

THE HEALTH AND WELLBEING OF WOMEN IN PLYMOUTH

Director of Public Health
Annual Report 2025



Foreword

Women in the UK on average live longer than men, although women spend a significantly greater proportion of their lives in ill health and disability when compared with men.

In the previous Director of Public Health annual report, women in Plymouth were highlighted to have one of the worst healthy life expectancies – an estimate of the years spent in good health- when compared to women in similar areas, despite having the highest-ranking overall life expectancy.

It is of great concern that women in Plymouth are spending a greater amount of time in poor health.

In this report, although we look in detail at the exact illnesses that people develop, the reasons for women in Plymouth having more years in poor health is likely to be complex, and made up of many factors.

Good health is about far more than our access to healthcare, and is linked to factors that we refer to as 'the wider determinants of health'; where we live, how much income we have, how easy it is to access green spaces, whether we feel safe and seen in our communities and many other factors.

In my first Annual Report as the Director of Public Health for Plymouth, I wanted to explore some of the factors that could be important, and to understand some of the experiences of women living in Plymouth.

Thrive Plymouth is the city's approach to tackling health inequalities and supporting the holistic wellbeing of residents, led by Plymouth City Council. It was re-launched in November 2024 with a framework built upon four petals: Healthy Body, Healthy Mind, Healthy Places, and Healthy Communities. This report is framed around the four petals and acknowledges that the wellbeing of women and girls is much broader than more traditional aspects of women's health such as pregnancy and reproductive health, which do not predominantly feature.

This report has been informed by a combination of routinely collected data, alongside local feedback and insight. Quite a lot of routinely collected, population level data does not differentiate men and women; in fact, much of our understanding of diseases and treatments has been based on studies on males, and

as such there is a general lack of sex specific data concerning women and their outcomes. Given these challenges, local organisations have been sharing their ideas on what keeps women healthy in Plymouth and what might get in the way of women keeping healthy in Plymouth. Most importantly, they have also been able to gather and share the experiences and stories of Plymouth women, with a particular emphasis on those women often who are underrepresented or hidden.

Through this report, I hope to challenge each one of us to consider what more could be done to work together to improve the wellbeing of girls and women, and through that to lead to a reduction in the number of women struggling with poor health at an early age.

It is with special thanks that I acknowledge the 27 women who contributed to the Listening Circles facilitated by the Changing Futures Peer Research Team at Improving Lives Plymouth.

Professor Steve Maddern

Director of Public Health, Plymouth

For the purpose of this report, the term woman is used to refer to the health of people who were registered as female on their birth certificate; this may include trans men and some non-binary people.

Introduction

When women and girls in Plymouth have **healthy bodies**, they will grow up and age well, enabling a better and longer quality of life. The concept of a 'healthy body' for the purpose of this report focuses on:

- Women and girls' lifestyle
- Cancer screening, and vaccination
- Gender specific conditions, impacting on women and girls

Having a **healthy mind** is profoundly important for women and girls in Plymouth as it directly impacts their overall quality of life, resilience, and ability to thrive across all aspects of their lives. The concept of a 'healthy mind' for the purpose of this report focuses on:

- The mental health of women and girls
- The impact of violence on women and girls
- The impact of mental health on women experiencing multiple disadvantage

When women and girls in Plymouth have access

to **healthy places**, they live in environments and circumstances that are supportive of health, and they have the access to the resources and services they need to thrive throughout their lives. The concept of healthy places for the purpose of this report focuses on:

- The impact of living in a coastal community
- Access to money and resources
- The importance of creating safe physical spaces.

A core principle of Thrive Plymouth is to be human-centred and trauma-informed, putting the voice of people and their lived experience at the centre of work that takes place. The concept of **healthy communities** for the purposes of this report therefore focusses on ensuring that the voices of Plymouth's women are heard through the stories and experiences of:

- Women veterans
- Women with learning disabilities
- Women with long-term health conditions who have experienced multiple disadvantage.



The health of Plymouth women: key facts

134,784
women live
in Plymouth.

1 in 10
women
are from a
minoritised
ethnic group.

One in five women in
Plymouth (**23.4%**) are
considered 'disabled under the
Equality Act' (**31,885 women
and girls**). This is significantly
higher than the England average
of **18.7%**.

Women in Plymouth can
only expect to live **67.6%**
of their lives in 'good health'.
This compares to the England
average of **74.5%**.

The number of years spent
in good health from birth has
reduced in recent years for
women in Plymouth. Between
2016-2018 and 2021-2023
women in Plymouth have lost
5.5 years spent in good health,
going from being very similar to
the England average to below.

The average life expectancy
for a woman living in
Plymouth is **82.4 years**
(for England as a whole, it is
83.1).

The average healthy life
expectancy for a woman
living in Plymouth **55.7
years** (for England as a
whole, it is 61.9).

This means that, compared
to the average across
the country, a woman in
Plymouth might expect to
live almost as long, but to
have around six years less of
their life in good health.

Women in Plymouth have
a **longer life expectancy**
than men in Plymouth, but
they are more likely to **live
longer in poor health**.

36,000 Plymouth women
are likely to be subjected
to at least one form of
harassment in a year.

In 2023, **157** Plymouth women aged
under-75 years died from causes
considered preventable. This equates
to **13** women each month.

The top three causes of Years Lived
with Disability for Plymouth women
are:

- lower back pain,
- major depression, and
- migraine.

The top three causes of death for
Plymouth women are:

- cancer,
- dementia, and
- chronic lower respiratory disease.

The three-year cancer mortality rate
for women in Plymouth is **232 per
100,000**, which is significantly worse
than the national average of **211 per
100,000**.

2,321 Plymouth women aged 65
and over are estimated to have
dementia.

80% of women employed in
Plymouth **earn less than**
the national median pay of
£38,000. They have a **50:50**
chance of being able to afford
only the very basics

Plymouth has a higher-than-
average gender pay gap.
19.5% compared to **18.9%**

The top three risk
factors making the largest
contribution to deaths in
Plymouth women are:

- high blood pressure,
- smoking, and
- high fasting plasma glucose.

1,330 young women in
Plymouth are not in work or
education compared to 1055
young men.

Taking a Thrive Plymouth approach

In this section we take a closer look into the factors that can impact on women's health and wellbeing in Plymouth.

