



Let's hear it for women's health and wellbeing

Health Inequalities

healthwatch
Kirklees & Calderdale

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Summary

Women aged 16+ and those identifying as female

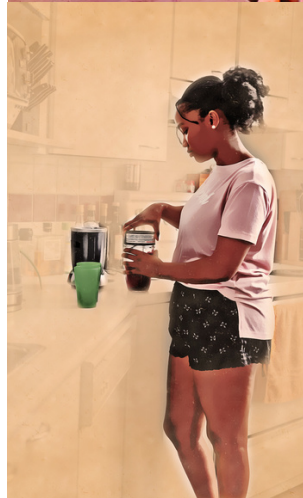
Let's hear it from

you...

"Women's health is more than just our reproductive organs and menopause. When people talk to me about my health and wellbeing, I want to be seen as a whole person, looking at all aspects of my life."

At Healthwatch Kirklees and Healthwatch Calderdale, we wanted to find out what women in our community are currently doing to look after their health and wellbeing and how confident they feel doing so. We invited women to talk to us about how they manage their health and what barriers they face. We provided a welcoming and safe platform for them to share their ideas about how women look after themselves.

During October and November 2023, we heard from 665 women aged 16+, from all walks of life and ethnic backgrounds, and from every postcode area in Kirklees and Calderdale.



Financial situation

There is a clear link between how women rate their health and financial situation. Of the women who told us they don't have enough money for necessities and often run out of money, 61% rated their health as very or quite poor, and only 2% rated their health as very good. Compared to women who have more than enough money for necessities and a lot to spare, 70% of this group told us their health was reasonably or very good and only 3% rate their health as very poor.

Q. How would you describe the state of your current health?



The graph above shows the relation between women's financial status and how they view their health.

"I have a low-paid job and am supported by Universal Credit, so I buy the cheaper foods." (Calderdale, age 35-49)

"I felt I struggled to lose weight, I didn't have any advice or support and had to figure it out myself. I don't have lots of spare money, so couldn't afford monthly gym memberships." (Calderdale, age 25-34)

"I work two jobs, and eating healthy is more expensive and time-consuming than eating unhealthy." (Location & age not given)

"Free slimming world classes - had the free 12 weeks, and now no longer able to afford to go, without support, I am gaining weight again." (Kirklees, age 50-64)

"Affordable access to all community gyms/pools - not all working people can afford costly gym memberships." (Kirklees, no age given)

"I can not afford to change my lifestyle myself. I had no money for a gym and relied on food parcels from the kids' school for a while, so I couldn't pick healthy food. We appreciated what we were given. (Calderdale, age 35-49)

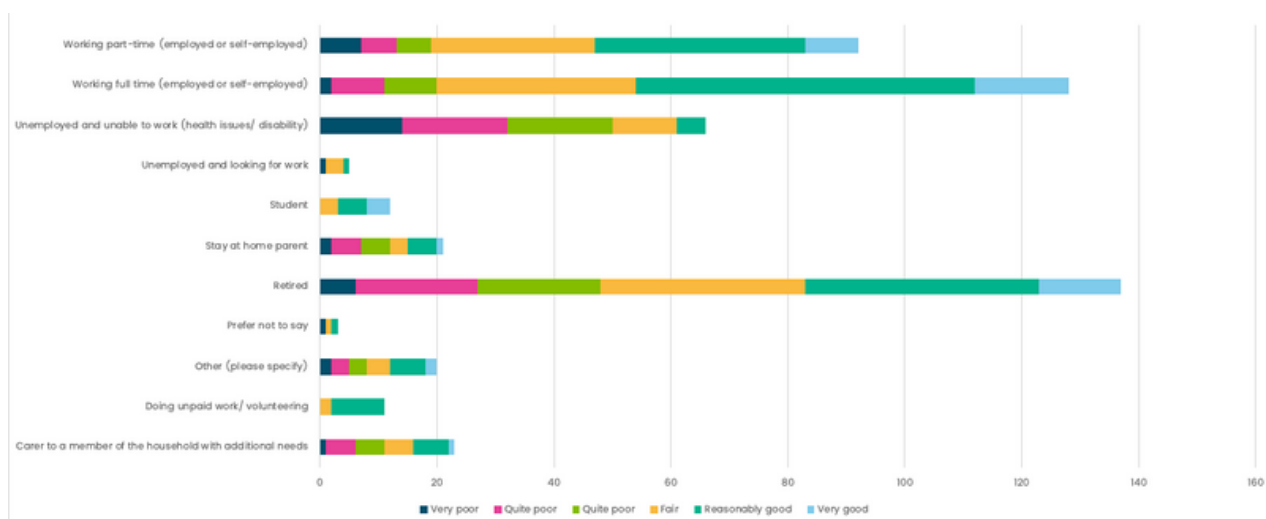
Employment status

Healthwatch spoke to 220 working women, 71 unemployed women, 137 retired women, 23 carers, 12 students and 21 stay-at-home mothers.

