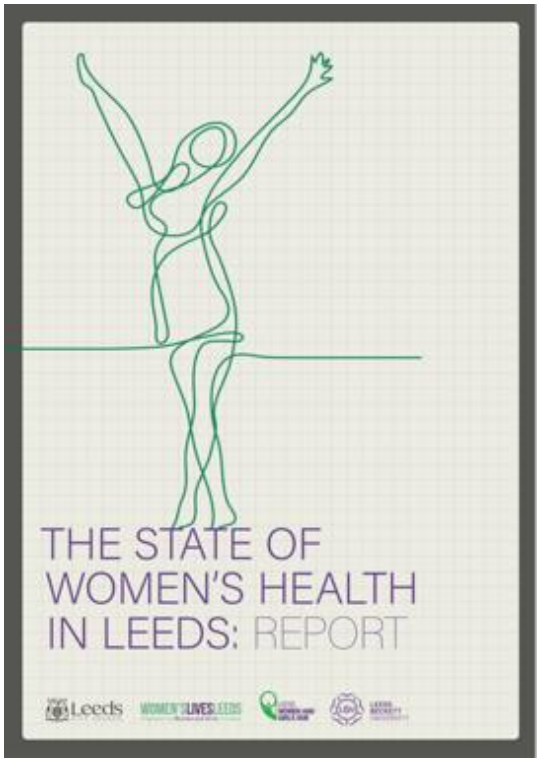

White A., Erskine S., and Seims A (2019) The State of Women's Health in Leeds, Leeds City Council, Leeds

5. Intersectional factors and social determinants of women's health

Table of Contents

5.1 Introduction

This report has taken an intersectional and life course perspective, which allows us to avoid the narrow vision of all girls and women being the same. An intersectional approach recognises that we all have different experiences that can be based on our sex, ethnicity, disability, sexuality and age. It also recognises the huge impact the social determinants of health, which include our relationships, educational achievements, socio-economic circumstances, and employment have on a woman's life (Wilkinson and Marmot 2003; McCall 2005; Hankivsky 2012).

The life course of each individual is shaped by how age impacts on the health challenges they face, but also the generational changes that influence the kinds of social and cultural environment, both that we have lived through and are experiencing today (WHO 2015). A woman who has experienced significant health challenges through her life or has endured domestic violence or discrimination in the workplace, will also have a perspective on her physical and emotional health and wellbeing that has been shaped by her past.

How these all mesh together creates each women's unique experience that may or may not be defined by any one factor, for instance a black women may have a different lifeway as a result of her skin colour, but equally may not (Bowleg 2012).

5.2 Age

As of January 2018, there were 437,946 females and 441,367 males living in Leeds. Of the female population in Leeds, 78,105 are aged 1-15 years, 289,657 aged 16-64 years and 70,184 are aged 65 years or older. This means that approximately two-thirds of the female population in Leeds is of working age (16-64 years), with the remainder of the population equally split between children and younger people (0-15) and older people (65 years or over) (Figure 1). Compared to males there are 11,822 more females than males over the age of 65 years. In those over 80 years of age there are 6,957 more females than males (Figure 2).

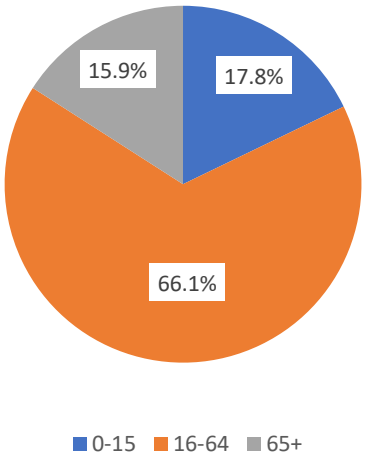

Figure 1 Age distribution of the female population in Leeds

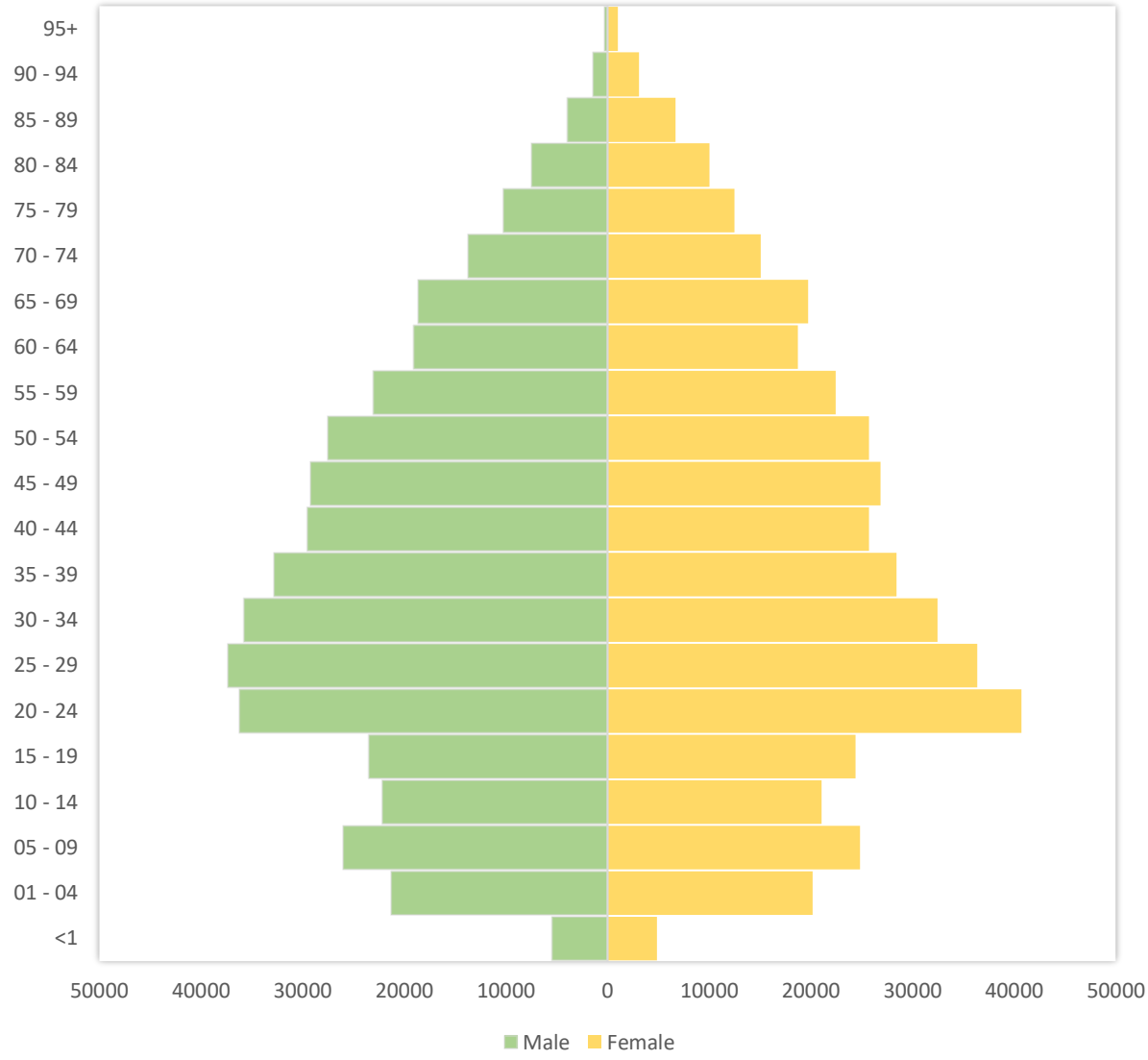

Figure 2 Population pyramid for Leeds, 2018

The age distribution across the MSOA's[1] in Leeds varies considerably, with the highest proportion of females over the age of 65 years found in Wetherby East, Thorpe Arch and Walton (32.9% of the female population in that MSOA) and the lowest proportion of older women found in City Centre (0.6% of the female population in that MSOA). It is important to note that the MSOA 'City Centre' has mostly a working age population (97.4% of its female population).

[1] MSOA – Middle Super Output Area – Leeds is broken down into 107 local areas, each with a population of about 5,000, which are known as MSOAs

With Leeds being an important provider of tertiary education, including four Universities and other colleges there is a big student population supporting the demographic profile of the city, which is reflected in the size of the 19 to 22 year old population (33,823 females, which is 7.8% of the female population).

It is projected that the population of Leeds will grow by nearly 10% over the next 20 years, with 6.1% more girls aged 0-14 years, 4.3% more women aged 15-64 years and 34% more women aged over 65 years by 2038 (ONS 2016a).

5.3 Ethnicity

Ethnicity was only known for 384,837 females in Leeds (90.4% of the female population). Figure 3 shows that approximately 80% of that female population are of white ethnicity, with nearly 20% being of another ethnicity, largely Asian/Asian British.

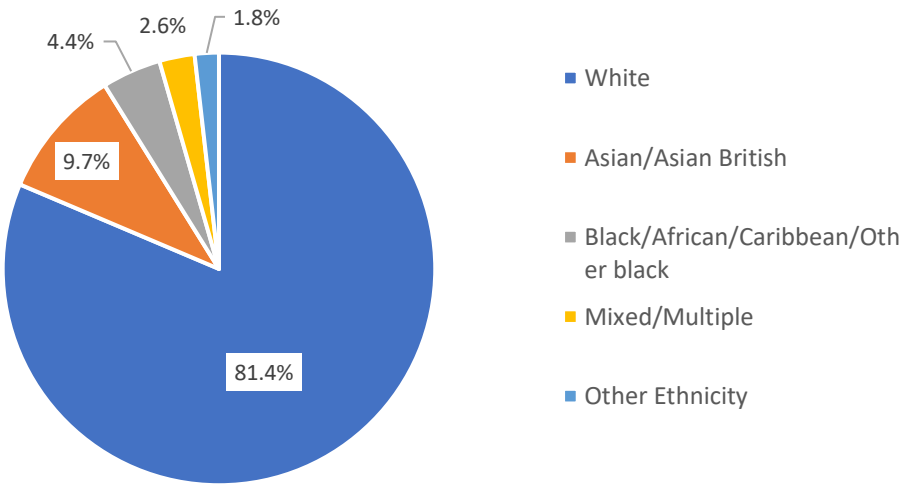

Figure 3 Females, by ethnic group for Leeds, 2016

The Romany Gypsy and Traveller community are also identified as a protected race under the Equality Act of 2010. Across Yorkshire and the Humber it is estimated there are around 25,451 within the Romany Gypsy and Traveller community, with a significant number living within Leeds (Warwick-Booth et al. 2017).