HEALTHY BODY

Women and girls' lifestyle

Factors to do with lifestyle can profoundly effect women and girls' risk of developing chronic conditions, impacting her future health and life expectancy. Risk factors include smoking, poor diet, excess alcohol and physical inactivity. It is important to realise that these risk factors are often strongly influenced by factors that are not within our control, and they are not simply 'choices'.

Smoking

- **15.7 %** of women in Plymouth smoke, compared to **9.9%** of women in England.

Diet

- Nationally, although the prevalence of overweight (including obesity) in adults is higher among men (69.7%) than women (59.2%), the

Access to good quality fresh food gets in the way of women having a healthy body. Lots of deprived areas are not well served, relying on convenience stores. Thrive Plymouth Network Member

prevalence of obesity in adults is higher among women (26.9%) than men (26.2%).

- **Evidence suggests** both that food insecurity leads to poor health and that poor health precipitates food insecurity. This is particularly relevant for women who are more likely to have overweight or obesity in relation to being food insecure.
- Only **30.8%** of adults in Plymouth eat the recommended '5-a-day' (similar to England – 31.3%),
- Only **14%** girls in Plymouth report that they eat the recommended 'five-a-day', almost one quarter (**24%**) reported that they had nothing to eat or drink before lessons that morning

Alcohol

- **Nationally**, young women aged 16 to 24 years are more likely to have 'drunk alcohol on five or more days in the past week' than young men (7% vs 3%).
- In Plymouth, **nearly half** of girls who had drunk alcohol in the last seven days reported being drunk the previous weekend compared to **one in three** boys.

- Women in Plymouth are also more likely to be impacted by indirect harms of male alcohol consumption. An **analysis** of domestic homicide reviews found that reports of alcohol-related assaults involving partners or ex-partners were significantly higher for women (20%) than men (2%).
- Young women and girls in Plymouth feel that violence is often fuelled by alcohol and worse in areas with a night-time economy including the City Centre and Barbican.

Physical activity

- **20.2%** of adults in the city do less than 30 minutes of exercise a week (similar to England's average of 22.0%).
- We know that **women are often less active than men** (nationally 20.5% of males and 23.2% of females are 'inactive').
- **57% of girls in Plymouth** tell us that they enjoy physical activity 'quite a lot'/'a lot', compared to **81%** of males.

Its lovely getting out and about in the summer but I do not like exercising alone of a dark evening, Thrive Plymouth Network Member

Cancer screening and vaccination

Access to screening and vaccination is an important element of women and girls having a healthy body. It supports early detection of cancer and can prevent women from dying too early. [Cancer affects women](#) not only through gender differences in the diagnosis and treatment of general conditions, but also through conditions specific to women, like ovarian, uterine, cervical, vulval, and vaginal cancers.

Breast cancer

- About [one in eight](#) women in the UK will be diagnosed with breast cancer during their lifetime.
- [In Plymouth](#), the incidence rate of breast cancer is not significantly different to England averages.
- The NHS Breast Screening Programme has been estimated to save around [1,300](#) lives each year in the UK. Figures show however that more than [four in ten](#) women don't act on their breast screening invitation.
- **73.5%** eligible women in Plymouth have had a breast screen in the last three years, in line with national average levels of coverage. Over the last five years the proportion of eligible women in Plymouth having a breast screen has not significantly changed.

Cervical cancer

- [1 in 142](#) females in the UK will be diagnosed with cervical cancer in their lifetime.
- It is estimated that cervical screening saves approximately [5,000](#) lives per year in England.
- Nationally, up to a [third](#) of women do not take up the offer of a screen.
- In Plymouth, the proportion of eligible Plymouth women having a cervical screen has been **decreasing**, a trend that has also been seen nationally. **66.7%** of 25 to 49 year old women and **74%** of 50 to 64 year old women have had a cervical screen in the last 3.5 years (both in line with national average levels of coverage).
- The HPV vaccination reduces the chances of getting the human papillomavirus (HPV). Most types of HPV are harmless, but some are linked to increased risk of cervical cancers.
- Only **66.4%** of girls aged 12 to 13 years old in Plymouth have had the HPV vaccine. This is **worse than** national average of 72.9%



'I mean, prevention is, it's a hard one isn't it, particularly when lots of people have got incredibly busy, complicated lives, when you know, you don't think there's anything wrong'.

Plymouth Cancer Champion

'We go through ill health, sometimes on our own, or we, you know, we choose to because we are stoic women who, you know, we look after other people. So, you know, we don't always put ourselves first.'

Plymouth Cancer Champion

'I do think it's really important for women's voices to be heard as well, because I can give an example of a health care appointment. One of the questions they ask you before you go in is what would you prefer? Male or female? And I said I prefer female, please. So they put that on my notes, and when I turned up, they were male. yeah. And you know, you don't want to make a fuss of it's got to be done but why ask me if you're not gonna do it.'

Plymouth Cancer Champion

Plymouth Cancer Champions is a three-year project, funded by Macmillan Cancer Support and hosted by Zebra Collective in close collaboration with community partners Age UK Plymouth and the Wolseley Trust Social Prescribing team. The project is following a community development model, with a particular focus on addressing inequitable cancer outcomes across the city, focusing on low-income areas of Plymouth, minoritised ethnic groups and people aged over 50. One of its key elements is working with local communities to provide insights into the barriers that women, and other members of the Plymouth community, may face in accessing cancer services. They recently told us:

- Many women report opening screening invitation letters but taking no further action. In some cases, this is due to being too busy to respond immediately; in others, the letter is set aside and subsequently forgotten'.
- All genders but especially women, have difficulties with securing GP appointments. The limited times available to contact a GP surgery, typically between 8:00 and 8:30 am, coincides with a particularly busy period for many individuals who are preparing for work or getting children ready for school.
- Many individuals, but especially women reported avoiding cancer screenings and other health care appointments due to feelings of embarrassment, anxiety, or fear.

More information about the Plymouth Cancer Champions Project is available [HERE](#)

Gender specific conditions impacting on women and girls

Gynaecological and menstrual issues impact on women and girls and can significantly affect their ability to stay in the **workforce**, which can in turn exasperate gender inequalities. **Many women** who experience these issues also feel that their concerns are overlooked and trivialised by those they seek help from.

