

“Longsight is not getting whiter. It’s getting browner. Services need to reflect the needs of the community”

A community research project

Identifying the health and social needs of Black, and minoritised women aged 50+



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Message from Nadia Siddiqui, Director of *Women's Voices*

Women's Voices CIC was established in 2013 to strengthen Black and minoritised women's voices in their communities and to change the way they are viewed. The organisation's mission is to enable women to achieve empowerment, equality and inclusion and overcome the barriers holding them back so that they may become ambassadors for other women.

With over forty years' experience of working with marginalised women in the local surrounds, I have seen how women's lives have been shaped by intersecting and overlapping forms of discrimination. Poverty, immigration and migration, gender-based violence, racism, isolation and health inequalities all impact women's lives. I have spent much of my professional life supporting their needs, working to highlight these inequalities and reduce their impact through delivering services to benefit women directly. I have done this during my time as Women's Rights Worker at the now closed South Manchester Law Centre, based on Stockport Road. Following this as founder and Director at *Women's Voices*. The impetus for founding *Women's Voices* was based on my desire to ensure that Black and minoritised women in the area have a voice in their community.

Through my work I have seen how the area has changed. Longsight is a bustling community housing a wonderfully diverse population with a high proportion defining as from Black and minoritised communities. However, it still occupies one of the highest positions on the Indices of Deprivation. Years of austerity, increasingly hostile immigration policies and the squeeze on public services and chronic underfunding of the third sector means that many Black and minoritised women and children remain in highly marginalised and vulnerable positions and face barriers in obtaining health equality.

The women who come through our doors are representative of the women in the wider Longsight area. Many do not speak English as their first language. Many of the women using our service have no access to public funds, are subject to immigration control and are unable to access the welfare state or local authority housing provision. Service users who are not subject to immigration control are mostly reliant on the welfare state, dependent on family/partners' income or in low paid, precarious employment. They experience significant problems in accessing and navigating social, health and educational support services.

Some women report being unaware of available services as they sit outside formal and informal networks, and some have difficulties navigating information and systems which are increasing online. Sometimes they find that the systems are simply not culturally appropriate for their needs nor available. *Women's Voices* also attracts many women from migrant backgrounds who, due to being subject to immigration control, face restrictions in their ability to work, take up education or access welfare and housing benefits. This cohort express concerns about their experiences of discrimination including that of racism and the punitive impact of living under an increasingly hostile environment designed to adversely target migrants and those with irregular immigration status. Many of these women have frayed family and community networks heightening their experiences of isolation.

The last couple of years of living in the pandemic and lockdown conditions have exacerbated much of these existing problems and barriers. Covid-19 has had a huge impact on women's health with repercussions and long-term impacts still yet to be fully felt. Reports show that the pandemic has impacted disproportionately on the most vulnerable communities including older Black and minoritised women many of whom make up the user group at *Women's Voices*.

Although the idea for the community research project was conceived prior to the outbreak of Covid-19, lockdown measures coincided with our start date and framed the rest of the project's delivery. We heard from more and more women, particularly older women from the *Women's Voices* group sharing problems relating to their physical and mental health, particularly as the pandemic took hold. We felt it important to undertake some initial small-scale research to find out more about what their health needs were, and their experiences of accessing health care services. We especially wanted to focus on older women in the locality as we know that they have specific needs and evidence shows that health inequalities get worse as people age.¹

This final report, a culmination of the community research, highlights the experiences raised by women who are in the 50+ cohort about the health inequalities they face when trying to access health services. The project stands out in its design which aims to skill up women within the *Women's Voices* group as community researchers to investigate some of these barriers and garner feedback from women in the community on the state of their health.

The responses provided from women in the community to the researchers make for important reading with women reporting a range of physical and mental health concerns. Isolation and loneliness emerged as a concern for women. Whilst this may appear unsurprising during the pandemic it's important to document this as it will have long-term repercussions on individuals and community. Particularly interesting is that some women worried about complaining about their health issues and not disclosing difficulties they experience when making appointments and that almost 50% of the women interviewed were living in pain. Poor health, not managing pain, loneliness and isolation during the pandemic and the fear of complaining to authorities leads to poor mental health, all key concerns that came to the fore. *Women's Voices* service users report that mental health remains a significant stigma which manifests in particular ways in Black and minoritised communities evidenced in wider research². It is also gendered, and many women would not feel comfortable sharing this with strangers in public settings. Despite this a third of women interviewed talked about having poor mental health an area we are keen to develop further research on.

¹D. Kapadia (2020) Older People Briefing Paper Race Equality Foundation available at <https://raceequalityfoundation.org.uk/wp-content/uploads/2020/06/collaboratives-briefing-older-people-briefing-digital-FINAL.pdf>

² T.Bignall, S. Jeraj, E.Helsby, J. Butt (2020) Racial disparities in mental health: Literature and evidence review available at <https://raceequalityfoundation.org.uk/wp-content/uploads/2020/03/mental-health-report-v5-2.pdf>

We anticipate the report leading to further research and fruitful discussions relating to the health and wellbeing of Black and minoritised women locally and wider. We want it to act as a starting point for ongoing conversations about women's health related concerns particularly in the wake of the pandemic. We know that the intersecting issues that older Black and minoritised women experiences are often invisible in research and we are keen to call attention to their concerns with further work. Importantly, recommendations for further work were captured within the design of the project, and we are confident that if taken up by policy makers, health professionals, providers and commissioners this will ultimately lead to better outcomes for women and a happier and healthier community. What is incredibly encouraging from the report findings is the resilience of women interviewed to proactively address some of their health needs themselves through diet and exercise. With additional support, space and resources this would be bolstered.

I am delighted that the report can now be shared especially as *Women's Voices* is a small organisation, facing limited capacity as a result of chronic and persistent lack of sustainable funding. Much of this project has largely been in a voluntary capacity and reliant on women's unpaid labour and commitment which is indicative of the not-for-profit sector, and especially Black and minoritised groups.

To end, *Women's Voices* are committed to raising the voices of marginalised women with the hope that policy and decision makers read the report, hear their voices and work with us to address the recommendations, making the necessary changes to support women to better health.

Acknowledgements

Women's Voices would like to thank Yvonne Prendergast, lead researcher and Sajida Ismail, volunteer researcher, for their work on this important piece of research. We also would like to thank Sandhya Sharma for her support.

We would like to thank our funders Buzz, Manchester Health and Care Commissioning, Manchester Local Care Organisation and *Women's Voices* volunteers.

Thanks go to each woman who shared her experience with us and to our amazing volunteer community research team- Ayesha, Bahareh, Farhat, Laila, Rafia, Saima, Salma, Samaneh - who gave their time, skill and commitment to training, organising and carrying out the research.

1. FOREWORD

The Covid-19 pandemic has disproportionately affected older people and those from Black and minoritised communities, highlighting pre-existing inequalities that impact on well-being³. With attention turning to learning lessons and addressing health inequalities, *Women's Voices* identified a need to gain further insight into the factors that affect the health and well-being of Black and minoritised women, aged over 50, in Longsight. *Women's Voices* service users were consistently speaking up about the impact of poverty, racism, immigration and gendered discrimination on their daily lives and the organisation was keen to explore how these feature in relation to women's health and wellbeing.

Focus on Longsight

Longsight and Ardwick are ethnically diverse areas of Manchester with 66% of the population from Black and minoritised communities. There is a large and growing migrant community and the area ranks highly in the Indices of Deprivation with the highest rates of child poverty and in-work poverty in the City⁴. Many residents do not speak English as their first or primary language.

Life expectancy for women and men is lower here when compared to the rest of Manchester and the England average, suggesting significant health inequalities for residents.

By undertaking research directly with these women, the aim was to contribute to service-development that promotes women's health.

Women's Voices has worked hard since its inception to develop a group of skilled, active volunteers from Black and minoritised communities; therefore, this was an ideal opportunity to train and support them to be actively involved in designing and conducting the research. This allowed the volunteers to gain skills and experience as Community Researchers, while enabling the study to benefit from their local knowledge and experience. In fact, the success of this research is inextricably linked to the involvement of these local volunteers – a summary of the bespoke training programme which was developed for the volunteers is included at Appendix 1 and is integral to understanding the development and achievements of this project.

