also a concern for women with hidden/less visible conditions. Most of the women spoke about a lack of support through their doctors and within NHS services more broadly. We heard how women were being sent away from their GP practices without any support or follow-up treatment. All but one woman who had a hidden/less visible illness had struggled to get their condition recognised and taken seriously through health services. The sense of systemic failure regarding healthcare for people with hidden/less visible illnesses arose in many of the one-to-one interviews and focus groups. Reflecting on her struggle to get support through NHS services, Rosie said:

“They leave you to rot basically. If you don’t fit into a scientific model of this particular illness needs this particular treatment that we can verify through scientific methods, then you don’t get anything – but people with chronic fatigue are too tired to advocate right”



We heard from women with chronic health conditions who had found themselves being passed between services without receiving any treatment. One woman told us how she was referred for NHS counselling but when she spoke about the pain she experienced due to fibromyalgia the counsellor referred her to a pain clinic instead and she was left without any mental health support. This highlights a significant problem for women with hidden/less visible illness who require both physical and mental health support. Many of the women we spoke to emphasised the importance of being able to access services to support with their physical symptoms as well as their mental wellbeing.

Accessing benefits was also a challenge for women with hidden/less visible illnesses and there were significant discrepancies in what women were receiving in state support. Variability in symptoms and the assessors' lack of understanding about conditions such as chronic fatigue and fibromyalgia were perceived as a significant obstacle in accessing financial support. Some women received Personal Independent Payment (PIP) and Employment and Support Allowance (ESA), whilst other women had been denied disability benefits after being assessed. Women described how the fluctuations in their symptoms might mean that at one time they feel able to undertake a number of tasks whilst at another they may be unable to get out of bed. These fluctuations could happen throughout a day or over the space of a week. PIP assessments are supposed to consider someone's health across 50% of days in the assessed period; however, in reality women told us that fluctuations in the severity of their symptoms had led assessors to deem them not to be credible witnesses. This research revealed that volunteering was a resource for many of women with chronic illnesses. Volunteering was directly linked to reduced isolation and was particularly important to women with long-term and variable illnesses. Volunteering provided opportunities to socialise and participate in activities but enabled women to opt out when their symptoms were worse. Additionally, we heard

how volunteering helped women with hidden/less visible illnesses build confidence and increase their self-esteem. Women identified the benefits associated with participating and contributing to something they believed was meaningful. However, women were also concerned that by volunteering they would be deemed fit for work in their next assessments or that their case would be reassessed early. It was believed that assessors did not recognise that it was the flexibility of volunteering rather than the actual work that was vital in enabling people with chronic illnesses to participate.

This research has drawn attention to a range of different concerns raised by women of Bristol in relation to their health and wellbeing. We have heard many different ways in which women feel let down or overlooked in Bristol health services. However, we want to reiterate the importance of framing insufficient service provision within wider discussions on the impact of government spending cuts to the NHS and local authorities. The following section and concluding chapters of this report point to some recommendations for action and future research based on the experiences of many of the women who contributed to this project.

Recommendations based on the experiences of disabled women:

Ensure the development of a robust strategic plan, which recognises the experiences of people living with chronic illness (especially less visible/hidden long-term illnesses that disproportionately affect women)

Whilst we heard from women with a range of disabilities, chronic fatigue syndrome/ME and fibromyalgia were by far the most commonly experienced conditions. Based on the findings from this research we recommend:

- Ensuring that PIP assessors better understand the fluctuating nature of some chronic conditions (with the longer term goal of greater consideration of chronic illness in the welfare system)
- Continuing work with intermediary charities to develop a plan for improving the quality of life of women living with chronic illnesses. Any future research funding should include women with lived experiences and should involve a range of local decision-makers, including city planners, mental health commissioners, transport planners, and health and social care practitioners. Future research should be action focused – conducting research and leading campaigns to raise awareness of the barriers around chronic illness.
- Ensuring that disabled people are better represented in business. This could include having a disabled business charter that encourages more businesses to proactively adopt/promote more flexible working, workplace adjustments, and working from home policies.

Women's experiences of safety and security

Violence against women and girls remains a major concern in our society. The Safer Bristol Partnership reported that in 2013 in Bristol, 14,273 women and girls aged between 16-59 were victims of domestic abuse, with an annual cost to Bristol of £41,309,806. As noted in their report, this figure does not account for women over the age of 60 (Bristol City Council, 2013).

Concerns relating to women's security and safety came up in interviews, focus groups, the online survey, and at pop-up activities. Harassment was a



► Collecting women's ideas for change at a pop-up event at Fillwood Christmas Market

concern for many women in this project. We heard experiences of physical, sexual, and verbal harassment and how these affected women's freedom to move around the city without fear and participate fully in everyday activities. Abbie attended a focus group facilitated by a charity run by and for disabled people, where she told us about her experiences of being sexually assaulted in public spaces:

"I get harassed a lot by men (...) Men have been the plague of my life. I can't even enjoy going to comic conventions anymore because I got groped and the staff didn't do anything about it"

Gyms were also identified as places where women experienced sexual harassment and were off-limits for some of our participants, unless they had women-only areas.

A significant number of women who participated in the Bristol City Listening Project were survivors of domestic abuse. Women who were affected by abusive relationships, either currently or in the past, came from diverse age ranges, ethnicities, and socio-economic backgrounds. We heard how domestic abuse had deep-seated and long-lasting impacts on the lives of women. Unsurprisingly, women reported how domestic abuse had negatively impacted their mental health. Low self-esteem and shame were feelings commonly expressed in this research. We heard from women who shared how feelings of low self-esteem and shame were not only a result of living in an abusive relationship but were also a significant barrier to reporting or leaving an abusive partner. Ella shared her experience of being in a long-term relationship with a violent partner. She revealed how her self-esteem was so low that she began to blame herself for her partner's abuse:

"I got to the stage where I believed I deserved it – if I didn't get hit that week then something was wrong"

Ella also spoke about the relationship between her substance use and domestic abuse. For Ella, as well as other women who participated in this project, alcohol and/or drug use provided a way to numb them to the abuse they were experiencing.

Experiences of domestic abuse came out in one-to-one interviews and focus groups with women from BAME communities. Whilst there was no evidence from this research that BAME women were disproportionately affected by domestic abuse, there were some factors relating to the experiences of BAME women that should be highlighted. Stigma from women's wider cultural community around being a single woman (with or without children) led to some women remaining in abusive relationships for many years. Additionally, a small number of women from BAME communities spoke about how their decision to have multiple children was partly linked to the realisation that they suffered less violent abuse when pregnant. We also spoke to women who had fled domestic abuse from outside the UK and had sought asylum. We heard of the extreme isolation women experienced when arriving in the UK and trying to navigate support services with insecure immigration status.

