Director of Public Health Report 2024

Hull City Council

NOW YOU SEE US:

Shining the spotlight on women's health in Hull

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Contents

Section 1:

Welcome and Introduction from Julia Weldon Director of Public Health

Welcome to the 2024 Director of Public Health Report.

In last year's DPH report we called on all partners to continue to take collective action at scale and pace to reduce the unacceptable social and health inequalities in Hull by working towards a fair and inclusive wellbeing economy that works for everyone.

The report reinforced the inequalities framework adopted by the Health and Wellbeing Board in 2022 and the ambitions set out in Hull's Community Plan 2023. I also set out some of the stark realities in relation to a lack of a coherent cross government national policy and a lack of sustainable funding for prevention. I can assure you that as your DPH I will continue to raise these issues through regional and national bodies.

I am pleased to say that our strong partnership working across the Community Plan partners continues to grow with some amazing programmes of work and activities and acts of kindness that make a difference to our communities every day.

This year I want to focus on Women's health.

As DPH in Hull I have often reflected on the role of women in our society, the impact our grandmothers, sisters, mothers, daughters, female friends and leaders have on families, our communities, and our city. Women do this against a backdrop of often unseen and misunderstood inclusion and inequalities issues that impact often throughout their lives.

NOW YOU SEE US:

Shining the spotlight on women's health in Hull

Recognising some of the inequalities, barriers and challenges faced by women in relation to healthcare, the 2022 Women's Health Strategy for England outlines crucial improvements needed in healthcare systems to prioritise women's voices and enhance health outcomes for women and girls.

It is now much better acknowledged that all women (even those in more privileged positions in society) face gender-specific challenges every day, whether that be misogyny, fewer leadership opportunities or financial exclusion.

There are groups of women in our city who are experiencing the impacts of multiple unmet needs, who have faced significant trauma, marginalisation, shame or stigma. There are women who feel unseen and haven't been able to tell their story. We want to give all of those amazing women the recognition they deserve and have the opportunity to have their voices heard, through the eyes of those with lived experience, the professionals whose roles make a difference to these women every day and those who provide friendship, care, support, and services.

Reports on women's health often have a focus on physical health needs that are specifically experienced by women, such as reproductive health and female cancers. We wanted this report to recognise the broader aspects of women's health which, as you will see from the stories captured, are often hidden, underrepresented or even spoken about with hints of shame. By choosing to focus on the topics within this report, we want to show the women of Hull that they are seen; play a part in tackling stigma; and bring to life some of the wider inequalities faced by women every day. While the stories and data predominantly reflect the experiences of adult women, we acknowledge that both adult women and girls are affected by the topics highlighted in the report. Many girls will have their own unique stories and experiences around these topics, and we encourage readers to reflect on the perspectives of girls as they read this report.

The report also challenges readers to gain a greater understanding of what our data tells us about women's health and wellbeing. I have intentionally (unusually for me) started with data first as a stark reminder of inequalities for women throughout the life course. My intention is to make you proud of the women of Hull and uncomfortable about the injustice and unfairness that they face that often holds them back from having the best possible chance in life. I want you to be co-champions for our women and girls.

A local female artist has worked alongside us to create poetry, representing the key messages they hear and see, with the aim of creating a legacy for those who participated and those who are affected by our stories that will go on far beyond this report.

We have included key reflections for each chapter, and some references for those of you who want to explore the data further or want to read more on the issues raised.

Finally, we make some recommendations for action for the city and our partners at regional, subregional and national level.

Careful consideration has been given to the difference between gender and sex, and we acknowledge that some of these key messages may not resonate with individuals that have a different gender identity to the women we are speaking about. Our aim is for this report to add to our understanding of women's needs, rather than ignore or exclude the equally valued needs of those with different gender identities. We feel that rather than trying to include people with different gender identities within the scope of this report which would not fully capture or do justice to specific experiences and needs, it would be more appropriate for this to be fully explored in a further report.

Section 2:
Acknowledgements

This year I want to be very specific that this report is for everyone but is first and foremost about women, for women, to celebrate women, champion women and developed with a fantastic all women team. I am very proud to have been a part of that team. You will see and hear these women featured in our stories within the report.

Stories we have heard:

Allie

Amanda Hailes

Anna Darwick

Bryony Bale

Charlotte Cox

Diane Hilton

Emma Kemp

Gill Hughes

Hannah Scott-Brown

Julie Bahn

Pippa Robson

Sally

Victoria Macklin

Yani

And the women who made the report happen:

Vicky Foster

Ali Patey

Amie Routh

Tanita Ncube

Mandy Porter

Helen Christmas

Alex Macnamara

Katy Stevenson

Sally Barlow

Hannah Scorer

As I make the final edits to this years report, in October 2024, I am also facing my own health issues as I start my journey to treatment and recovery from breast cancer. I have had to rely on my amazing public health team to work on final editing and completion of the report. A special thank you to Alex Macnamara and Ali Patey. The support I have received from my female friends, family and colleagues at this difficult time is reflected here in the fabulous every day acts of kindness within our stories

Thank you

Section 3:
Women in Numbers

The following pages aim to provide an overview of key facts and figures about women. You will notice that these don't always correspond with the topics chosen for the report chapters – this highlights that women are often underrepresented in data, and information on women within excluded groups can be missing altogether. This section, therefore, uses both local and national data to highlight what we know about how women's lives, health and the inequalities they face. Further data supporting the report can be found on the JSNA website.

135,367
women live in Hull

1 in 6 women
in Hull are from minoritised ethnic groups

1 in 3
teenage girls report poor or very poor mental health in Hull

1 in 4
girls have experienced cyberbullying

9 in 10 teenage girls unhappy with their body

Hull women live 28% of their lives not in good health

15 Hull women die prematurely from preventable causes each month

80.6 years — 43.2 years

Women experiencing homelessness
in England live half as long

£661 **£537**

Weekly full time pay is £114 lower
for Hull women compared to Hull men

3 in 5
managerial positions in England are held by men

600
alcohol-specific admissions among Hull women every year

30
Hull women admitted to hospital
in each year as a result of violence

1 in 5 of all statutory homeless households are lone parents

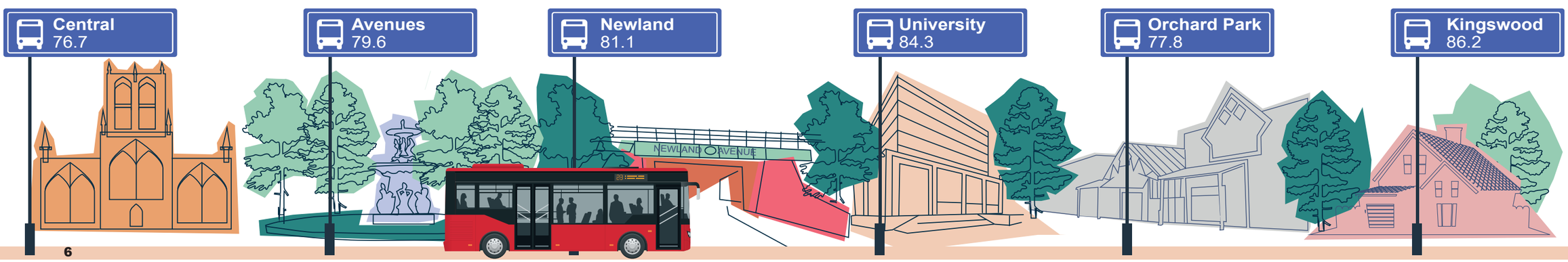
9 in 10 of lone parent households in Hull are headed by women

x 2½
Lone parents
more likely to seek help from foodbanks than other people

Women's life expectancy along Hull bus no 5

How a bus journey adds nearly 10 years on to your life expectancy

On the graphic below, a journey on the Number 5 bus through Hull shows the average life expectancy of each area, demonstrating differences in life expectancy of around 10 years between the least most and deprived areas of Hull.



Section 4:
Hearing Women's Voices

In this section we set out the health and wellbeing challenges and inequalities through the eyes of women with lived experience that have personal insights into these issues, as well as those with experience of caring for and supporting women in their professional roles. Each of the 11 themes has an introductory piece that sets out why this is an issue that we need to amplify followed by an extract from the focused conversations we undertook.

We were amazed by the passion and impact of the women we spoke to and their determination to make a difference. We were also blown away by how important this report was to them and how excited they are to be having this conversation.

Supporting women into motherhood: Maternal health

Promoting positive maternal health (a woman's health during pregnancy, childbirth, and the postnatal period) is fundamental in ensuring that mum and baby reach their full healthy potential (1). One vital aspect of this is through addressing broader inequalities which affect health outcomes such as poverty, access to services, housing, and support within the city.

In Hull, around 3,100 women give birth each year. It is important to recognise that every woman will experience this chapter of her life differently, and some will face specific challenges around fertility, pregnancy, childbirth, and the post-partum period. To support women through this transition we must ensure that all women have access to good antenatal and perinatal care, as it is vital for identifying potential problems early.

Stark inequalities exist within maternal health outcomes in the UK. Women from minoritised ethnic backgrounds, women living in more deprived areas and those with multiple unmet needs, have higher rates of maternal mortality (3). The NHS Long term plan aims to address this through striving for more women from minoritised ethnic backgrounds and those living in deprived areas to have the same midwife throughout their entire pregnancy journey - this has been proven to reduce the number of hospital admissions, pre-term births and greatly improve women's experience of care for the duration of her pregnancy and the future (4). In Hull almost one in five deliveries in 2022/23 were to mothers from minoritised ethnic backgrounds (5). It is important that we advocate for continuity of care for all women and continue to improve health outcomes for all of our mums and babies born in the city.

The Doula Service is accessible to vulnerable and isolated families during pregnancy, birth, and the early postnatal period. They support women through this life changing experience, helping with their needs, and navigating parenthood. The pilot scheme was launched in 2005, and there are now 555 doulas trained. Over the lifetime of the Doula service, they have also trained around 422 volunteers in breastfeeding peer support, and will continue to increase the number of volunteers to meet the needs of women.

Allie – Mum and Doula Volunteer (Goodwin Doula Project)

Alli shared her story of her experiences through pregnancy and birth, and how the support she received inspired her own journey to becoming a volunteer with Goodwin. She now works to offer support for other women becoming mothers in her role as a doula:

"I first heard of Goodwin in 2015 at a midwife appointment when I was having my first baby. I wasn't sure what to expect. As I had fallen pregnant unexpectedly, I felt completely unprepared and unsure of what to do for the best with the thousands of options facing me. I wanted someone who would help me with those decisions who was completely impartial and not what well-meaning friends and family were trying to do, trying to get me to have my baby their way and disagreeing with a lot of the decisions I made for myself.

My doula and I hit it off straight away and we developed a strong mother/daughter bond. She talked me through every single option and was very patient and understanding with me. She understood my anxieties around giving birth and motherhood and put me at ease quickly. When it came to feeding, I told her I hadn't ever considered having a baby so had never thought about breastfeeding but said I would give it a go.