5.3.1 Ethnicity by age

Across age groups we have a growing ethnic minority population, observed by the higher percentage among children and working age adults compared to older age (Figure 4). Among the youngest age group, over 25% are of non-white ethnicity, with nearly half of these children being of Asian/Asian British ethnicity.

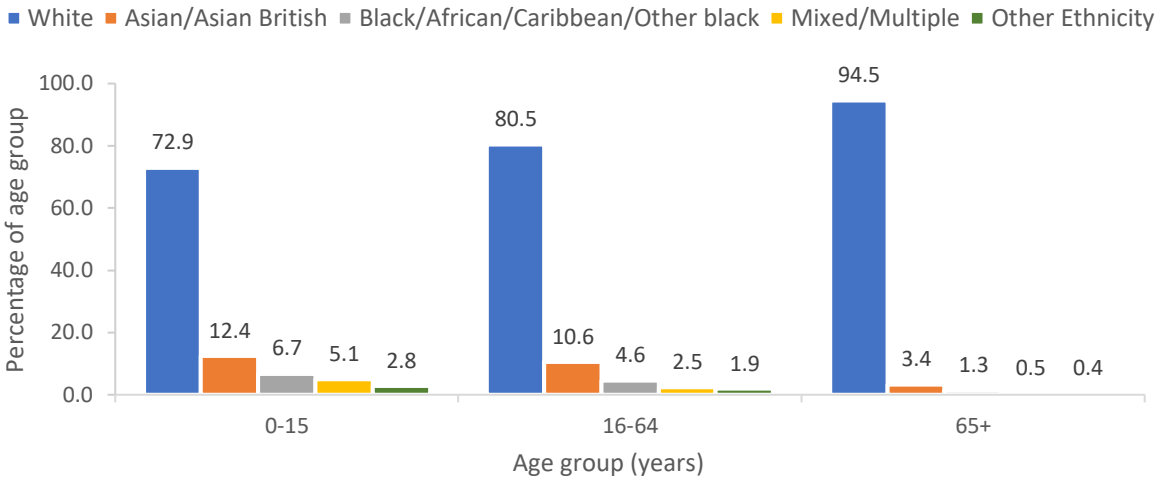

Figure 4 Ethnicity by age group, females, Leeds, 2018

5.3.2 Ethnicity by local area

For those who have stated ethnicity, 7 MSOAs have a non-white[2] female population greater than 50% (including Harehills Triangle (75.2%), Beeston Hill (61.6%) and Chapeltown (60.3%)). At least 40% of the population in the top five of these MSOAs are from Asian/Asian British and Black/African/Caribbean ethnic groups, with nearly 52% of the female population in Harehills Triangle being of Asian/Asian British ethnicity (*Figure 5).*

[2] *Excludes white British, other white and white Irish*

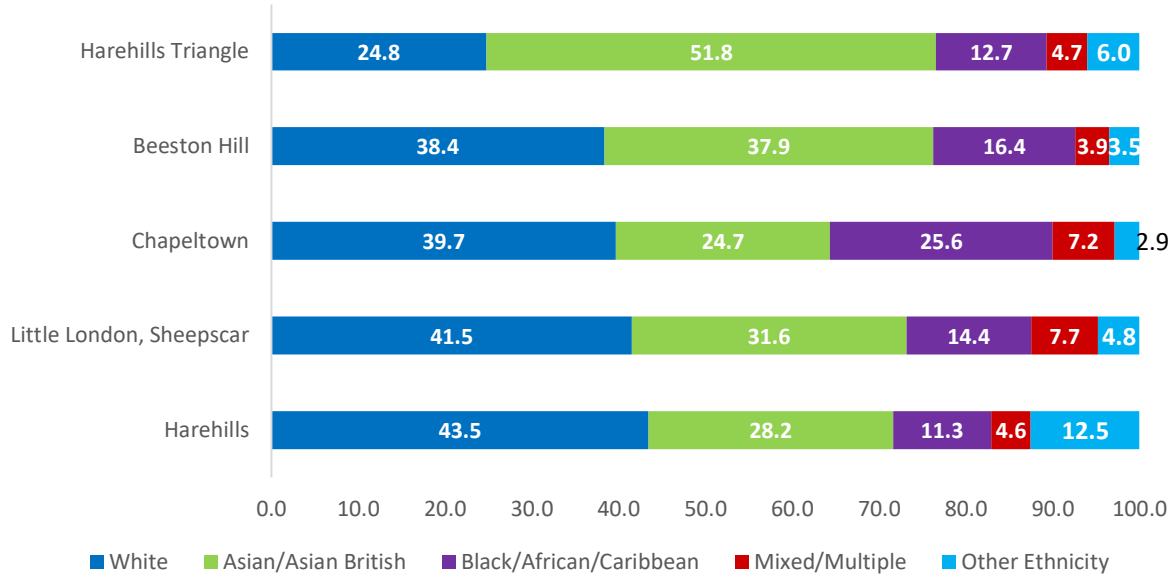

Figure 5 Top five MSOAs in Leeds with the highest proportion (%) of females in non-white ethnic groups, 2018

Fourteen MSOAs have a non-white British population greater than 50%, with Harehills Triangle having the greatest female ethnic population at 90.6%. When exploring where different ethnic minorities are clustered, 59.0% of Bangladeshi or British Bangladeshi females live in three MSOAs (Harehills Triangle, 31.0% of all that population; Beeston Hill, 17.2%; and Chapeltown, 10.9%); 23.2% of all Black Caribbean females live in Chapeltown; and 60.5% of Chinese women live in three MSOAs (Little Woodhouse, 21.9%; Little London Sheepscar, 21.9%; and City centre, 16.7%).

5.4 Disability

The average life expectancy across England for females was 83.2 years in 2012-2014, with a Disability-Free life expectancy (DFLE) of 63.2 years, meaning a woman might live for 20 years with some form of disability. In Yorkshire and the Humber, the life expectancy is 82.4 years with a DFLE of 61.4 years, which is significantly lower than the national average. A woman in this region may live 20.7 years with a disability (ONS 2016b). For Leeds the latest data was for 2012-14, where the life expectancy was 82.4 years for women with a DFLE of 60.6 years, with the possibility of a woman living 21.8 years with a disability or 26.5% of her total life (ONS 2016c).

Women who are living in the most deprived environments (Decile 1) have a higher level of disability than those in the most affluent areas (Decile 10) - see Figure 6 (ONS 2018a).

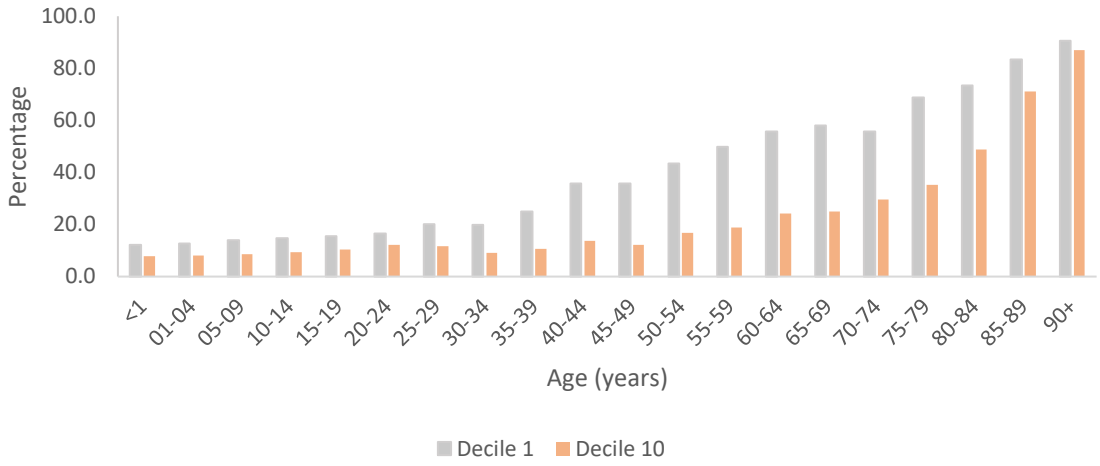

Figure 6 Prevalence of disability for women and level of deprivation, England, 2014 to 2016

It is not known how many women are wheelchair users in Leeds, but they can experience many difficulties accessing health services, such as screening services and maternity care.

With age hearing can become increasingly impaired, with the menopause being a 'starting point' for many women's hearing difficulties (Oghan and Coksuer 2012). There are about 71% of men and 59% of women aged 85 and over reporting hearing difficulties (Scholes and Mindell 2014).

Visual impairment is more common in women; globally two out of three blind people are women (Zetterberg 2016). This is due to women living longer than men and therefore endure more age-related vision defects, inequity in access to health services in many parts of the world and biological susceptibility (such as the role of oestrogen in cataract formation) (Zetterberg and Celojevic 2015; Zetterberg 2016; Ulldemolins et al. 2018). Visual impairment can have a marked effect on the quality of life, with issues, amongst others, relating to accessing services, such as cervical screening (Fang et al. 2016), increased risk of falls and other accidents (Lopez et al.

2011), negative well-being (Harada et al. 2008) and a greater risk of premature mortality (Zhang et al. 2016).

In Leeds as of February 2019 there were 2,318 women registered as having a visual impairment. This breaks down into 1,046 women who are registered Blind (51.0% of the whole cohort) and 1,272 women who are Partially Sighted (55.6%).

Nationally there are about 1.1m people with a learning disability, equivalent to about 4.4 people per 1,000 population registered with a GP (Hatton et al. 2016). This number is rising as there are a greater number of people with learning disabilities surviving into adulthood and older adulthood, although a women with a learning disability still has an 18 year lower life expectancy than the general population (NHS Digital 2017). However, there are many more women with learning disabilities growing into older age as many of the life-limiting factors have started to be tackled. This means there is a growing need for more focused support to tackle issues of ageing in this population (Power and Bartlett 2018). There are many challenges facing women with a learning disability with their health, and they face particular issues relating to making decisions relating to the way they live their life and what support is needed to help them remain as autonomous as possible (BIHR 2016).