Gynaecology

Nationally, some women report difficulty getting a diagnosis of a gynaecological condition. About **1 in 10** women in the UK have **endometriosis**, yet from the onset of symptoms it takes on average nearly **nine years** for a diagnosis.

As of May 2025, there are **3,915** women waiting for gynaecology treatment (under the 18-week referral to treatment pathway) with University Hospitals Plymouth. Of those, **42%** have been waiting fewer than **18 weeks**. **Half** of women waiting for treatment started their treatment within **21.6 weeks** whilst **6%** have been waiting **more than a year** for treatment. **2,524** of the women waiting live in Plymouth.

General Practice is often the first port of call for women who need support with their health. GP's have an important role in helping women access important treatment options such as **contraception, pre-conception advice and screening, and menopause management**.

Women in Plymouth have told us that that they prefer to see their GP for contraception and to get advice about their contraception options. Whilst published data demonstrates that women in Plymouth have **more prescribed activity for all forms of contraception** from their GP when compared to the national averages, women have also told us they want better access to appointments, including evening and weekend appointments.

Menopause

Menopause usually occurs between the ages of 45 and 55 and can affect women physically and psychologically.

67% of working women in the UK aged 40 to 60 report menopause symptoms have had a **mostly negative** impact on them at work.

Local Engagement on the topic of **Menopause and Worklessness** has revealed that **10% of women** have stopped working entirely during their perimenopausal years and a further **20% reduced their working hours**

Women in Plymouth have told us that navigating the health system often feels exhausting and risky, with medication shortages and poor menopause support being major concerns.

'.. as a woman, we're not heard, we're not listened to. Nobody's learning from our conditions. So we're not moving forward with menopause, etcetera, because no one's learning from women, even women.' **Plymouth Trauma Informed Network**

In Plymouth, as part of our listening activities we have heard that a significant concern for women in Plymouth is the difficulty they face when accessing GP appointments and specialist services for menopause advice or coil fitting, with long waiting times reported. Women, including women of colour, have told us about their struggles related to lack of employment and immigration, multiple health issues and then difficulty seeing a GP. Some women even report having to travel to London for gynaecological treatment and support because they cannot get appointments in Plymouth. A major recurring theme from women in Plymouth is that they do not feel listened to, or heard by healthcare providers. **Plymouth Community Builders**

'Taking time off to get the pill isn't ideal' **Plymouth City Council Contraception Survey**

'The people are great and professional, but it is not easy to get an appointment' **Plymouth City Council Contraception Survey**

It's a rare clinician who actually listens and is able to deal with your request because I think a lot of us know what we need, and we ask for it and we get denied dismissed or gas lit. **Plymouth Trauma Informed Network**

Why does everything have to be a fight? **Changing Futures Listening Circle**

My chemist helped me – they had more time and explained to me the interactions my new prescription would have with the other meds I take – my GP hadn't had time to mention that to me'. **Changing Futures Listening Circle**

"A high proportion of women, often in their 40s and 50s are presenting to general practice with depression, anxiety, chronic pain, word finding / memory difficulties, fatigue (often diagnosed as fibromyalgia) and difficulties at work. In many cases, these women may have no idea they are going through hormonal transition, as the only widely recognised symptom of menopause continues to be the "hot flush." This lack of knowledge, coupled with gaps in GP provision, stigma, and a lack of employer support, is contributing to avoidable health inequalities, loss of income, and social isolation for women across Plymouth." **Dr Sarah Jarvis**

In September 2023, through funding from the Department of Health and Social Care, **NHS Devon Integrated Care Board** invested in the development and implementation of a dedicated menopause pathway. As part of the national Women's Health Strategy, which highlights a key aim that **"every woman has access to the care and support they need during the menopause and is supported to fulfil their potential though this stage of life"**. This investment has supported a comprehensive package of clinical education and training for GPs across the region, aimed at building confidence and capacity within primary care to better respond to the needs of women experiencing perimenopause and menopause. For Plymouth to date, **six of the seven Primary Care Networks (PCNs) and 12 out of 22 practices** have engaged with the training offer. The goal is to ensure that more women can access timely, informed, and appropriate menopause care through their local GP. Looking ahead, the continued engagement and insight from this valuable work will be critical to informing and facilitating future service design that meets the ever-evolving needs of all women.

HEALTHY MIND

The mental health of women and girls

Mental health is intrinsic to well-being, learning, working, having the capacity to cope with stresses of life, and enabling people to contribute to their community. Mental health conditions are not evenly distributed by sex. Women are more likely than men to face common mental health issues.

Nationally, around **one in five** women are currently dealing with mental illness. Women report higher rates of Post Traumatic Stress Disorder (PTSD), self-harm, suicidal ideation, eating disorders. **26% of young women** are currently experiencing a common mental health condition, nearly three times the rate of that in young men.

In Plymouth, 15.9% of all adults have a diagnosis of depression (higher than the national average of 13.2%), and 25.4% report high levels of anxiety (compared to 23.3% nationally).

19,774 of Plymouth women are estimated to experience common mental health problems. **46% of girls in Plymouth** worry about their mental health.

Many women encounter additional vulnerabilities during significant life stages, such as the perinatal period, perimenopause, and menopause. It is estimated that **27% of pregnant women in Plymouth** may go on to experience mental health problems in their perinatal period

Many women also experience extra challenges, through their role as mothers and caregivers, which they are more likely to encounter compared to men. In Plymouth, the majority of people not in work due to caring responsibilities are women. Living in poverty and experiencing material deprivation can significantly increase the of poor mental health outcomes, creating a cycle of stress through which limited access to resources, and compounded vulnerabilities for women, can severely impact their overall health and wellbeing

Women in Plymouth are more likely to have a low 'happiness' score compared to men (15.5% vs. 13.2%). Conversely, they are more likely to report that the things they do in life are very 'worthwhile' compared to men (25.9% vs. 22.1%).

41% of girls in Plymouth feel in control of what happens in life but only **19%** feel in control of their health.

In young people, **body dissatisfaction** has been linked to risk-taking behaviours and mental health problems such as depressive symptoms and anxiety disorders. **57% of girls** in Plymouth 'would like to lose weight' compared to **34% of boys** whilst **42% of girls** 'don't like' or 'hate' the way they look' compared to **23% of boys**.