Women's experiences of accessing support for domestic abuse differed

significantly. Specialist domestic abuse services, notably Next Link and Women's Aid, provided vital support to many women participating in this project. The importance of these specialist services was discussed in focus groups for mothers experiencing peri- and post-natal depression, women accessing support for substance use, and a BAME-led women's mental health support group. Additionally, the importance of specialist domestic abuse services came out in one-to-one interviews and in our online survey. A number of women spoke about their experiences of trying to access language and/or culturally specific domestic abuse services. Marta, a Polish woman who has tried to leave her abusive husband, spoke about the struggle faced in accessing support. Marta's English language is limited, and she relies on translators to help her complete forms or communicate with Bristol City Council and her bank. Marta has made contact with a Polish domestic abuse charity but is waiting for a response. She tried to find accommodation away from her husband, but private landlords are unwilling to accept a young child and she struggles to communicate the severity of her experience due to language barriers. Marta spoke about being extremely isolated with no language support, no friends or family in Bristol, and no awareness of other domestic abuse services available to her.

Ayasha shared how she had experienced domestic and sexual violence from her husband and husband's peers in her country of origin. She spoke about her decision to flee without her children and journey to the UK where she undertook a five-year court battle to gain custody of her children. Ayasha shared how extreme feelings of isolation added to the trauma of arriving in the UK with no family or friends and limited English language.

Nasrin, a Somali woman, spoke about her experience of leaving her abusive husband when she spoke limited English. Nasrin told us how she had contacted a specialist domestic support service but felt like she did not receive the type of support she needed. For Nasrin, social services provided her with temporary accommodation whilst close social networks gave her the emotional support she required.

Whilst it is not possible to generalise from the data collected through this research, the evidence suggests that more needs to be done to ensure women with language support needs are able to access information in their native languages and specialist interpretation when required. This reflects findings from the report 'Nowhere to Turn' (Women's Aid, 2019) which calls on local authorities to ensure that all women with language support needs have access to statutory services.

Additionally, our research findings highlight perceived gaps in specialist domestic abuse services for older women. This reflects the recent report 'No Age Limit: The Hidden Face of Domestic Abuse' (Age UK, 2020) which calls for policy change to recognise and take greater account of the needs of older domestic abuse victims and survivors. Future research would benefit from examining the specific support needs of older people and how this may be reflected in any future policy decisions.

Recommendations based on women's experiences of safety and security:

Provide domestic abuse services that meet the needs of all women

Whilst we, like many other women's sector organisations, welcome the reintroduction of the Domestic Abuse Bill, we believe there is still much work to do to ensure that all women are able to access the support they need. We encourage central government to engage with the valuable work



► A woman sewing at Refugee Women of Bristol's focus group

being carried out by our sister organisations (such as Women's Aid, Imkaan, Agenda, SafeLives) which provide a range of detailed recommendations on the systemic changes needed to end domestic abuse for good. Based on the findings from this research we recommend:

- The need for a more joined-up approach in understanding how to support victims of domestic abuse. Our research reflects much of the existing findings that highlight how domestic abuse support must be considered alongside other factors such as substance use, citizen status and homelessness. We have highlighted examples where women remain with the perpetrator because they fear being unable to find alternative accommodation.
- Support for women with insecure citizen status and additional support for women who have recently arrived in the UK. Our research revealed the experiences of women who had fled to the UK believing they would be safe, only to find themselves isolated with no financial or language support. (This is addressed in more detail in the 'Nowhere to Turn' report (Women's Aid, 2019).)

Women's experiences of accessing education and professional development

Opportunities for and barriers to engaging with formal education or professional development came out of a range of interviews and focus groups, as well as in pop-up activities.

Many of the women we spoke with expressed a desire to attend formal education or training, or to engage in some form of professional development. We identified a range of barriers that need to be overcome to enable this to happen.

Care, including childcare and care of a family member or spouse, and the distribution of domestic labour were commonly identified barriers to women attending formal education and professional development courses. A lack of childcare provision provided by the organisations or institutions delivering courses came up many times. Women told us how the childcare they could access would often not cover the time required to attend and travel to and from training courses. The lack of childcare provision was frequently cited as a barrier to accessing English for Speakers of Other Languages (ESOL) courses. Additionally, a lack of spoken English language was seen as a barrier in accessing additional training courses. Alia spoke about how she had no formally recognised qualifications from the UK:

► Bunting created by women attending a focus group at Avonmouth Community Centre



“Going to college one or two days a week would benefit me a lot but I always ask myself, it will nearly be time to pick up the children or I might be late for them (...) So I think I can only go to college when my children are old enough to go to school on their own and are responsible enough. I also need someone that I can rely in case anything happens such as I’m running late for school”

Alia's experience was representative of many women who wanted to attend

educational courses but were unable to get back to their children's school in time for collection. Caring for elderly relatives was also a barrier for a number of women who wanted to enrol on training courses.

The cost of education and training courses came up in interviews. Some women expressed a desire to set up their own businesses, particularly family-run restaurants and catering services. However, they felt that they would need to attend training courses in order to gain the skills required to manage the different aspects of the business and these courses were identified as being too costly to pursue.

For some of the women participating in this project, self-esteem was identified as a significant barrier to accessing education. This was discussed in the context of having had time out of paid work to raise children, and concerns around ability to speak fluent English. However, this was most clearly associated with women who also spoke about having substance use support needs. Helen talked about how she left school before gaining any formal qualifications. At 45 years old she is considering returning to education but expressed anxiety that her peers might judge her for being a mature student and lacking IT skills. A number of women identified how peer mentoring schemes and facilitation training delivered through organisations such as Developing Health and Independence (DHI) provided a valuable space to build confidence, which could lead on to additional training and education, if this was what women wanted. This relates to the wider theme of representation in action and the benefits of women seeing other women positively changing their lives.

As we heard in the 'Women's health and wellbeing' section of this report, community and third sector organisations can provide valuable support to women who are considering applying to education and training courses. We heard from a number of women who had received informal support through a community organisation, which had enabled them to complete applications for university and college courses. This type of informal support is often overlooked when considering services provided by community organisations and could potentially be lost through funding cuts.

During this project we heard from many women who believe that accessing education is important in enabling them to overcome some of the obstacles to making positive changes in their lives. Through focus groups, interviews, pop-up activities and the online survey, we have heard how education impacts on many other areas of women's lives, including their mental health and self-esteem, access to better quality housing, and financial stability.