45% of full-time working women rated their health as reasonably good compared to unemployed women who cannot work, with only 8% (of this group) rating their health as reasonably good.

Some women also told us they find it difficult to get time off from work to get to medical appointments for themselves or their dependents.

Q. How would you describe the current state of your health?



This graph shows how women in different employment situations describe the state of their health.

“Getting to appointments in work time, I work in a school and feel judged when I ask for time off for appointments for me/my children.” (Calderdale, age 35-49)

“I [need] more evening and weekend groups for workers, more access to doctor and nurses on an evening and weekend as NHS 111 and walk-in centres very busy during these times.” (Kirklees, no age given)



Women with a caring role

We spoke to 23 women who identified themselves as carers, and over 200 women told us they were involved in looking after/managing someone else's health, such as their children.

Many women highlighted the physical and mental toll of their caring responsibilities. From lack of sleep to neglecting their health, the burden of caring negatively affects their overall wellbeing.

"It is both physically and mentally exhausting, especially when I already have a long-term condition affecting my energy levels."
(Kirklees, age 25-34)

"My health and wellbeing take a back seat because I am always busy sorting someone else out first, and then I am often too exhausted to do anything for myself." (Location not given, age 35-49)

"I'm ill and believe that's due to lack of sleep but also fighting for my son against the local council for the support I should be given."
(Kirklees, age 35-49)

"My needs always come last. This is something I'm aware of and constantly battle to try to balance, but trying to fit in exercise when I'm filling in urgent forms/attending meetings/shopping, etc, is impossible. The evenings come, and I just feel relieved that I can sit down." (Kirklees, age 50 -64)

From the responses, we can see that many women providing support to someone else face challenges such as stress, anxiety, lack of time for self-care, and physical exhaustion.

'When I was caring for my mum and dad, both with dementia, it was extremely challenging and left me with no time to look after myself. I would skip sleep and meals to put their needs first." (Kirklees, age 50 -64)

"She [cared for person] comes first all the time. I would love some respite."
(Calderdale, age 25-34)

Some carers emphasised the importance of quick access to information, especially related to their children's health. Improving communication channels with healthcare providers, offering informative resources, or providing guidance on accessing timely information could be helpful.

Minority ethnic women

Women who indicated that their ethnicity as 'black' were more likely to talk about diet as a way of looking after their health.

Respondents from mixed ethnicities were more likely to talk about avoiding substance abuse.

White women were the most likely to talk about hobbies and groups to look after their health, whilst Asian women were most likely to indicate that self-care was important in looking after their health.

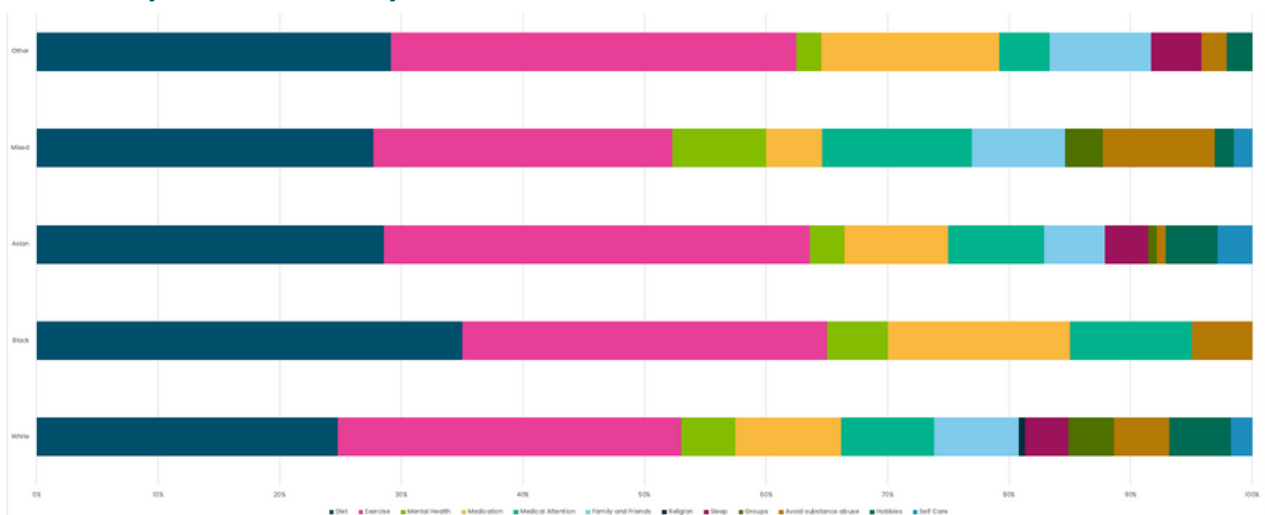
When we asked women, 'What do you do if you experience a barrier to getting the care or support you need?', we found variations in how different ethnicities cope with barriers to healthcare services.