The project spanned October 2021 to March 2022, with six volunteers being trained as Community Researchers, five going on to conduct interviews and one volunteer helping with organising the research. The study overall has been delivered largely by volunteer input – interviews were conducted by volunteer Community Researchers, the training

³ Tackling health inequalities has been recognised as a local priority and is central to [The GM Age-Friendly Strategy 2018](#)

⁴ <https://www.manchesterlco.org/app/uploads/2021/12/Ardwick-and-Longsight-final-POAP.pdf>

and research was led by Yvonne Prendergast, an experienced researcher, who offered the majority of her time unpaid and Sajida Ismail, founder of Grass Routes Projects, supported the project in an unpaid capacity, particularly bringing expertise in the use of walks, movement and outdoor space. Nadia Siddiqui, *Women's Voices* Director, supported the project by identifying and supporting volunteers and exploring routes to reach women for interviews.

Working together on this project has been joyful, illuminating and rewarding – the aim was to amplify the voices of women who are seldom heard, and the team has accomplished this and more. The collective efforts and skill of the team resulted in fifty-one women in the Longsight community being interviewed and sharing their experiences and views with openness and generosity. These conversations generated a wealth of insights into women's well-being, experiences of accessing health care, ways to improve well-being and highlighted what women do to look after their own health.

I eat healthily – it's my body and I look after what I put in it. I like knitting and sewing but I struggle with arthritis. I'm waiting for an allotment, so I hope to exercise there.

I try to walk but it's hard with my pain. I like to help the community – there's a lot of depression but people change their mood when we come together. I offer creative courses and we have a WhatsApp group to share links and videos that lift your mood.

2. AIMS OF THE PROJECT

The project aimed to:

- Identify the health needs of Black and minoritised women aged 50+ in Longsight and Ardwick and ways to address these; and
- Train and support a group of *Women's Voices* volunteers to enable them to develop skills and gain experience as Community Researchers.

The longer-term intention is that the research findings will be disseminated widely and used to inform development of services that improve the well-being of Black and minoritised women.

3. METHODOLOGY – HOW WAS THE RESEARCH CARRIED OUT?

Our approach

We were committed to:

- Ensuring that we **reached women whose voices are often unheard**;
- **Co-designing and co-delivering the study** with the volunteer research team; and
- **Using innovative methods** to promote the well-being of all the women involved in the research including creative approaches and use of outdoor space. Talking to women outdoors, in their every-day spaces and in some cases ‘walking and talking’ with them reflects increasing evidence of the benefits of ‘walking interviews’ in reducing the power imbalance between researcher and participant, enabling spontaneous and free-flowing conversation and in this case to specifically explore the role of physical activity in promoting health and well-being⁵.

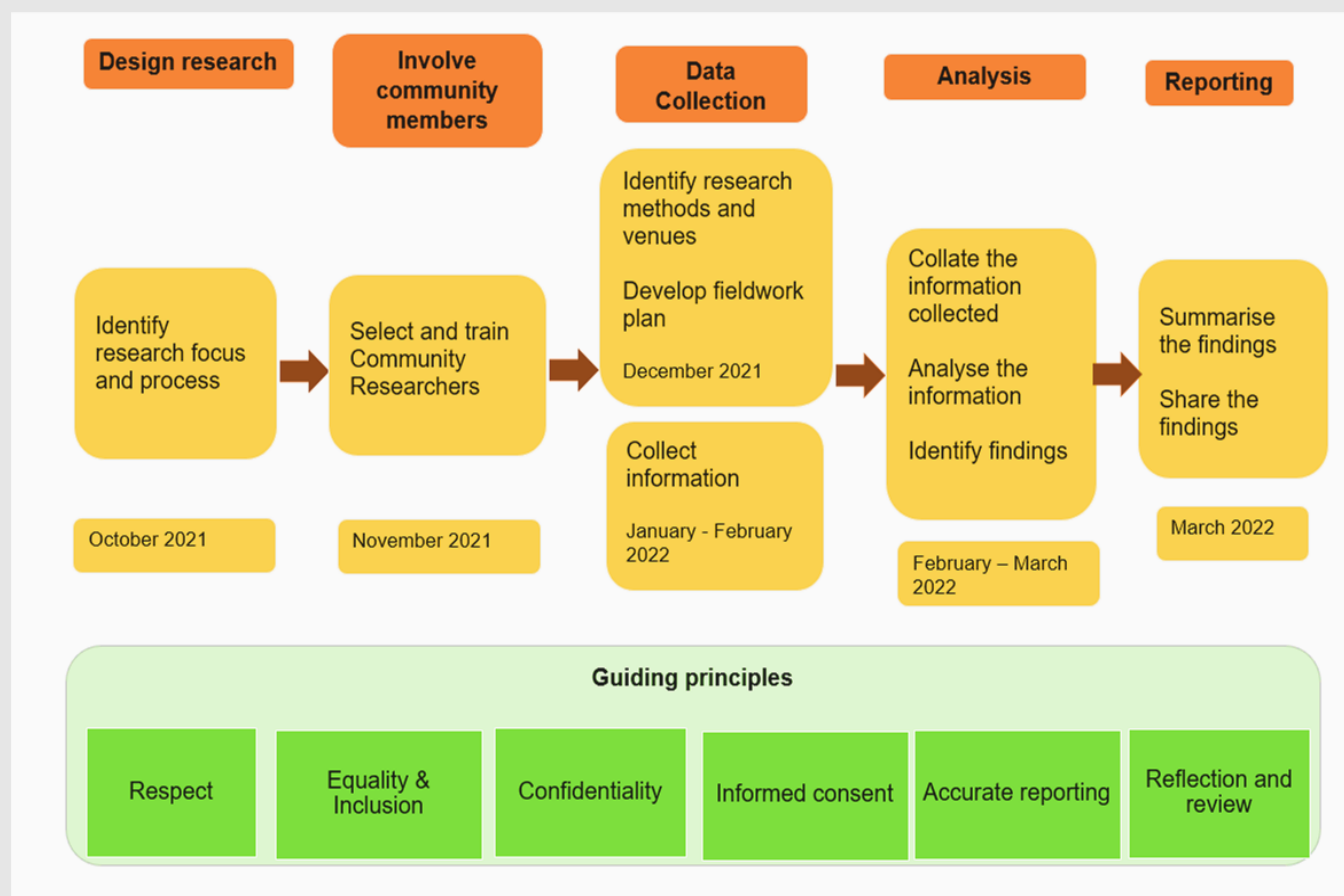
Our methods

To implement our approach, we:

- **Assessed the skills, training needs and support needs** of volunteers;
- Developed and delivered a **bespoke training programme** for volunteers;
- **Developed research guides and procedures** to be followed by the team;
- **Co-designed the project** through regular planning and review workshops;
- **Developed a research plan** including details of where, when and how information is collected and recorded;
- **Integrated risk assessments** including hazards associated with Covid-19, walking and outdoor activities, working in public spaces and sharing and storing information;
- **Supported the team** to work in pairs, making use of team members community language skills, to interview women in a range of languages;
- **Conducted interviews largely in Longsight outdoor spaces** – the market, streets and shops – to reach women whose voices are seldom heard;
- **Provided women with contact details for Women’s Voices and** information on other services so they could access support;
- **Facilitated team review, analysis and reflection workshops** to identify findings, learning and next steps; and
- **Developed this report** that documents the research process, findings and recommendations.

⁵ See for example Kinney, P. (2017) [Walking Interviews](#) Social Research Update Issue 67: Summer 2017, University of Surrey .

Project Overview



4. HOW WERE THE COMMUNITY RESEARCHERS TRAINED AND SUPPORTED?

A key part of the project, and integral to its success, was the involvement of the team of six *Women's Voices* volunteers who were trained and supported to be Community Researchers.

Skills assessment: an individual skills assessment was conducted with each volunteer to identify the skills and knowledge that she offered the project and establish her training and support needs. These were used to develop the training programme.

Bespoke Training programme: The approach taken was one of co-operation, reflective learning, co-design in developing and testing the research questions, and ongoing peer-assessment. A key element was designing training which was enjoyable, physically active and which used creative and participative methods. In particular, we facilitated a 'walk and talk' session to enhance and reinforce the experiential learning process. Using movement and 'learning by doing' responded to evidence that the act of

walking fosters reflection, learning and self-development. An outline of the training is included at Appendix 1.

This session in the park made me think a lot about how we develop and grow. We felt the rain and saw nature, and I could relate that experience to my life. When we stood around the tree to reflect on our learning, I thought about how the tree has roots and stays upright, and how the buds appear, grow into leaves and flowers, how they get blown away or fall and new shoots appear, how the seasons come and go and shape the tree. I thought about myself and my children and how we have developed as people.

Farhat, Volunteer Community Researcher.