Recommendations based on women's experiences of accessing education and professional development:

Ensure all women have the opportunity to engage with education by providing accessible training

We heard of numerous barriers standing in the way of women pursuing education, including caring responsibilities, low-paid and irregular employment, English language support needs, health limitations, and a lack of confidence. However, women have told us what education means for them and the positive impact it can have on their wider quality of life. Based on the findings from this research we recommend:

- Ensuring childcare services are provided at the times and locations required by women who want to attend courses. A significant



► Bunting created during a focus group at Barton Hill Settlement

barrier to women undertaking education was that they could not find childcare services to cover the duration of the course and the associated travel. Additionally, this childcare must be affordable in order to ensure all women can benefit from education and training.

- Providing educational courses at a range of times. Evening and weekend training is important for women who have caring responsibilities. Additionally, we heard from many women whose work patterns vary from week-to-week. We would encourage education providers to consider these women in the design and delivery of courses.
- Offering subsidised or free courses for women – especially women with no recourse to public funds or women experiencing in-work poverty.
- Recognising top-up courses for women arriving in the UK with international qualifications. We heard from many women who have formal qualifications from their native countries but are unable to have these recognised in the UK. Women commonly reported that the qualification comparison process conducted by UK National Academic Recognition Information Centre (NARIC) left them unable to work in job roles that they were adequately qualified for. This contributed to women from outside of the UK remaining trapped in low-paid and precarious employment.

Women's employment experiences

Many of the women participating in this research were employed in roles that fall outside of the conventional 9am-5pm weekday work pattern. Some women worked part-time due to caring responsibilities, including childcare and/or caring for a spouse or relative. Other women were employed on zero-hour contracts which resulted in their work hours changing on a week-by-week basis. As highlighted in the 'Accessing childcare provision' section of this report, the lack of a range of childcare provision was a barrier to many women gaining stable and fulfilling employment. Similarly, women on zero-hour contracts frequently spoke about the relationship between their employment and entitlement to childcare. Irregular hours meant that on occasion, women would find that they did not have enough income to be eligible for free childcare. Reinforcing findings on the relationship between transport and barriers to women, we heard how women with childcare/caring responsibilities were restricted in their employment options due to poor public transport. This reflects findings from a recent report on the rise of in-work poverty (Joseph Rowntree Foundation, 2020), which highlights how poor transport provision directly relates to women's underemployment¹² and subsequent low income.

Other women revealed how they felt trapped in precarious employment because they did not earn enough money to build up adequate savings to change jobs. Many women were living week-by-week and the risks

'we heard how women with childcare/caring responsibilities were restricted in their employment options due to poor public transport'

¹² Underemployment is defined in this research as the condition where an individual is employed part-time in one or more job roles that are inadequate to meet their economic needs.

associated with changing jobs – for example, delays to first payment – resulted in women staying in unfulfilling and poorly paid employment. Nina, a Polish woman, works full-time in hospitality. She told us that the pay is low and her hours vary from week-to-week, and how this stands in the way of her accessing training or trying to find a more suitable job. Nina is unable to take time off work to attend training courses as she has no access to holiday pay. Even if she could find a way to live on a reduced income, her irregular hours make it impossible to commit to attending a training course at the same time each week.

Reflecting what we have presented in other sections of this report, women's confidence and self-esteem were perceived barriers to employment. Gaps in paid employment due to child raising, periods of poor health, and substance use, were commonly attributed to lacking the confidence to apply for more desirable job roles. Maddy told us how she believed she had missed the opportunity to secure the career she wanted because she took two years out of paid employment after the birth of her child. The need for better childcare provision and flexible working hours were believed to be vital requirements in improving the employment opportunities for women. The findings related to barriers to employment closely aligned with those associated with access to education and professional development.

Recommendations based on women's employment experiences:

Improve women's employment opportunities

Barriers to secure and fulfilling employment came out as a significant theme in this project. Employment conditions intersect with many other areas of women's lives and we have witnessed how women who live in poverty (including in-work poverty) often face housing insecurity and poor mental health. Additionally, precarious work conditions have been cited as a key barrier to women undertaking training. Based on the findings from this research we recommend:

- Investing in physical and social infrastructure including: a range of childcare provision, public transport, training courses and social care services – with particular attention on promoting accessibility for women.
- Ensuring flexible working is a mandatory requirement of all employers (with specific exceptions).
- Ensuring that action is being taken within central and local government to address the gender pay gap. Particular attention must also be given to the intersections between gender, ethnicity, and disability when reviewing pay gaps.
- Addressing the gender pay gap requires action on the first two bullet points; however, we also recommend that employers are required to be more transparent within the workplace as well as in gender pay gap reporting¹³.

Challenges women experience around finance, income and benefits

Finance was identified as a key barrier to working-class women living fulfilling lives. Many of the women who participated in this research were living in poverty, either dependent on the welfare state or experiencing



► Bunting created during a focus group at Barton Hill Settlement

13. We also highlight our concerns about the suspension of gender pay gap reporting for the year 2019/2020. Women are already more likely to be in low-paid and precarious employment, carrying out more unpaid work, and working in sectors hardest hit by lockdown restrictions (WBG, 2020)

in-work poverty. Unsurprisingly, this research revealed how women's economic situation intersects with many other factors in their lives, including but not limited to: security and enjoyment of employment; opportunities for education and professional development; quality of housing provision; ability to retire and enjoy retirement; scope to rebuild lives after domestic abuse; opportunities to find fulfilling pathways away from substance use.

Our research engaged many women who spoke about their experiences of in-work poverty. Women told us about the financial impact of underemployment and precarious zero-hour contracts. Underemployment was commonly attributed to poor childcare and transport provision, which reflects findings from recent research on in-work poverty conducted by Joseph Rowntree Foundation (2020). The financial implications of zero-hour contracts have already been discussed in the 'Challenges around housing', 'Accessing childcare provision' and 'Employment experiences' sections of this report.

Through the online survey we heard from women affected by the pension age rise who are concerned about their financial security and the requirement to stay in work longer. These concerns were further exacerbated for a small number of women who were also caring for a spouse. As Cribb and Emmerson (2019) highlighted in their report, the correlation between the rise in pension age and income poverty was strongest for women who were nearing retirement, rather than retired. As reflected in the Bristol City Listening Project, this was due to unpaid responsibilities, such as caring for a spouse, or poor personal health.