5.5 Sexual and gender minorities

According to the data collected by the ONS on sexual identity for Leeds there are estimated to be 263,000 who report themselves as heterosexual or straight, 5,000 as lesbian, 4,000 as bisexual, 2,000 as ‘other’, and 19,000 who ‘don't know or refused to answer’ (ONS 2019)[3]. More women identify themselves as bisexual than men, and more men identify themselves as gay.

Usually the term LGBTQ+ is used to denote the Lesbian, Gay, Bisexual, Transgender and Queer community, but this does not limit those who might also

[3] It is important to note that these are estimates based on an Office for National Statistics survey and may not full represent all those who identify as LBT+

have a sexual identity they do not recognise as heterosexual[4]. There are also those women who have sex with other women, but do not consider their sexual identity as either lesbian or bisexual (Armstrong and Reissing 2013).

There are important health and social implications as a result of one's sexuality and gender identification, including the increased risk of stigma and mental health issues, and engaging in risky lifestyles (Curmi et al. 2015; Westwood 2016; Ybarra et al. 2016; Pennay et al. 2018). A 2018 mapping report on the LGBT+ community in Leeds conducted by Forum Central (Stewart 2018) found that there was a growing need for support, but many of the organisations were struggling to find the necessary resources for their work. The report also notes that the community is more affected by identity than geography, such that locality-based services which have boundaries, may be inaccessible.

A key finding from the Woman's Voices study (Thomas and Warwick-Booth 2018) was for a separation of the needs of lesbian and bisexual women from gay and trans men. There was an anxiety that services tend to focus on the male rather than the female perspective, which puts up a barrier to accessing services. There should also be a better appreciation of the intersectionality that exists, rather than grouping all lesbian and bisexual women as the same.

Within the report, reference will be made to sexuality[5] where it is possible, but often this is limited due to the lack of routinely collected data on sexuality.

5.6 Education

[4] LGBTTTQQIAA - Lesbian, Gay, Bisexual, Transgender, Transsexual, 2/Two-Spirit, Queer, Questioning, Intersex, Asexual, Ally, + Pansexual, + Agender, + Gender Queer, + Bigender, + Gender Variant, and + Pangender (OK2BME)

[5] There are very specific issues relating to the trans community that are beyond the scope of this report, it is planned to address these separately.

There is an increase for both girls and boys achieving a good level of development at the early years foundation stage profile (EYFSP), both nationally and in Leeds, with the gap between boys and girls achieving a good level of development narrowing (Figure 7). Of the 5,001 girls and 5,320 boys entered in 2017, girls had an average score of 35.3 vs. 33.1 for boys, with 71.3% of girls and 56% of boys achieving at least the expected level across all areas, and 72.2% girls and 57.9% boys achieving a good level of development (DoE 2017).

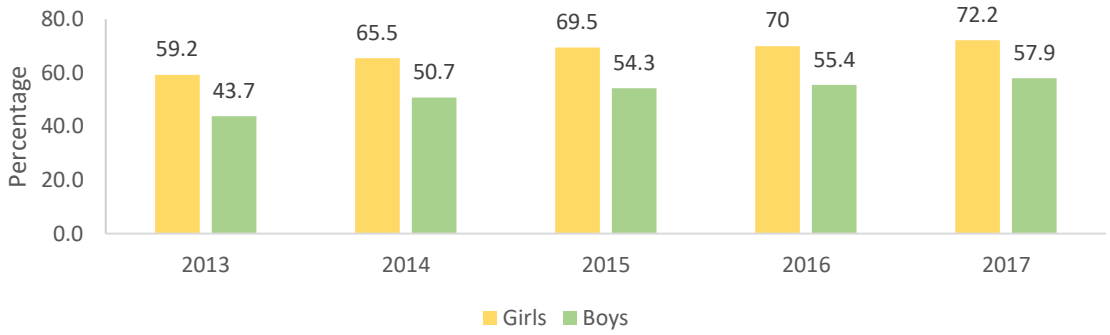

Figure 7 Percentage achieving a good level of development at EYFSP, Leeds, 2013-2017

In all areas of assessment girls are more likely to meet the 'at least expected' stage of development, with technology being the only area where boys are close to girls (94% of girls compared to 93% of boys in Leeds in 2017) (Figure 8) (DoE 2017).

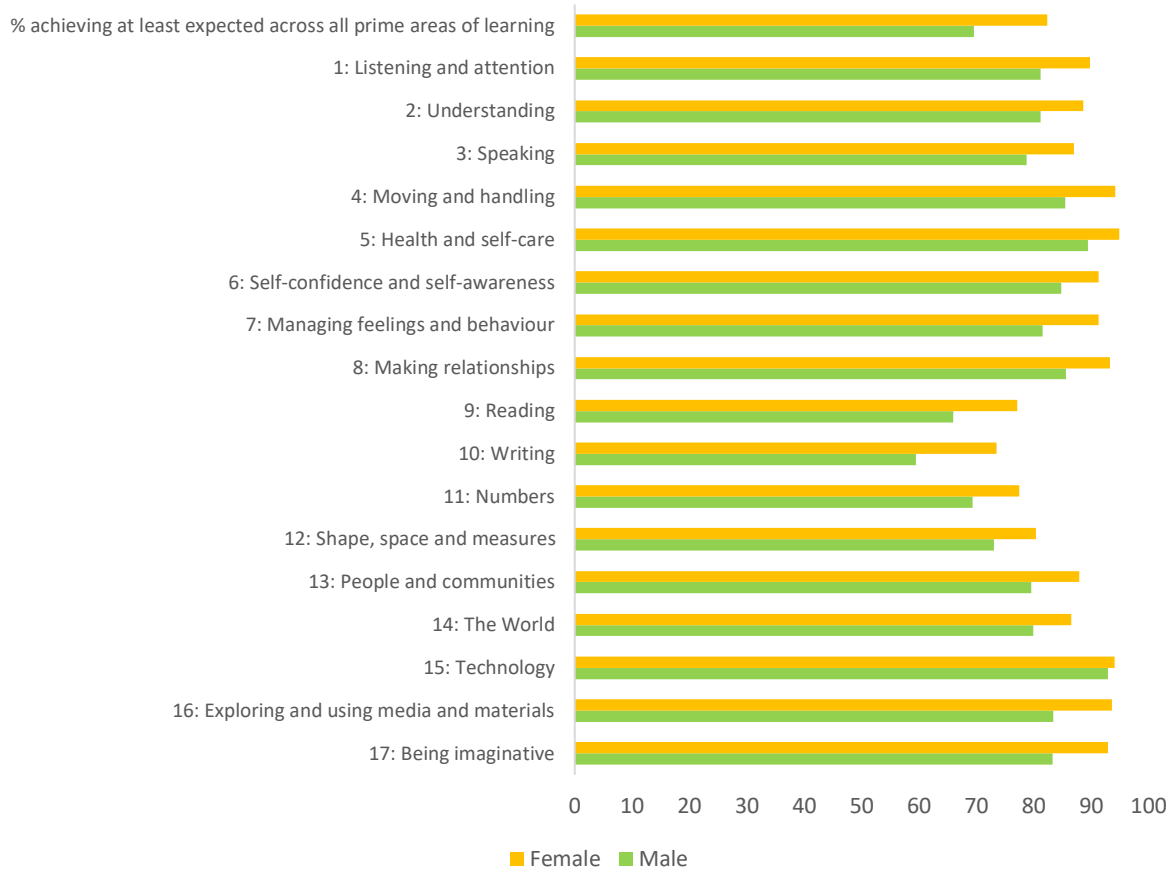

Figure 8 Percentage achieving 'at least expected' across all prime areas of learning, Leeds, 2017

Of the 3,640 Leeds girls who were at the end of key stage 4, 40.6% achieved a 9-5[6] pass at GCSE in English and maths, and of the 3,816 boys, only 36.9% achieved the same grades.

Of the 2,719 girls aged 16-18 years, the percentage of students achieving at least 2 substantial level 3 qualifications in 2017 for Leeds was 81.9%, (compared to the 2,464 boys and 79.4%) (DoE 2018). However, nationally the number of boys who undertake A-Level maths and science subjects is still greater than girls (DoE 2018b) (Figure 9), which is an important consideration when increasing the number of girls entering science based employment and higher education.

[6] New GCSEs are now graded 9 to 1, rather than A* to G. Grade 9 is the highest grade, set above the current A*. Grade 5 is known as a 'strong pass'

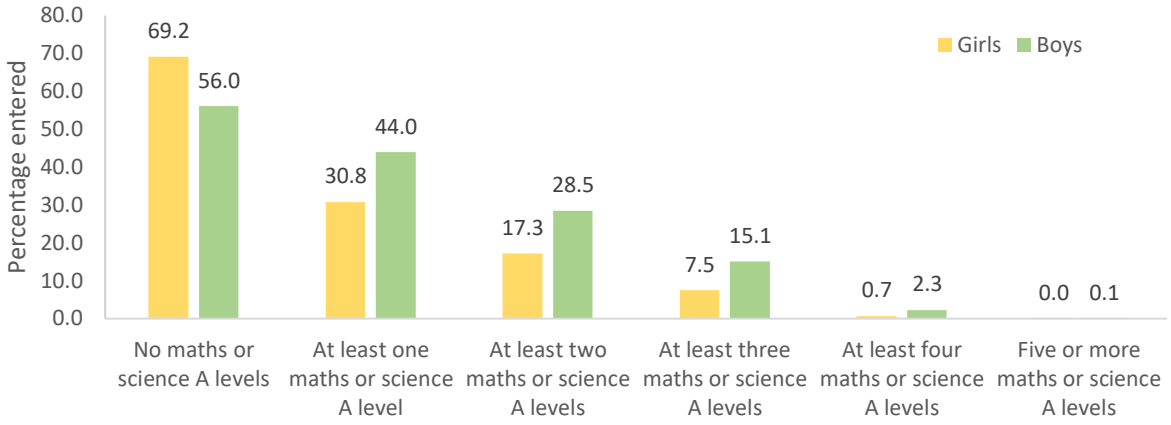

Figure 9 Students entered for mathematics and science A levels. England, 2017/2018

Although boys have overall higher levels of developmental disorders, there is growing recognition of girls having un-diagnosed autism and attention deficit hyperactivity disorder (ADHD) that will also be impacting on their educational and social development (Halladay et al. 2015; Supekar and Menon 2015).