*Life's difficult... the menopause, that's a critical one. There's ageing. That's another one. There's early 20s, that's very difficult, entering a relationship having children. You know, there's significant parts in our life that we just deal with as women. **Plymouth Trauma Informed Network***

The issues are getting younger and younger as a primary teacher, I see it in very young children now. This expression of feeling bad about body image, other children commenting on body image negatively. It's horrifying to be honest. You see girls more than boys looking negatively about their image, but often the boys are commenting on the girls.

Plymouth Trauma Informed Network

Women carry stress in their bodies. As children being told to shut up, or that they are too loud as teenagers when they have to cope with a sexualised world as young women - often childbearing, often not, ..as older women who start to develop serious health conditions through stress..

Plymouth Trauma Informed Network



Self-harm and suicide

Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act.

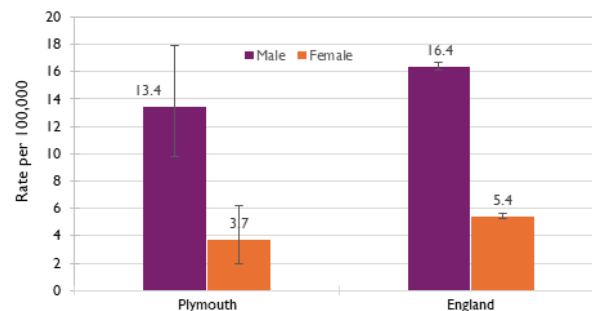
Nationally, women aged 16 to 24-year-old are at particular risk with 31.7% having reported self-harming at some point, compared to 15.4% of men the same age.

There is a known 'gender paradox' where women are more likely to attempt suicide or have suicidal thoughts compared to men.

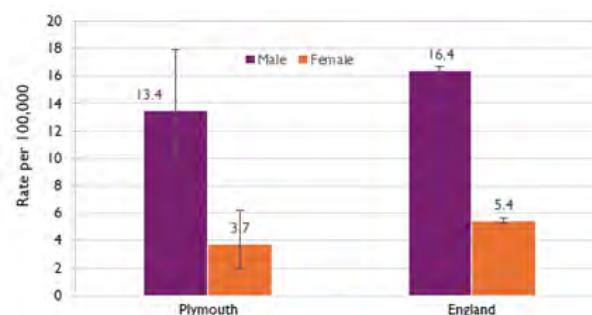
Whilst Plymouth has rates of self-harm* admissions and suicides that are similar to the England average for both sexes, **women in Plymouth** (and England) have significantly higher rates of hospital admissions for intentional self-harm than men, but significantly lower suicide rates.

**Self-harm data does not include patients who attend the Emergency Department and were not admitted, nor patients who were not seen by a medical professional.*

Emergency hospital admissions for intentional self-harm (DSR per 100,000), 2023/24



Suicide rate (DSR per 100,000), 2021-23



'There's a lot of support for mental health out there, but a lot of people don't know about it sometimes. It's not about having it all, but knowing how to keep yourself well' Helping Hands Plymouth

The impact of violence on women and girls

Violence can affect anyone, but it does not affect people and communities equally. [Violence is highly gendered](#) with men committing the majority of violent crime. The [reasons](#) for this are complex and are driven by societal factors including gender inequalities, gender stereotyping, and harmful norms about masculinity. In 2024, the National Police Chiefs' Council (NPCC) and the College of Policing said that [violence against women and girls is a "national emergency"](#). The term VAWG (violence against women and girls), covers a [range of crimes](#) that have been identified as being committed primarily, but not exclusively by men against women.

Nationally 1 in 12 women report that they have experienced VAWG. Over one million VAWG related crimes were recorded by the police in 2022/23 or 3,000 offences each day. It should also be noted that many crimes go unreported, with barriers to reporting being particularly pertinent in relation to [minoritised communities](#).

In Plymouth over one year:

- One in eight women will experience VAWG.
- 5,000 domestic abuse (approximately 21% of all crime) and 3,000 stalking and harassment crimes are reported.
- 1,000 sexual offences occur.

Violence against women and girls is a [determinant of health](#) with significant impacts on both physical and mental well-being of victims and the wider community.

The Plymouth City Council Violence Against Women and Girls Survey 2022 found that **89%** of respondents agreed that violence against women and girls was a problem and **60%** felt it happened more often now compared to five years ago.

Girls and young women in Plymouth also described their experiences of school feeling unsafe and feeling 'preyed on' by male teachers and students.

Although 11% of girls and boys in Plymouth experience violence in their home, **boys** in Plymouth are **twice as likely** to have been the victim of violence or aggression in the area they live, 12% compared to 6% of girls.

A review of a small sample of victim statements from Plymouth, highlights the profound effect that sexual and domestic abuse can have. Long-term impacts include being unable to work, health problems, and psychological issues including depression, anxiety and low self-esteem. Many victims lived in fear, were afraid to go out, and felt 'hopeless'.

The link between Violence Against Women and Girls and Online Safety is a growing and significant area of concern, with [digital and online technologies](#) increasingly playing a role in serious violence and exploitation, as well as online abuse, harassment, and cyberbullying.

[Nationally](#), girls are more likely than boys to encounter harmful online content and more likely to experience unwelcome friend requests and targeted harassment.

Similarly, **girls in Plymouth** are more likely than boys to report harmful experiences related to online safety:

- 21% of girls report that they have experienced online bullying compared to 13% of boys
- 16% of girls report seeing images, videos, or games with violence that they found upsetting, compared to 10% of boys
- 13% of boys report using the internet for finding sexually explicit images, videos, or games, compared to 2% for girls
- 22% of girls report that someone they'd met online wanted to meet them compared to 12% of boys

The Plymouth VAWG Commission published a [report](#) in 2022 with a series of recommendations, which are being taken forward by Safer Plymouth and Plymouth's Domestic Abuse and Sexual Violence (DASV) Strategic Partnership. Both Boards seek to prevent and address all VAWG via a coordinated community response. This includes prevention and early intervention focussed on creating positive culture change that stops male violence against women and girls. You can read more about Plymouth's VAWG Strategy [here](#).