Our icebreakers and energisers during the training involved using the outdoor and teaching each other dances, movement and communication through mime.

Guidance and handouts provided as part of the training included:

- Questionnaire guide which included the questions asked of each woman and prompts to generate responses, if needed;
- Samples of completed questionnaires which offered a template for completing interviews and the format of note-taking;
- Guidance templates included a research guide which set out procedures we would each follow throughout the research, including safeguarding;
- Covid-19 guidance; and
- Research information sheet with Women's Voices contact details offered to each woman interviewed.

Supporting the research team and celebrating achievements:

The Community Researchers were supported throughout the project. This included ensuring that they worked in pairs and were always supported by a Research Lead; integrating regular review and learning sessions; celebrating achievement and awarding training certificates at a *Women's Voices* event and focusing on self-assessment and peer-assessment to recognise and develop each woman's strengths. Here is a sample of the team's thoughts on their involvement in the project:

I've never done anything like this in my life. I wanted the challenge – for me, life without challenging ourselves has no meaning. And I wanted to find out more about people here. The best thing I got was confidence – at first I was scared and shy but not now.

Samaneh

I enjoyed meeting new people and I feel proud because of what we achieved and I've been praised about what I have done. I committed to doing this. We were determined and it really helped to build my confidence.

Ayesha

It allowed self-exploration and realisation for all of us. I feel great about what we achieved. We were passionate and eager to learn new things in diverse environments.

Rafia

The project was really informative – women told us about their experiences and we learned about different health services. I also made a new friendship group.

Saima

In Pakistan I was involved in research but in the UK, I was totally out of touch. It was a great opportunity – all the team were actively involved, and we were appreciated.

Salma

I learned that some ladies have so many health problems – all alone and with no-one to look after them. It is easy when you are alone to think that it is just you. Speaking to them made me feel a bit calmer about my problems. I also feel that I contributed something for the betterment of society by doing the research. I feel pride and satisfaction.

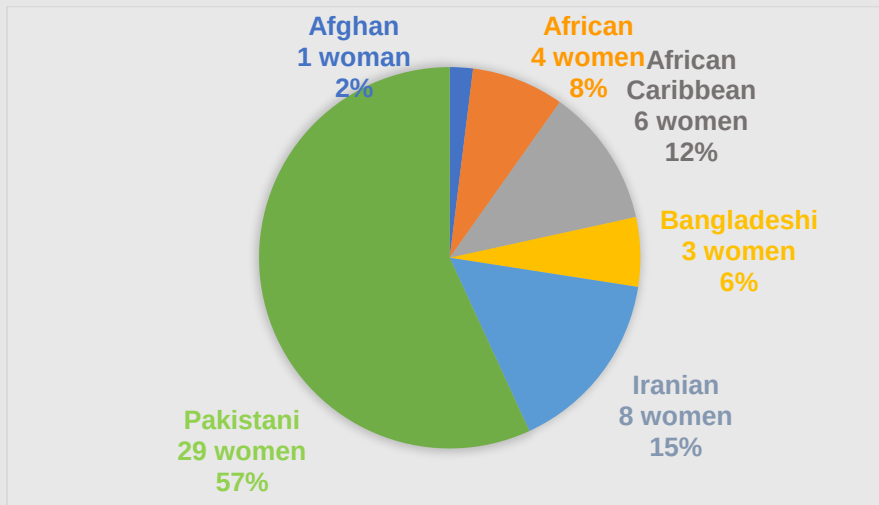
Laila

What strengths did Community Researchers identify in each other?

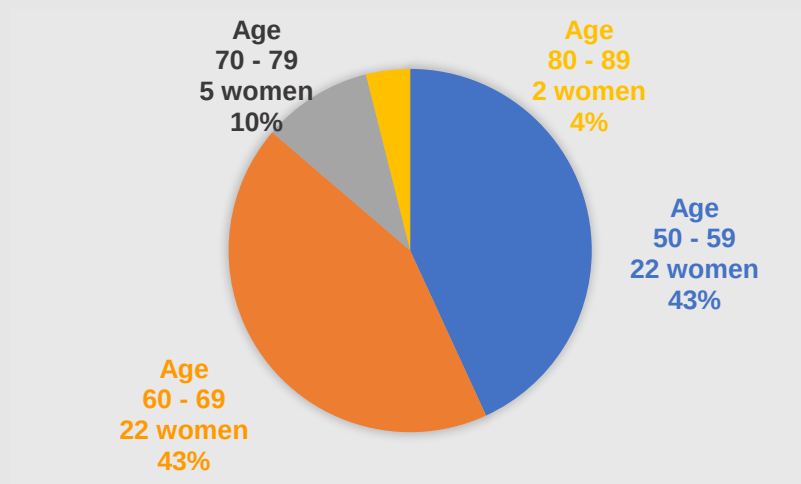
<i>Commitment to support women in difficult circumstances</i>	<i>Excellent inter-personal skills</i>	<i>Great team worker</i>	<i>Stays focused on the woman and the interview</i>
<i>Treats each person with equal respect</i>	<i>Listens attentively</i>	<i>Passionate and committed</i>	<i>Open to learning</i>
<i>Wants to help women</i>	<i>Good at dealing with distractions</i>	<i>Explains everything clearly</i>	<i>Honest and faithful</i>
<i>Good at writing and note-taking</i>	<i>Thoughtful</i>	<i>Has innovative ideas</i>	<i>Good knowledge of health services</i>
<i>Multi-lingual</i>	<i>Well-prepared</i>	<i>Can help women to relax and share</i>	<i>Friendly with a positive attitude</i>
<i>Very organised</i>	<i>Deeply interested in what women want to say</i>	<i>Understanding and compassionate</i>	<i>Kind and patient</i>
<i>Determined</i>	<i>Confident</i>	<i>Willing to give everything a go</i>	<i>Trust-worthy, punctual and supportive</i>

5. WHAT WERE THE CHARACTERISTICS OF THE WOMEN FROM LONGSIGHT WHO WERE INTERVIEWED?

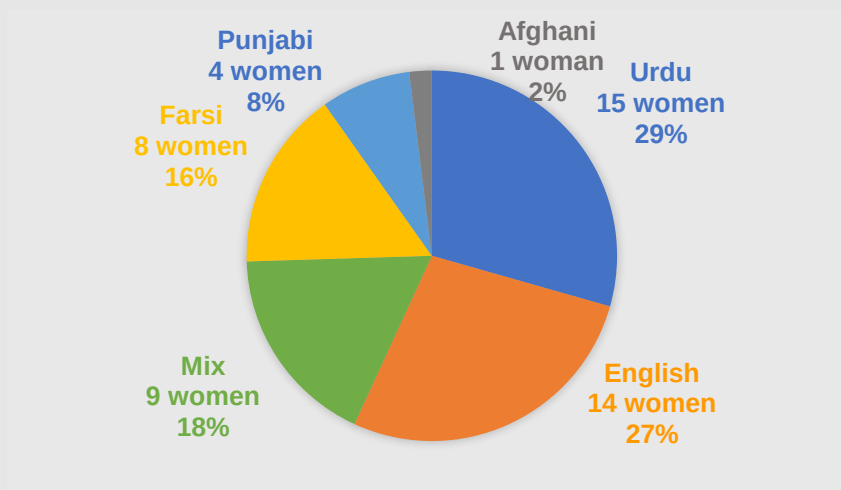
Ethnicity of women interviewed



Age of women interviewed



Language used to conduct interviews



Location of interviews

 41 face-face interviews	Location	Number of women interviewed
 10 telephone interviews	Burhan Centre – <i>Women's Voices</i> base	4
	Longsight market	19
	Longsight shops	6
	Longsight library	4
	Longsight street	4
	Local women's group	4
	Telephone	10
		51

Initial plans to conduct focus groups were not realised due to concerns linked to Covid-19. As the table above shows, the overwhelming majority of interviews were held outdoors, which not only minimised Covid-19 risks, but enabled us to reach a range of women who were not currently linked to local groups and whose voices are less likely to be heard. In practice, this required Community Researchers to approach women in the street, drawing from their experiential learning and generating a sense of achievement when they realised they were skilled at working in this way. Some participants also expressed delight that women like themselves were doing such work in public:

This project was different. People come to the market for a different purpose and we came with our purpose so we had to learn about how to meet them in the street. It was interesting and exciting. It helped me to deal with difficult situations and gave me mental strength.

Rafia, Community Researcher

I've never gone outside like this and stopped people in the street. It has made me more strong, confident and patient. I was feeling shy but now I am more confident and able to overcome my language barriers. I used to feel scared about starting a conversation in case people could not understand me but now I can connect with people.