Among economically active adults in Leeds, women are more likely to have higher qualifications than men, however among the workforce there are a greater number of men with A-levels and a degree or equivalent or who have other qualifications (NOMIS 2018) (Figure 10). This may be due to educated women being excluded from work, either on a voluntary basis, through child care, or involuntarily through lack of opportunity or suitable support.

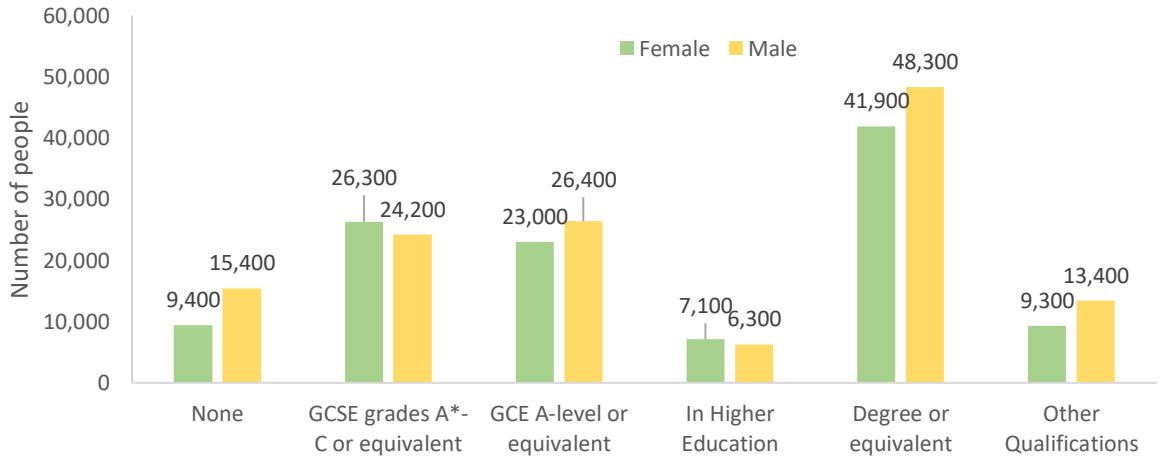

Figure 10 Qualifications in economically active females and males, Leeds, Jan2017-Dec 2017

This effect is seen nationally, where more women are achieving first degrees and postgraduate degrees in STEM subjects than men, but only make up 41% of the science workforce (Parliament 2016). With a greater attention to changing working practices and the way women's careers are viewed rather than just getting more girls and women to take STEM subjects.

5.6.1 Not in employment, education or training (NEET)

For those who are not in education, employment, or training (NEET) from Oct to Dec 2017 nationally there were 134,000 women and 197,000 men aged 16-24 years who were unemployed (actively seeking work), and 251,000 women (212,000 men) economically inactive (not in employment who have not been seeking work within the last four weeks and/or are unable to start work within the next two weeks) (ONS 2018b).

Across Leeds in February 2018, there were 124 females of school years 12 and 13, who were not in employment, education or training and available for work (218 males). In addition, there were 52 females who were not available for work due to illness (10), pregnancy (15), through being a teenage parent (26) or being a young carer (1). The areas with the most NEET females were City and Hunslet (23), Gipton and Harehills (22) and Killingbeck and Seacroft (17).

5.7 Housing

There has been a marked increase in the rental market, with fewer people able to buy their own homes. This has implications for older age, as renting is a significant additional expense compared to home owners who have paid off their mortgage. In Leeds there were 33,000 female tenancy holders (59.7%) in council housing in March 2018, as compared to 22,316 males (40.3%). In the last 5 years (April 2012 to April 2017) Leeds has seen a fall of 1,120 local authority owned properties and an increase of 10,990 private sector properties (Ministry of Housing, Communities and Local Government 2018). As a result of this decrease in social housing, more

women are at risk of being forced into private rented accommodation, which often has a higher rent and a greater risk of being of poorer quality.

There is a higher proportion of female tenancy holders in the younger age groups (16-45) (15,438 women, 9,094 men), whereas there is a higher proportion of males in the older age groups (Figure 11).

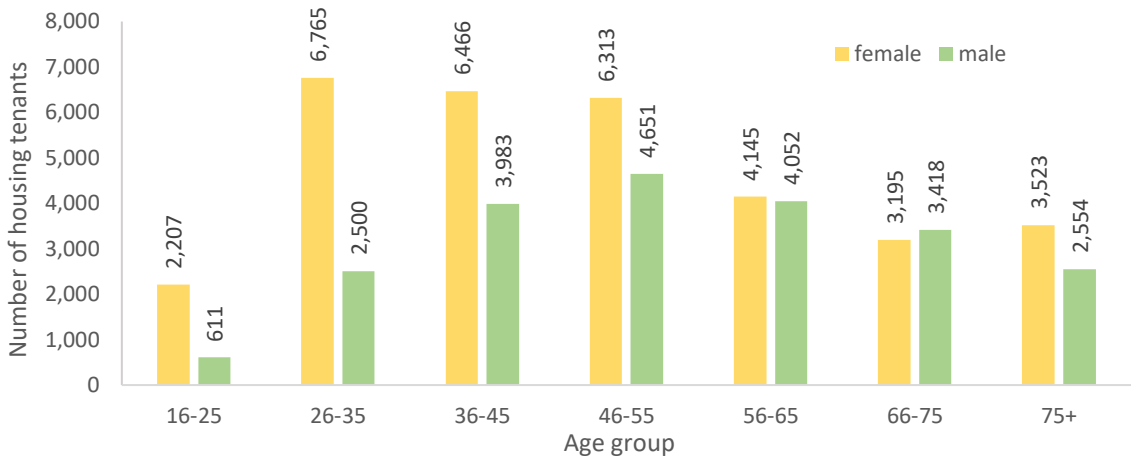

Figure 11 Housing Leeds Tenants, by age and sex, March 2018

Female tenancy holders are mainly living in houses or flats, but males more likely to be placed in flats (Figure 12). With a larger older female population there are more women living in sheltered accommodation.

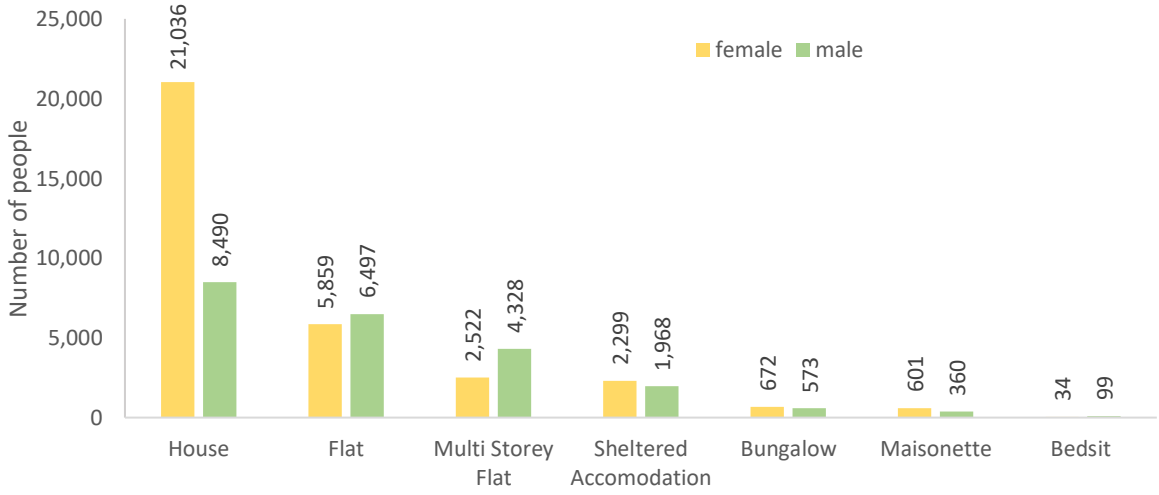

Figure 12 Housing Leeds Tenants, by type of property and sex, March 2018

5.7.1 Homelessness

Currently there are 23 males (82%) and 5 females (18%) who are recognised as rough sleepers within the city of Leeds. The female proportion is higher than across the regional area (only 10%) and still greater than for England (14%). Periods of squatting and rough sleeping were only slightly less likely among women than men, and both women and men were equally exposed to risks of violence and harassment in the process.

There are an increasing number of people made homeless through failure to keep up with private landlord rents. Since the introduction of the Benefit Cap and the forthcoming Universal Credit, it is anticipated that many more women will find themselves homeless. This was recognised by The Leeds Homelessness Strategy for 2016 to 2019 (Leeds City Council 2015a), which is seeking to put in place measures to increase housing advice and support, and to protect families in this situation.

Around half of both men and women who are now homeless have suffered the bereavement of a close relative or another major trauma in their lives. A recent study reported that a quarter of the women who were homeless and slightly fewer men had been in local authority care, and two thirds of both genders had a mental illness (Bowpitt et al. 2011a, b). Three quarters of both genders attributed their homelessness at least in part to family or relationship breakdown, with a background of violence in the home a common experience in the lives of both men and women (Bowpitt et al. 2011a). Men and women were evicted by other householders in roughly equal numbers.

In this study, women gave the main reasons for their homeless as relationship breakdown, domestic violence and the pressing need to escape abusive relationships, with many fleeing abuse and seeking safety (Bowpitt et al. 2011b).

5.8 Marital Status and relationships

Across the UK in 2017 there were 19 million families, of which 12.9 million were married or cohabiting couples, with an average household size of 2.4. Of the 3.9 million living alone, the majority of those aged 16-64 years were male (58.5%) and the majority of those aged 65 years and over were female (66.5%). Of those aged 20 to 34 years that were still living at home, 20% were female and 32% male (ONS 2017a); this is mostly because women are more likely to cohabit with an older man (Figure 13).