On the night my daughter was born my doula was amazing support and gave me the strength and courage to do it. I feel like if I hadn't had her there my birth wouldn't have been as smooth as it was. I went on to have my son in 2017 and had a doula second time round too! I knew during this maternity leave I wanted to do something to make a difference and decided to train to be a Breast Feeding Peer Supporter. I started BFPS training when my son was seven days old. To this day, he is still the youngest baby to attend training! I took on a role at a breastfeeding support group at the Rainbow Family Hub and I absolutely loved it. I used to take my children along with me and got to provide the support like I wanted.

In 2022 I found myself unemployed for a while and lacked any sort of direction or routine in my life and decided to train to be a doula. I started the training and it was the best decision that I could have made. I grew in confidence and made friends who I am still in contact with today.

During my time as a doula I have supported over ten mums. Being a doula is an amazing, unique experience that I absolutely love to do. I always say to the ladies "I'm here to look after you like a big sister and I'll give you that love and comfort the best I can. You are safe with me". And what those mums give me back is something that money cannot buy and I struggle to put into words.

Last year I made the decision to apply to be a midwifery assistant. I know that it is a role that many people apply for and very few get to do and never expected anything to come from my application. Fast forward nine months I am now working a role I never expected to do in my life and I have never been happier. It's true what they say that when you do a job that you love you will never work a day in your life.

I have now applied to start a university course in May to progress in my role learning how to take bloods and do observations. I have also applied to start the access course in September to do the midwifery degree hopefully. I honestly feel like if it wasn't for Goodwin, their training and the amazing team of women being my biggest cheerleaders I wouldn't be where I am today and for that I cannot thank them enough. They've been there and stuck by me through everything from being a terrified first time mum, through two lots of training and the constant support now. Without Goodwin I would have never had the confidence to do what I do now."

Key reflections:

> The role of peer support for women going through the life changing journey of becoming a parent cannot be understated, with continued recognition of the positive impact of these roles for women in Hull

> We should continue to acknowledge the stark inequalities faced by groups of women, including women from minoritised ethnic backgrounds, and work to understand and address the differences in maternal health outcomes through improved continuity of care and peer support.

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Shining the spotlight on women's health in Hull

The risks are high if help is locked

in forms or places I can't reach.

Understand the weight of all I'm carrying.

The toll it takes. Sometimes,

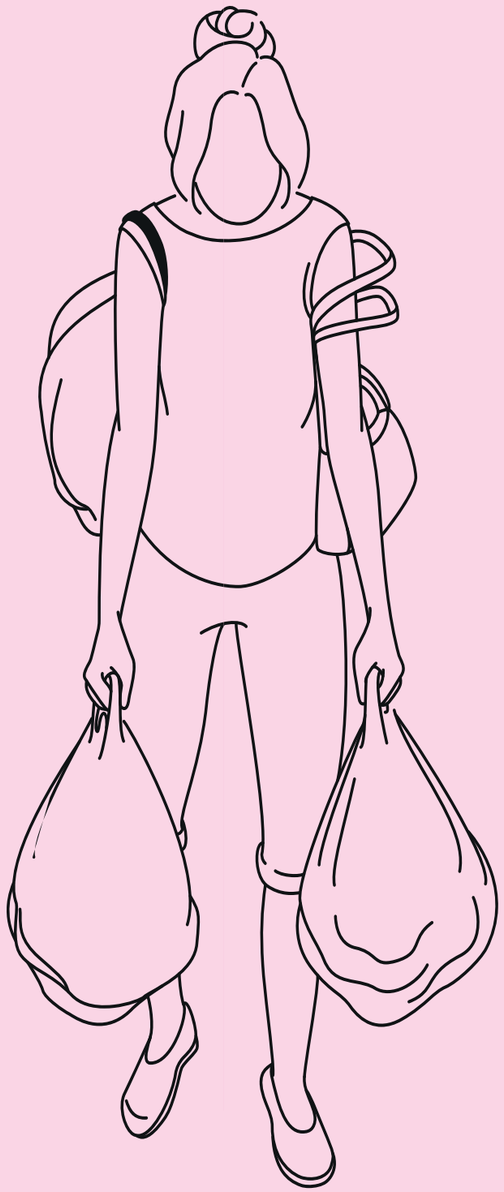
it's hard to cradle this weight

in tired arms,

and if my banks are empty,

how can home thrive?

What can I grow there?



Feeling seen and safe: Violence against women and girls

Young women and girls who experience violence are often hidden within our society.

Violence against women and girls is unacceptable; it affects the lives of millions across the country and has profound long-term effects on survivors and people close to them. Findings from the crime survey in the year ending 2022 revealed that over one in four women (27 per cent) had experienced some form as sexual assault since the age of 16 (1).

"The term 'violence against women and girls' refers to acts of violence or abuse that disproportionately affect women and girls. This includes rape and other sexual offences, domestic abuse, stalking, 'honour'-based abuse, as well as many others" (2). A large proportion of these offences, in particular domestic abuse, will happen within the victim's or offender's home, however it is important to recognise that violence against women and girls also happens in very public open spaces.

As a society we are already challenging peoples' perceptions and behaviours that encourage gender-based violence but we must move towards a society where women and girls have equality and freedom to live safely and experience life without gender-based violence. To make this step forward the 2021 Tackling Violence Against Women and Girls' Strategy set out why we must prioritise prevention (2). The strategy seeks to address the complex root causes of violence against women and girls, linked to attitudes toward gender roles, both at an individual and societal level and sets out the need for early interventions around low level misogyny (2).

Educating men and boys on violence against women and girls is crucial to tackling the problem. It is important we offer early interventions for men and boys around low level misogyny through education.

Violence against women and girls is also becoming more prevalent in the virtual online world. Crimes online of this nature have additional concerns; perpetrators are able to conceal their identities more easily and remain unknown. Women and girls are disproportionately targeted by online gender-based violence through harassment and abuse.

There is great multi-agency working in the city with social workers, schools, youth services and voluntary sectors to make sure we safeguard young women and girls, and we have a dedicated team to support young women and girls who are at risk. The focus of the support for young women and girls is to empower them to make their own decisions, build a strong support network and lead the life they dream of, whether that be returning to work, starting college, or improving their self-esteem. A proportion of young women and girls were not always "seen" by professionals and schools, so increasing their visibility has increased their safety.

Bryony Bale, Young women and girls worker (Vulnerable, exploited, missing and trafficked team, Hull City Council)

Bryony supports some of the most vulnerable young women and girls in Hull many of whom have experienced trauma and have suspected or diagnosed special educational needs. Interventions range from one-to-one support with young women and girls aged 11-25, The Missing No More Programme and other programmes to empower young women and girls and prevent violence and misogyny.

"I grew up on a Council estate in Hull, quite a poverty-stricken area. I am from a low-income family and they're really supportive. I really wanted to be a social worker. I graduated when I was only 21, and then I started working in a pupil referral unit for five years. Then I sort of came into this role afterwards and that's a bit of a niche really, I suppose, where women and girls have experienced trauma and may have special educational needs as well.

I think when you look back historically, [violence against women and girls has] not been seen [as] violent. It's just seen as what the role of the female is, and I think it's really important to try and get that to the forefront.

I've worked with really vulnerable young people and my job at the minute is to work with some of the most vulnerable women and girls in Hull. So, it's really important for me in terms of getting that word out, but also getting that support for them to try and increase feelings of safety for them and having all the people that they need.

There are many positive impacts of the work, there's a massive increase of feelings of safety around the girls. At the end of the support, we share with the young women and girls a worksheet where they can share their voice, what they have learned and identify who's in their network, this is important because they can then identify who else can support them.

It's about increasing their self-esteem and their ability to voice their own opinion and their

NOW YOU SEE US:

Shining the spotlight on women's health in Hull

confidence and having that safety network around them, whether that be people in the home, people in school, people in youth centres and again, they can advocate for them when I'm not there as well, and I suppose for me, that's a part of positive impact because some of these young people before they've maybe been highlighted to my team and not known really, they're maybe not going to school, they're maybe not known to social care and they're not known to anyone, so they're quite hidden.

I think undiagnosed special educational needs or trauma is a barrier because it's often mistaken for bad behaviour but actually, it is trauma or neurodiversity. So that's definitely a barrier. There is also a need for more education around how differently neurodiversity presents itself in girls compared with boys.

Young women and girls who have experienced violence are often hidden. I suppose it's that some girls are really good at masking, and I suppose sometimes when they struggle to mask, then we need to worry because obviously there's something. I think it's the ones that are quieter that maybe need more support and some of the girls that I've worked with, they sort of cruised, they're not quite up, they're not quite down there but they're quiet. No one really knows them. There is some potential need there, that they found difficult to sort of process themselves because they're not getting that support, because it's not being picked up. Schools can improve attendance and having an easily recognisable trusted person in a school setting is important.

What would really make a difference to the young women is multi-agency support, as well as schools making referrals and having support in school too. This does happen, there are ELSA [Emotional Literacy Support Assistant] sessions in schools which are wellbeing focused but again one of the barriers is funding.

Sometimes a barrier is that they say 'they're not engaging'. Well, actually, in my view, I don't. I don't ever say that a girl's not engaging. I can't engage them and it's about how, how do we go about that? Well, how can we overcome that barrier?

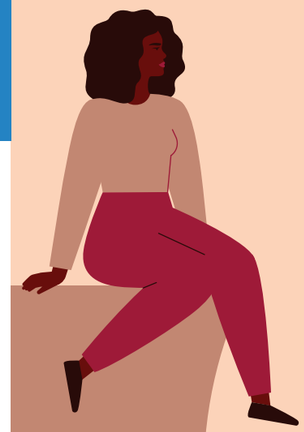
The link of domestic abuse, whether that's experienced or witnessed is so high in the girls and women that I work with it's a really important indicator."

Key reflections:

> Violence against women and girls is an issue for everyone in society – tackling this requires a compassionate, multi-agency response

> Schools and educational settings have an important role in recognising violence against women and girls and working in partnership to support those who have experienced concerns over their safety and developing understandings of healthy relationships.

> There is a need to recognise the impact of trauma, how neurodiversity may present differently in girls and understanding underlying needs, rather than focusing on behaviour



See me, shifting at the edges of your vision, at the edges of rooms and conversations, not quite stepping in.

Looking for an exit.
A place of safety.

A warmed cup, a class, a drive.

They may seem like small things to you, but maybe they'll let me breathe,

and maybe then, I can speak.

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Not between four walls anymore: Domestic abuse

In the year ending March 2023, an estimated 1.4 million women in England and Wales experienced domestic abuse in the last year (1) and overall, more than 1 in 4 women have reported experiencing domestic abuse at some point since the age of 16 (2). In Hull, between April 2023 and March 2024, there was an average of almost 18 domestic abuse crimes recorded per day.

In April 2021, the Domestic Abuse Act created a new statutory definition of domestic abuse which is:

Any single incident or a course of conduct of physical or sexual abuse, violence or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional, or other abuse between those aged 16 or over who are or have been personally connected to each other (3).