Samaneh, Community Researcher

6. RESEARCH FINDINGS

6.1 How did women describe their health?

Our findings showed the following:

- 6 (12 %) women said their health was Very Good
- 23 (45%) women said their health was Quite Good
- 6 (12%) women said their health was Neither Good Nor Bad
- 13 (25%) women said their health was Bad
- 3 (6%) women said their health was Very Bad

Focusing on the positive

While women described a wide range of significant health issues that impacted on their well-being – living with pain and conditions such as diabetes and high blood pressure, experiencing anxiety and depression, and feeling fear and loneliness - when asked to describe their health, they very much leaned towards a more positive description than their experiences indicated. For some, this was about an expectation of aches and pains when reaching age 50 and for others it was explicitly about choosing to be positive, not dwell on ill-health and to take action to look after themselves. This positive approach was more likely for women with friends or family close by. For those living alone and not having people to connect with, a sense of loneliness pervaded our conversations.

My bones ache, I get chest pains and my blood pressure...Since my husband passed away, I have mental health problems. I get frightened. Every day though I try to stay positive.

Living with pain

About half of the women described living with pain – some spoke explicitly about conditions such as arthritis, fibromyalgia and multiple sclerosis while others spoke in general about joint or chest pain.

Many women, even those aged under 59, commented that this was expected at their age and appeared to struggle on without expecting help, others were more despondent while waiting for surgery or treatment such as physiotherapy.

I have fibromyalgia which is very painful and means I can have no energy and not want to go anywhere. Some painkillers I hate because they make my mind very busy and my body slow.

I have epilepsy. I get migraines. I have pain in knee and the muscles in my shoulders. I get anxiety and depression.

I have some pain in my knee but I don't want to stay in bed, so I try to walk. I try to change my attitude by focusing on doing new things.

Struggling with poor mental health

About a third of women spoke explicitly about living with poor mental health, mentioning having depression or anxiety, while others talked more generally, for example, about feeling low. Women who were refugees spoke particularly about the impact of their life experiences and living far from family members.

Sometimes I can't sleep at night because I'm far from my son, in Iran. I feel down sometimes and cry but maybe this is natural.

If I stay at home, alone I get depressed, so I help myself by coming out and talking to people.

I'm ok when I'm out with friends, but when I'm at home alone I completely change.

A sense of loneliness

Having family or friends close by was a recurring thread amongst women who talked more positively about their well-being, even when struggling with health conditions. A sense of loneliness and sadness was much more likely to frame conversations with women who lived alone and did not have friends or family to connect with or call on for support.

In my country I had friends I would meet regularly. Here I don't really have close friends.

I got COVID and I'm frightened to go outside. I didn't even go anywhere and I got it. I get tense in my back and shoulders when I think about going outside. I wish I could go out.

I have a lot of problems, arthritis, pain and blood pressure since coming to the UK. I stay in alone. I get low. When my legs worked, I went to the Centre but now I'm just waiting for the time to pass.

When I'm alone I don't want to eat, but here I eat.

Living with health conditions

About half of women talked about living with conditions such as diabetes, high cholesterol and high blood pressure, with many particularly referring to having 'a problem with sugar'.

I have diabetes, high blood pressure, problems with arthritis and depression.

I fell in the bathroom and then had a stroke. I had to wait 3/4 weeks before I could go to hospital. I then spent three months in hospital. I also have sugar problem...diabetes.

I have sugar problems. I have skin allergy and I have the usual 50+ aches and pains!

I'm disabled and have many things. My legs and feet have arthritis, I can't walk so I sit here. I have a little pain in my shoulder and have injections for this. I sometimes get migraines.

6.2. What do women do to take care of their health?

All but a few women readily described a range of ways in which they were proactively taking care of their well-being. The few who were the exception said that their poor mental health meant that they struggled to motivate themselves. Eating healthily was the most mentioned strategy (27 women) followed closely by walking (20 women). Keeping busy and exercising were also key ways, such as housework, shopping, dancing, swimming, yoga, learning skills and sewing. Connecting with people through talking to friends or family or helping others was seen as vital to staying well.⁶

The summary in the table below indicates the wide range of things that women are doing to try to stay well. While women were making significant efforts, in conversation some explained that they were unable to maintain previous levels of exercise due to pain or because they were fearful of going outside. As was noted earlier in Section 6.1, women had a strong tendency to focus on 'staying positive', even when sharing experiences of poor mental and physical health.

My bones ache. It's age related. I get chest pains and my blood pressure...I get worried and frightened. My husband passed away. Since then, I have mental health issues, I get down and I worry. Every day though I try to stay positive. I go for a walk, I do housework.



Interviewing on a Longsight street

⁶ The activities reflect the [5 ways to Wellbeing](#): Connect, Be active, Keep learning, Give and take notice. Also, women's strategies to stay well mirror aspects of the 8 'domains' central to [The GM Age-Friendly Strategy 2018](#), such as using outdoor space, community support, social and civic participation and social inclusion.

What do women do to take care of their health?

<i>My son gives me massage</i>	<i>I keep busy and don't dwell on things</i>	<i>I walk. If I feel pain, I walk</i>	<i>A good friend is more important than food</i>
<i>I like exercise but I have a pain in my back so can't do enough</i>	<i>I accept a problem first and then think about how I can manage it</i>	<i>I'm ok when I'm out with friends but when I'm home I completely change</i>	<i>I do housework and try to eat healthy food because I have sugar problem</i>
<i>The tv helps to pass time</i>	<i>I try to keep active – housework, shopping</i>	<i>I try to eat less bread and more fruit</i>	<i>Good food is the most important way</i>
<i>I'm not doing anything – my depression</i>	<i>I dance, sing and play football. I was goalie on Tuesday</i>	<i>I stay in touch with friends and family – it's good for my mind</i>	<i>I try to eat healthy – I want to reverse my diabetes</i>
<i>I have an injection for arthritis</i>	<i>I try knitting by looking on YouTube</i>	<i>I worship to Allah and do my Namaz.</i>	<i>If I can get out I do my shopping</i>
<i>I do yoga for my knee</i>	<i>I talk to friends</i>	<i>I drink a lot of water</i>	<i>I try to stay positive.</i>
<i>I'm waiting for an allotment and hope to exercise there</i>	<i>I eat healthy – it's my body and I look after what I put in it</i>	<i>We have a WhatsApp group and share links and videos that lift your mood</i>	<i>I take medicine for depression and am happy with it</i>
<i>I go for long walks to be healthy and for my mental health</i>	<i>I try to control my cholesterol – I use air fryer rather than oil</i>	<i>I just walk by myself once a day since my husband died</i>	<i>I can't concentrate to do anything because I don't feel good</i>
<i>I make clothes – wearing new clothes makes me feel good</i>	<i>I walk around inside my house – it's two years since I've been outside properly</i>	<i>I take medication from the doctor and it helps my pain</i>	<i>I don't drink fizzy drinks and I sleep on time</i>
<i>I do exercise at home. I sit down and move my arms and legs.</i>	<i>I like to help the community – it makes me feel good</i>	<i>I do meditation every night, sudoku and yoga in my wheelchair on Zoom</i>	<i>I use a wheelchair – I try to stand and stay active</i>
<i>As a community, there is a lot of depression, but I can see how people change their mood when we come together</i>	<i>I live alone. I read, do puzzles, go out in the day and eat healthy. The good Lord puts me to sleep at night and to wake in the morning</i>	<i>I take garlic every morning. When I have garlic I don't need my cholesterol medication</i>	<i>I like knitting and sewing but I'm struggling 'cause of arthritis</i>

6.3. Where did women get information about health?

Women were asked where they would go for any health information and their responses split fairly evenly between 'family members', their GP or online. However, women said that in practice it was hard to access the GP for information and many women who said that they accessed information online said that their children helped them to do this or did it on their behalf. Many women said that they were not digitally literate or that they struggled accessing information online due to language difficulties.

6.4. What were women's experiences of using health services?

Which health services had women used in the last year?

When women were asked which health services they had used in the last year, the overwhelming majority of the fifty-one women spoke about their experience of GP services (48 women), pharmacy (36), hospital (23) and A&E (Accident & Emergency) services (11). The following services were each mentioned by a few women: 111 service, acupuncture, dentist, diabetes care, hearing services, homeopathy, massage, mental health support, physiotherapy and 'walk-in' centres.

How easy was it to make an appointment with a GP?