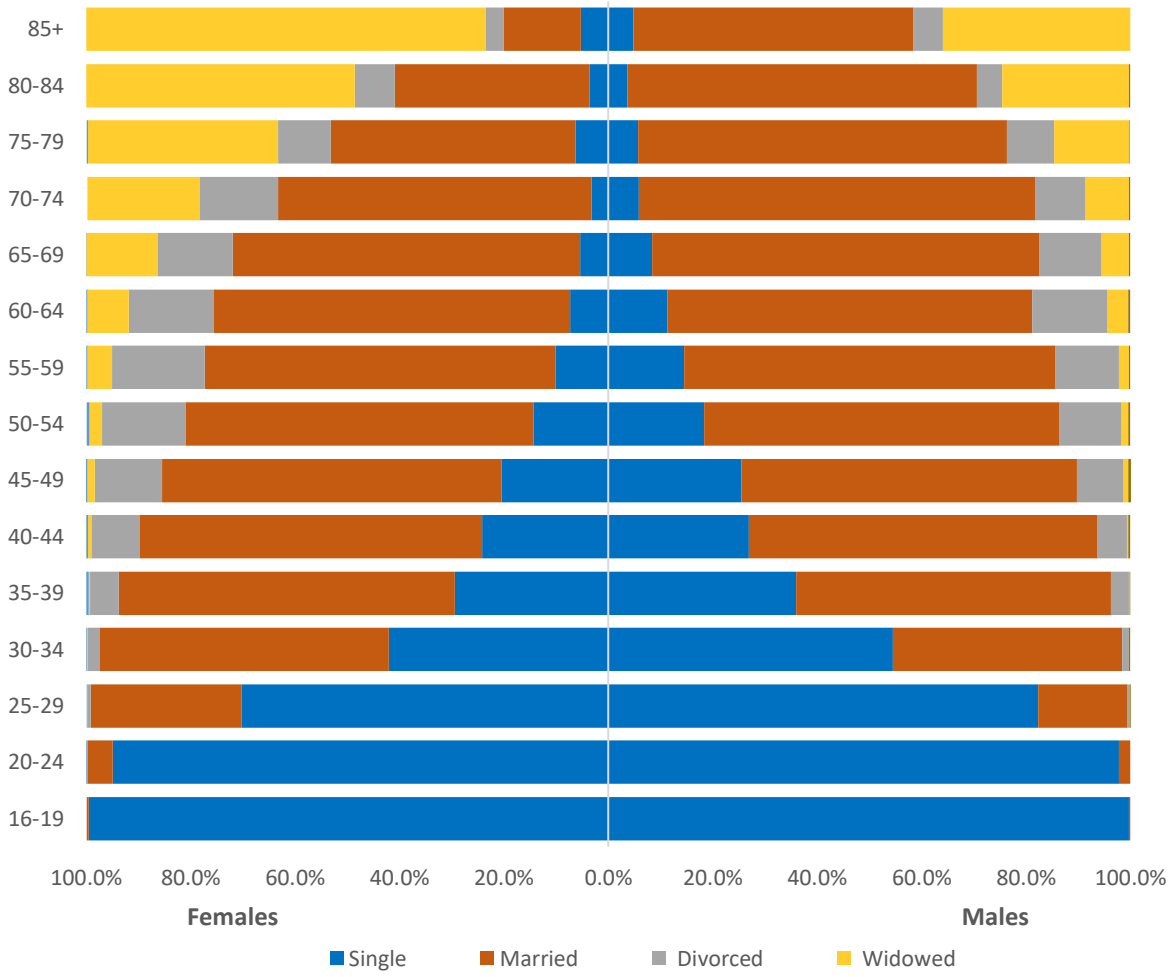

Figure 13 England & Wales population estimates (aged 16 years and over) by marital status, age group and sex, 2018

There are marked changes occurring within society that are affecting how and where people are living. A growing number of younger people are staying at home for longer as the age of forming partnerships increase and the cost of renting and buying goes up. There has also been an increase in multi-family households.

In 2017, across England and Wales (ONS 2018c) the majority of the people aged over 16 years were living as a married couple (Figure 13). Females were less likely to be single than males (31.1% compared with 37.8%), but more likely to be divorced or widowed. Around 0.3% of the married couples were same sex (of which 56.8% were male and 43.2% females), which is an increase since 1996 and is thought to be because more people are now identifying themselves as lesbian, gay or bisexual. There has also been a rise in single-sex couples with dependent children.

Across the UK there are 2.4 million lone mothers and 386,000 lone fathers, of which 1.6 million women and 179,000 men have dependent children, representing 21% of dependent children living in lone parent households across the UK in 2017 (ONS 2017b).
In 2016, those who identified themselves as lesbian, gay or bisexual (LGB) were most likely to be single, never married or never civil partnered (70.7%). This could be as a result of:

- The young age structure of the population that identify themselves as LGB.
- Legal unions available to same-sex couples being relatively new.
- Those with a legal marital status of single being in same-sex cohabiting couples. (ONS 2016d)

With an increase in the life expectancy of men, there are fewer women living alone into their older years. There has also been a big increase in those over the age of 65 years getting married (silver splicers) and also in divorces (silver separators) (ONS 2017c).

Case study 2 Sonia

Sonia[1] 29 year old woman was referred into Women's Lives Leeds (WLL). She was assessed as needing support with life skills; parenting/dependents and family relationships; personal safety; and welfare – accommodation, benefits, and money management.

There were concerns from Sonia's social worker that she was unable to recognise unhealthy relationships, but the female showed desire to attend an appropriate group to make positive changes.

As a result of WLL's interventions all goals identified in the original support plan have been met and mutually they agreed that the case can be closed as Sonia is now attending a healthy relationships group. WLL also supported her to write her statement for a court hearing and ensured that it met the court specifications and she felt confident to attend court to submit her statement.

Communication between Sonia and her daughter has improved with regular texts and phone calls.
*"I was supported through court when I was fighting for ***** (her daughter) back and the WLL Complex Needs Worker gave me advice to help me move forward".*

"The WLL worker came to court with me and gave me all the information what I needed. She gave me the list of solicitors that I can contact and stuff. She's helped me a lot. I don't know if I could have stayed in court all day by myself – it was too much. But I did it."

"I've felt a lot more confident about stuff. I feel I can do more stuff cos I've had support & someone saying to me 'it's alright, you can do it". It's been positive cos I've achieved all, well, most of my goals. It's helped me get a job and secure my housing situation"

[1]Name changed

5.9 Carer

It is still the case that woman have the greater carer responsibility through their working years (ONS 2013; Carers UK 2015, 2016), with an estimated 58% of the 74,419 carers in Leeds female (43,168). Based on the 2011 Census, women also devote more of their time to caring responsibilities, with an estimated 10,117 female carers in Leeds devoting more than 50 hours a week on caring (

Table 1).

Table 1 Proportion of week devoted to a caring responsibility, Leeds

	1-19 hours per week	20-49 hours per week	50+ hours per week	Total
Male	20,228	4,214	6,972	31,415
Female	27,256	5,632	10,117	43,004
Total	47,484	9,846	17,089	74,419

In Leeds, more women are claiming a carers allowance (in May 2018, 6,563 females, 2,707 males), with the majority being of working age (DWP 2018).

Trying to balance multiple roles has big implications for women's physical and emotional health, and also for their opportunities to engage in education and work, with the economic value of unpaid care by women estimated at £77bn per year (Carers UK 2016). An American study (Erosa et al. 2017) suggests that a more equal distribution of household tasks would make an 14% improvement in women having more time to devote to their careers. They also note a misalignment of talent, as capable women are held back by home responsibilities.

Many school-age girls and boys (aged 8 years and older) have carer responsibilities, with girls providing more adult care than boys, both for their own household and for members of another household (ONS 2017d).

Nationally women were providing 74% of child care (ONS 2017d). In households with a lower income, women are still providing the majority of child care (80% mother, 20% father), but in higher income households there is a more even distribution of primary childcare (60% mother, 40% father) (ONS 2017d).

With increasing longevity, many women now find they have older infirm relatives to care for whilst also having young children – this is especially the case for those who had their children later in life. This "sandwich caring" is leaving many struggling to cope, both financially and emotionally, with a toll on family life (Carers UK 2012;

Brown et al. 2014). It is estimated that women are four times more likely to have to give up work due to multiple caring responsibilities (Carers UK 2012).

Increased caring responsibilities in the over 50's can also lead to a breakdown of social networks and a risk of social isolation, especially in the elderly (Leeds City Council 2015b). Spending more than 10 hours caring for parents or grandchildren a week is associated with poorer health and self-rated quality of life and, among women, a lower probability of being in full-time work (Brown et al. 2014).

Some 42% of grandmothers (32% grandfathers) provide regular childcare for an average of 10 hours a week (8 for grandfathers), with one in ten offering over 35 hours a week (Brown et al. 2014). There are benefits to grandparents to looking after their grandchildren, including improved mood, increased social inclusion and cognition, but highly frequent caring can result in stress and negative health effects (Campbell et al. 2016). For some family and friends this develops into more formal relationship as a Kinship Carer (Wellard et al. 2017), where children are living with them either full-time or most of the time, including as foster parents or under a Special Guardianship Order.

There can be a tension between women's expectations of caring and a new reality where more now is being done by either her partner or others. With women under the burden of social and personal pressures to be seen as capable in all roles, their health can be affected by a feeling of guilt if they perceive they are not carrying their 'fair share' in the home (Thomas et al. 2018).

It is notable that the 'Leeds Carers Strategy 2015-2018' (Leeds City Council 2015b) (p13) breaks down some demographics, but does not talk about gender split among carers. We recommend that there is a gender breakdown in future reports by the City.

5.10 Employment

Models of family life have changed radically over the last century, with it now being much more likely that households have a dual income or that the woman is in the higher paid job. There is also a greater chance that the male partner will be taking on the role of stay-at-home parent. However, there is still a larger number of women who are working part-time and are economically inactive (Figure 14) (Nomis 2018).