The consequence of domestic abuse is far reaching, impacting significantly on the long-term and emotional wellbeing of those affected, including children and young people, alongside the significant associated societal costs including police, health, and other services (3).

Women from certain population groups also face greater risks and impacts of domestic abuse, or experience barriers in accessing support (3). These include women in poverty, women with disabilities, women from minoritised ethnic backgrounds, migrant women and women from Gypsy, Traveller and Roma communities (3). Barriers to disclosing domestic abuse include concerns about stigma and the impact on their wider family or community, language barriers and feeling distrustful of the police because of past negative experiences (3).

Victoria Macklin – Domestic Abuse Team Leader (Hull Domestic Abuse Partnership)

Victoria has been involved in supporting those affected by domestic abuse for over 19 years. In this piece she gives us some insight into why she is passionate. She talks about women who are at risk of domestic abuse, those affected by abuse and those who would describe themselves as survivors, the importance of building trust and how important it is to amplify the issue everywhere and all at once.

"It's something I was really passionate about. I felt that I had the ability to be able to support people, to come through their journeys, to get the best outcome in their life, for them and their children.

No one talked about it; it was hidden, it's really important for anyone who is at risk of abuse to know how they can gain support, whether it's through work or friendship groups. I just don't want it to stay hidden, it's not between four walls anymore.

The relationship with the women who are victims of abuse must be built on trust.

I think it's about really thinking outside the box, it's not just about what people would imagine, like conviction rates and things like that, it's that person's journey. And if they've had a really good response and know that there's support out there, they may feel empowered enough to end the abuse. It may not be the first time they leave that they leave for good, it may be the seventh attempt, but when they decide it's right for them, they won't return.

The team are so victim-focused on gaining the best outcome for that person. I think it's really rewarding because we're travelling their journey with them. This can often be challenging for the Practitioners, so we have processes in place to offer lots of emotional support to them when they need it, as we don't just deal with normal day-to-day issues.

There are many support services in place for domestic abuse as well as regular Multi-Agency Risk Assessment Conferences (MARAC). The services have really grown and spread with DAP being based in several satellite services throughout the city. We ensure that we're not duplicating work and have a robust process in place with other services to look at issues and any challenges.

We offer a dynamic support package, as managing risk is dynamic. Once all the practical support is in place ready (safe accommodation, criminal justice process, legal orders, etc) and they are ready to move forward, we can then explore recovery, we can then offer the Brave group which is our recovery toolkit.

We work closely alongside Time to Listen. They offer therapeutic work to the children while mums are attending the group, and they also offer longer term therapy as well as trauma therapy. This ensures us to work in a trauma informed way from start to finish, ensuring no one should have to tell the story again, to ensure people are not being retraumatised.

We have a housing crisis, we now have the domestic abuse housing hub, this has alleviated some of the barriers for survivors. Pets, finances, no recourse to public funds, children and access to the internet are also huge barriers to accessing housing. Alongside lots of other barriers like language, gender and sexuality, there may also be losses they suffer, like their home potentially their job, it could be that they may be ostracised from their community.

Working multi-agency not working in silo is important. We ensure a robust safety and support plan is in place and offer all options to everyone for them to have the tools and knowledge to make their own informed choices.

I am really proud of the practitioners and the work they undertake with victims of domestic abuse; they are all really passionate about their work and we had had some really positive outcomes, which make a real difference to all of us. For example, we supported a young lady who used substances and was in a really abusive relationship. It was really difficult for agencies to gain her trust and engage her in support, following a horrific incident, we visited her in the hospital, we were able to offer [support] for her substance use and also seek safe accommodation, this enabled her to be able to move on in her life and her life now is really happy and free from abuse."

Highlighting some of the impacts of the Hull Domestic Abuse Partnership, feelings and feedback from Sally are shown below:

"I didn't realise how bad things were until I started speaking and seeking support.

I was terrified at the beginning but every second of that was worth it to be where we are now.

My entire life is so much more peaceful and me and my girls are much happier… we have a different life now.

The support from DAP (Domestic Abuse Partnership) was amazing and I'm truly grateful to now be safe and happy."

Key reflections:

- Domestic abuse is one of the most significant issues the city faces which impacts on all communities and the services which serve them
- Recognising the demand and pressures on services, there is a need for a focused, upstream preventative approach to domestic abuse.

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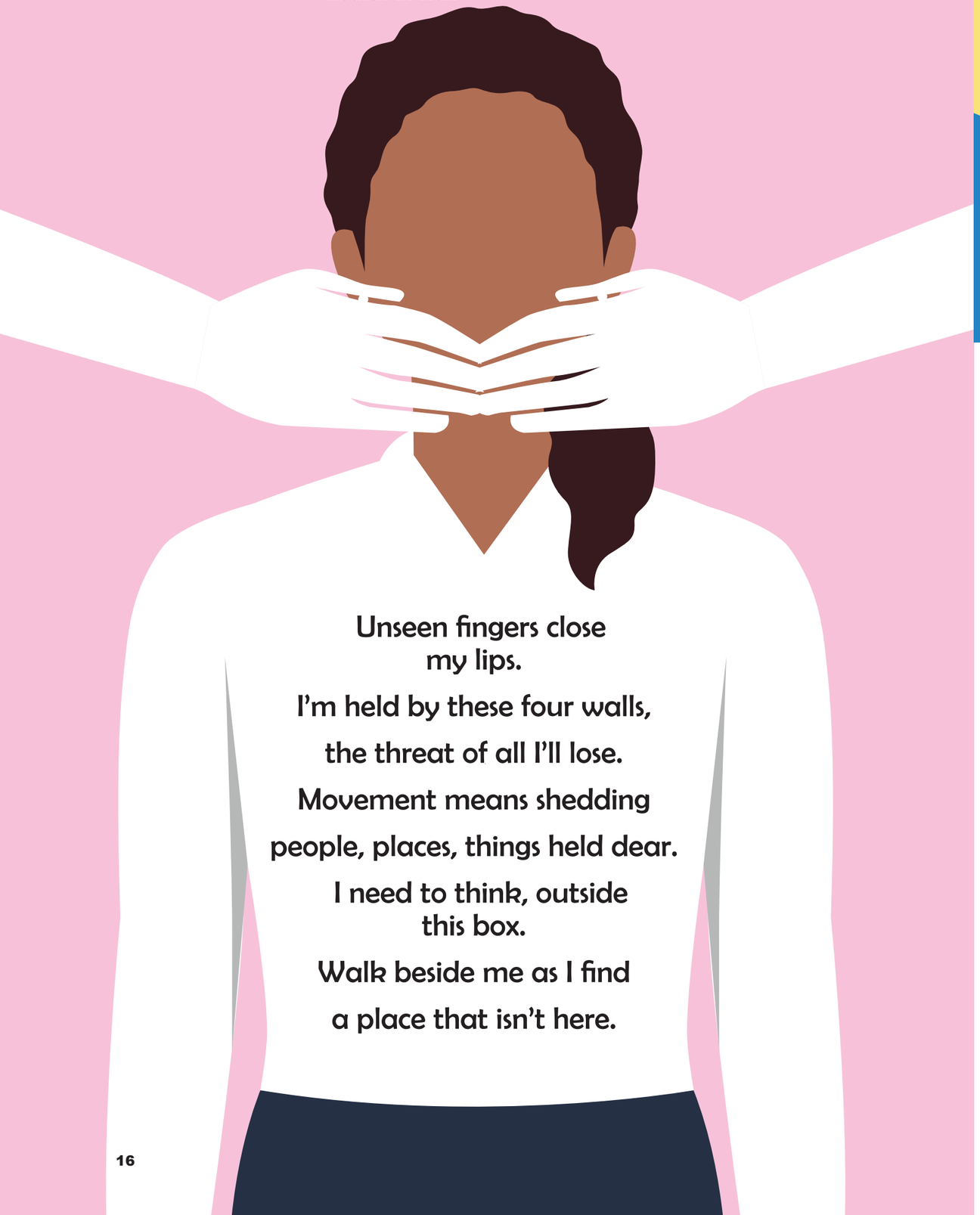


Unseen fingers close
my lips.

I'm held by these four walls,

the threat of all I'll lose.

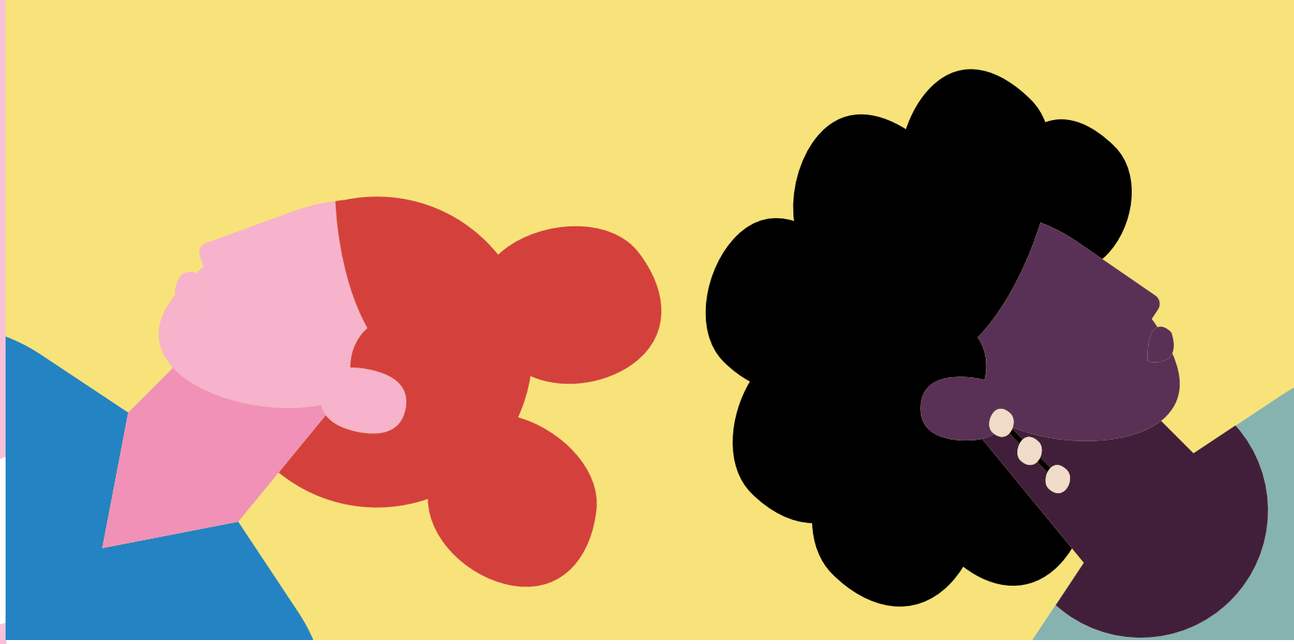
Movement means shedding

people, places, things held dear.

I need to think, outside
this box.