The impact of mental health on women experiencing multiple disadvantage

Multiple disadvantage refers to women who experience multiple challenges, including homelessness, substance use, mental health issues, domestic abuse, and contact with the criminal justice system. Many women in this situation often face additional barriers to accessing health and social care due to distrust in “professionals” based on past experiences. Women experiencing homelessness for example, often have a history of traumatic life events, including violence and abuse, and are at a greater risk of mental ill-health. These women may frequently suffer from co-occurring physical and mental health problems and substance use issues.

A recent report from Healthwatch Plymouth sheds light on the mental health challenges faced by women in Plymouth who have experienced multiple disadvantages.

*Mental health, yeah,
it's terrible, ...definitely
...it's so bad, trying to get the
help, trying to get the help, ...you
can't see a doctor. That stops people
being healthy. I think it's everywhere...
and I should be getting the help, not
just, try this, try that, or just up
your pills. And it's like, no, I need
help. **Helping Hands
Plymouth***

“Our Stories, Our Voices: The Power of Lived Experience” with Gifted Women and Healthwatch Plymouth

Key findings and observations from the report regarding the mental health of women in Plymouth include:

- **Complexity of need:** Women experiencing multiple disadvantages often have complex mental health needs that are difficult to communicate within the typical constraints of a ten-minute primary care appointment.
- **Impact of trauma:** Many of these women have experienced trauma, which often underlies their multiple disadvantage, including mental ill health. The report notes that not all GP practices are trauma-informed, suggesting a gap in care that could be addressed by utilising trauma training from the Trauma Informed Plymouth Network.
- **Lack of holistic understanding:** There is a perceived need for healthcare providers to understand their ‘mental, physical and emotional health’, holistically. Women feel that providers should listen to patient/service users’ story properly, because, ‘we know our bodies.’ The absence of a shared patient record system means women report that they repeatedly have to recount their complex stories, which can be overwhelming.
- **Medication concerns:** Participants expressed a desire for providers to, ‘stop pumping people full of medication for mental health’ and to consider non-pharmaceutical solutions. They also highlighted a concern about patients with a history of addiction being prescribed addictive medication in primary care.
- **Need for intermediaries:** Women identified a crucial need for an intermediary who can understand their full needs and then liaise with health and social care services on their behalf.
- **Positive impact of compassionate care:** When health professionals went ‘above and beyond’ for an individual, it significantly improved the experience beyond just resolving the immediate problem. Some positive examples included praise for Sexual Health in Plymouth (SHiP) for being clean, helpful, and easy to access, and ‘Navy Doctors’ at Derriford Hospital for being ‘excellent, thorough, and ‘caring.’

For more information, you can read the full report [HERE](#)

HEALTHY PLACES

The impact of living in a coastal community

Plymouth, as Britain's Ocean City, is deeply intertwined with its maritime identity and heritage. The city covers **30 miles of waterfront**, including 9.3 miles of the South West coastal path, and is home to western Europe's largest naval base, a commercial ferry port, a substantial fishing industry, and is a major global centre for marine research and production.

Despite being one of the largest cities on the south coast of England and **the most significant economic centre** in the South West Peninsula, Plymouth's identity as a coastal community may also mean that **women** could be impacted by wider resource limitations, and a weaker infrastructure when compared women living in more 'inland' areas.

Coastal areas for instance, are more likely to have **poor transport connections**, which will disproportionately impact on women and girls their ability to access health care, **education and training** or employment opportunities.

A comprehensive report written by the Chief Medical

Officer in 2021, and informed significantly by work carried out at the University of Plymouth, showed that coastal areas tend to experience;

- a higher burden of heart disease, diabetes, cancer, mental health and Chronic Obstructive Pulmonary Disease
- a significantly lower life expectancy
- health service standards, indicators and emergency admissions which suggest that healthcare plays a part
- lower participation in Higher Education, as well as higher rates of hospital admissions for young people with 'health-risking behaviour'.

In contrast, however, the report also showed that living by the sea, with the benefits of green and blue spaces, can produce health and wellbeing benefits; the challenge is to maximise these benefits, and lessen the negative impacts.

A significant issue has been identified for young parents in Plymouth, who are mostly women, and need to access childcare to be able to attend college or work.

A lack of appropriate bus routes and the cost of journeys have also been identified as preventing women in Plymouth from attending health care appointments, particularly for those with children or disabilities.

The well documented extent of poverty, deprivation and inequality that exists in Plymouth, may well be exacerbated by factors associated with being a coastal community, yet there is still much to learn. Although there is lack of research and limited data on the issues that women and girls from coastal city's experience, women told us about the many things they like about living in Plymouth, including the health and wellbeing benefits that living in a coastal city provides.

If childcare was not available very near their college or workplace, they could face a 'marathon' journey with a young child to first go to the childcare provider, then to go on to start their day. EET HNA Plymouth City Council

It always comes up about access to transport in terms of being able to get anywhere.. it's too difficult to get anywhere because of lack of buses and appropriate bus routes. But equally yeah, we're a very hilly area. And so some, particularly those that have got, you know, sort of some health conditions, find it incredibly difficult to get very far because of the hills, which means if there's not a bus route nearby, they just don't go.'

Plymouth Community Builders

We're a port, a naval port and we were bombed so heavily in the war that it brought people together, brought everybody in Plymouth to work as one and come together. **Plymouth Community Builders**

When I swim in the sea, what I look around at is lots and lots of cellulite. Wobbly. Fantastic, Awesome, courageous, vulnerable, magnificent women. That's what I see. And I find that so empowering. **Plymouth Trauma Informed Network**

Where I lived before, I knew no more than five people and I moved to Plymouth and within a week I saw this café, I walked in and I met everyone and I loved it. I've been here one and a half years now I know about 100 people. Here I find people so helpful. I walk on the street and people are always saying hello to me. Elsewhere, the same people would walk past you. **Helping Hands**

I love that as soon as it's dry, the Hoe is full and the sea is populated **Plymouth Trauma Informed Network**

I'm living in Devonport. I love it... It's brilliant and it's a real community feel. I sat in the park today for the first time and six people said hello to me! **Plymouth Community Builders**

Lots of green space and access to water is good for mental health and wellbeing **Thrive Plymouth Network**

Women and girls' access to money and resources

Having sufficient income is crucial for maintaining good health throughout life. Everyone needs a certain level of income to afford the basics for a healthy life, such as food and quality housing. People with lower incomes are more likely to report their health as 'bad or 'very bad'. Access to money and resources can therefore profoundly influence the physical, emotional and social health and wellbeing of women and girls.