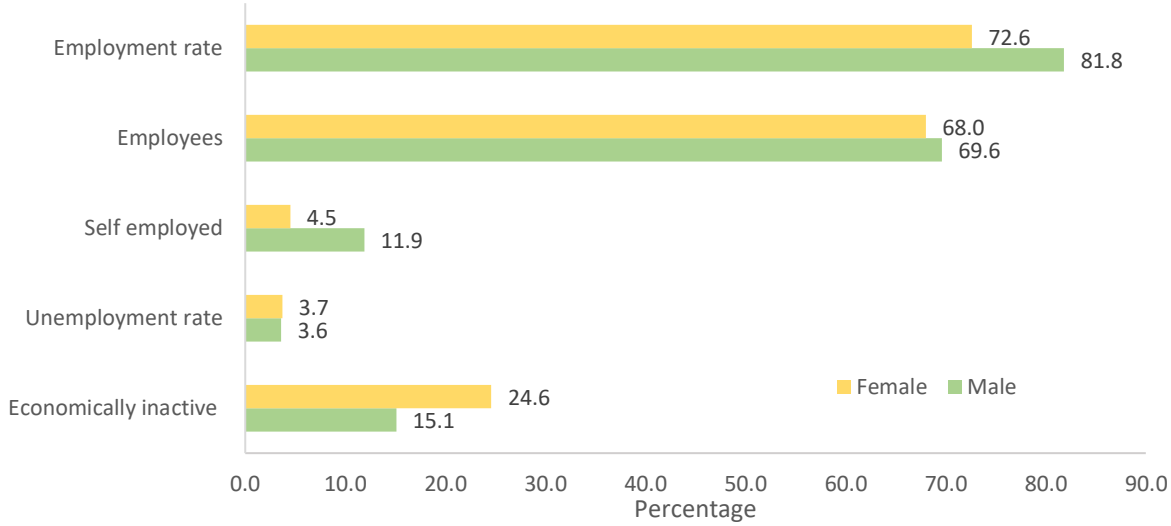

Figure 14 Leeds employment (percentage), 16-64 years, July 2017 – June 2018

Nationally there has been a big increase in the number of women employed, with a rate of 71% (80% for men) in Dec 2017- Feb 2018. However, in part this is due to the changes in the retirement age of women from 60 to 65 years, meaning more women are remaining in the workforce longer (ONS 2018d). In Leeds, female employment has risen from 55% to 69.6% between 2012-13 to 2017-2018, whilst unemployment has fallen from 13.2% to 3.6% in the same time period.

There are more women working part-time than men, both as employees and self-employed, but what is not known is how much of this is by choice or necessity (Figure 15) (ONS 2017e). The choice of moving into self-employment has been found to be affected by the availability of support within employment, with the availability of sick, leave, maternity pay, childcare services, etc., being greater factors for women avoiding the self-employment option (Klyver et al. 2013). The improved pay within low-pay employment has also added to women staying in employment, with the state of the economy, house prices, and access to finance also

important factors in whether a woman takes up a self-employment option (Saridakis et al. 2014).

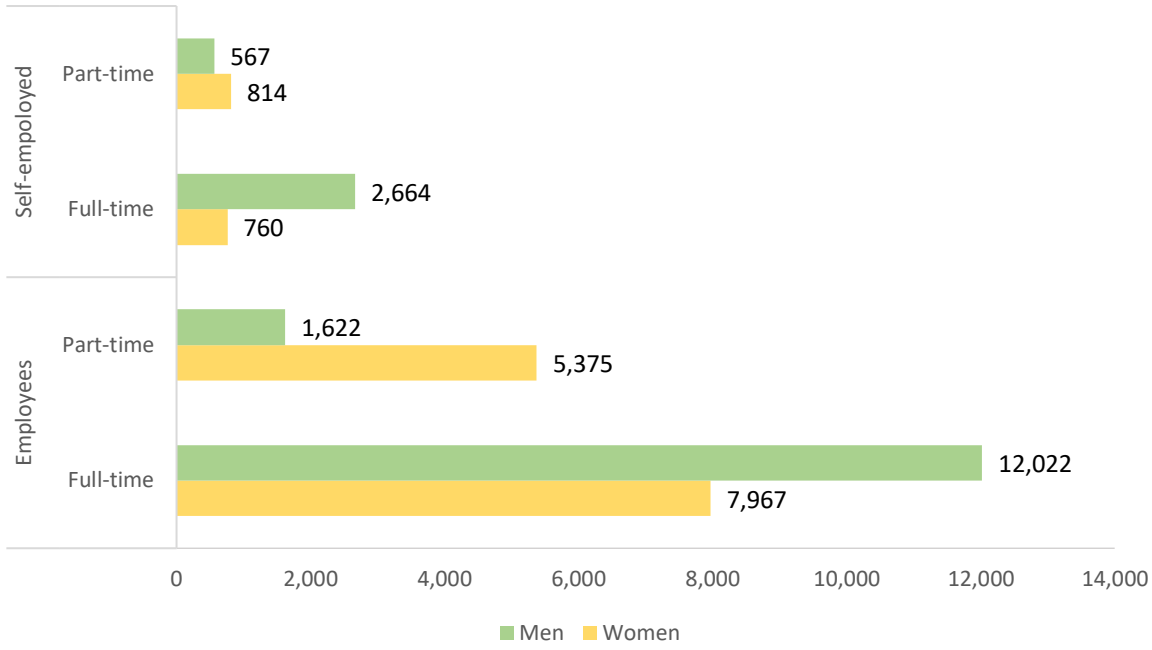

Figure 15 All in employment (thousands), Leeds, by sex, Apr-June 2017

Women's participation in the labour market is influenced by many factors, which include caring responsibilities, availability of work and also commuting time. Many women tend to be the main caregiver for children and not the main wage earner in the household, which impacts on their job choices and also how far they are willing to travel to work, as time is a greater factor in managing their day. This limits opportunities, this is especially the case for women with pre-school children (Munford et al. 2018).

Commuting time has been found to be greater for men. A study on the impact of commuting time (Munford et al. 2018) found married or cohabiting women working full-time in managerial or professional roles report the greatest negative effect. This has implications for enticing women into the City, especially if there are issues with reliability of transport routes or public transport options.

Ethnicity has been to be a limiting factor for women with regard to their employment opportunities. A local interview based study on Muslim women in the workplace

(Tariq and Syed 2017) found many issues in the way their ethnicity impacted on their careers. These included an expectation that despite gaining University degrees they were expected to settle down and have a family. They were also exposed to prejudices against their religious dress and for those in leadership positions faced more discrimination than their White counterparts, they also noted a lack of access to network and mentoring support. However, despite these difficulties they are making progress due to an unwillingness to be discouraged and their own endeavours to improve their opportunities.

Case study 3 Chro

My name is Chro[1] I'm married. I came to UK in 2010. I live in Leeds. I live with my husband. I have two boys. I like gym, I like working and earning money.
When I came to England, my English was not good, my confidence was low and I had some health issues. I felt very lonely and isolated. I dropped into the Asha Neighbourhood Centre to find out about their services. The Health Development worker invited me to join the cooking and walking groups. I was also referred to an ESOL class run by a college in Asha centre.

The ESOL teacher was very good and I benefitted from attending the ESOL classes. She helped me to boost my language skills and confidence. I took up another course named Child Care. I asked for childcare volunteering placement at the Asha centre and now Asha have offered me sessional hours, now I am working in the preschool. I'm so happy with my job also with everyone working around me, especially the workers they always help me to improve my language. I found working and staying with children a very difficult task in terms of educating them, despite this the children are happy with my volunteering work.
After finishing my courses, I decided to continue working in Asha centre to improve my future. Although I'm a woman like others, I do all my daily work by myself even the works of children.

I found about Asha Neighbourhood through a family friend. I heard about the Health Project activities and the volunteering project. I wanted to do occasional volunteering to give me a focus in life after numerous miscarriages. I was experiencing mild depression and anxiety. I received lot of support in the beginning from the Asha Project. I was signposted to mental health workshops. I also joined a women's social group. I took part in a confidence building course during a weekend residential through Asha. When there was a mental and physical I conceived. I had a premature baby girl. I attended breastfeeding and baby massage sessions in Asha and bonded well with my baby.

I am asylum seeker. I have been suffering from mental health issues. I lived with the fear of being deported to a place where there was a risk to my life. Number of time I attempted to suicide because I couldn't cope with the conditions I was living with. My child self-harms and despite intervention I am unable to help him. The Health worker encouraged me to join the Health activities. I benefitted a lot from the mental health workshops. The Asha staff went beyond their duty to look for free funding to pay for my child to attend the play scheme so he could make friends. I wanted to study English to improve the quality of life and improve my communication skills but because of my immigration status I did not meet the financial criteria set by colleges. However, I was able to attend Health activities such as the cooking and exercise classes.

ESOL – English for Speakers of Other Languages

[1]Name changed

5.10.1 Inequalities in pay

Women tend to leave education with higher educational attainment than men, yet are still over-represented in lower paid work and under-represented in higher paid work, with gender gaps in terms of participation (employment rate and hours worked) and pay widening with age (European Commission 2018). This can have a long-term effect, with a lifetime 'pay-penalty' and the possibility of poverty and social exclusion into retirement through poorer pension provision.

In April 2017, across the UK the gender pay gap based on median hourly earnings for full-time employees decreased to 9.1%, from 9.4% in 2016. This is the lowest since the survey began in 1997, with growth in women's earnings stronger than for men, but for a woman working full time this still represents a £100 difference in gross weekly earnings (ONS 2017f). In Leeds, a female full-time worker's median pay (gross) in 2017 was £24,072 compared to £30,315 for a male worker (ONS 2017g). Since 2013 there has been a steady increase in salary for men, yet relatively little change for women, resulting in a widening gap (Figure 16).

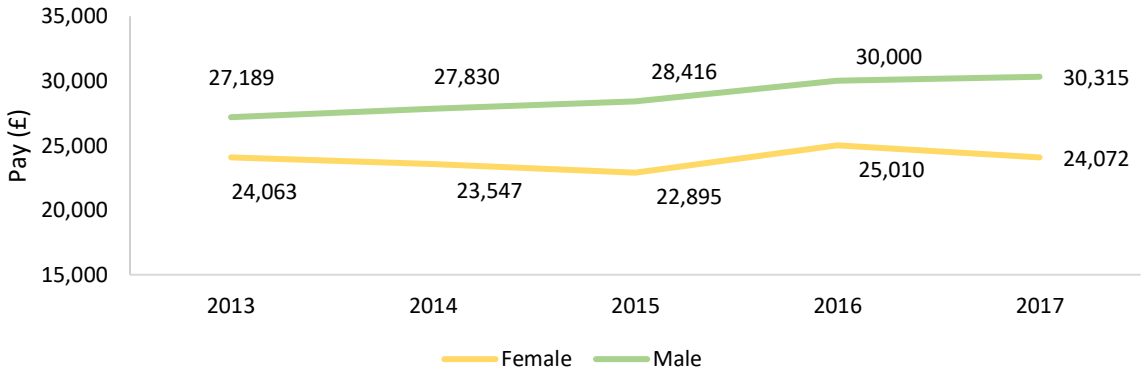

Figure 16 Full time workers pay, Leeds, male and female

Nationally, women's part-time pay is narrowly greater than males up until the age of 50+ years, and then men's pay is greater than women's (Table 2).