Walk beside me as I find

a place that isn't here.



Navigating difficult journeys: Migrant women

Over ten million migrants are estimated to live in the UK, and over half of these are women (1). Migration (usually referring to those moving across an international border) can be temporary or permanent and can be due to various reasons, including work, study, family or for humanitarian protection (1, 2). Whatever the reason for migration, it is a stressful event that can have a significant impact on an individual's wellbeing, however, for women and girls who have been forced to leave their country of origin it can have profound impacts on their safety, health and wellbeing (3).

Women may have a different experience of migration compared to men, due to factors such as caring responsibilities, employment status, dependency on a partner or social and cultural pressures (3,4). Not only are these women more vulnerable in relation to their finances, they are at an increased risk of coercion, physical violence and sexual exploitation (3,4).

Many migrants face financial barriers to secure their immigration status and have additional financial challenges such as healthcare surcharges, or for some, having no recourse to public funds (4). Those who have fled their home country and are seeking international protection (known as asylum seekers) are unable to work while a decision is being made on their application (4). While asylum seekers are provided with some financial support, equating to around £7.03 per day (5), most asylum seekers are living in poverty and struggle to afford basic amenities (6). Migrant women without a formal immigration status often face marginalisation, and are one of the most disadvantaged groups in society (4). They are unable to get a job, or access public funds or housing, putting them at high risk of exploitation, as often their only option is to engage in the informal economy to earn a living (4). Migrant health is strongly related to wider determinants of health, such as income, housing and employment, meaning that these challenges play an important part in health outcomes for migrant women (2).

In addition to broader inequalities, migrants may have specific unmet physical and mental health needs relating to the nature of their migration journey (2). They also experience barriers in accessing healthcare due to language barriers and fear of discrimination or deportation (2,7,8). Pregnant women requiring antenatal care are recognised as a particularly vulnerable group, who are at greater risk of complications in pregnancy or worse perinatal health outcomes (7,8).

Yani - Community Inclusion Coordinator

Yani works as a Community Inclusion Coordinator with Forum, a voluntary and community sector umbrella organisation. Yani's current role involves working closely with communities of the city to understand their perspectives and needs. Yani's talks about how her own personal experiences helped to inspire her work, some of the complexities and barriers within the immigration system and how we should be working to empower migrant women:

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"I am a migrant myself, and due to my personal journey and my professional journey, I was figuring out how I could support vulnerable women that have been going through the migration system. In 2017 I started working in the third sector and supported various women from different backgrounds, but mainly forced migrants, and it was through that opportunity that I realised how accessing health[care] was a barrier for them to be able to integrate and fulfil their lives.

Unfortunately, the immigration system is so complex. [There is a] kind of a strength that is not just a one person role, but this is something that needs to be in collaboration, to be able to challenge the system in a way to encourage change or adapting to the needs of migrants.

During my work previously with Refugee Council, I was an employee ability coordinator for the service during six years. It was through that experience that I really understood the impact on health, and specifically mental health, for migrant women to be able to progress in [their] career or get a job. So, I end up kind of remodelling the service in a way that it was doing more mentorship and supporting with mental health providers [to help] that person to go through that journey, which really has an impact on these people. So, during those six years, I saw lot of forced migrant women and were able to contribute towards improving their mental health to be able to progress with their lives. So, the key element was adapting about more than just employability… [it was] that holistic approach when supporting these women.

There's no size that fits all when it comes with migrants. One example is the health surcharge that a lot of women need to pay for health care and I have seen this through my own personal journey - would I not be able to access any other type of specific health[care]? And even through pregnancy there was those doubts, what if I wanted to be pregnant? Because there was things that I was not entitled to. So it does have an impact on how you perhaps even integrate or progress with your own personal life.

You have people that unfortunately cannot afford to pay for those visas and if you are not working, if you have been pregnant and you have a gap in your career, how are you going to be up for that?. And when it comes with pregnancy, particularly hospitals don't know how to approach that. I remember when I was pregnant, there was all this paperwork and this questionnaire and I thought myself, I have an understanding of the immigration system and I know what to answer here, but when you don't know yourself even in which part of the immigration system you are, you perhaps might take a wrong box and then you end up with a bill on your doorstep without knowing what this is.

As soon as you say 'I'm a migrant' you just sense the difference of how people are going to treat you in the system. It is very hard to see that happening still when you access health and services as a migrant woman. [They should be treated] as a person, just be treated with dignity, like everyone that is accessing that service, just humanising the services more than anything else.

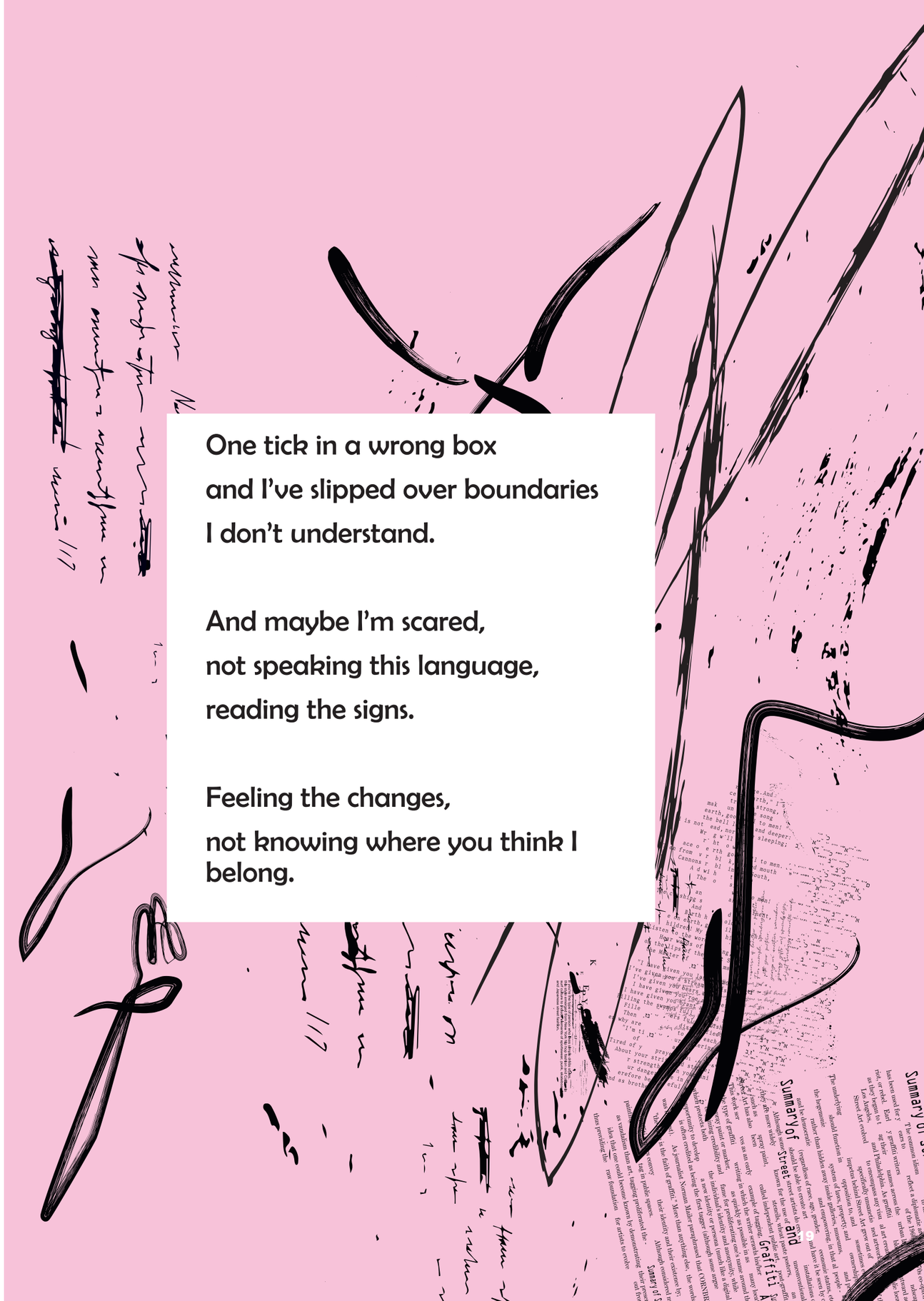
The attitude towards migrant women, that really needs to be changed [and for services] to have a more of a holistic approach when they are supporting a migrant. I suppose that comes with training about immigration systems and how to work with the interpreters to bring the best of that patient. What really needs to happen is change in policies and government to change perception on how they see women migrants in this country. Another solution will be building confidence to make migrant women able to empower themselves to understand how to use the services and perhaps when they can say no or where they can say yes. Because that will be easy as well for them to navigate that system.

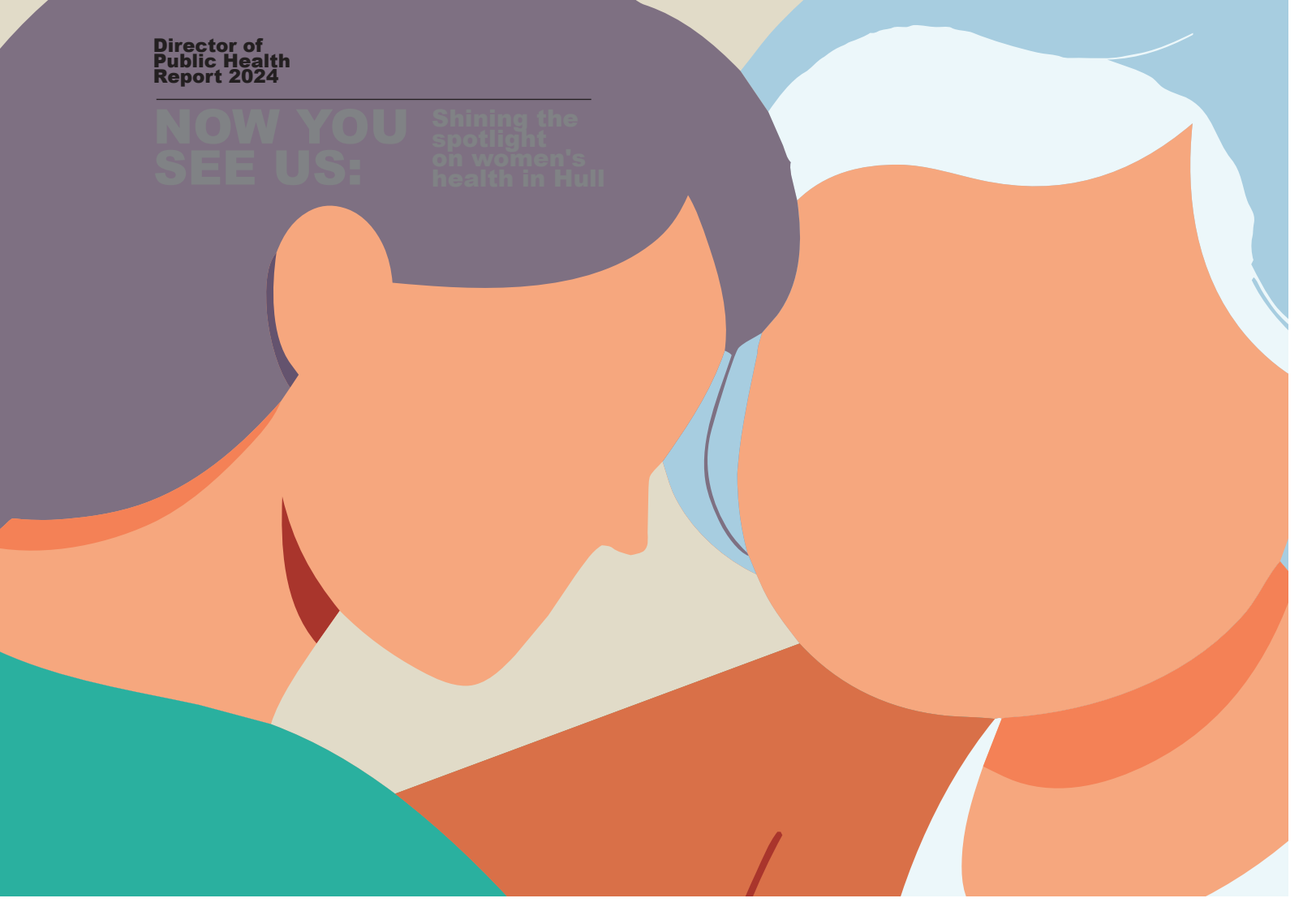
It's very scary for the women to access health[care], they are living in a new country, and they may speak a different language. Their vulnerability is very high when they are accessing the service. [Services] need to have that person centred approach and perhaps build up more advocate roles within your own services that will be able to encourage that change within your own services. I think it will have a positive impact, and then having the continuous approach being sympathetic and with dignity that just gives that humanity."