Nationally, a significant proportion of employed women (36%) work part-time, contrasting with 14% of men. Women are more likely than men to have caring responsibilities and therefore will need to find employment that allows them to care. This sees more women in part-time work which is more likely to be low paid than full time work. Research shows caring responsibilities are a significant contributing factor to women's poverty.

Plymouth is already considered a **low wage economy**, with its workers receiving £553 weekly compared to £642 nationally. **Inclusive Growth** is a pillar of The Plymouth Economic Strategy and

work is already underway to try to better understand the shape of Plymouth's economy and what makes it different to elsewhere. **Women in Plymouth** face significant economic challenges when compared not only to men in the city, but also women in the rest of England. They are more likely to work than the national average, but earn less for it.

- Women in Plymouth earn **£4 less** per hour on average than men in Plymouth.
- Women in Plymouth earn **21% less** than men in Plymouth.

Local analysis shows that when we compare women in Plymouth who are already on a low income, those that live alone or as a single parent are also:

- More likely than men in the same circumstances to be living below the poverty line (in relative poverty)
- More likely than men in the same circumstances to be living in fuel poverty

Jobs routinely undertaken by women, are necessary for the functioning of society and enabling the employment of other workers but are consistently underpaid and undervalued.

- In Plymouth: **male** dominated sectors including manufacturing, construction, public administration and defence have **high** average weekly wages.
- In Plymouth: **female** dominated sectors including education and health and social care, have some of the **lowest** average weekly earnings.

The city-wide Economic Strategy has committed to supporting more women and girls in city into work by:

- Supporting the childcare strategy and promote flexible working practices.
- Consider caring facilities when looking at new employment spaces.
- Working with businesses to address the gender pay gap and to reduce violence and abuse against women and girls that is often caused by financial insecurity.
- Ensure that there is visibility of good practice in the city.



Gifted Women supports women in Plymouth who are facing multiple disadvantage by providing a trauma-informed employability and empowerment programme. They provide:

- A 12-week employability course
- one-to-one support for barriers to work
- Weekly social and employability drop-ins
- Work experience placements
- Peer mentor training
- A Lived Experience Advisory Board

Of 50 women supported in one year

- 88% completed the employability course
- 26% gained paid employment
- 71% felt more ready for work
- 89% reported increased confidence
- 82% felt more hopeful for the future

More information about the Gifted Women Programme is available [HERE](#)

Gifted Women Jen - Jen was referred to Gifted Women by a women's refuge, where she was seeking safety after fleeing an abusive relationship. She experienced alcohol addiction and was trying to remain sober, but was in very early recovery. Jen had always worked and loved working, until her life fell apart due to abuse and addiction. Her dream was to work in retail, as she loved the idea of serving customers and helping people find what they need.

Jen completed the 12-week employability course, and part way through was offered her own flat. Gifted Women supported her with funding arranged through a local rotary club to furnish her new flat. Jen had a 'wobble' at this point with the change in circumstances and her new-found freedom and independence. She had a lapse in her sobriety, but after some support and accommodations, she managed to stay on the course.

After completing the course, Jen did a work experience placement at a golf club, working in the café. After just one week, they offered her paid shifts and soon gave her a contract. She enjoyed the job but remained focused on retail. She progressed into a job she secured on her own at a local retailer. Her long-term goal was Aldi.

"Just wanted to let you know I have been offered a job at Aldi! So happy! Couldn't have done it without Gifted Women. I did all the steps to apply myself including filming myself for a video interview. I got all the skills from Gifted Women. Also, I'm 1.5 years sober this month!"

Gifted Women Emily - Emily was referred to Gifted Women when she had been experiencing severe mental illness and other disadvantage. Emily was not able to go into Plymouth when she started, or access public transport, which left her very isolated. For the first few sessions, a Peer Mentor accompanied Emily on the bus to Gifted Women until she became confident using buses on her own. Emily had never worked before.

Emily completed the 12-week employability course and then went on to do a course to become a Teaching Assistant. She completed a voluntary work placement supporting teachers in a primary school setting. After six months of volunteering, Emily was offered a job there as a Meal Time Assistant. She has been in this paid position for six months now and until recently, she was still volunteering in the classroom too. She has stopped that now as she intends to apply for Teaching Assistant jobs in the same school.

"I have completed my first term of paid work. The teacher gave me these chocolates and flowers as a thank you."

The importance of creating safe physical spaces

Creating safe physical spaces is of paramount importance for women and their physical health, mental well-being and overall quality of life.

'You have to feel safe in your mind and you can only feel safe in your mind if you've got a safe geographical environment to walk through without threat of being attacked and being a disabled woman it's like you're just this target.' **Plymouth Trauma Informed Network**

Trevi is an award-winning charity based in Plymouth supporting women across the following main areas of work:

- **Specialist, CQC-regulated and Ofsted-registered residential family centre providing comprehensive parenting assessments for mothers with substance use histories, often rooted in complex trauma.**
- **A whole person approach to support for women affected by trauma and abuse and who maybe experiencing mental health challenges, homelessness, poverty and the consequences of this.**
- **Provision of wrap-around community-based support and a 'no wrong door approach'.**

As a result of Trevi receiving funding from The Home Office and Ministry of Justice (MOJ), the organisation developed specific support for women involved with the criminal justice system - establishing Blossom House as a result. This has capacity for nine women (seven residential beds, two crisis beds) and provides support and interventions to help women reintegrate into society.

Blossom House provides a safe, stable, and psychologically informed space that feels 'homely' rather than clinical, which is comforting for women who have experienced significant trauma and abuse. The emergency beds offered by Blossom House are vital in preventing vulnerable women from sleeping rough, which significantly reduces their exposure to further harm and exploitation, including sexual violence. The environment helps build trust and rapport, making women more receptive to support services.

The provision of 24/7 wraparound support within these safe spaces, along with co-located services (like probation at Sunflower Women's Centre), is crucial. The holistic approach helps women address complex needs like substance abuse and mental health issues, reducing the likelihood of re-offending often linked to trauma and a need to cope. By providing a safe and stable environment, women are less likely to engage in activities (e.g., street sex work) that expose them to further sexual violence.