The rollout of Universal Credit impacted the financial security and independence of some women who participated in this project. Long waits for payments and changes in weekly payment amounts were some of the key issues discussed in one-to-one interviews and focus groups. A range of women reported to be struggling with the change to Universal Credit, including women in employment, disabled women and women who are primary carers for a child or spouse. We also heard about the impact of Personal Independence Payments (PIP) on women's physical and mental health. Disabled women shared their acute fear of being deemed fit for work and described the mental toll of reoccurring assessments with PIP assessors. PIP entitlement was particularly concerning for women living with chronic illnesses, who spoke about how PIP assessors lack sufficient understanding of the nature of chronic illnesses. Livvy talked about wanting to work part-time and the benefits she could gain for this, not just in terms of an increase to her income but also to her social connections and self-esteem. But Livvy could not take on paid work as she would lose her entitlement to PIP payments, which she identified as a financial lifeline for the periods when she was too unwell to work. Livvy spoke about the need for:

“a more flexible approach to getting benefits that understands that people with chronic illnesses might be able to work part-time but that their health could change from one week to the next”

This research highlights the importance of recognising the multiple ways that women are disadvantaged through poverty and financial insecurity. Additionally, it reveals the need for systematic change, which looks to reform existing processes.

Underemployment was commonly attributed to poor childcare and transport provision

Recommendations based on the challenges women experience around finance, income and benefits:

Review the impact of the welfare system on the most marginalised and vulnerable in our society

We have heard from women who face significant financial hardship, many of whom are experiencing in-work poverty as a result of changes to childcare support and the move to Universal Credit. Based on the findings from this research we recommend:

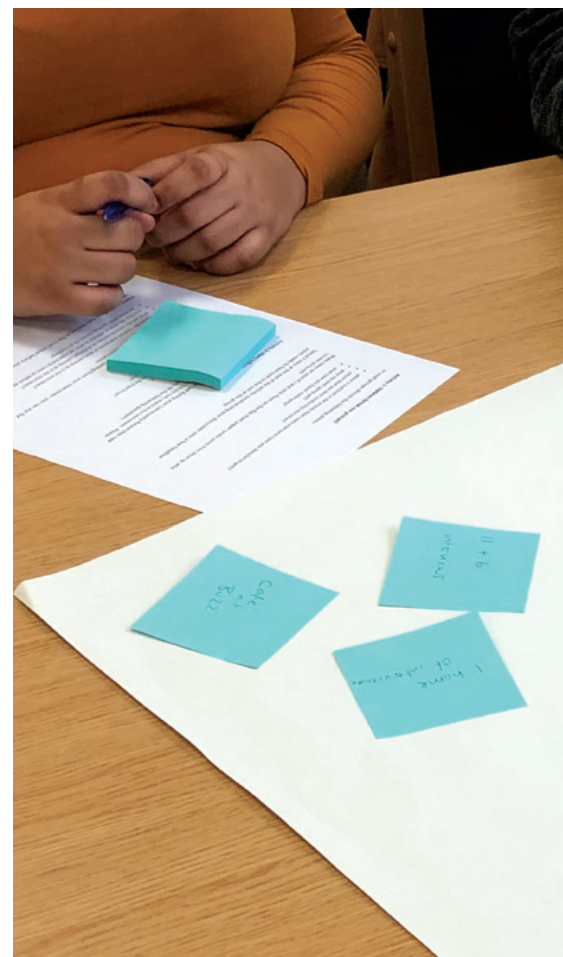
- Reviewing and reforming the social security system. We share the concerns of many organisations that highlight the disproportionate impact of changes to social security systems on women (WBG, 2020). Our research heard specifically about the impact of Universal Credit and the structures of childcare systems that keep women in precarious employment and poor living conditions.
- Ensuring that people in receipt of Personal Independence Payments (PIP) are not penalised for volunteering. This requires assurances that PIP assessors will not deem people fit for work because they are able to undertake volunteer work.

Women's experiences of racism, discrimination and the importance of representation

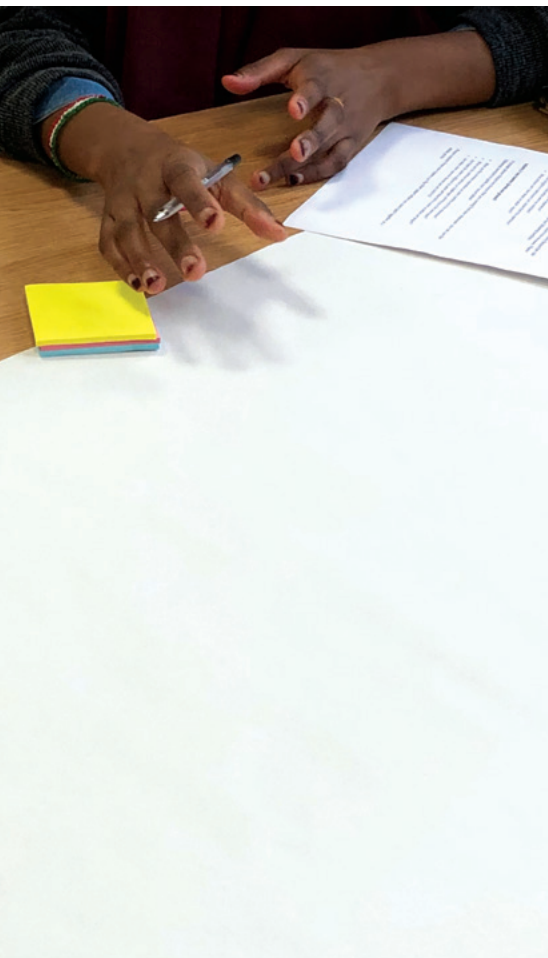
As we heard from Nahid, earlier in this report, racism and discrimination left some women feeling fearful about living in or visiting certain areas of Bristol. We heard from a number of women who had experienced racial abuse, predominantly in public spaces and on public transport, and how this has left them feeling anxious when leaving their homes. Racism and discrimination on public transport came up a number of times. Women reported experiencing abuse from fellow passengers and, on some occasions, from the drivers of buses. Women with disabilities also identified public transport as a place where they had either experienced or felt at risk of experiencing discrimination and abuse. In a BAME-led focus group, Brigitte shared how she had recently witnessed a bus driver being rude to a woman who was struggling to communicate in English. Brigitte explained how a young woman wearing a hijab was shouted at by the driver when trying to board the bus. Jamila shared how she had first-hand experience of racial discrimination from drivers and passengers when using Bristol buses.

We also heard from women who felt stigmatised by wearing hijabs. In a focus group with Somali women, we heard how some women feel anxious about travelling around Bristol because they have concerns that they may experience racism. In a one-to-one interview Nura shared how she feels that she is often treated differently due to wearing a hijab. She has a son who has recently been diagnosed with autism and ADHD. Nura spoke about her experience of contacting medical services and how she regularly feels medical staff are dismissive of her and her requests for support.

Throughout this research we have heard how racism and discrimination often intersects with other challenges in women's lives, which have a cumulative impact on their general wellbeing. We have spoken to women who remain in overcrowded and poor quality housing because they fear racism in the areas where suitable housing is available. We have heard how women are concerned about racial discrimination when using public transport, resulting in some women feeling unable to travel around the city



► Breakout discussions at our reflective workshop for community researchers



for work, education or recreation. Racism and discrimination continue to impact the lives of women in Bristol in a range of ways.