Table 2 The median gross hourly pay (excluding overtime) for part-time employees by age group, UK, April 2017

	Pounds (£)	
Age (years)	Male	Female
16 to 22	7.42	7.48
22 to 29	8.46	8.50
30 to 39	9.13	9.85
40 to 49	9.91	9.92
50 to 59	10.23	9.63
60+	10.50	9.45

Source: Annual Survey for Hours and Earnings (ONS 2018e)

Across the UK, women are more likely to be working on a zero-hour contract (3.3% women in employment vs. 2.4% men in employment in October to Dec 2017) (ONS 2018f). The reality is that some women (especially those who are a single parent) are having to take on a number of different jobs to earn enough.

For the Leeds council, 61% of its workforce is female, with their mean hourly rate 8.6% lower than men's and their median hourly rate is 13.1% lower than men's (Leeds City Council 2017). In comparison, Doncaster Council have produced a report on the issue of the gender pay gap within the council (Doncaster Council 2017). They note that they have a 70% female workforce covering many different sectors, with no significant pay gap evident when like-for-like jobs and hours worked were considered (-0.44% overall, -0.12% for part-time workers and -0.03% for full time workers).

The gender pay gap is not just about equality of pay, but about the way women's work is valued in society and their employment opportunities and progress at work (Grimshaw and Rubery 2007). These have been found to be influenced by:

- gendered education and career choices.
- occupational segregation with women confined to lower grades within organisations and concentrated in lower paid occupational sectors.
- devaluation of work deemed a 'female' occupation.
- non-continuous employment and a shift to part time work due to caring responsibilities, especially when children are young.

- occupational downgrading resulting from women working below their potential due to lack of quality part-time jobs and the absence of flexible career paths.
- an unexplained gap sometimes attributed to direct or indirect sex discrimination and systemic disadvantage (Metcalf 2009).

A Parliamentary group (Parliament 2016) looking into gender and pay argued that there needed to be a range of actions needed including:

- Addressing the part-time pay penalty and flexible working.
- Supporting parents to share childcare equally.
- Supporting women back into the workforce after time out of the labour market
- Tackling low pay in highly feminised sectors.

The European Commission report on Equality (European Commission 2018) has taken this further, advocating that there needs to be a profound structural change in labour market to achieve equality of opportunity for women. They suggest that changes in work organisation, general work culture and working time flexibility is needed, and that a career break for a family is not an indication of lack of ambition or commitment. To help achieve this there must be increased support for fathers to take longer paternity leave and to have flexibility to look after their children up to the age of 12.

There is also a need to radically re-think how women are enabled to combine work with their other commitments without losing the opportunities for progression and also for support within their wider roles.

5.11 Poverty

In 2015, across the UK a higher proportion of women (8.2%) were persistently poor[7] than men (6.3%) with the gap between women and men the largest it has been since they started collecting data in 2008. The recent period of austerity has also been found to have had a disproportionate impact upon women, with a study conducted for the House of Commons (Stewart 2017) showing that 86% of the burden for recent cut-backs has fallen upon women. The recent introduction of Universal Credit as a system to replace the many existing benefits has increased poverty for many, with a recent study of its impact in Newcastle and Gateshead demonstrating how the complex system is pushing many towards distress and increasing suicide risk (Cheetham et al. 2018).

Those with low educational attainment are more than twice as likely to experience persistent poverty, with higher rates for single parents and single adults, and those over the age of 65 (ONS 2017h). A study of older single women in Australia reported that those who had caring responsibilities, lower savings and a lack of affordable housing, were at high risk of poverty and homelessness (Anglicare 2015).

Across Leeds there are 98,556 women (105,766 men) in the lowest decile on the Index of Multiple Deprivation (IMD) (which is a scale of relative deprivation that takes into account a number of different parameters (DCLG 2015)[8]). IMD 1 comprise the biggest across all the deciles (Figure 17). The number of women living in deprivation decile 1 is equivalent to 23% of the female population and a total of 57.4% of all females reside in deprivation decile 5 or below. Only 8.01% of females resided in the most affluent areas of Leeds.

[7] Persistent poverty is defined as being in relative income poverty in the current year and at least two of the three preceding years.

[8] The Index of Multiple Deprivation is a score based on a number of different parameters:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

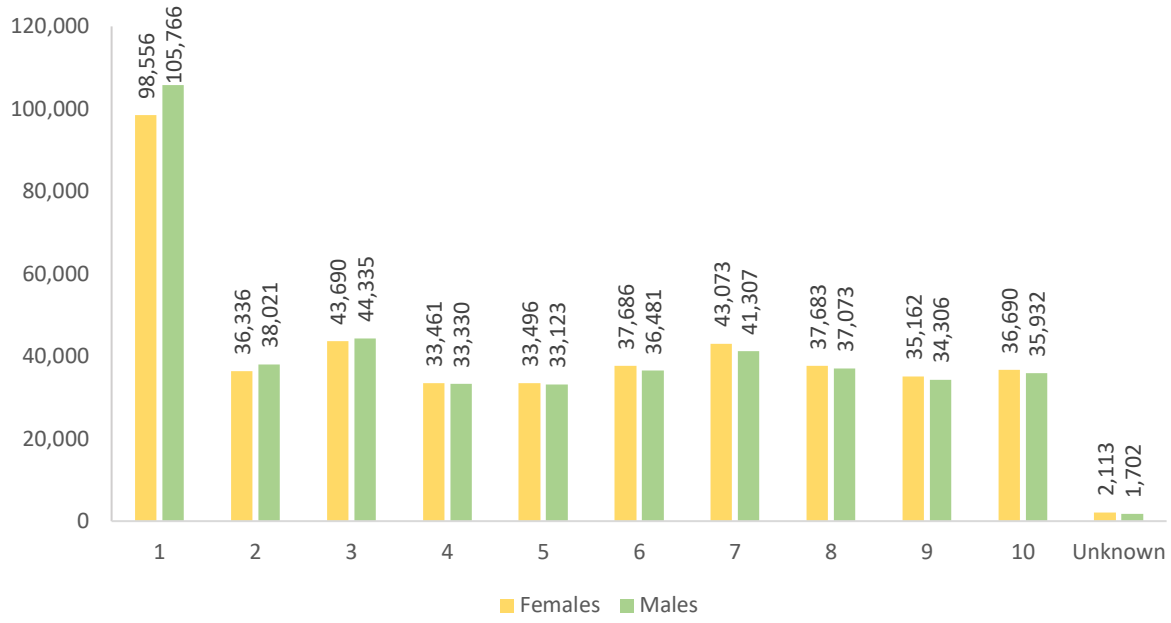

Figure 17 Number of males and females in each decile of the Index of Multiple Deprivation, Leeds. Leeds GP Audit data, 2018

5.11.1 Deprivation by ethnicity

It is important to note the higher proportion of ethnic minority women who are living in the poorest areas of the city, with 73.3% of all Bangladeshi women living in the lowest decile of the Index of Multiple Deprivation (IMD) (Table 3).

When ethnic groups are considered, females in the Black/African/Caribbean or other black ethnic group are most likely to be living in deprivation, with 63.6% living in the most deprived decile and 90% living in the most deprived half of the city (Figure 18). In summary, females in non-white ethnic groups are overly represented in the most deprived areas. However, when considering the absolute numbers, there are a greater number of females in the white ethnic group living in the most deprived decile.

Table 3 Females in Decile 1 (IMD) by Ethnic Group, Leeds, 2018

Ethnic Group	Females in Decile 1	% of total ethnic group population
Bangladeshi or British Bangladeshi	1,476	73.3
Black African	7,522	67.1
Black Caribbean	1,399	51.3
Chinese	619	9.8
Indian or British Indian	1,373	14.7
Mixed - White and Asian	500	23.8
Mixed - White and Black African	1,474	55.3
Mixed - White and Black Caribbean	1,196	42.1
NK	7,171	17.2
Other Asian Background	2,295	30.7
Other Black Background	1,907	59.6
Other Ethnic Background	2,912	41.5
Other Mixed Background	850	32.3
Other White Background	11,629	31.2
Pakistani or British Pakistani	5,769	45.1
White British	50,006	17.6
White Irish	458	19.4

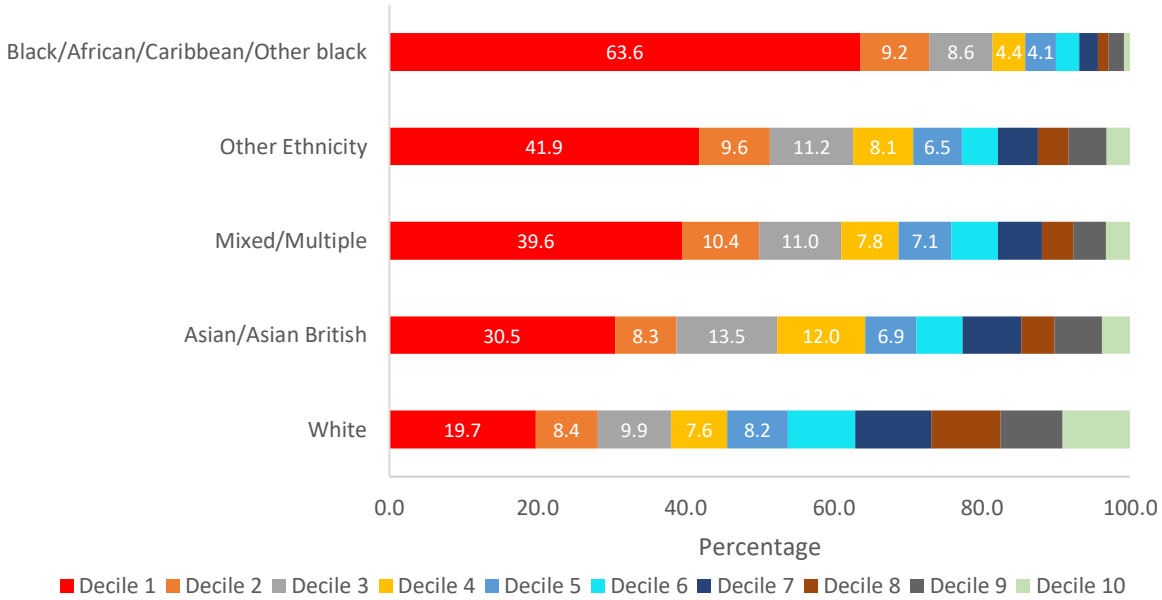

Figure 18 Spread of ethnic groups across deprivation deciles. NB N.B. Values have intentionally only been provided by the most five deprived deciles

5.11.2 Benefit claimants

Across Leeds 4,180 working age women (7,230 men) are claiming benefits of one form or another (Figure 19).