'The women are extremely lucky. If the women of Plymouth did not have Blossom, we'd been in all sorts of trouble. The women would be on the streets, rates of offending would go up, rates of domestic abuse would go up, rates of criminality would go up. it would actually cost the public purse an awful lot of money.' (Probation Staff)

You can find more information about Trevi [HERE](#)

HEALTHY COMMUNITIES

Women veterans in Plymouth

The **Women Veterans Listening Circle**

Summary provided a rich and heartfelt account of the lived experiences, health concerns, and aspirations of women veterans in the city.

Women defined their health in deeply personal and empowering terms. Mental health and identity were deeply impacted by male-dominated military environments. Health is about **reclaiming life** after military service.

“Living my personal best life.”

“Space to be myself.”

“Thriving now.”

“Taking ownership and control”

(after feeling powerless in the military)

Participants shared frustrations with accessing healthcare. They told us that despite emotional suppression in service having lasting health impacts, they had experienced a lack of signposting and

support during transition to civilian life. Emotional and physical health needs were often invalidated or misdirected. Post Traumatic Stress Disorder (PTSD) often led to referrals to domestic abuse services, which felt inappropriate. Menopause support was identified as expensive and inaccessible.

“Have to go through so much red tape to get the health care I think I need.”

“There does seem to be specialist services, but they are very hard to access and are not known about by everyone.”

They voiced concerns around long-term effects of military practices leaving women feeling misdirected when raising health concerns. Miscarriage care was traumatic with women being sent to maternity units. Use of contraception to suppress menstruation during deployment raised questions about future health impacts. A lack of research into women's unique military experiences and conditions like Gulf War Syndrome and Complex PTSD were seen as “male” and invalidated.

‘I served in a unit with 45 men, I was the only woman’.

“Let down by the army.”

They told us that supportive environments were crucial. Local spaces like Devils Point and South West Coast Path were healing. A female ex-military GP in Saltash was highly valued and women preferred to receive their care in non-clinical, welcoming environments.

“I get in the water and everything goes.”

“Veterans Hub” and “Volunteering” were repeatedly cited as vital.

“Having a purpose again.”

Women expressed hope and desire for empowerment. They valued recognition of their unique experiences and voiced the need for better transitions from military to civilian healthcare and integrated support for mental, physical, and emotional health.

“Regaining back my life after leaving the military.”

“Goal-related fitness is so good for my mental health.”

Better Futures

The **Better Futures Listening Conversation** brought together nine women with learning disabilities in a psychologically informed, creative space. Their voices revealed powerful insights into what supports and hinders their health and wellbeing

Staying healthy: what matters most

- **Nutrition and Exercise:** Healthy eating, yoga, walking, dance, Wii games.
- **Hormonal Health:** Menopause impacts on mood and relationships.
- **Taking care of physical health:** Taking medication. Annual eye checks. Research physical conditions online/ Going to the doctors when needed.
- **Healthy Spaces:** Calm, clean homes and independence from disruptive and threatening environments. This included having access to female only spaces.
- **Supportive Communities:** help with emotional regulation, safety and social connection.
- **Financial Security:** Having a future free from financial and emotional abuse
- **Healthy relationships** through learning spaces like Better Futures and book clubs.

“My Mum and Dad shout all the time... I am happier now.”

“Feeling calm is important to me.”

“Menopause “Made me angry-snappy with people I cared about.”

“I get quite frightened when I have to go for an appointment... I worry about how to tell them I don’t want to see a man.”

“The book club is helping me understand my brain and my feelings.”

Places that support health - valued locations in Plymouth

Devils Point, Mount Batten, Hoe, Barbican (daytime). Better Futures Drop-In, Jan Cutting Centre, Canadian Muffin Co. Music and walking groups, knitting and craft groups

“The Better Futures group keeps me healthy, I can relax there.”

“When I go to some of my groups it makes me feel good... I’m not on my own.”

Barriers to health

- Fear and anxiety about ageing, medical procedures, and benefits.
- Accessibility issues with forms, online services,

and dental care.

- Feeling excluded from health decisions.
- “Forms are a barrier for me.” “Fear of needles stops me going for blood tests.”
- “Choices being made without me makes me feel out of control.”

Visualising a healthy future

- **Security and independence** as ageing carers step back.
- **Health advocacy** and understanding medical need
- **Planning for later life** to reduce anxiety.

“Not being taken advantage of and keeping safe in my home.”

“No one asks me – is there anything you’d like to tell us, do you have questions – I forget things at my appointments and if they don’t ask me I forget to say’.

“My security, I want to be settled down before I lose my Mum. It’s important my money is protected”

My Health, My Way

The **My Health, My Way** Listening Circle was held as a creative and supportive space for nine women, aged 26 to 60 to share their experiences, hopes, and aspirations in safe ways that felt right for them. None were in employment, mainly for health reasons. This was described as pivotal loss, deeply affecting identity, self-esteem, and overall wellbeing. Employment had provided purpose and connection, and its absence has led women to seek new ways to reclaim these vital aspects of life.

Health and access to care

Timely access to care and prescriptions is essential.
“I want to be able to get the care and advice I need, when I need it.”

Post-COVID challenges with prescriptions.
“Since COVID I have seen a real change in how I get my prescriptions, they are either late or my pharmacy just couldn’t get them at all.”

Mobility aids and transport costs are barriers.
“It takes me two hours and two buses just to get there, so I have to be quite well or pain free to get to it in the first place.”

Health-related job loss impacts finances and wellbeing.
“Having funds to be able to connect ‘with life outside my home’ was seen as vital.”

Need for safe spaces and compassionate staff.
“Women described needing safe spaces and trauma-informed responses when disclosing abuse.”

Mental health and emotional wellbeing

Grief and identity loss due to health conditions.
“I am trying to find my place now, I got my diagnosis and have been through my recovery and treatment but then had to almost restart my life, who am I, what can I do... it’s like starting all over again. I miss my old life.”

Therapy is transformative, but often only available privately making it unaffordable.
“Therapy had helped some of the women hugely and was described as ‘life changing’.”