As we have heard from many different women during this project, representation is believed important in addressing the discrimination and exclusion of minority groups. This was identified as vital for women who wear hijabs and women who experience hidden/less visible health conditions. Women identified representation to be particularly important in the following sectors: education, transport, healthcare, city planning and built environment.

Recommendations based on women's experiences of racism, discrimination and the importance of representation

Commit to tackling racism and discrimination through national and local government

Racism and discrimination were significant concerns for many of the women participating in this project. We heard about the multiple ways racism impacts on women's lives, including their housing options, and ability to navigate around the city without fear. Additionally, we heard from women who experience disability discrimination particularly within employment and welfare assessments. Based on the findings from this research we recommend:

- Developing a national strategic initiative to tackle racism, taking into account the expert recommendations put forward by specialist race and diversity organisations.
- Improving collaborative partnerships between national and local government, and anti-racism and discrimination organisations. In addition, these partnerships should inform the previous recommendation.
- Conducting a review on the intersection between race and gender inequalities. We recommend that the Race Equality Commission would be well-placed within Bristol to conduct this review.
- Increasing awareness on hidden/less visible illnesses, specifically targeting employers and welfare assessors.
- Improving representation of minority groups. Local recommendations for increased representation include within schools and healthcare settings, at senior positions in businesses, and in public transport and built environment sectors.

Women's experiences of citizen status and immigration

The Bristol City Listening Project spoke with many women who had migrated to the UK and now live in Bristol. These women experience a range of challenges relating to their citizen and immigration status which impact on their ability to live fulfilling lives.

Women spoke about how immigration and citizenship application processes place a financial and emotional burden on them and their families. Mia shared her experience of trying to reunite her family in the UK without citizenship:

“The Home Office have played an integral part of my life, as it has refused my children’s father to be reunited with his family. For eight years, I spent over £3,000 (unsuccessfully) appealing the decision”

We additionally heard from women who had lived and worked in the UK for many years but recently had to go through long and costly immigration processes. We heard from one woman who had lived in the UK for 37 years but had recently had to pay for an immigration lawyer to help secure her right to remain. We also heard from women who have paid large sums of money for fixed-term visas, meaning they face restrictions on their ability to work with no recourse to public funds.

A number of women participating in focus groups reported being in the UK on spouse visas. Whilst this enabled them to work, they had no access to benefits and – most importantly for the women we spoke with – no access to free education and training courses. Women shared how they had arrived in the UK hoping to progress in their careers but the lack of funding to support them to attend language courses or top-up employment training results in them entering into low-paid, zero-hour employment.

In interviews with partner organisations we heard how women often arrive in the UK hoping to secure better employment, but how this rarely transpires. This was generally attributed to language barriers and the lack of UK-recognised qualifications. Partner organisations told us how women who have previously been independent become reliant on their husband/partner and that the difference between their expectations and the reality of living in the UK can lead women to experience low mood and depression.

► **Group exercises at our researcher training day**



The recognition and comparison of international qualifications was a concern for many migrant women participating in this research. This was of particular concern to women attending a pop-up activity at a Polish women's group and in one-to-one interviews with non-UK EU citizens. We heard how many women have Master's degrees in their native countries, but when converted to a UK equivalent qualification they were unable to undertake similar employment. Many of the women who raised these concerns expressed a desire for top-up training specifically targeting people with professional qualifications that are not recognised in the UK.

A small but notable number of women shared worries about the security of their post-Brexit citizen status as EU migrants. Women were unsure of their rights to remain in the UK but also expressed concerns about not knowing where they could seek advice.

It is important to highlight the far-reaching effects of insecure citizen status. As highlighted in the 'Experiences of safety and security' section of this report, women with insecure citizen status have no recourse to public funds. This has a significant impact on women who come to the UK seeking safety. Additionally, we have heard how women face extreme loneliness and isolation when arriving in the UK without support networks and with limited resources available to support their settlement.

Buddy or befriending schemes are being offered by some charities as a way to support asylum seekers and refugees arriving in the UK. These schemes can support individuals with basic tasks as well as with companionship. This support is often vital for people arriving in the UK, especially individuals who have no recourse to public funds. However, these services are largely delivered through volunteer capacity and the support will inevitably vary based on factors such as location, language skills, or accessibility of services. Future research may seek to look at existing befriending schemes to identify examples of good practice both in the UK and internationally.

Recommendations based on women's experiences of citizen status and immigration:

Ensure the needs of migrant women, including those with no recourse to public funds, are adequately considered and reflected in gender equality policies

Our research has heard about multiple barriers that migrant women face in the UK. These barriers relate to concerns around racism and discrimination, but also clearly feed into other key areas such as housing, employment and education. Based on the findings from this research we recommend:

- Listening to organisations supporting migrant people who are likely to be adversely impacted by Brexit to both understand and act upon concerns and to improve the dissemination of information.
- Reviewing existing qualification comparison processes to identify how migrant women's skills can be better recognised. This may include the provision of a short top-up course for women arriving in the UK.
- Developing local strategies for welcoming asylum seekers and refugees. Bristol has some successful schemes being delivered through charities; however, these are vital services which need to be better supported through state funding.

- Looking specifically at the needs of migrant women, including those with no recourse to public funds, who arrive in the UK fleeing domestic abuse. Specifically, women with no recourse to public funds need to be able to access domestic abuse support services.
- Ensuring local authorities are considering the needs of migrant women in domestic abuse policies.

Women's experiences of public transport

Public transport in the UK remains a gendered issue. A WBG briefing paper highlights how “in 2017 across England, a third more women than men travelled by bus and a third more men than women travelled by rail” (2018a, p.1). It is therefore important to ensure that local, regional and national public transport policy is examined from a gender perspective.

Through this research we heard about a range of ways that women face barriers using public transport. As discussed in the earlier section ‘Experiences of disabled women’, we heard how people sometimes struggle to travel on buses due to the lack of space for both wheelchairs and pushchairs. Partner organisations explained how this can escalate to verbal conflicts between disabled women and people with pushchairs. In the previous section on women’s experiences of racism and discrimination, we heard reports of women being discriminated against and marginalised on buses.