About half the women interviewed described significant difficulties in making a GP appointment, a quarter said that they had some problems and the remaining quarter said that they had no problems, with some of these describing positive experiences. It was noticeable that some of those who were very happy with the process of getting appointments were supported by family members who secured their appointments and some of those that said they had some difficulty stressed that they did not want to complain and expressed some anxiety about anyone finding out that they were complaining.

Many women spoke about waiting for long periods on the phone. Some had given up trying to get an appointment and a key theme was dissatisfaction with treatment by reception workers whereby women thought that they were not listened to, were treated disrespectfully and in some cases were treated less well than white patients.

It's very hard to get appointments with the GP. I actually moved to a different GP because it was so difficult. The whole process is hard work, mentally draining and gives me anxiety.

I have a problem with my leg. I call at 8am, wait in queue for 50 minutes and it takes a month for an appointment. It's on the phone not face-face which is better to explain – language difficulties.

Before my GP was no good. The new one is very nice and helps me. Anytime I ring, he rings me back. He comes to my house because I'm disabled.

It's very hard to get the GP – sometimes I don't bother trying (to get an appointment) when I am ill because it's not possible. I just use the medicine I have.

Sometimes I can't get an appointment when I need it – I call many times and they don't answer, or I keep waiting and they say there's no appointment.

How did women rate health services they had used in the last year?

Women were asked to rate each service that they had used between 1 and 10 and to explain their reasons for their score. The tables below summarise the ratings given to the four services that were used most by women: GP, pharmacy, hospital and A&E services.

'I don't want to complain'

It was striking that even though it had been explained to women that our conversations would remain anonymous, a significant minority explicitly highlighted that they did not want to complain and were concerned about implications of being known to complain. For some, this linked to previous experiences of feeling that they had been treated unfairly after making concerns known.

If you complain too much to the GP they don't provide a proper service to you. They tell you not to shout. I don't shout, I'm frustrated. When white people come and they use swear words they don't mind but they get upset if Asian people say something.

I don't like to complain, and I don't want anything to happen.

I'm worried they will find out if I complain.

GP Services

Women spoke at length about their experiences of accessing and receiving care from their GP. A complex picture emerged of the challenges of making GP appointments, including treatment by reception workers and experiences of the care received. Conversations highlighted that even women who described difficulty making appointments and poor treatment by reception staff, were often appreciative of and positive about their care when they did manage to talk to their GP. (Appointments

appeared to be largely by phone). Many women referred to the limitations placed on services by Covid-19, understanding the pressures that GPs were under, with several explicitly stating that they did not want to complain, even when their experiences appeared to be very far from ideal.

GP Rating 1 - 10

Rating	1	2	3	4	5	6	7	8	9	10
Number of women giving this rating	1		1	5	9	3	4	7	1	14

The ratings above reflect an overall rating given by women of their experience of GP services. Out of the 45 women who rated their GP services, half gave a score of 8 or above, with just under a third giving a top score of 10. When discussing with women, the reason for the score, women were often very appreciative of the care that they received when they managed to reach their GP. It was striking that the majority spoke about significant difficulties with trying to make an appointment to see or speak to their GP, however they were generally more satisfied with the care from the GP when they did make contact and it was this that shaped how they scored.

Only have phone appointments and have to wait a while for an appointment but it is good when you talk to her. She is kind and listens.

They are nice. He can speak in our own language, and he explains things well.

They're ok when you get to see them. But getting the appointment is hard.

The receptionist's' behaviour is not good. Once when I asked for a letter from the GP she said her boss was not there and to return in 2 hours; when I became angry the boss came out and I got the letter.

Anytime I need anything they contact me. They pay attention and treat me with respect. The doctors and nurses are all very polite.

Reception staff are rude.

It's my first time with a new GP and they treated me really nicely.

Pharmacy services

Pharmacy rating 1 - 10

Rating	1	2	3	4	5	6	7	8	9	10
Number of women giving this rating						2	1	9	3	16

The majority of women who talked about using pharmacy services were very happy with the service received (28 out of 31 women gave a score of 8 or above out of 10).

My medication is sorted online, and the pharmacy knows what to do. Good behaviour from the pharmacy.

Good but sometimes I need medicine that the pharmacy won't give me. They just seem to work with the GP not the person.

My local pharmacy is good – during Covid I had my jabs there and it was very easy, calm and clean. There was no queue and they allowed you to go when you liked.

Pharmacy...is very good – in the pandemic I registered with them online and they have done everything. I take a lot of medication and it's too big for my letter box so you have to collect it from the Post Office, but it is far. I explained and they now send it in small parcels.

They are really good. When lockdown happened, they called me to ask if I needed anything else apart from my medication.

Hospital services

Hospital Rating 0 - 10

Rating	1	2	3	4	5	6	7	8	9	10
Number of women giving this rating	2						3	3		10

The majority of women who talked about using hospital services were happy with the care they received (16 out of 21 women gave a score of 8 or above out of 10), however many were unhappy with the length of time to be seen. Access to appropriate interpreters was significant to women receiving good quality care.

It makes your condition worse when you're waiting.

The interpreter was with me up until I was in the operating room, and they were there when I woke up so there was no stress or anxiety.

They changed my interpreter and then it was an older man – because my problem was a women's problem, I felt very shy describing things to him. I

had to take my clothes off and even though he was behind the curtain, I was shy and they wouldn't let my daughter in.

I was there last week because my hand and arm swelled up. They check my health, monitor me and change my medication.

I had breast cancer a few years ago and now have regular check-ups. I had an interpreter there and was very happy with them.

A & E services

A & E Rating 0 - 10

	1	2	3	4	5	6	7	8	9	10
Number of women giving this rating	1	2			1			2		3

Only 9 women had used A&E in the last year. While most of these were very unhappy with the waiting time, a majority were positive about the care received when they were seen (5 out of 9 women gave an overall score of 8 or above out of 10).

I arrived in A&E on a Friday evening and I was sitting for hours on a bench until the Saturday. I was in the right place and I didn't give up but the wait was too long.

When I had a stroke, I had to wait sitting in a chair for 24 hours. They didn't give me any water...nothing...I had to stay alone. They wouldn't let anybody stay with me.

I had a fishbone stuck and they were really good with me

6.5. Looking ahead – how can women’s health be improved?

What changes do women want to see in health service provision?

The table and quotes below show that while most suggested changes focused on making it easier to get a GP appointment, there was also an array of other suggestions.

Changes suggested	Number of women who suggested the change
Easier or quicker GP appointments	17 (33%)
Face-face appointments with GP	8 (16%)
No suggestions – happy with services	7 (14%)
Quicker A&E / walk-in centre / 111	6 (12%)
Improved behaviour of GP receptionists	5 (10%)
Equality of treatment for women of all ethnic groups	4 (8%)
GP support to lose weight / exercise	2 (4%)
Improved access to interpreters	3 (6%)
Improved access to specialist provision	2 (4%)
Access to a wheelchair	1 (2%)
GP to listen to pay attention to patients	2 (4%)
No point in making suggestions	1 (2%)

Longsight is not getting whiter. It's getting browner. Services need to reflect the needs of the community.

Trying to navigate the website to make a breast screening appointment is very difficult. I gave up in the end.

Reception staff need staff who reflect the languages of the community. I tell them 'don't shout'.. They don't listen. If you are ill, you are vulnerable. They need better communication skills. Better signage. Use pictures.

I would like to have an operation on my knee. That would make things better.

I would like to be able to get an appointment with the GP when I need it.

For GP services to improve so we can see the doctor quickly and without stress...you know for my daughter who is disabled and for my mum.

I just want everything to get back to normal. To see the doctor face to face. On the telephone you can't explain yourself fully.

They (reception staff) need training and to treat everyone equally. I have an accent and maybe people treat me differently and leave me waiting...

They need to improve waiting times. If I had been seen quickly after the fall, I don't think I would have had a stroke.

Not to have to wait to get through on the phone.

To concentrate on the patient so they know how they are feeling and know them better.

Improve GP receptionist's behaviour – half the time they don't listen.

There needs to be interpreters to help with language barriers – particularly in an emergency. When I called 111 and was in pain I couldn't speak in English.

I'm 100% happy with the NHS – I had experience in America where you had to pay for everything. I'd like them to continue with free services. NHS is a big favour in my life.

What else would help women to look after their own health?