Key reflections:

> Services should ensure that they adopt holistic, person-centred approaches that meet the needs of migrant women, including recognition of training needs

> Healthcare services should incorporate the voices of women from migrant backgrounds in service planning in order to enrich knowledge, increase cultural sensitivity and better support migrant women.





The invisible workforce: Carers

Carers provide invaluable support to those in their care and as a city we are extremely proud of the work they continue to do day in and day out.

In Hull we have a growing number of unpaid carers and young carers, otherwise known as informal carers. Caring is defined by NHS England as: anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support (1).

Women are more likely to provide unpaid care than men (2). Many women of a working age are balancing an intense unpaid caring role alongside paid work, which has significant impacts on their health, wellbeing, and financial stability. Some women have to reduce their paid working hours to provide an unpaid caring role, which has financial implications, particularly in the context of the cost of living crisis. Having paid work can be vital for unpaid carers, and it can make a significant difference to have supportive and understanding employers (3). In Hull we have working carers passports and carers champions who can offer support within the workplace.

Many of us will either take up a caring role within our lives or know someone else that will. Providing care has no age restriction, with some becoming carers during childhood, and others later in life. It should also be acknowledged that caring can have a significant impact on health and wellbeing. Many carers feeling isolated, and experience negative impacts on their physical and mental health as a result of their caring role. Unpaid carers also play a significant role in reducing the burden on the health and care system in the UK. Research undertaken by the Centre for Care found that “the value of unpaid care in England and Wales is now estimated to be £162 billion, exceeding that of the entire NHS budget in England for health service spending” (5).

To recognise the amazing support provided by carers in Hull, the ‘Caring, Helpful, and Amazing People’ Awards, hosted by the Carers Information & Support Service, celebrates the effort and dedication of our unpaid and paid carers in Hull.

Julie Bahn, Service Manager for the Carers Information & Support Service, CHCP and a trustee for the Older Peoples Partnership Board

Julie talks about her own experiences working with carers, and how there is a need for carers to be seen and recognised, both by individuals that have an unpaid caring role themselves and by professionals:

“From an unpaid caring role, it’ll affect every single one of us with within our lifetime, be it that we are unpaid carers ourselves, or we need the support of an unpaid carer. In the last census, in 2021 across England, Wales and Scotland, there’s 5.7 million people recognised as carers, but what I think is key to say is that doesn’t represent unpaid carers, because an awful lot of unpaid carers are hidden, they don’t recognise themselves as a carer.

Four years ago, my dad was diagnosed with a really aggressive form of cancer. Obviously it was an extra exceptionally distressing time. My parents didn’t know how to ask for help, and they also didn’t know what good looked like. I became an unpaid carer for a really short period of time and my unpaid caring role was about navigating, asking the questions, organising prescription collection, communication with professionals, supporting my mum, supporting my dad through a really difficult time.

As professionals, we get trained, we have training, care certificates, all these things that are there to support us, to give us that confidence that we’re doing the right thing. In unpaid caring, you don’t get trained to do that role. You find your way around it. You develop over time and you learn by experience.

When we’re talking about unpaid care, we’re also talking about women because predominantly 60 per cent of those carers we know about are that the roles are delivered by women. I think that’s quite representative of family dynamics. Traditionally, women do take up caring roles, parenting roles and running of the house, that organisation, and when you add an unpaid caring role within that you are increasing the commitment and the responsibilities.

I think with particularly with women, it’s that not recognising yourself as a carer is the first barrier. Particularly when you think about women parent carers there’s a real ‘what’s parenting and what’s a caring role?’ and when you’re caring for a child with additional needs, I’m not 100% certain. There’s no one telling you you’re a parent carer – you’re a parent first and foremost, but actually, providing a caring role. So, I think self-recognition is the largest barrier.

When you ask an unpaid carer ‘How are you?’ they’ll quite often [talk about] whoever they’re caring for, and actually our services focus on the unpaid carer themselves. I think it’s right that I’m passionate in my role to champion unpaid carers and take every single opportunity to raise awareness of it, because when we support the unpaid carer, we support everyone, the impacts and the outcome is of value to all. There’s not a service or there’s not a meeting I attend where it’s not appropriate to consider unpaid carers. My role, it’s absolutely about promoting the needs and making sure people consider the needs of the person who’s sat alongside, so if you’re thinking carer, you’re thinking prevention.

We need that co-production, that service user voice, that consultation. Carers teach me what support looks like. Carers teach me what the barriers are. I don’t know everything, but what I do know is I need to know what the experience is. So that’s how we overcome barriers is by encouraging feedback, encouraging experiences and listening. Design services to incorporate the unpaid carers and the needs that they have too. It’s as simple as that really. A great way [to] start [is] from within. I’d say to decision makers by thinking care within your own workforce, supporting women or balancing work and carer [roles] will enable you to retain your workforce, reduce recruitment costs, but also make it much more acceptable to think careers across all your service offers.

We’re strong women, we take on board an awful lot. Women in particular are, I believe, exceptionally resilient. We are trying our best to be recognised as equals in lots of arenas, so we’re not good at asking for help.”

Key reflections:

> Women and girls in caring roles, particularly unpaid carers, need to be considered as individuals, supported to recognise the role they are undertaking and have their needs considered in addition to those of the person they are supporting

NOW YOU SEE US:

Shining the spotlight on women's health in Hull

Ask how I am - I'll tell you

how someone else is feeling.
I'm not on records. I just do this.

Nobody taught me,
I'm sitting beside.

Look left, look right. Maybe

you'll find me, finding a way,
not asking for help, understanding,
a rest.

Am I doing ok?
I'm doing
my best.

Hidden Women: Homelessness

Women often experience homelessness in a different way to men and are less likely to be visibly homeless (1). The term homelessness can be used to describe a variety of circumstances, including people who are roofless (rough sleeping), those living in temporary accommodation, people living informally with friends or acquaintances, as well as those threatened with the loss of current accommodation (2,3). While there are women experiencing all forms of homelessness, higher proportions of women are represented within "hidden homelessness", which includes those who are "sofa surfing", meaning there is a risk of these women being underrepresented in data and not being known to services (1).

The causes of homelessness are complex, and usually involve a range of different interacting factors and experiences, some of which affect women differently to men (1, 4). For example, in addition to factors such as poverty, women experiencing homelessness often have a history of traumatic life events, including violence and abuse, both before and after losing their home (3, 4). Women who are homeless are at a greater risk of mental ill health and separation from their children than men (1). A significant proportion of women experiencing homeless also have unrecognised neurodiversity and unmet physical health needs (1).

Research reveals that women's homelessness occurs at a far greater scale than is generally recognised and that women who are homeless often face specific barriers to accessing the support they need (1,5). As a consequence, women can feel left in a state of survival, without access to support, and in unsafe environments where they are at risk of violence and abuse (1,5). It is now recognised that services need to understand and adapt their models to recognise the complexity of needs associated with women experiencing homelessness (1,5,6).

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Shining the spotlight on women's health in Hull

Anna Darwick - Lead nurse with the Hull Modality Homeless Health Pathway Team.

Having worked with a number of individuals within different inclusion health groups, Anna's current role involves her supporting individuals experiencing homelessness in hospital settings, as well as supporting women who are affected by sexual exploitation through her work with Hull Lighthouse charity. Anna reflects on the specific risks faced by the women she supports and what she feels would make a difference to women experiencing homelessness:

"Women, just by the nature of being a woman, are more vulnerable in terms of being homeless. I think women are more at risk of being exploited. On outreach, on the streets, women are more hidden in their homelessness. They may be able to perhaps move from friend to friend or partner to partner, or whoever it might be, and not always end up out on the street. They have a very different experience.

For me, being able to advocate and share that journey with women, building those connections and learning and understanding what they're experiencing, allows me to do the best that I can when it comes to advocating for them. People are living day-to-day and struggle to access services and there can be multiple barriers to services. I want to be aware of that and I want to be involved in trying to change that for people, and support people to navigate the system, support people to recognise that their health needs are important, and to be around for when they're ready to look at that and address that.

Every day is a challenge. For example, this morning there was the first frost on the park, and although it's quite beautiful, I had a dread because I know someone will be sleeping out tonight and will have slept out last night. I feel privileged to be a nurse and to meet the people that I meet and to walk on the journey with them, wherever that may take us, but at the same time, it's incredibly difficult and frustrating because I see and I witness the systems that are in place, the barriers that people face, the stigma, the judgement, the lack of trauma informed approach.

We've got a lot of services out there and we can assess these women, we can tell you what they need, we can build relationships, we can take the trauma informed approach, but when it comes to it, we cannot offer them what they want, which is a safe housing with support workers who get to know them, who understand their needs. It's simple things that I think would make a big difference. It all gets lost in the bigger picture of, 'We must sort out the health. We must do this. We must do that.' Well, actually, half of the relationship building is going, 'What's important to you?' and what's important to them is that they've got a carrier bag with the kids pictures in and they want that somewhere safe. It's such a simple thing, isn't it? But it's lost.

I build relationships and I can be there when people need support. For me the best bit is when you become a safe person for somebody, so you might not have the answers, but they know that you are listening. For me this is where I get my job satisfaction because I think well, at least I know that somebody cares or that somebody is there, so that's the rewarding part for me."