Focus groups and interviews drew attention to a range of other challenges women experience when trying to travel around the city on public transport. Concerns relating to the cost of public transport came out in a number of focus groups. As we would expect this is a particular barrier for women with low incomes who are living further from Bristol city centre. As well as bus fare increases, a number of women spoke of cuts to service routes. We heard from women who had to catch two buses and walk in order to get to the city centre. This should not necessarily come as a surprise given the substantial national level cuts to local authority funding for buses, reported in 2018 as 46% since 2010/11 (WBG, 2018a). Public transport costs were a particular concern for women who were parents/carers of SEND children. Whilst SEND children are eligible for concessionary travel for themselves and a companion traveller in some instances, we heard how concessionary passes do not cover peak travel hours which impacts women who accompany children to school. This is particularly relevant when children attend schools with SEND provision outside their catchment area.

► Bunting created at Talo's focus group

Recommendations based on women's experiences of public transport:

Promote greater recognition of the relationship between public transport and gender. Establish more gender sensitive transport planning and invest in ensuring existing transport services are accessible and safe for all women

Existing research highlights how women are more dependent on public transport, especially buses. This research revealed how access to public transport was a concern for many women. Based on the findings from this research we recommend:

- Conducting a national review on the impact of cuts to, and the





privatisation of, public transport. Bristol has felt the impact of cuts from private bus companies which has left large geographical areas poorly served by bus routes. This is a result of public transport infrastructure relying on market rather than government investment. This therefore needs to be addressed through collaborative partnerships between national infrastructure advisory groups, local authorities and private sector providers (this would involve drawing on the knowledge of local authorities to identify key routes to protect and reinstate). We advocate that any future discussions about improving public transport provision should be careful to consider a gender-based approach. Women are disproportionately impacted by cuts to routes that are used for school drop-off and collection, and for travelling from more deprived suburban neighbourhoods into the city centre for employment.

- Increasing provision for pushchairs and wheelchairs on public transport. We heard from women who would regularly try to get on three buses before finding one with space for their pram. This has a huge impact on women's ability to feel able to travel around the city.
- Ensuring that transport and infrastructure planning is actively committing to promoting gender equality. Particularly, recognising the issues of intersectionality that lead to increased experiences of oppression – notably women with disabilities and BAME women. This inevitably includes ensuring greater representation of minority groups within transport planning.
- Extending the concessionary and companion traveller fares for SEND children to include peak travel times. This will ensure that children who are travelling to SEN schools outside of their catchment area are not adversely impacted by travel costs.

Develop a local strategy for ending racism and sexism on Bristol's public transport

In addition to the national changes required of public transport, our research revealed that many women experience discrimination on Bristol's public transport and this needs local intervention. Discriminatory behaviour is particularly prevalent on Bristol buses, and is reported to be perpetrated by fellow passengers and staff. Based on the finding from this research we recommend:

- Working in partnership with local public transport providers, minority representatives and equality and diversity practitioners to develop a city-wide campaign to tackle racism, sexism and disability discrimination within the public transport sector.
- As part of this campaign, we want to see a commitment from public transport providers to ensuring their staff promote equality and diversity through their own actions. This might involve working with minority representatives to develop a meaningful and locally informed training programme.
- Ensuring a clear position from public transport providers that states that they will not tolerate discriminatory behaviour from staff or passengers. Emphasising that this message is publicly displayed, and that staff have a clear process to follow should they witness discriminatory behaviour.

4.3 What's working well for women?

Whilst women participating in the Bristol City Listening Project identified multiple barriers that impacted on their ability to live fulfilling lives, it is important to also highlight what was perceived to be working well. Identifying these areas not only points us towards examples of good practice that can be replicated or built upon, but given the disproportionate impact of public sector spending cuts on women (WBG, 2018b) it is crucial to create an evidence base of how specific sectors, initiatives, and organisations provide vital resources to women whose voices are often missing in the (re)distribution and allocation of public funds.

Volunteering opportunities

The benefits of volunteering are evidenced in a number of studies. Research reported by the National Council for Voluntary Organisations (2019) found that 77% of respondents believed that volunteering improved their mental health and wellbeing, and 68% identified that it made them feel less isolated. In one-to-one interviews and focus groups we heard many different stories about the benefits of volunteering. Reflecting much of the existing research on experiences of volunteering, women identified both physical and mental health benefits.

Many women expressed how volunteering had improved their mental health and reduced feelings of isolation. Kelly, who lives in a high deprivation area in North Bristol, told us how volunteering in a community kitchen has been vital in supporting her through periods of poor mental health. She experienced feelings of isolation, which were further compounded by high levels of anxiety, meaning that she rarely socialised or left her home. Talking about her volunteer work, Kelly shared how it gave her something to be excited by and enjoy, helping her feel less isolated. Increased self-esteem also linked directly to volunteering. Women spoke about the personal benefits of being involved in something that has a wider impact, including impact in their local community, the environment, and the lives of others experiencing marginalisation. We also heard how volunteering can benefit older women who are nearing retirement or semi-retired. Tia was semi-retired and had recently begun volunteering as an administrator for a charity in Bristol. Reflecting on her experience of volunteering Tia said:

“My input into the job I enjoy, it’s varied, it’s a nice working atmosphere and it challenges me in a good way because I hadn’t been in a work environment for a very long time. Even though it’s voluntary it’s given me confidence, it’s given me strength to know that people appreciate the work I’m doing for them. I walk with an air of confidence which I’ve never had before”

Volunteering was also linked to increased employment opportunities. We heard from women who had gained employment or returned to education as a result of their volunteering experience. Women who had arrived in the UK seeking asylum told us how volunteering had enabled them to develop their English language skills and subsequently to secure employment. Women who had substance use support needs shared how the self-confidence



► Bunting created at Talo's focus group

and work experience gained through volunteering had helped them gain paid employment. In interviews with partner organisations we heard how peer support programmes provide valuable opportunities for women to build confidence and develop new skills whilst also encouraging greater representation of women with common shared experiences in services.

Finally, volunteering provided significant benefits to a number of disabled women. We heard from many women who carried out regular weekly volunteer work who could not be in paid employment. This was particularly prevalent for women who had chronic illnesses and experienced fluctuations in their symptoms. Imogen told us how the routine of volunteering two days a week in a charity shop was very important in helping her feel that she is managing her illness. Similarly, Ava shared how her volunteer commitments have helped her overcome the extreme isolation associated with chronic fatigue:

“It gives me something to aim for. To get out and meet people. Otherwise I’d just be sat here most days. If I had a paid job I’d be sacked by now with all the time off sick, but with volunteering they understand and they’re grateful for what you can do. For my mental wellbeing, it’s good to have something I can go and do”

The benefits of volunteering are far-reaching and have a positive impact on the lives of many women who participated in this project. We heard how volunteering provided representation in action, enabling women to see other women achieving changes in their lives, which subsequently increased their personal confidence. Whether through funded volunteer schemes, peer programmes, or an individual giving their time to a charity, this research highlights how volunteering is a valuable resource to many women of Bristol.