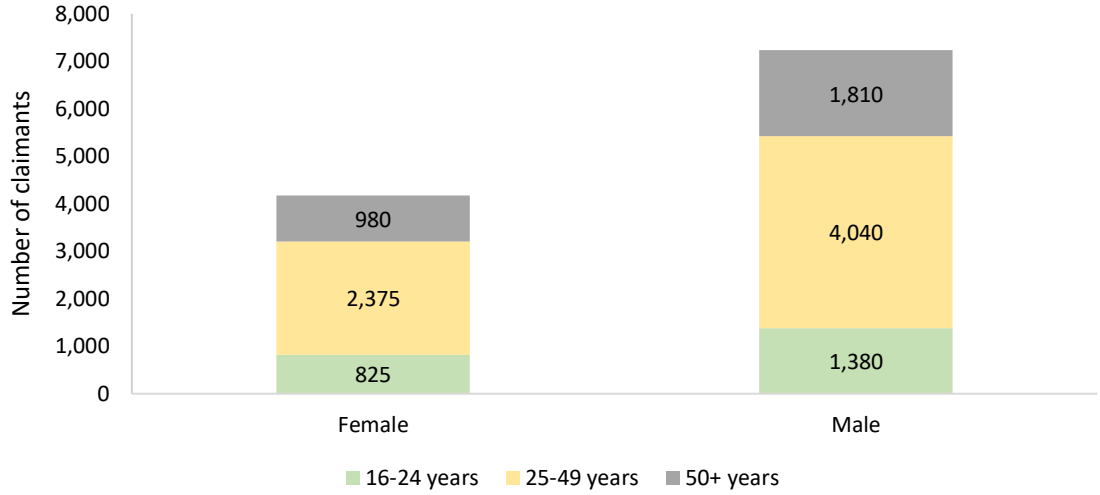

Figure 19 Number of benefit claimants, by age and sex, November 2016, Leeds

There is a greater proportion of women in receipt of housing benefits (60% female, 40% male). There are 37% of women with some level of arrears in their rental payments, with a higher proportion than men in the higher arrears banding.

5.12 Asylum seekers and refugees

There are currently 824 asylum seekers/refugees receiving support under Section 95 of the Immigration and Asylum Act 1999 in Leeds (Home Office 2018). It was not possible to get more detailed breakdown by locality or by sex for this report. It is important to note that migrant women can experience difficulties navigating the UK health system and can find themselves missing out on screening, vaccinations and appropriate maternity care, and they are also at greater risk of social exclusion and isolation (Mengesha et al. 2018; Schmidt et al. 2018).

5.13 Sex Work

Women in Leeds involved in sex work operate across a varied and diverse sector including; online, clubs, from premises and on street. Basis Yorkshire[9] work with women from across sectors, with 8% of women accessing services working on street and 92% working off street, with street work comprising 15-20% nationally (House of Commons 2016). Women involved in sex work are reflective of the diverse population in Leeds with a significant proportion of women from BME backgrounds with additional issues in terms of ability to access culturally specific services.

The reasons for women engaging in sex work are varied and diverse and reflect both life histories/experiences and economic motives. Recent research identifies 'push and pull' factors for those engaging in or exiting from selling sex i.e. debt, poverty, homelessness and flexibility, freedom and good earning potential (Steffan et al. 2015). Furthermore, key to women accessing services is the importance of a non-conditional approach to delivering services, which enable better health and wellbeing outcomes for women (Bimpson 2018). In addition, the experiences of UK student sex workers were captured in the Student Sex Work project (Sagar et al. 2015).

Stigma is a significant factor in women's experience of selling sex (Benoit et al. 2015; Carlson et al. 2017; Zehnder, MaraRufer et al. 2019). In Leeds 60% of outdoor street workers, and 79% of indoor workers were less likely to declare to their GP that they were sex workers. Triangulated by further data featured later in this evaluation found that a key factor that consistently emerged was the fear of becoming stigmatised by health workers via labelling within the health and welfare systems (Basis Yorkshire 2018).

Mental health was identified as an extremely important issue for both indoor and street workers. 88% of street workers expressed their mental health to be of concern with 73% confirmed through diagnosis. Indoor workers identified this issue at much lower levels at 41%. However, this is a significantly higher incidence than that experienced by women generally within the Leeds population (Basis Yorkshire 2018).

[9] https://basisyorkshire.org.uk

The government recognises that of key importance is that 'those involved in prostitution and sex work are safeguarded, that traffickers and those who exploit vulnerable people can be effectively targeted, and ensuring that community concerns about prostitution and sex work can be addressed' (Home Affairs Select Committee 2016)(p1). Leeds has made a significant step in helping reduce the risks sex workers face through the introduction of a managed approach[10].

This initiative aims to;

- reduce the problems caused by street prostitution to residents, and businesses which currently suffer from such nuisance;
- better engage with street sex workers to improve their safety and health, with a view to enabling them to exit this way of life
- reduce the prevalence of street sex working

A key element of the Managed Approach is to work with sex workers in the area to encourage more reporting of offences against them, increase their safety and also provide targeted support and services to improve their health and wellbeing and with a view to assist them to exit street based sex working. This initiative has seen a significant increase in the reporting of crime and support for the women engaged in street based sex work (Sanders and Sehmbi 2015; Basis Yorkshire 2018; Howard 2018).

5.14 Prison and offending

There is not a female prison in Leeds - the nearest are New Hall Prison at Flockton, near Wakefield and the young offending unit at Wetherby. There is now the newly opened Adel Beck secure children's home[11] in Adel, Leeds, which caters for children aged 12 to 15 years.

There have been two recent reports by the Prison Reform Trust that have focused onto the specific needs of women (Prison Reform Trust 2016, 2018) and one on the impact of a mother's incarceration on a child (Beresford 2018). They all highlight that

[10] https://www.leeds.gov.uk/saferleeds/managed-approach
[11] http://www.securechildrenshomes.org.uk/east-moor-secure-childrens-centre/

urgent attention needs to be given to supporting young women with complex needs to avoid entering into the custodial system.

The Transition to Adulthood (T2A) Alliance (T2A 2016) have noted some key issues with regard to young adult women in the criminal justice system:

- Two thirds of women in custody aged 16-21 have recently been in statutory care.
- They have very particular and complex needs that relate directly to both their age and gender, which services rarely take into account. In this sense, they are likely to fall between services, and can therefore be considered to be the 'forgotten few'.
- The majority have had multiple traumatic experiences such as domestic abuse (more common for younger women than older women), sexual exploitation, and bullying, at levels usually far higher than for young men.
- These and other traumatic experiences are likely to have been very recent, and therefore raw in the mind of each young adult woman. They are also far more likely to have recently been in statutory care, and many are young mothers whose children are more likely than older women to be taken into state care.

They suggest that the needs of young women leaving custody has been largely ignored, as they make up a relatively smaller proportion of the prison population and they are more likely to be mixed in with older women in custody. There is a need to have better support as young women with complex needs move from childhood services into adulthood, as at present there is a risk their lives become more complex and harder to manage, increasing their likelihood of offending behaviour.

Although Leeds does not have its own prison for women, there are those women who are in custody elsewhere and are then returning to Leeds and requiring support. Though the course of 2018 there were 132 women released back into Leeds (41 low risk, 51 medium risk, and 30 high risk[12]). To help improve rehabilitation female

[12] Data from HM Prison and Probation service and Leeds Community Rehabilitation Company (probation)

service users in Leeds there are a number of different services, including the Interserve[13], and Together Women[14].

The Ministry of Justice has just published their Female Offending Strategy (MoJ 2018), which has called for a different approach to women who offend, or are at risk of offending. They have proposed a reduction in custodial sentences and much greater use of community-based initiatives supporting women into employment, and secure accommodation. With this in mind, the work in Leeds by the Together Women Project (Together Women 2018) which supports women in custody and on their release, should be encouraged and developed.

[13] https://www.interserve.com/latest-insight/2017/improving-offenders-skills-and-opportunities-in-leeds
[14] http://www.togetherwomen.org

Case Study 4 Karen

Karen[1] was in a relationship with Steve[1] and since breaking up with him she has been the victim of ongoing stalking by means of unwanted contact. He does not live in the local area. Her main fear was that his stalking would escalate and he would attend at her address.

In October 2018 he was convicted at court of harassment due to his behaviour and was issued with a Community Order. A Restraining Order was granted which stated he could not contact her directly or indirectly and could not attend in the local area where she resided.

Despite this order being granted, a month later he was sending her a large number of text and social media messages as well as phoning her on a withheld number. This was absolutely terrifying for her and she reported them all to the police; and he was charged with Breach of Restraining Order. He was granted conditional bail with conditions mirroring the Restraining Order. He pleaded not guilty to this new offence.

Support

The Independent Domestic Violence Advocate (IDVA) team supported Karen all the way through from the first time she reported to the police. This included assessing her risk and needs, tracking the progress of the case, advocating on her behalf with the police and CPS, referring to other agencies and attending court to support her.

Karen was assessed as high risk and was given MARAC status; and her case was subsequently heard on a number of occasions due to the increasing number of repeat incidents. The IDVA has continued to liaise with other agencies to ensure appropriate support has been put in place for the family and has acted as the 'victim voice' during this process and has completed safety planning with the victim and completed Sanctuary Referrals.

The support included liaison with the CPS prior to the trials to ensure special measures were available and granted and on the day of the trial Steve pleaded guilty.

The case went to Crown Court for sentencing, of which the final sentence was a custodial sentence of over a year, suspended for 2 years and granted an extension to a Restraining Order for a further 5 years.

[1] Name changed

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