



# Women's Health in Salford

A report looking into how Salford women keep themselves healthy and their experiences of health and care services

**October 2020**



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# Introduction

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the city of Salford.

Healthwatch Salford:

- Provides people with information and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and the Care Quality Commission

Healthwatch Salford has statutory powers that enable local members of the public to influence Health and Social Care services under the Health and Social Care Act 2012.





# There are approx. **117,151** women who live in Salford

There are approx. 117,151 \* women who live in Salford and following the success of our Men's Health in Salford project and to celebrate International Women's Day, we wanted to run a similar project that allowed women from across Salford to share their experiences of health and care. This report captures what the women have told us about their experiences, with the aim being to help inform commissioners and providers of services to understand the barriers that some are facing when trying to keep themselves healthy.

135 women who either live or work in Salford and use the health and care services of the City, took part in this project. Whilst we acknowledge that this is a relatively small sample size and not indicative of every woman living in Salford, it is nevertheless a true reflection of what they told us at the time. Figures and percentages throughout the report may fluctuate as respondents were able to choose which questions, they felt comfortable answering.

## Methodology

Following discussions with Salford CCG, it was decided to replicate the project model of the Men's Health in Salford survey with asking a similar set of questions in addition to questions about screening that were specific to women.

Around the same time of designing the survey, we were approached by Salford City Council Public Health team who were looking to gain some insight into the experiences of women using contraception services and as a such, we were able to include a few questions around this topic.

## The Survey

After reviewing how the questions on the Men's Health survey flowed, we decided to start the women's survey by asking them of their experiences with health and care services. We undertook this to give a better lead into the remainder of the questions.

A final version of the survey was agreed and uploaded onto SmartSurvey (an online survey facility) as well as 500 hard copies printed for distribution across Salford.

\*Building an Age Friendly Salford 2018-2021

(<https://sccdemocracy.salford.gov.uk/documents/s7024/Appendix%201%20Age%20Friendly%20City%20Salford%20Context%20January%202018.pdf>)



## The Webpage

A webpage dedicated to Women's Health was hosted on our main Healthwatch Salford webpage and included information about the project, survey and useful links for information to other websites (NHS, cancer awareness, mental health support etc) as well as short instructional videos showing women how best to check themselves for signs of breast cancer etc.

## The Engagement

A social media campaign was led and devised by Healthwatch Salford that ran throughout the duration of the project and shared by SCCG as well as other health and care partners to increase awareness of the survey and the web information page.



## Impact of COVID-19 restrictions

Soon after the survey had launched, the global pandemic of COVID-19 hit the UK. Engagement events were scaled right back and any face-to-face focus groups we had planned to do were postponed.

The level of engagement had now evolved into a digital only world.

The survey was due to close at the end of May 2020 but given the difficulties we had faced in engaging with members of the public, we decided to extend this closing date to the end of August 2020.



## The Focus Groups

It was planned early on to run some focus groups within the workplace. Given our challenges with COVID-19, lockdown and social distancing, we had an idea to pilot an online version of the focus group, using the Zoom application.

The groups were advertised through social media, with participants invited to contact us expressing an interest to join. Prior to the focus groups, we sent out a 'briefing sheet' which outlined the aims of the project as well as establishing some ground rules for the session ahead.

In total we ran 4 focus groups, including one for women from the BAME community. The groups were an opportunity for women to talk about what health and wellbeing means to them. This gave us a total of 19 women who we were able to engage with who we might not have reached in any other way.

**At each focus group the same guide questions were asked in order to promote discussion:**

- What do women do to keep themselves healthy?
- What sort of things do women worry about to do with their health?
- What things can be done to make women access better support in keeping themselves healthy?
- What should women do to keep themselves healthy but don't do?
- What are the barriers that women find in trying to keep themselves healthy?

**From these combined discussions the following themes emerged and have been referenced in more detail throughout this report.**

- Education & knowledge
- Financial pressures
- Society & culture
- Family responsibility
- Emotional management
- Being listened to





## Summary

Most women tended to have a good idea of what they need in place to maintain a healthy life. Their experiences of using services seemed good, but their awareness of what services should be available to them was not so. Some of the key highlights that were picked up on this project were:

Their experiences of health and care services:

**90%**

of the women who had used a health or care service within the last year rated them as 'very good' or 'good'

**99%**

of these women also said that they felt 'completely' or 'mostly safe' when last using these services

**19%**

of them felt that the services **did not understand** or **were not sure** if they understood their needs as women



## How they looked after themselves

Physical exercise, staying connected with people and eating well were amongst the most popular ways in which the women looked after themselves. Several women describe how being involved in creative activities, either alone or with others, supports them with their wellbeing. Women spoke of how involvement in activity has got them through difficult situations including aiding recovery from addiction or more harmful lifestyles. It was felt however that lack of knowledge or education, financial pressures, and family responsibilities, acted in some cases as barriers, which prevented some women from fulfilling these. Society and cultural (perceptions and ethnic differences) were also learned to be obstacles in which some women found difficult to overcome.

Awareness of breast and cervical screening services was moderate with 89% of women eligible having had a cervical test and 81% of women eligible having had breast screening. To note, however that whilst they were within the age criteria for breast screening, 12% of these women had yet to receive an invite. Similarly, a large proportion (28%) of the women aged between 40 and 74 years were unaware that they could get an NHS health check with their GP.