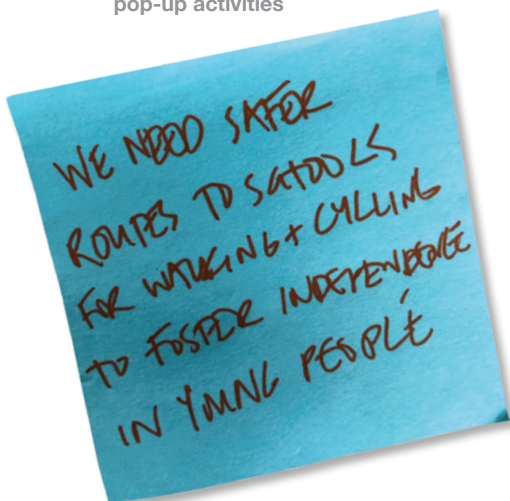
Access to women-only groups, activities and services

In interviews, focus groups, pop-up activities and the online survey we heard about the importance of women-only services, social spaces, and support groups. Earlier, in the ‘Women’s health and wellbeing’ section of this report, we highlighted how the provision of women-only exercise spaces enabled some women to undertake physical exercise who otherwise would not.

There were a range of references made about the value of women-only spaces and services during this research. The benefits of women-only services were particularly prevalent in mental health and substance use support groups. These groups also had higher numbers of women who disclosed that they had experienced domestic violence and/or sexual abuse. For women attending these support groups, women-only services were important at each stage of their personal journeys – when fleeing an abusive partner, engaging with longer-term support services, and moving forward and building new relationships. The community and third sector were important in providing women-only spaces, often adopting a holistic approach to women’s health and wellbeing.

In a focus group with women attending a substance use support group, Melissa spoke about the importance of designing services for

► post-it notes collected during pop-up activities



women. She shared her experience of feeling too ashamed to attend support groups because she was a mother and feared judgement or the unwanted involvement of social services, and the relief of being offered support in her home. Melissa told us how important she believes it is that organisations are:

“going out to women rather than expecting women to come to them”

These experiences illustrate the importance of women-only spaces and the need to embed gender responsive support into the design and delivery of services.

It is important to point out that due to the scope of evidence received we have not been able to draw any conclusions on critical issues such as the provision of single-sex services, and how to ensure there are gender-based services responding to the needs of all women including trans women.

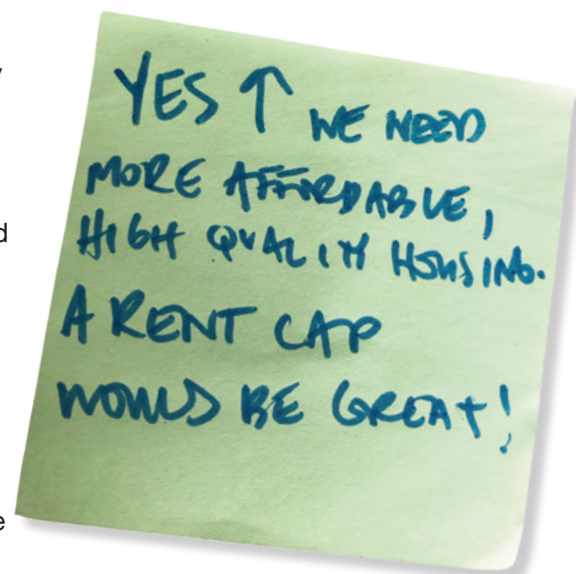
At Bristol Women’s Voice we recognise the need for dialogue on how to build inclusive and anti-discriminatory services, and that this dialogue must be rooted in an understanding that existing dominant systems disproportionately oppress all women and non-binary people. During the writing of this report we heard the statement from the Minister for Women and Equalities, which sets out plans to prioritise the protection of single-sex spaces in the review of the Gender Recognition Act (22 April 2020). We recognise that this may be welcomed by some and may be a significant cause of concern for others.

This project set out to understand what was happening in practice and on the ground, and it is therefore important to highlight that four out of the 16 women-only focus groups hosted by partner organisations included women whose gender identity was different from that assigned at birth. Each of these groups identified themselves as women-only spaces and spoke about the importance of women-only services. It was outside of the scope of this research to explore this in more depth. However, this further demonstrates the need for more research that investigates how people delivering women-only services are making decisions on who may access their services.

4.4 What needs to change?

This report is not intended as a standalone, final output from the Bristol City Listening Project but rather as a call to action. In outlining recommendations based on the findings from this research we also want to emphasise the need for greater conversation. As part of the agenda for action we believe we must continue to invite women, particularly those most commonly excluded from decision-making and governance, to be part of the discussions on factors that stand to influence their life trajectories. This includes listening to the voices of the most marginalised, disenfranchised, and vulnerable women to better understand the way inequalities are reinforced and, subsequently, how they may be overcome. Therefore, the recommendations presented in this report summarise what we believe needs to change, based on the experiences of 530 women of Bristol. The recommendations are presented in full in the main body of this report; however, the following provides a summary organised around: national government; Bristol City Council, statutory agencies, and NHS trusts; and voluntary and third sector organisations. We strongly advocate for more open dialogue and participatory approaches in taking them forward.

► post-it notes collected during pop-up activities



Recommendations for national government

- Recognise how public and voluntary sector funding cuts have undermined the role that volunteering plays in improving mental health and wellbeing.
- Ensure the development of a robust strategic plan which recognises the experiences of people living with chronic illness (especially less visible/hidden long-term illnesses that disproportionately affect women).
- Review the impact of the welfare system on the most marginalised and vulnerable in our society.
- Recognise the impact of childcare services on women's ability to work and participate in education and training courses.
- Promote greater recognition of the relationship between public transport and gender. Establish more gender sensitive transport planning and invest in ensuring existing transport services are accessible and safe for all women.
- Provide domestic abuse services that meet the needs of all women.

Recommendations for Bristol City Council, statutory agencies, and NHS trusts

- Review existing social housing process to take account of the multiple ways in which vulnerable and marginalised people are being adversely affected.
- Develop a local strategy for ending racism, sexism and disability discrimination on Bristol's public transport.
- Recognise how the lack of childcare services in disadvantaged areas is impacting on women's ability to access education and better paid or more fulfilling employment.
- Ensure better funding for community and third sector organisations that provide direct services to women.
- Work to deliver more genuinely affordable housing.
- Increase mental health provision so that no-one has to suffer while being kept on a waiting list for support. Ensure mental health is a strategic priority for Bristol City Council and NHS health partnerships, and other statutory services.
- Conduct a systematic review of SEND services in Bristol, importantly engaging people with lived experience.

Recommendations for voluntary and third sector organisations

- Ensure SEND services are reaching all women. Particularly by engaging communities who are further from the city centre and

women for whom English is a second language.