Asian ethnicities were more likely to give feedback about barriers to services.

Women from black ethnicities were the most patient and would wait if they experienced barriers.

White ethnicities were most likely to give up if they experienced a barrier to accessing care and support.

Q. What do you do to look after your own health?



This graph shows what women of different ethnicities do to look after their health.

Mothers from different minority ethnic groups

Most mothers told us they prioritise their children's health over their own time and needs, particularly new mums and those with young children. They rely on help from others in the family to help meet their own needs. However, in some communities, this presented further issues.

In the Asian community, some new mums found asking their mothers and mothers-in-law for help with meal preparation and weight management a challenge.

"I'm trying to educate my mother-in-law to cook healthier foods for me and the family but can't complain as she helps me out with all the cooking and food shopping." (Kirklees, age 35-49)

"After I had my children, I wanted to lose some weight and asked my mother-in-law if she could watch the children for me so I could go to an all-women gym class local to me. She is very traditional and made me feel like I was putting myself first before the needs of the children and so I stopped going and I continued to gain weight. Four years later, my health is quite poor, and I have been recently told I am pre-diabetic and need to make drastic changes. My kids are in school now, so I have more time for myself, but I now have a much bigger hill to climb." (Kirklees, age 35-49)

"My mother-in-law cooks most of our meals at home as we live with them, which are very heavy. I don't even think she knows what a calorie is, never mind how many we should be having, so it's hard when someone else is in control of most of your diet." (Kirklees, age 35-49)

"I am trying to educate my mother-in-law about healthy eating. She is very traditional, so something aimed at her age group and culture to provide education on a healthy, balanced diet." (Kirklees, age 35-49)

*Most Mums
prioritise their
children's health*



Disabled women and women with impairments or long term conditions

We spoke to 337 disabled women and women living with an impairment or long-term condition.

They told us the biggest barrier to their health was their condition, and the most important way their health and wellbeing could be improved is by having easier access to medical attention.

“The side effects of my condition and medication mean I can struggle to sleep at night and find it hard to wake myself up in the morning. So when I need to ring the GP at 8am to get an appointment, it’s impossible. When I call later, they tell me to ring tomorrow or go online, which I can’t do. Don’t consider my situation.” (Kirklees, age 80+)

Those with a disability, particularly a learning difficulty told us that recent closures of leisure facilities in Kirklees have had an impact on how they are able to manage their health.

“I used to go swimming, but since they closed Batley baths, I haven’t been swimming. I have a learning difficulty and autism, so I don’t like to go places that I don’t know. I used to know how to get to the pool and back on my own, but now I’d have to get on two different buses and walk to another pool so I don’t bother.” (Kirklees, age 35-49)

Women living with an impairment need easier access to medical attention.

Disabled women said they often felt let down when communication failed or was poor between their GP practice and hospital services.

“I was diagnosed with COPD and heart failure 2 years ago; I have only been seen by the respiratory consultant once since. I was told I would be monitored and reviewed regularly, but I’ve not heard from the hospital in 11 months. I have asked my GP about it, but he says it has nothing to do with them, and I need to speak to my specialist.” (Kirklees, age 65-79)

“I was recently in hospital, whilst I was there they told me they had picked up an abnormality with my heart and they would write to my GP. 6 weeks later, I had not heard anything from my GP.” (Kirklees, age 65-79)

“I have several health needs and am seen under neurology, pain management and gynaecology, also my GP. There is no joined-up system where all those departments work in unison; it is piecemeal, and I am the one managing it, trying to pull the strings together. Chasing it up when one contradicts the other.” (Calderdale, age 50-64)

“I’m the one managing it, trying to pull all the strings together!”



LGBTQ+ women

64% of LGBTQ+ women prioritise their mental health as much as their physical health (compared to 53% of all women who gave their views).