Key reflections:

> Addressing the existing housing crisis and lack of appropriate housing options for those at risk of or experiencing homelessness should be a priority area.

> There needs to be recognition of the importance of a holistic approach that aims to understand and address women's individual needs

It's such a simple thing: not to be lost.

Not to see precious things sullied, made soggy

by rain, caught up by wind.

It's such a simple thing: a safe place.

A safe person. Clean clothes. How can I

come to your appointment, looking like this?

What is health, when you're finding a way

to hold off frost, to hold off judgement, to sleep?

NOW YOU SEE US:

Shining the spotlight on women's health in Hull

An Untold Story: Sex workers

Women who are sex workers often face significant challenges such as stigma, discrimination and barriers to accessing healthcare (1). They have to work hard to navigate systems and services and may find they face stigma and judgement from professionals, leaving them to feel their voice isn't important or afraid to speak up or seek support when they need it (1).

The social stigma faced by sex workers can lead to significant impacts on their health and wellbeing, with evidence suggesting that they face significant health inequalities compared to the general population. These include increased risk of mental health disorders, physical health problems, falls, poor oral health, self-harm and hospital admissions (1,2,3,4). Sex workers also face significant trauma and risk, with female street sex workers being 12 times more likely to be killed than other women in the same age group (5, 6). It is likely that the full extent of these inequalities is not fully understood, as sex workers are often underrepresented or not considered consistently in research and in data (2,7).

Sex work is often used as an umbrella term. It has been referred to in research as that which "constitutes the provision of sexual or erotic acts or sexual intimacy in exchange for payment or other benefit or need" (2). There are approximately 72,800 sex workers in the UK, of whom 85-92 per cent are women (5). In most cases, women do not become involved in sex work by choice and often do so due to reasons such as trauma, abuse, poverty, homelessness, mental ill health or coercion (2,6,7).

Despite the challenges and inequalities that they face, sex workers have been described as a resourceful community, and have developed a complex set of safety and coping strategies (8).

Amanda Hailes - co-founder of An Untold Story - Voices (a Hull based Lived Experience led group), and an advocate for women facing marginalisation.

Amanda's journey to becoming an advocate for women is through her own lived experience. Despite initially undertaking a counselling course and volunteering as an outreach worker, Amanda described feeling that she wanted to make a difference and bring about positive change for women working on the streets, when a piece of research became the start of a strong group of voices and provided the opportunity for Amanda to share her story through the book 'An Untold Story - Voices'. Amanda speaks about her own experience of street-based sex work and living with multiple unmet needs, and the need to raise awareness and challenge stigma:

"Women who are sex workers are so overlooked. They are looked down upon. They're often seen as not human. They are often hidden. The shame and the stigma surrounding sex work is overwhelming, when in fact, sex workers are just trying to survive.

Often street based sex workers are judged as bad mothers and drug addicts and we're struggling with so much. We're struggling with trauma, with domestic abuse and mental health. It becomes overwhelming. So, we end up sliding into street-based sex work, and we're judged for that. So, it's important to me because I know what it's like.

I'm not scared to battle for the women working streets today. I will go to war for these women and that's what I do every day. I go to war with whoever needs to hear it. It's not just my story I'm telling. It's not just the women in Hull. It's all over the country. It's thousands of women. I'm not speaking for them. But I'm speaking on behalf of them. I'm not speaking for them because they can speak for themselves. I'm speaking on behalf of them and I'm proud to do that.

My main job is to put statistics into words and emotions and give documents a heartbeat [to make sure] that voice of lived experience is highlighted, is raised up and applauded.

These women should be valued; they are amazing, strong, the skills that they have, are fantastic, but just because they're criminalised, those skills are just thrown away.

We need to shatter that stigma, take away that shame, so women are confident to say, 'I'm street-based sex worker'. We need to find a humanity in people, and we need to be more loving and caring and not so judgmental and all that needs to change. A little bit more love in life - I think that's important.

A lifetime, even two lifetimes ago, I was homeless, working the streets, a drug addict, faced horrendous trauma in my life, yet now I'm happy. I'm fairly successful and reliable and I feel quite proud of what we have done in this setting, just our little group of lived experience, there's only two of us, but we make an impact. It's lived experience led and we do everything but I feel like we're getting somewhere in Hull. So it's been really good. It's been a journey, but it's incredible."

Key reflections:

- There is work to be done to tackle stigma, challenge assumptions and help professionals think about the story behind the person they are supporting
- The voice of lived experience should be valued as an important part of the work that we do, through meaningful co-production across all levels of service design, decision-making and delivery

NOW YOU SEE US:

Shining the spotlight on women's health in Hull

Can I tell you the places I've been?

If I speak honestly, what will you see?

The real route I walked,

or what you think you already know about me? How can you help if I have to hide?

I'm fighting a battle.

I need help to survive.

Building foundations: Criminal justice

Most women in prison have often been victims of more serious offences than those they are accused or found guilty of committing.

In the UK women make up the minority (5 per cent) of the prison population; they are less likely to commit crime in comparison to men. As of September 13, 2024 in the UK, there were 3,440 women in prison compared with 82, 983 males (1). Statistics demonstrate that women are more likely to be sentenced for non-violent offences with a sentence for 12 months or less (2). However, there are a proportion of women in prison who do serve long term sentences, and the Prison Reform Trust report this to be "an acutely more painful experience than for men" (3)."

There are concerns that the criminal justice system does not meet the specific needs of women. Women in prison have often experienced trauma prior to offending. Around 60 per cent of women in prison have previously experienced domestic abuse, and a significant proportion of women in prison have previous experience of abuse, violence, or other forms of trauma (5). Locally, 91 per cent of 78 women in Humberside that had needs assessments undertaken for referrals to Together Women reported experience of trauma, abuse, or mental health need.

Homelessness is also a significant challenge for women after leaving prison. In the year ending March 2021, more than a third of women (36 per cent) left prison without settled accommodation, more than one in six were homeless and nearly one in 20 were sleeping rough on release (3).

In the UK there are also concerns around self-harm amongst women in prison. Rates of self-harm in women's prisons have risen by 20 per cent in the last decade (3) and rates of self-harm are almost seven times higher for women than men in the prison population (5).

When a woman enters prison, there are additional pressures that accompany a custodial sentence as they are often the care givers at home. Nationally, while most children of imprisoned fathers are likely to stay in their own home, only around 5 per cent of children of mothers who are imprisoned and remanded are likely to stay in their own home. This has a significant impact on children, with an estimated 17,000 children affected by maternal imprisonment each year (3).

The Prison Reform Trust highlighted that "Women and girls routinely face multiple, intersecting inequalities and that the criminal justice system is too often the 'hard face' of this injustice" and that the disadvantages faced by women in the criminal justice system are compounded for women from minoritised ethnic backgrounds, who are more than twice as likely to be arrested than white women (3, 6).

Hannah Scott-Brown and Charlotte Cox – Probation Officers (Probation Service Yorkshire and the Humber Region)

Hannah and Charlotte are part of the probation team that works with women in the criminal justice system. They chose to share their story together.

"They share with us what it's like for women who are leaving prison and what this means for their health outcomes. The give us an insight into the struggles faced by women in the criminal justice system and why it is important to talk about this topic."

"It's important to raise awareness of difficult topics and to allow all of the services to get a better understanding of the support and the multi-agency work that we all do together"
- Charlotte

"I think a lot of services, they don't recognise the struggles and the barriers that women who are in the criminal justice do face, [they don't] understand what it is like for our women. [Services need to] just listen to the women's stories and get an idea of being more person centred, [it] doesn't work the same for everyone"- Hannah

"I think it's hard for people outside of sort of those professional organisations to actually understand, but once you actually work with those women, you get the background to their story and you actually see how difficult that a lot of these women live day-to-day or hour to hour. Just trying to make it through the day. We need more of a trauma informed approach. It's really important to talk about these sort of things"
- Charlotte

"[For women leaving prison] if there's someone who hasn't got a good support network, or if their accommodation wasn't brilliant before going into custody, it's really daunting for them. Obviously, it's looking at things like, we need to get accommodation for them, make sure they've got GPs. It's kind of just listening to their stories and making sure that they're feeling heard and that they're still accessing the support and the services that they need to." - Hannah

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"We sort of help them build a foundation for once they're released from custody or even if they weren't in custody, but they were sentenced, we sort of assess what was going on for them at that time. We support with accommodation and housing, mental health and just sort of multi-agency liaison where we can link in with other agencies and really help them take that step in the next direction, because sometimes as well our women don't know where to access things. It's a holistic approach around everything" - Charlotte

"We do have the enforcement side of it, but also for some of the women we are like their only point of contact really, like the only support that they do have. We see them at Together Women, we have like contracts with them where we do probation work there all week and we do appointments there for just the women and it gives them a bit more of a safe space because obviously a lot of women do experience domestic abuse and sometimes their perpetrators are also on probation. It's like a one stop shop because we've got ReNew there as well" - Hannah

"When we are able to break down barriers with the women we support, we are able to change their opinions on working with probation or accessing other services. One woman actually said I'm the first professional that she's felt comfortable with and actually wants to come and see, and I've made her feel like she's able to then open up and work with other professionals" - Hannah

"I think a lot of our women on our caseload that we have worked with that have said 'It's not what I thought with probation' and that's really good because we're sort of breaking down those barriers. I have a lady on my case load who struggles with anxiety [and] managed to make it to the shop, and it's like having somebody to tell, and remind her that "That's actually a really big step for you, well done". So I'd say that them sort of things really stand out when you think about that sort of thing when you do, it's [the] small wins" - Charlotte

"I think if more face to face appointments could be offered for the women, that would be really helpful because then it gives that personal touch as well. Obviously when they haven't got phones or they have got a phone, but it's not charged because they're homeless, it's taking away that barrier a little bit and then it's making it a bit easier for them to access" - Hannah

"I think it's continuing doing what we are all doing, all agencies, working closely together, strong communication. Ensuring that everybody does take that trauma informed approach and understanding each unique situation, rather than it just being one way for everybody" - Charlotte

"Women that have been through the criminal justice system being able to have an input on what their experience was [is important] because we can only take from the experience that they've told us or that we've witnessed. But being that we haven't been through it ourselves, I think it's really important to have advocates for the women who have been in that position previously. So really just growing that lived experience within services I think would be really beneficial" - Charlotte

Key reflections:

> Women who have experienced contact with the criminal justice system require trauma-informed, person-centred care with strong collaborative multi-agency working to have their needs met

Below the surface, find
patterns of places I've
grown.
Know sometimes
ground's unsteady,

unsure where to place
a next step,

and sometimes when
you
try to call me,

my phone is buzzing
on a pawn shop shelf,
unheard.

Another missed call.

Another missed
opportunity.