Strong themes emerged from conversations with women about what would help them to look after their health: a place to meet other women; organised activities – dance, exercise, yoga and singing; walking groups; support to eat healthily and /or lose weight; opportunities to meet women with similar health issues; ways to improve English; opportunities to improve IT skills and gain information on health systems. It is clear that women value grass roots women's organisations and women only services specifically those specialist agencies that cater to the needs of Black and minoritised women. Without such agencies, women would experience barriers in relation to their ability to look after their health. Several women commented that they would like to get outdoors more but were fearful of catching Covid-19.

Meeting other women

I've been alone in my house for two years. I would like someone to sit with me, chat, talk. My heart gets sad but where can I go because of my legs? If they didn't ache, I would go up the mountain. (reference to the stairs in the Burhan Centre, Women's Voice base).

I'd like to see support groups, which are impartial. Keep religion out. It should be a safe space and it should be about fun.

I'm lonely and have nothing to do.

Somewhere to meet people, have a coffee and a chat.

I'd like to have more friends. More of these sorts of meetings – coffee meeting or parties. It can be mixed women (not only Iranian).

I prefer activities art class, dance, cooking or choir.

Support to get outdoors post Covid-19

I would like to go to a group but I am worried about coming out of the house.

I worry about getting infected and passing on infection. I would feel guilty.

I got COVID and because of that I'm frightened to go outside. I get tense in my back and shoulders when I think about going outside. I wish I could go out.

Walking

To get out and walk.

I used to walk with a walking group before COVID. I'd like to do that again.

Meeting people would be good and walking with them.

Eating healthily

I'd like to eat better and lose weight because I'm at risk of diabetes.

A group for Bangladeshi women to lose weight.

Cooking class where they show you how to eat healthily – it's easy to just make a quick meal, not to cook healthily.

To meet people who have gone through it and can encourage you to eat healthily, stay well. I think they would know and you would listen to them. A group to keep each other going.

Exercise

I love yoga but all the classes have stopped.

Exercise classes – any activities to keep me active.

I used to do dance classes, that would be good. I do like moving my body.

I'd like to get fit and be well. They used to give you a card to use the leisure centre but they don't now. I'd like to go but it's too expensive.

Understanding health systems

To understand the system and health systems, I don't know which department to contact.

I'd like to understand how to get health care – if there was a class maybe my daughter could come with me as she speaks English.

Improving English

I can't communicate because of language and it doesn't help my mental health. I would like to be confident in English to talk to the doctor, pharmacy and others myself about my health.

I would like to improve my English and do all my work myself.

Improving digital skills

IT class would be good – I struggle because of language.

I would like to learn the internet to find things out.

Trying to do Zoom to communicate.

Support

I want 1:1 support – I don't like groups.

I struggle alone – For a long time I have tried to get a social worker but I've had no answer.

Time to sleep.

7. WHAT DO COMMUNITY RESEARCHERS WANT TO DO NEXT?

Community researchers described feeling confident, skilled, proud of what they had achieved and ready to move on to further challenges. Their reflections on future projects include:

In future I really want to be part of such research projects because it makes me mentally healthy and active. Salma

I would like to be part of a similar project working with young people. Rafia

For me, the language barrier is an issue, and I would really like to develop my English so that I can take part in more of this kind of learning. Farhat

In the future I would like to be a community worker or a teacher and these new skills are good for this. Also, now I have had the training, I would like to lead groups with ladies or help with groups as we have identified the problems ladies are having. Laila

My aim is to be self-employed in accountancy and this project has been very good experience as I need good communication. For future projects, I'd like to focus on mental health for all ages because lots of the women talked about this. Samaneh

We were doing other projects but this one got the best out of us and helped us to showcase what we are capable of. It inspired me to do Vlogs and we're now hoping to start a Women's Voices YouTube channel. Rafia

8. WHAT HAS EMERGED FROM THE PROJECT?

Women's experiences of maintaining well-being

- The majority of Black and minoritised women, aged 50+ (who were largely selected at random) are **living with a range of health issues that impact on their day-to-day life and a significant number are experiencing loneliness and mental distress**. Women are living with pain and conditions such as diabetes and high blood pressure, experiencing anxiety and depression, feeling fear and loneliness⁷. However, in general, women emphasised the need to focus on the positive and not to dwell on ill-health.
- The **women are proactive about looking after their health** and are currently doing this in diverse ways, including eating healthily; walking; exercising through doing housework, shopping, dancing, swimming and yoga; praying; learning skills; creative activities; connecting with others through talking to friends and family or helping others. For some women, group activities curtailed by Covid-19 have not yet resumed, others are struggling to maintain exercise, for example due to arthritis and several women struggle to engage due to anxiety, depression and low-mood. A few discussed their fears of going outside, linked to Covid-19, midst a strong desire to be able to experience the outdoors again.
- Women, who were mostly approached spontaneously on the streets of Longsight, **were open about discussing their health** and experience of health services, however **some were nervous about the possibility of people finding out that they were sharing their views of service provision** and emphasised that they did not want to make a complaint.
- **The health services most used by women are GP, pharmacy, hospital and A&E (Accident & Emergency) services**. A few women also mentioned 111, acupuncture, dentist, diabetes care, hearing services, homeopathy, massage, mental health services, physiotherapy and 'walk-in' centres.
- **Most women find it difficult to make an appointment to speak to their GP**. Long waiting times on the phone, lack of available appointments, language difficulties and poor treatment by reception staff were described by women as part of their experiences of trying to access care from their GP. Several women had stopped trying to see their GP due to difficulties faced.
- Even women who were deeply unhappy about struggles to make a GP appointment, were often quick to recognise the pressures that GP services are under, and most **women were appreciative of and positive about the care**

⁷ It is noted that [social prescribing](#) – sometimes referred to as community referral and a universal component of NHS personalised care – which involves people being referred to community services and activities, can be effective at improving well-being of marginalised communities and reducing health inequalities.

received when they spoke to their GP. (Most appointments were by telephone rather than face-to-face). Women valued doctors who listened to their concerns, provided interpreters or spoke community languages themselves and who spoke to them 'nicely'. Less positive experiences often linked to not feeling listened to and problems getting referrals to specialists.

- **Most women are happy with pharmacy services** explaining the value of their reliability, flexibility in delivering medication to home addresses and politeness. Experiences of A&E and general hospital services were more mixed – dissatisfaction with waiting times and the negative impact on well-being was a key theme, with much more positive feedback about experiences of treatment once this was accessed.
- **The women are health-conscious and keen to be more active in** promoting their well-being, particularly alongside other women. They are interested in:
 - Meeting informally with other women to chat and do activities and, for some alleviating loneliness is the key driver for this.
 - Taking part in a range of group activities – those that support physical exercise, such as walking, dance and yoga as well as creative activities that promote mental well-being.
- **Women would like to see a range of improvements to health services,** however these largely related to GP provision with the emphasis being on increasing the ease of making a GP appointment and providing face-face care. Other suggestions included reducing waiting time of other services, providing interpreters and offering equal treatment to women of all ethnicities.

Experiences of taking a community research approach

- **The research benefited from the involvement of local Afghani, Iranian and Pakistani women as volunteer Community Researchers.** Their local experience and knowledge, ability to connect with women on the streets of Longsight, and skill in a range of community languages were critical to the success of the study.
- **Women who were consulted commented on their delight and pride in seeing minority ethnic women like themselves conducting this research** in public spaces. The involvement of Community Researchers enabled us to engage with and hear from women who are often not heard.
- **The Community Researchers (and leads) gained great enjoyment and satisfaction from their involvement. The project has enabled the volunteers to build on their skills, confidence and experience** that has contributed to their personal development, their sense of pride and self-belief. Team members spoke of gaining confidence, skills, courage, self-awareness,

insights from discussions with diverse women and being enabled to develop new projects, such as blogging.

- **The Community Researchers are skilled, keen to reach their potential and offer a pool of expertise to be drawn on for other community projects.**

9. NINE KEY RECOMMENDATIONS

1. **Develop and ring fence funding for local community activities** for women that promote well-being and easy-access routes for women to connect with these:
 - a. Informal gatherings for women to meet and chat; opportunities for women from a range of ethnic groups to meet;
 - b. Physical activity sessions to promote health e.g. walking, dance, yoga; and
 - c. Creative activities such as healthy cooking, art, crafts.
2. **Provide IT skills sessions**, including how to use translation services, to enable women to access information on health and health services.
3. **Conduct health research with more women from diverse minority ethnic groups** in Longsight, such as African, African Caribbean and Bangladeshi women.
4. **Create opportunities for women to inform the development of improved health services**, including timely GP appointments, providing interpreters, pathways to access specialist support and equality of provision.
5. **Develop training for reception staff** including communication skills and interacting effectively with diverse patients based on equality and respect.
6. **Maximise the potential of the volunteer Community Researchers and their skills by providing paid opportunities** to be involved in delivering community consultation, research and activities.
7. **Provide sessions on understanding health systems** to enable women to access pathways to care, including specialist provision.
8. **Provide routes for women to access local social prescribing schemes** including green social prescribing⁸ which links to people to nature-based

⁸ Greater Manchester Health and Social Care Partnership is one of the partners testing how to embed green social prescribing into communities in order to improve mental health, reduce health inequalities, reduce demand on the health and social care system and develop best practice in making green social

interventions and activities and, such as local walking for health schemes, community gardening and food growing projects.