Walking, gardening, and creativity support wellbeing.
“Movement and Creativity: Nature, pets, and hobbies bring healing and joy.”

Social connection and belonging

Peer groups and community spaces are vital.
“I love the walking group; it gets me out in the fresh air... I always feel better when I get back after one of the walks and seeing the different faces.”

Purpose through creativity and volunteering.
“I help with a craft group – it gives me something to focus on and helps me feel useful again, which makes me feel better overall.”

Green spaces and community hubs are highly valued.
“Living near green spaces and gardens was seen to be ideal and highly valued.”

Voice, agency, and respect

Being heard and respected builds trust.
“I only ask for help when it is unavoidable.”

Language in healthcare communication can cause shame
“The message led to a feeling of shame, I felt there was a lack of understanding.”

Positive experiences with person-centred care.
“I went in there, I was worried and upset but they sat me down and explained what was happening and what was going to happen and it really helped. That was all I needed.”

Need for trauma-informed and menopause-aware care.
“...because of my history, my life you know, it affects everything, even what I am treated for and medication I get, but that isn’t always explained to me.”

Aspirations for the future

Desire for a specialist women's health hub. “**Being heard - Being Listened to - Being Understood**”
“All that you need is in one place” would be a model women would like to see in their healthy futures.

Final Reflections

Women and girls in Plymouth face significant and interconnected challenges when considering body, mind, places, and communities. Although these challenges are complex and not unique to women and girls in Plymouth, they may be shaped by the structural inequalities, lived experiences, and the unique context of Plymouth as a coastal city.

Body

- Harmful alcohol consumption affects women and girls in Plymouth both directly and indirectly.
- HPV vaccination uptake among girls in Plymouth is significantly below the national average which raises concerns about long-term cancer prevention. This also highlights the importance of local initiatives like the Cancer Champions for improved awareness and access
- Overwhelmingly, women in Plymouth are concerned that they do not have access to appropriate health care and deeply feel the need for women specific health places. This is particularly important for women who

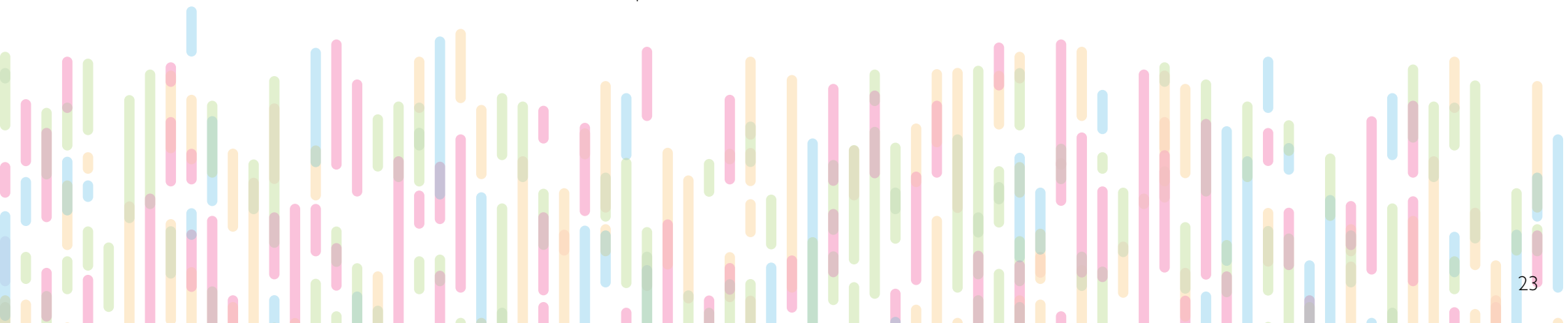
experience additional vulnerabilities. Devon Integrated Care Board's focus on Women's Health is a promising step, and I look forward to more collaborative work to ensure more localised, accessible, and women-specific services.

Healthy Mind

- I am concerned about the cycle of stress that women and girls in Plymouth may be experiencing which impacts on both their economic and their overall health and wellbeing.
- Violence against women and girls remains a critical issue. Plymouth is an outlier in terms of VAWG-related crime statistics. The VAWG Commission and its findings show that young girls feel unsafe in schools and public spaces. Continued action on prevention, education, and safe environments are essential.
- Multiple disadvantage, including homelessness, addiction, and criminal justice involvement exacerbates mental health challenges. Best practice examples from Healthwatch Plymouth show the value of trauma-informed, compassionate care.

Places

- Plymouth's identity as a coastal community brings both benefits and barriers to women's health and wellbeing. While spending time in green and blue spaces can be supportive of better health, there are limits to the opportunities that women and girls have to access these spaces, especially those with caring responsibilities or disabilities.
- Access to well paid, good quality work is a challenge that is being addressed through the Civic Agreement and the prioritisation of women in Plymouth's Economic Strategy. This will be supported through the recruitment of the Women's Economic Equality Officer as part of our Communities Builders Programme.
- Places of safety, such as Blossom House have been highlighted as so important in supporting women to regain their physical and mental health.



Communities

- Women veterans face unique health challenges related to identity, trauma, and access to care, which are often overlooked. Building on existing links through the Armed Forces Covenant is essential to ensuring that their needs are met.
- Women with learning disabilities and those experiencing long-term conditions require more visibility; their voices must (continue to) be actively sought and included in future engagement work.
- My Health, My Way and similar projects show that when women are given space to reflect, connect, and be heard, they identify that clear priorities are access to care, emotional safety, financial security, and meaningful connection.

I am mindful that there is still so much we do not know. There are many data gaps, especially around sex-disaggregated health outcomes, which limit our understanding of the health of women and girls in the city. Ongoing work must prioritise:

- Improved data collection and reporting
- Lived experience engagement with women in Plymouth

- Intersectional approaches that consider how gender, sexuality, disability, ethnicity, and economic status interact
- Further focus with health partners on the provision of women-specific services and spaces

Plymouth has a strong history of working together; we will continue to build on our strengths to tackle the challenges identified so far, and to continue our work to understand, identify and act on others. As a city, we are determined to see the vision of 'Thrive Plymouth' realised, through achieving improvements in the health and wellbeing of women across the city.

Supporting the women and girls of Plymouth to live long, happy, healthy and independent lives is a priority for Plymouth - what can you do today to help achieve this?

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