NOW YOU SEE US:

Shining the spotlight on women's health in Hull

The weight of women's mental load: Mental health

Mental health affects the way we feel, think and how well we can live our lives in the ways we would like to. While the concept of good mental health might mean something different to individuals, good mental health has been described as being "about feeling positive about ourselves and others, being able to form good relationships, and having the resilience to overcome challenges" (1).

Whilst many factors can influence our emotions and mental wellbeing, we know that women experience and express mental distress differently to men and there are also differences in how they seek support and treatment (2).

Women are more likely than men to experience a common mental health problem, such as depression or anxiety. Women are also at an increased risk of experiencing Post-Traumatic Stress Disorder (PTSD), eating disorders and self-harm (3,4,5).

Some of the reasons why women experience mental distress and mental illness differently are due to the impacts of social and life circumstances that they may experience, such as having relatively lower incomes compared to men, caring responsibilities and exposure to violence and abuse (2,6,7). There are also specific factors that can influence mental health at across the life course. Young women and girls also experience higher rates of common mental health disorders and are at a higher risk of self-harm (8,9). Perinatal mental health problems (during pregnancy or within the first year after giving birth) are also common. Having a baby is a life-changing event that comes with lots of different emotions, and for some women, this has a greater impact on their mental health. It is estimated that up to one in five women experience some form of perinatal mental health problem. Many women also experience changes to their emotional wellbeing during the menopause, and for some, this period of life change will have a significant impact on their mental health (10).

It is also important to recognise that women who already experience unfair disadvantages may be disproportionately affected, as factors such as trauma, social exclusion, exposure to violence, migration and poverty may all be related to a woman's risk of having a mental health problem or accessing the support they need (2,6,7).

Work is ongoing in Hull to reflect the importance of mental health and wellbeing with a focus on addressing stigma, building mentally healthy communities and preventative approaches through the strategy 'A Mentally Healthy Hull' (11).

Emma Kemp - Perinatal Mental Health Referral Support Practitioner (Humber Teaching NHS Foundation Trust)

Emma is passionate about perinatal mental health due to her own lived experience of receiving support from services, and now works as the first point of contact for women referred into the service. Emma makes the initial assessment and ensures women receive the appropriate support to meet their needs. Emma talks about her own experiences, the significant biological changes that impact on women's wellbeing and how women often carry a significant 'mental load':

"I think it's really important that you talk about women's mental health, because I think that women aren't as well represented. As women, we have so many challenges that naturally occur within our bodies. Pregnancy, menopause, those kinds of things ultimately impact [on] mental health.

My eldest is 13, nearly 14. After having him, I had postnatal depression. Nothing where it impacted my functioning, and I was able to return to work, but I did experience that, and I did go to the GP. I was prescribed antidepressants at that point. Then I had my second son in 2014 and following him I was significantly unwell. At that point I had a lot of service involvement from crisis, and I was then referred to the Perinatal mental health team. So I came across them and what they do, while I was unwell. They made such an impact on my life personally. I would often find myself talking about my journey; how I felt very supported and very heard. I'd describe it as a life changing experience in the sense that it was a recognition of just how poorly I was. Most people think pregnancy is a joyous time, where for me, it wasn't a very nice journey at all. So, to have somebody there that actually was hearing you and not responding negatively to the fact that you're sat there saying I've got thoughts to take mine and my children's lives, I just thought, it takes a special person to sit and listen to that and support.

Work needs to be done for access to health care for women. I think it's about finding women with passion in healthcare to help sort of advocate and push this work and pioneer through things so that women don't feel like they're suffering in silence. There needs to be fully functioning systems and funding there to keep them functioning. [We need to] listen to the women and hear what they have to say. I appreciate there's certain targets that they need us to meet for various things, but we need to stop making everybody a target and a number and actually see them for the person that they are, and what works for one doesn't work for everybody. [There should be] fairness - for everyone to feel that their treatment is going to be just as warranted as the next person's treatment, regardless of their backgrounds, where they live, where they're receiving the treatment.

It needs to be acknowledged that biologically you go through things that men do not go through, that impact you. Women hold so much more responsibility than men. We are the ones that biologically carry a child. We're the ones that take on the mental load when children are present in our lives, as well as trying to work and function in the home capacity. I just think it's no wonder women don't speak about their mental health as often as they should, because it's seen as you are being weak, you can't cope with the roles that in society should have you play in, but you carry so much silent load that nobody sees."

Key reflections:

> There should be greater recognition of women's unique experiences of mental health and equity in access to mental health support and treatment

> There needs to be a whole system preventative approach so that all organisations within the system can contribute to promoting mental wellbeing

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Shining the spotlight on women's health in Hull

I've got difficult things
to say, and I don't know how.
Something's gone wrong

that's outside my control.
I'm caught between places,
trapped between roles.

Can't see the way forward.
I need a pathway out of this.

The right environment to thrive: Substance use

While harmful use of drugs and alcohol is more common amongst men, women are more likely to use substances as a result of trauma or abuse, are more likely to use substances due to the influence of a partner and are more likely to have co-occurring mental health problems (1). Women experiencing the impacts of drug and alcohol use are also more likely to have a history of trauma, violence or abuse. They will often experience the impacts of exclusion, multiple unmet needs and trauma including violence, abuse, sex work, poverty, and mental ill-health (1,2,3).

Women using drugs and alcohol often feel stigmatised and shamed when seeking support from professional services (1,2). The stigma and greater social consequences faced by women can result in women being reluctant to seek help in fear of negative judgement from professions and services (1,2). Women with children may also have fears of their children being removed, with research demonstrating that mothers who use drugs and alcohol are six times more likely to have children removed from their care compared to fathers (4,5). These gender inequalities have significant impacts on the mental health of mothers, with removal of children being a traumatic experience that can result in women experiencing grief, shame and deterioration in their mental health (4,5).

In addition to stigma being a significant barrier in accessing services, there is also evidence that nationally, existing services do not always meet the needs of women. Some mixed gender treatment services have left women feeling unsafe, targeted by male service users or even at risk of being coerced into sex work (1). Women. who use drugs and alcohol also face increased risk of some physical health conditions, including breast cancer, ovulation and menstrual difficulties, early menopause and fertility issues (4).

Diane Hilton - Service manager (ReNew Drug and Alcohol Services)

Diane's journey of working with women started over 30 years ago when she was inspired after working in a female only prison. Prior to that she worked in community and residential services which were mixed provisions.

She shares her experiences of seeing women support each other, how women can be overlooked and the importance of having the right environment.

"I worked in a female only prison and it really highlighted for me the difficulties for women in [drug and alcohol] treatment. We know they don't want to come into [ReNew treatment services] [and] sometimes put their head above the parapet for the fear of losing their children. I think working within an only female environment really gave me that insight into what affects women, their role within substance misuse and partners in domestic abuse. It really opened my eyes to the needs of women.

Women have always been the minority within services with systems and services heavily populated with males, which takes away from

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women's needs. Women are marginalised and their voices can easily get lost or their needs can get missed within those systems. I think for me that's why it's really important to understand and look at their needs differently and separately. Women need more bespoke services with a trauma informed approach.

I did a study many years ago, and that was around women in residentials, and it was about 90 per cent of those women had some form of sexual abuse in their journey, whether that was childhood or in adulthood. [The] care system was also up there. Removal of children, which is bereavement and trauma in itself.

I have found that in working with women in very male-oriented environments, women tend to be very competitive with each other because there is a male dominance. My experience working in the female only prison in drug recovery is that women were very supportive of each other. More so than you see within community or residential settings. I think female-only environments give women a space to allow them to relate to each other. Everyone's story is unique, but they have a shared understanding, and they can empathise and be compassionate to each other.

Providing a safe environment for women enables them to thrive. ReNew has a women's only group that is facilitated by a woman that got well within the system and now supports other women. It's a space that's not male influenced and it's a space where women can just come together and talk about what it's like to be a woman going through addiction, go through that journey. There isn't a judgement around. I think that's really empowering and supports self-esteem.

A significant barrier for women experiencing substance misuse or impacting on them accessing treatment is the fear of children being removed. There is more stigma attached to a mother using substances than men, but using substance doesn't necessarily mean you are a bad mother. I think women are stigmatised through that fear of losing their children. [For] women that have their children removed, it's a bereavement for them, I don't think systems look at that, the trauma is huge. I think the blockage is where that care and compassion and support for that woman through that process. The focus is on the child, as it should be, but equally the focus should also be on the women.

In society, women are judged and there is a stereotype of what a woman should be, a mother and a carer. She's the person that should be keeping it all together. She should be the female role model for these children, and I think women have a harder hill to climb because of some of that stigma.

Decision-makers can make a difference to help empower women though listening to them and not just using survey but having conversations with them. This needs to be done in a safe environment to allow them to open up.

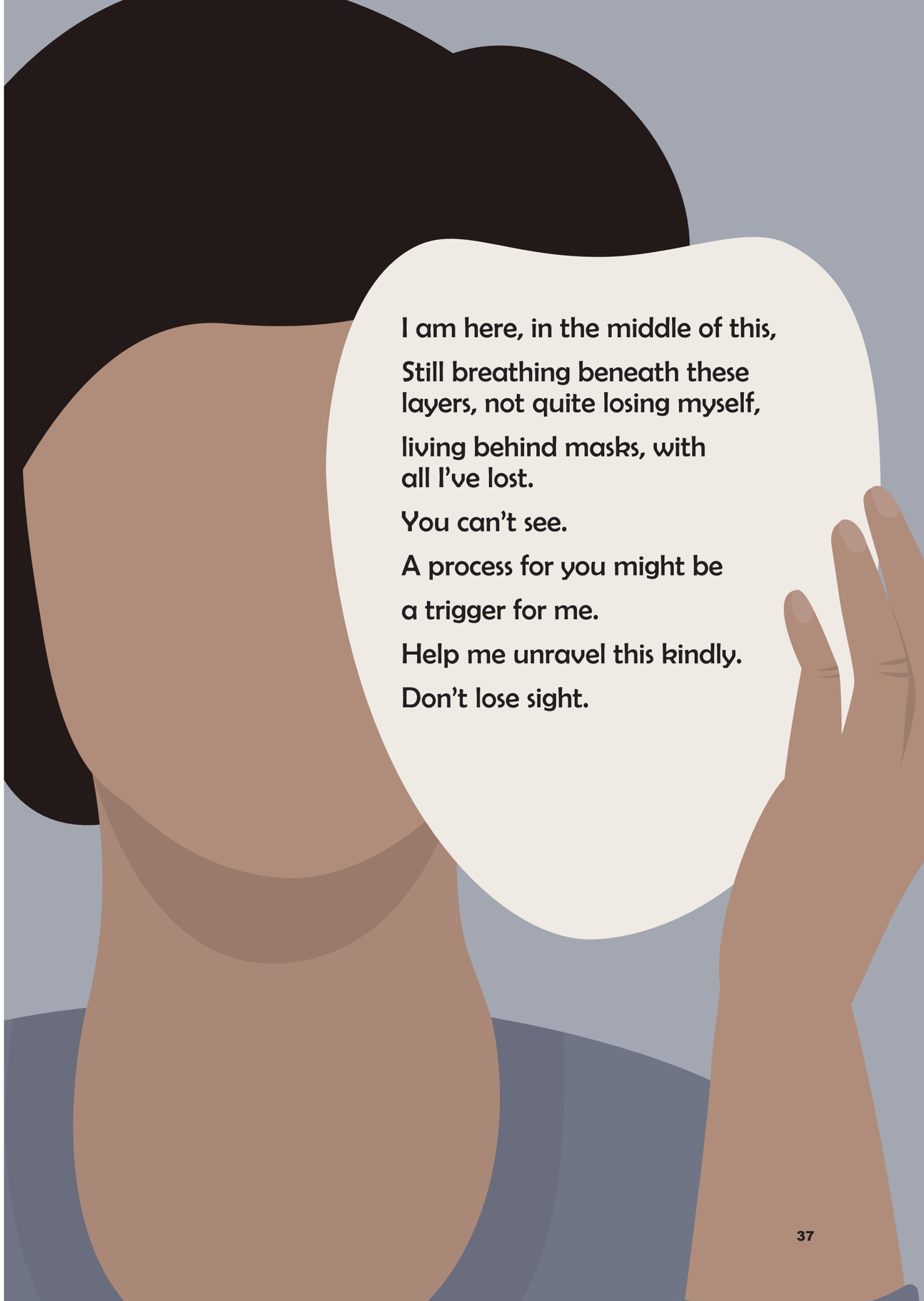
Be real and ask women, have those conversations, then go away and really be honest and reflect on your own service, because if you're getting it wrong, that's fine. But take on that learning. Given the right environment, tools and therapeutic resources women can progress quick in their journey. If they've got the right opportunities, the right environments to thrive, they will.