9. **Facilitate a learning seminar** with diverse health professionals to explore the research findings and link these to the wider health landscape and initiatives to improve service provision.

*“My heart gets sad but where can I go because of my legs? If they didn’t ache
I would go up the mountain”*

Research participant

Appendix 1: Community Researchers' training summary

Introduction:

Six women were recruited to undertake training on how to conduct community health research to explore the health needs of Black, Asian and Minority Ethnic women, aged 50+. The trainees are volunteers, each actively involved in *Women's Voices* and brought a range of local knowledge, skills and experience relevant to the research project. Following an initial skills needs assessment, they participated actively in the training and went on to be involved in ways that matched their interest and skills, for example, identifying research questions and venues, conducting interviews, supporting outdoor group sessions, taking notes of interview responses, analysis and welcoming and informing women about the research.

Local women were recruited as researchers because:

- Women participants may be more willing to talk and be open with researchers who may be in circumstances similar to their own, rather than with people with whom they have little in common;
- Women who have some understanding of local health issues are likely to have ideas and information about local experiences that would not occur to researchers from outside. They may focus on local experiences, or ask follow-up questions, that 'outside' researchers wouldn't, and so get significant additional information;
- Researchers from local communities, who are affected by an issue may be able to spot the significance of 'off-hand comments' that might reveal important insights less evident to 'outside' researchers;
- Community researchers are continually in contact with local women and may draw on information and insights gained outside the formal research; and
- Findings may receive more community support because community members know that the research was conducted by people in similar circumstances.

Aims of the training:

- To equip women with the knowledge and skills to carry out the tasks they will each carry out as part of the health needs assessment
- To build women's skills, experience and confidence
- To develop and test questions asked of research participants
- To test the methods used to gather information
- To identify which tasks each woman would be involved in
- To agree support mechanisms for women

Our approach: To ensure that the training met volunteers' needs we:

- **Assessed volunteers' skills and their training and support needs** to ensure training was asset-based, drew on women's existing knowledge, skills and experience and that it met their needs. Each woman completed and discussed a 'skills assessment' prior to designing the training, which included their skills, experience, knowledge and attitudes, reasons for getting involved in the project and their hopes of it.
- **Developed and delivered a bespoke experiential learning and training programme** (6 x 4 hours) to enable volunteers to develop the knowledge, skills and confidence to conduct the research. Training included: confidentiality, informed consent, professional boundaries, safeguarding, equality and diversity, listening and interview skills, note-taking, self-care and self-assessment. The sessions were practical, interactive and included discussion, creative methods, role play and reflection.
- **Facilitated a 'Walk & Train session' in a local park.** We drew from the women's regular walking practice, to enhance and reinforce the experiential learning process. Using movement and 'learning by doing' responded to evidence that the act of walking fosters learning, self-reflection and self-development⁹.



At first, I got nervous and thought 'I'm shy? 'Have I the confidence to do it? Can I do this?' It was scary, but we did the training, came up with the questions and practised interviewing and different responses we might get. I felt 70% ready and then we went out!

Samaneh

⁹ See, for example [Why walking helps us think](#); [What Is Experiential Learning? - Institute for Experiential Learning \(experientiallearninginstitute.org\)](#); Kolb, D. (1984), *Experiential learning*, London: Prentice Hall.

Training structure:

The training consisted of 6 x 4-hour workshops held in November - December 2021. Yvonne Prendergast led five of these and Sajida Ismail led workshop 5, our 'Walk and Train' session.

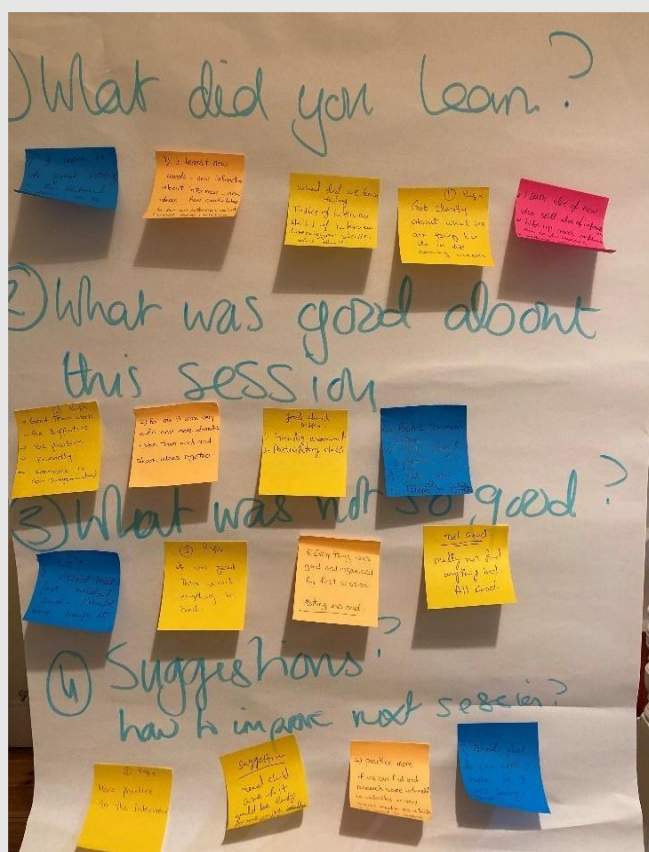
Below is an outline of each workshop followed by reflective comments from the women.

Session 1: What is research and what's the role of a Community Researcher?

The aim was that by the end of the session women would:

- Be able to say what research is and key elements of effective research
- Be able to explain what research ethics means – e.g. confidentiality, getting informed consent, demonstrating respect, promoting equality
- Be able to explain what a Community Researcher is and key 'dos and don'ts'
- Be able to identify the aims of this research,
- Feel appreciated and motivated to get involved in the project

What did women think of the session?



What did you learn?

- To do good listening
- To be patient
- New skills
- I learnt new words and new information
- New ideas about interviews
- I feel comfortable being interviewed
- I need more interview practice
- Interview tasks
- Interview skills
- Do's and don'ts of interviewing
- Got clarity of what we are going to be doing in the coming weeks
- I learn a lot of new ideas, skills and information

I explored myself – it was a different journey. I didn't know then that I had so many skills – I discovered that I am a good communicator and mentally strong.

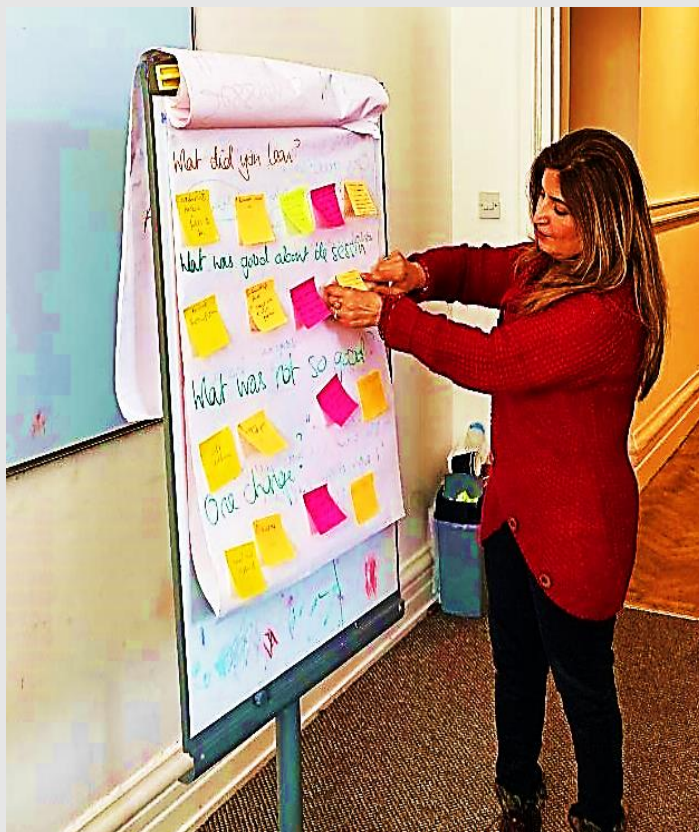
Rafia

Session 2: Identifying and practising tasks and skills of a Community Researcher

The aim was that by the end of the session women would:

- Be able to identify skills of an effective Community Researcher
- Be able to identify different tasks a Community Researcher can do
- Have practised listening
- Have practised identifying key points to note in interviews
- Be able to identify their existing strengths relevant to being a Community Researcher

What did women think of the session?