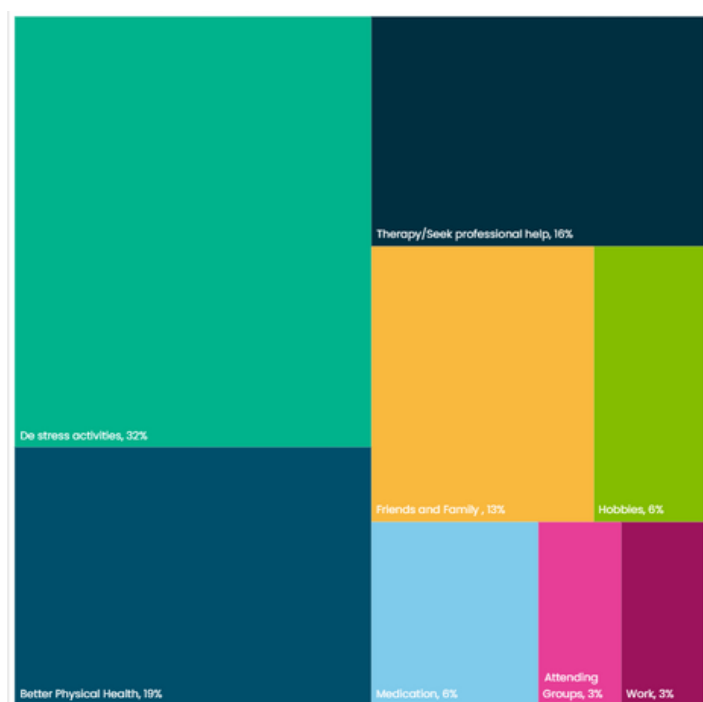
Interestingly, only 3% of LGBTQ+ women mentioned attending groups to support their mental health, turning to self-care or support from family and friends instead. However, 16% said they access therapy or professional help (compared to 9% of all women we spoke to).

“I am proactive about mental health care, try to exercise, take time out and such” (Calderdale, age 50-64)

“I seek support from family and friends, exercise and do things to relax me, including yoga, walking and getting enough sleep. I also communicate to my work when I feel I might need more support and access workplace support services.” (Kirklees, age 35-49)

“I use mindfulness apps, talking therapies, meditation, exercise, and be social.” (Calderdale, age 35-49)

Q. What if if anything do you do to look after your mental health? LGBTQ+



This graph shows what women from the LGBTQ+ community do to look after their mental health.

What would help women to look after their own health and wellbeing

1.

Affordable ways to stay healthy **for all**

- Affordable access to community gyms.
- Improved information about walking groups and free or low-cost services like slimming classes.
- More practical solutions like reduced-priced medicine, cheaper healthy food options, and financial support for lifestyle changes.

2.

Accessible, out-of-hours healthcare services **for women of working age**

- Drop-in information and advice sessions in the evenings or at weekends
- Better access to health care services in the evenings or at weekends, including NHS 111 and walk-in centres. This could include live chat or video appointments.
- A 'hub of support' for families, including GP, dentist, and activities.
- Talking to a real person is important for those who can't use the internet.

3.

Carers want opportunities for a break and easier access to support and information.

- Better access to respite care so that carers can have a break to do something for themselves, which helps to keep them well so that they can continue to provide care for others.
- More timely access to appointments and information for parents/carers.

"I would skip meals to put their needs first!"
(Carer)



What would help women to look after their own health and wellbeing

- 4.** **Disabled women** would like to see better communication between services
- GP services being able to liaise directly with services such as housing when it's clear that poor accommodation is having a negative impact on someone's health and wellbeing.
 - Better coordination of care provided by GP services and hospital services, particularly regarding regularly reviewing someone's condition and following up referrals.

- 5.** **Minority ethnic women**
- Access to an NHS dentist
 - Information about and access to affordable exercise classes, walking groups and swimming sessions. Some would like more female-only sessions.

- 6.** **LGBTQ+ women** would like better access to services and a better quality of care
- Improved access to GP services, being able to access in a timely way.
 - Better quality of care from GP services, not having symptoms dismissed and not feeling judged.
 - More mental health support.

"I'm proactive about mental health."



Next steps

Healthwatch will share this information with service providers and commissioners (the people who buy services in Kirklees and Calderdale). We'll ask them how they can improve the services for women, empowering them to take care of their health and wellbeing, whether they're just starting or continuing their health journey.

To learn more about our engagement with women, you can see our reports on mental health and local findings in Kirklees and Calderdale on our website.

Please note not all respondents answer the demographic questions



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