- Ensure support services are reaching out to harder to access communities. Particularly by ensuring that advertising and information are accessible.
- Ensure there are support services meeting women in their homes or preferred spaces.

5. Conclusions and next steps

This report captures the experiences of a range of women living in Bristol. Working with anchor organisations and community researchers we have engaged with 530 women, many of whom were missing from dialogue on what needs to change.

The findings presented in this report demonstrate that much still needs to happen in order to make Bristol a more equitable city. We have heard first-hand from women whose lives are impacted by intersecting inequalities. This project has drawn attention to systemic failures to listen to women and take action based on their stories. We hope this report has highlighted a number of areas that need to be explored in greater depth and in partnership with women with lived experience. We cannot emphasise enough the importance of welcoming the women most affected by inequalities as the experts in developing solutions.

5.1 Future research

Building on this work, we recommend the following areas for future research in Bristol (it is important to highlight that this list is in no way exhaustive but reflects some of the areas highlighted by this research):

- Explore areas in Bristol that have seen shifts in the perceived safety and inclusion of BAME communities. For example, our research identified how, until recently, people were concerned about moving to Southmead due to fears of racial discrimination, yet women from different BAME groups discussed feeling at home and safe living in the area. Future research would benefit from exploring this shift in perception to understand what enabled it and how other areas in Bristol could learn from the changes in Southmead.
- Examine the wider socio-economic impact of providing the right kind of mental health support for women in Bristol. We heard from many women who had been unable to access the mental health support they required. This impacted on their personal wellbeing, but also had wider implications on their ability to work, attend training courses, and look after their children. Conversely, we heard how the right support can enable women to take control of many different aspects of their lives. Qualities associated with the 'right support' tended to be quickly accessed, long-term, and trauma informed.

Future research would benefit from exploring the wider benefits, both social and economic, of providing this type of support.

- Examine how to reach women with SEND children who are not currently accessing any support. Future research would benefit from undertaking a detailed review of existing services and gaps in provision. We would recommend any future research begins with exploring language barriers and the intersection between living in poverty and caring for a SEND child.
- Conduct research in collaboration with women who have hidden/less visible illnesses. Future research could build on the work documented in this report to ensure women have a platform to share their experiences and provide ideas for how their physical and mental health needs could be better met within the city.
- Bristol City Council has already demonstrated its commitment to explore affordable childcare models. However, much more still needs to happen to take this from conceptualisation to service delivery. Future research might look to build on the BCC Affordable Childcare report (2020) to explore what parents and childcare providers identify as the opportunities and challenges of the proposed innovative childcare models in reaching more marginalised women.
- Explore what a local housing strategy for women fleeing domestic abuse could look like. We recommend that future research should look to identify the range of housing services required to support women fleeing domestic abuse. Any future housing strategy should consider emergency and short-term provision, but it should also look at longer-term strategies for supporting women into secure and healthy housing. As part of any future research we would recommend engaging survivors of domestic abuse to understand their housing experiences.

► Photo from a focus group hosted by Nilaari



5.2 Continuing impact

Bristol Women's Voice is committed to campaigning for a more equitable society for women. The findings from this research will inform the future agenda of BWV and form the basis of future advocacy work. The findings from this research will feed directly into Bristol City Council and the Women's Commission strategic reflections.

Interviews with partner organisations revealed a commonly shared concern that disadvantaged and/or marginalised women experience being the focus of research without any tangible impact or outcomes. In setting out the methodology for this project we took steps to ensure that women felt included in the research design, data collection, and dissemination of findings. The latter stages of this project saw the outbreak of the COVID-19 pandemic, which inevitably affected our ability to come together as we did at other stages of the research process. As a result of this we are committed to maintaining our engagement with all the women who participated in this research, and to invite them to continue to share their experiences, or the experiences of women they support, with us. In collaboration with some of the women participating in the research, BWV will take the findings from this research to the bi-annual BCC City Gathering which is attended by over 200 key figures from the public, private, third and voluntary sectors. Additionally, the findings from this research will inform BWV's strategy for campaigning and advocating for gender equality within the city. Moreover, BWV will continue to promote the benefits of meaningful engagement in participatory research and will use the experiences of the Bristol City Listening Project to pursue more opportunities to work collaboratively with communities across the city.

6. Reflections

6.1 Methodological reflections

The Bristol City Listening Project adopted a collaborative and creative participatory research methodology. We believe that this approach was vital in the success of this project, enabling women to feel that their voices had been heard and that action would be taken based on their personal experiences. On completion of this project we have the following methodological reflections.

Community researchers were often people who were influential in the development of their communities. It is important to recognise that this may have sometimes limited participants' ability to feel able to speak freely to these researchers. However, overall, we found the relationship between community researchers and the communities they engaged with through this research worked well. This was particularly important in ensuring the high levels of trust between participants and the researcher. However, we felt it was important to highlight the potential for women to experience some anxiety in sharing negative personal experiences with community researchers.

Many of the partner organisations spoke about the benefits of using a creative activity in the focus groups. We heard how this enabled women to

feel more relaxed and able to share their personal stories. This corroborates existing literature on the benefits of creative research methods. Additionally, we found that some women shared personal experiences through what they created rather than speaking about their experience. This highlights an important benefit of using creative methods to ensure people have a range of methods to have their voices heard.

6.2 Participant reflections

The community researchers and focus group facilitators were integral in ensuring this project reached women who are not traditionally heard in the design of policy solutions. Additionally, for this project to hear such deeply personal stories from so many women, the trust and connection of the community researchers and focus group facilitators was vital. At Bristol Women's Voice we continue to advocate that women are the experts in their own lives and that, through shared lived experience, women can come together to identify what needs to change. The following extracts come from community researchers who shared their experiences of being part of the Bristol City Listening Project.

"The experience of being an 'insider' researcher was beneficial in many ways. I think that many of the interviewees felt more comfortable talking to me as someone who understood their health condition, and our shared experiences helped develop a good rapport. I felt very privileged to be trusted by these women with their stories, and grateful for their willingness to talk openly. Chronic illness is an experience that is often hidden or misunderstood, and I think it was quite therapeutic for both the interviewees and myself to have the chance to share our challenges and hopes."

Natasha, community researcher

"Being a community researcher in a project which explored local women's struggles, challenges and barriers was extremely memorable and special for me. It enabled me to build great rapport with the respondents and to build on our community relationship that we already had. My trusted position allowed for me to engage with and get to the heart of women's needs. This was an empowering feeling for me as an individual, as it enabled me to play an important role in collecting local women's voices and needs recorded and heard. As a woman from a 'BAME' background I was pleased to be a part of a project which included BAME women's voices."

Aza, community researcher

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