What did you learn?

- New ways of thinking
- Interview skills
- Listening!
- Listening to others before speaking
- To be a good listener
- Very clear about the interviewer's skills needed
- I got more points from my group and get experience
- Learn about listening to the interviewee and more about reaction of interviewer during the conversation
- About research

The training and the interviews taught me about my confidence, stamina and energy. It was amazing. I would like to be involved in more projects to develop my skills.

Saima

Session 3: Identifying research methods and 'having a go'

The aim was that by the end of the session women would:

- Be able to identify different research methods
- Have begun to identify questions we want the research to answer
- Have practised interviewing and gained constructive feedback
- Be able to identify potential challenges of being a Community Researcher and how to deal with these
- Have begun to identify tasks that they would like to do

What did women think of the session?



What did you learn?

- To be specific
- Probing techniques
- Punctuality
- Focus
- To praise others
- We have learnt a lot of knowledge and learnt about our self as well
- How we look after ourselves
- I learnt more about others' experience and how to use it when we share together
- I got confident because I was prepared for all questions
- Learned how to handle the person if they're not helpful
- How we can ask open and closed questions

I loved it. The teachers put so much content in front of us but in such a light way – it was 4+ hours but I always looked forward to it and the teachers were always understanding of our special needs and commitments. We did so much pair-work and discussions – I learned how to solve problems, about equality and diversity and how you meet different student's needs. I learned from the other ladies – their patience and calmness, even when there are distractions.

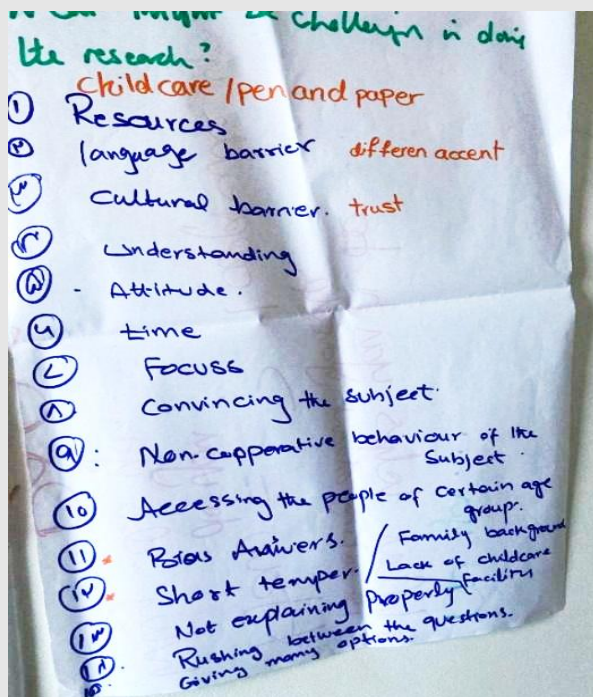
Laila

Session 4: Planning the research – questions, methods, venues, roles

The aim was that by the end of the session women would:

- Have contributed to drafting questions we want the research to answer
- Have contributed to agreeing research methods and venues
- Have identified tasks they will do and 'buddy pairs'
- Have practised doing an interview and gained constructive feedback
- Have identified challenges and how to respond

What did women think of the session?



What did you learn?

- How to handle the challenges during research
- Focus on how to cope with barriers
- I learn more ideas and more experience
- Interview skills
- New words
- New methods to communicate with people
- Control stress and keep confident
- Outdoor practical approaches

I really loved the sessions. The trainer's style of teaching and her methods are good. She explains everything in a way that is clear. The sessions really opened my mind to learning about people, their different styles of communication and how to better understand the differences in people. It made me think about how subjective we are and how we can share all differences we have.

Farhat

Session 5: Practising interviews through awareness of movement in outdoor space

The aim was that by the end of the session women would:

- Have practised interviewing outdoors
- Have gained experience of dealing with challenges and distractions when interviewing 'on the go'
- Have had fun and feel energised from 'learning on the go'.
- Have benefited from being in green space and feeling nature. Even in the city!



Training and practising in the park, it gave us more experience. We were a bit nervous...can we do this? But when we started the interviews, it was surprising how relaxing it was! I realised I can do this!

Ayesha

Women's reflections

What am I good at?

- Observing
- Communication skills
- Confidence
- Building trust
- Being confident to deal with someone whether they are interested or not
- Interview skills
- Self-belief

What will I improve?

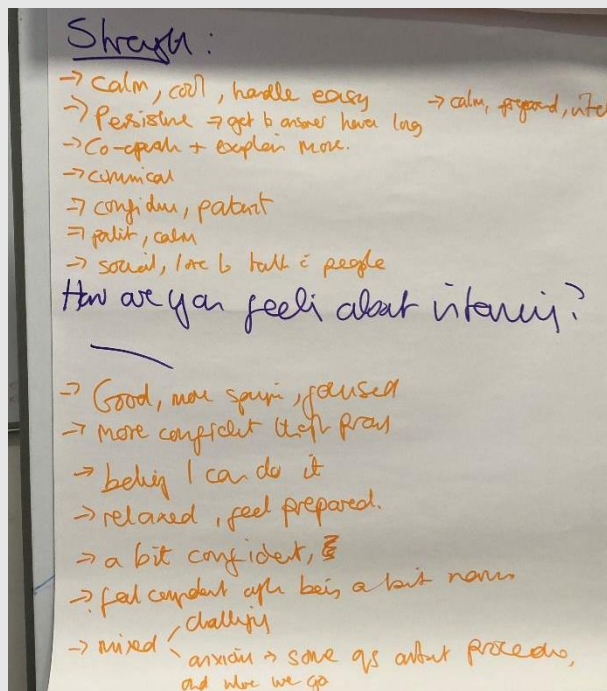
- Managing risks
- Being more confident
- How to handle unknown situations
- Practising outside
- Communication – sometimes I don't know what to say
- Being more relaxed in interviewing
- English language
- Need more experience

Session 6: Training review and planning the research

The aim was that by the end of the session women would:

- Have agreed the questions we will ask women
- Have practised transcribing (and interviewing)
- Discussed and planned research venues
- Be clear on research procedures, including safeguarding
- Be feeling confident to interview women

Women's reflections



In Pakistan I was actively involved in academic and research projects but here in UK I was totally out of touch, so It was a great opportunity to be involved in the project.

Salma

Community Researchers

My name is Salma. I did a PhD in Home Economics. I worked as a lecturer in Peshawar university, Pakistan. Here in the UK, I am busy with my home and kids. I really appreciate *Women's Voices* who gave me a great opportunity to work in the community research project that was refreshing for me. I look forward for more projects with them.

My name is Saima. I am from Pakistan. I really enjoyed the research and have learnt a lot.

I am Farhat form Pakistan. I am a multitalented person. I have skills in cooking, knitting, embroidery, sewing, recycling of handicrafts and other forms of arts. I love sharing my knowledge of this with others.

I am Rafia, originally from Pakistan. I am a highly qualified person with three master's degrees and am a single parent. I have been part of *Women's Voices* since 2017 and have been involved in different community activities and project with the group and other organisations as well. I am multilingual knowing four languages. I am a radio presenter and run a radio show weekly.

My name is Samenah originally from Iran and I am qualified in accounting. I worked in an insurance company for ten years in my home country. I've been part of *Women's Voices* as a volunteer since 2019 and attended different activities and projects and got more skills and experience. I've started a Farsi radio show every other week with our team.

My name is Laila. I am from Pakistan and have done my master's in Economics. I am married and I am a housewife. I have done lots of courses in the UK e.g., Literacy Level 2, Creative Writing and Volunteers. I want to become a community worker in the future.

My name is Bahareh. I came from Iran two years ago. I Joined *Women's Voices* last year as a volunteer. I organise and plan events and help with the dance group.

My name is Ayesha. I am from Afghanistan. I'm a mother of four children. I have been part of *Women's Voices* since 2021.