Working with women is extremely rewarding, listening to them and listening to their life experiences and then watching them grow. Just giving them the opportunities to achieve their full potential."

Key reflections

> Services should recognise the need for female-specific environments to ensure women have a safe and supportive space that meets their needs

> The impact of trauma needs to recognised within services, with consistent trauma informed approaches to women requiring support with substance use.



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Not keeping up: Financial Inclusion

Women are at a higher risk of financial insecurity, which has been exacerbated by the current cost of living crisis. Women are particularly vulnerable to the effects of this, as they are more likely to be paid less than male colleagues, more likely to work reduced hours or on zero-hour contracts and they are more likely to having caring responsibilities (often in unpaid caring roles) (1-3). They are also more likely to go without food and other necessities themselves in order to provide for their children (2). There is also evidence that the difficulties women face when applying for universal credit were a significant driver of women turning to sex work (4).

Financial insecurity can be exacerbated by deprivation, which is important in the local context, as Hull is the fourth most deprived local authority in England (5). In addition, whilst women face gender-specific challenges around financial insecurity, particular groups such as one-parent households, asylum seekers, women experiencing domestic abuse, women with no recourse to public funds and women who have disabilities, have been disproportionally affected by the cost of living crisis (2,3, 6). There is also evidence of gender inequalities in later life relating to women's ability to save for retirement. There are high levels of income inequality between men and women in retirement, with women having incomes 40.5 per cent lower than men's during retirement (7). This has a significant impact, with women accounting for 70 per cent of the 1.7 million people who are financially struggling in retirement (8).

Evidence presented by the Government Equalities Office suggests that fairness in opportunities has a positive impact for everyone. Companies that have greater gender diversity within their executive team were more likely to experience above-average profitability than those with the least gender diversity (8). In addition, "reducing gender gaps in labour market participation, Science, Technology, Engineering and Maths (STEM) qualifications and wages, could increase the size of the UK economy by around £55 billion by 2030" (8).

Pippa Robson - Deputy Chief Officer (Forum) and Gill Hughes Senior Lecturer in Youth Work and Community Development (University of Hull)

Pippa and Gill have been involved with Hull's Poverty Truth Commission over the two-year-long journey. Pippa's role has been to facilitate the Commission in a collaborative process and Gill is conducting an independent academic review along with Juan-Pablo Winter.

Pippa and Gill reflect on the issues faced by the women engaging in Hull's Poverty Truth Commission and other programmes, and what they feel would make a difference to women experiencing poverty and financial insecurity:

"Hull's Poverty Truth Commission (HPTC) used a model that focused on building trusted relationships between people who have experienced poverty (community commissioners) and people who are in roles that could address poverty and its many issues (civic commissioners). The process was creatively facilitated so that everyone who took part could tell their stories and be listened to. It took an approach of curiosity, sharing wisdom and building empathy, which enabled lasting relationships and difficult conversations to happen. The HPTC produced evidence from people who testified to the importance of working more collaboratively to be effective and impactful, to shift power, agree joint solutions and change cultures. The overall hope is for systems to work in ways that reduce poverty and financial insecurity.

In Hull's Poverty Truth Commission, the majority of the community commissioners were women whose experiences of poverty involved many inter-linking factors:

> Impact of domestic violence, coercive control and having to 'leave with nothing'

> Caring responsibilities for both young and adult offspring

> In-work poverty and lack of eligibility for benefits

> Feeling more pressure to sort things like childcare costs and school uniforms - particularly for single parents

> Women being less likely to be able to work full time due to childcare

> Accessing services being time consuming and costly, such as waiting on phone lines or having to travel across the city to get support.

The Poverty Truth Commission also explored the complexities around poor mental health, which can create poverty as well as making it worse. Participants spoke about the impact on their mental health of receiving bills they could not pay, of staying in the house to escape debt collectors and of knowing their children were 'missing out'. The impact of services that are not accessible to provide support when people have specific issues can place them in situations of financial insecurity and without access to employment.

Other projects in Hull, including the council's multi-agency Changing Futures programme and the Violence Against Women and Girls work, highlight issues such as women's hidden homelessness, and poverty creating situations where women return to unsuitable accommodation or abusers because they are more fearful of being subjected to assault when they are homeless. The impacts of forced migration and modern slavery are also experienced by women in the city, who may be working in unsafe conditions with no access to information about their rights.

So what needs to change? Hull is working towards becoming a trauma informed city. Part of that means ensuring services take time to engage in deep listening to understand the situations that women experience and committing to valuing the voices of those with lived experience. It means involving women in the development of solutions to ensure they are empowered rather than powerless. Strong collaboration and partnership working between agencies and sectors is needed to ensure improved support for women who have experienced violence and sexual violence, coercive control, sex workers and those with addictions. Through the Poverty Truth Commission approach, we will explore a poverty proofing tool that will enable organisations to self-assess or be part of projects that identify issues that exacerbate poverty.

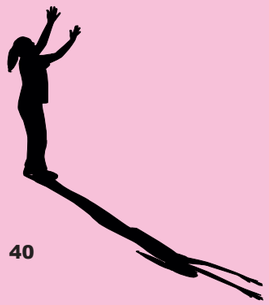
A tangible output from Hull's Poverty Truth Commission was the development of a community services and information booklet, which was created in response to community commissioners identifying a lack of advice around poverty and a frustration that everything was 'digital'. The booklet is now on its fourth reprint and there are hundreds of copies available in settings across Hull."

Key reflections:

> Significant commitment needs to be made to tackle financial inequalities for women at all stages of life

> There needs to be greater recognition of the groups of women who face significant, compounded disadvantage leading to greater risk of financial instability and poverty.

What is the interest on imbalance?
On a shortfall, a life long, you didn't create?
Every knock has a knock-on effect,
a spiral, a crisis. What is the interest
on not keeping up, when food's a transaction,
heat's a transaction, clothes – a transaction?
What are the penalties, then,
for insufficient funds?



Section 5:
Summary and Recommendations

You will have noticed that each section of the report concludes with key reflections. I have used this text, along with key messages from the stories we have heard, to enable me to consider a final summary and recommendations for this year's report.

1. "… it's really important to understand and look at [women's] needs differently and separately"

We need to challenge the data bias issues that are specific to women. For far too long our data bias towards men gives a skewed view of the issues, which can otherwise it can hide differences in experiences and outcomes. There is a need for gender-specific data in order for us to have better understanding of women's health needs.

2. "…they're maybe not known to social care and they're not known to anyone, so they're quite hidden"

We need to address the gaps in data relating to inclusion groups – these groups are already disadvantaged and the data gap means we are less able to design and provide the best services and support with and for them. Gaps in data for women experiencing disadvantage and exclusion are a symptom of the data bias issues set out above.

3. "[There should be] fairness - for everyone to feel that their treatment is going to be just as warranted as the next person's treatment, despite their backgrounds, despite where they live"

We should continue to acknowledge and challenge the stark inequalities faced by certain groups of women, including women from minoritised ethnic backgrounds, and work to understand and address the differences in health outcomes through improved continuity of care and peer support.

4. "My doula was amazing support and gave me the strength and courage to do it"

The role of peer support for women going through the life changing journey of becoming a parent cannot be understated, with continued recognition of the positive impact of these roles for women in Hull

5. "We need more of a trauma informed approach."

Hull City Council and our partners need to recognise the importance of a trauma-informed approach across all our services, and continue to progress work towards Hull becoming a trauma informed city.

6. "…undiagnosed special educational needs or trauma is a barrier because it's often mistaken for bad behaviour but actually, it is trauma or neurodiversity"

We need to work collectively to strengthen existing partnership working and develop a whole system trauma informed and equitable approach to women and girls' mental health, wellbeing and neurodiversity.

7. "[We need to] listen to the women and hear what they have to say."

Services should recognise the importance of hearing the voices of women, and understanding how services can better meet their needs. There should be a commitment across the system to valuing the input and experiences of those with lived experience and work to increase the opportunities for co-production.

8. "We need to be more loving and caring and not so judgmental and all that needs to change. A little bit more love in life - I think that's important."

Ensure services and programmes, such as Women's Health Hubs, strive to adopt a compassionate, person-centered approach to all service users, and work to challenge false assumptions and tackle stigma.

The Women Living Well Longer programme is designed to deliver integrated health, care and wellbeing services closer to home and in communities and is crucial to inspire inclusion for women and girls across our region, ensuring their voices are heard and their health needs met.

NOW YOU SEE US:

Shining the spotlight on women's health in Hull

We are working, weaving, pulling together.
Words and ideas, threads, stories and links,

and when you call to say you just left the house on your own today – first time; this small thing,

then I think, for a while, we can shift the flow of a whole river person by person, standing knee-deep in water, creating diversions.

But what if, instead,
we could stop falling in?

Using the statistical software package 'R', we have created a 'word cloud' showing the most commonly used single words contained within this report. Some slight adjustments were made to single words prior to running the report through 'R'. We substituted synonyms for a single word (for example, we replaced girl, girl's, female and woman with women, and replaced accommodation and home with 'housing'). We also combined single phrases into a single hyphenated word so the phrase remained together (for example, replacing unpaid care with unpaid-care and replacing sex work with sex-work). The words are in size order of the number of times they have been mentioned within the report.

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