## **Their suggestions for possible solutions**

Throughout the survey and focus groups, we picked up on comments the women made to suggest possible solutions for the barriers that they had encountered.

These included:

- More access is needed to female health care professionals
- Affordable female only leisure and exercise sessions
- Family friendly waiting rooms and clinics
- Family friendly exercise classes
- Women should be listened to, and treated as individuals.
- Women should be consulted on when designing services for women
- Free or inexpensive classes and information on:
  - preparing cost effective, healthy food
  - food and nutrition
  - managing money and budgeting
  - English as a second language

\*\*\* response from SCCG

\*\*\* response from SCC (Public Health)

## **Response from Salford Clinical Commissioning Group**

Salford NHS Clinical Commissioning Group (CCG) are committed to listening to patients and learning from their experiences in order to develop services that meet the needs of Salford Citizens. For this reason the CCG's joint engagement team work closely with Healthwatch Salford to maximise our opportunities to engage with Salford Citizens.

Findings from this report will be shared with the CCG Governing Body and Quality Assurance Team to ensure that women's views are being taken into account at the highest level.

# What did the results of the survey say?

We received 123 completed surveys, 7 of which were completed by women who lived outside of Salford. For the purpose of this project, we have only included the views and experiences of the 116 women from Salford, whilst passing on the other 7 surveys to the relevant local Healthwatches' for their information.



## What was their experience of health and care services?

We started the survey by asking the women how many health and care services they had accessed during the last year. From the 103 women that responded to this question, we learnt that combined, they had interacted with services at least 355 times, with GPs understandably equating to the most popular services followed by NHS dentists and pharmacists.

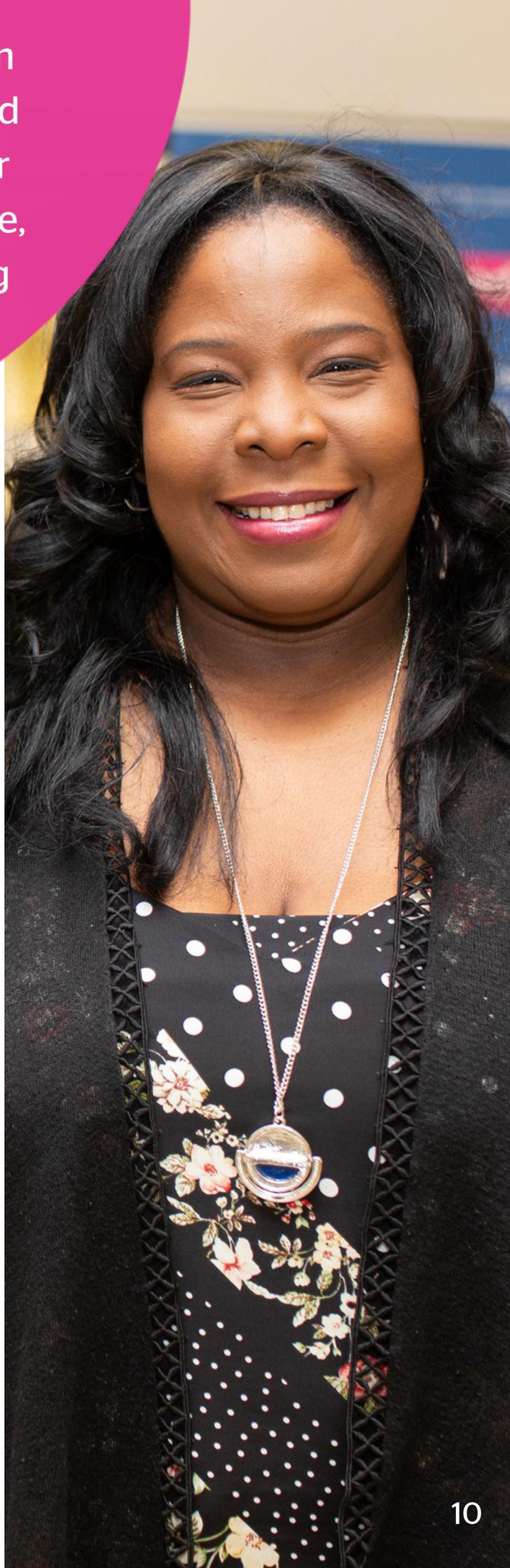
	How many of the women accessed these services during the last year
GP	93
NHS dentist	59
Pharmacist	55
Hospital outpatient	50
A&E	22
Mental health support	20
Hospital inpatient	18
NHS 111	16
Private dentist	7
Sexual health services	4
Social care	4
Physiotherapy	2
Audiology	1
Midwife/health visitors	1
Nurse	1
Optician	1
Private trauma care	1
<b>Total interactions from 103 women: 355</b>	

We then went on to ask them what the last service they had accessed was and what their experience was of this service, again with GP services being at the top of the list.

Which of these services was last accessed by the women during the last year

GP	48
Hospital outpatient	18
NHS dentist	10
Pharmacist	9
Hospital inpatient	5
Mental health services	4
A&E	3
Private dentist	2
Community clinic	1
Mammogram	1
Private trauma care	1
Sexual health services	1

Total number of women 103



## How did they rate the services?

In total, 90% of the women who answered this question told us that they rated the service 'good or very good', with only 2% rating them as 'poor or very poor'.

	Good or very good	Neither good nor poor	Poor or very poor
GP	43 90%	4 8%	1 2%
Hospital outpatient	16 89%	1 6%	
NHS dentist	10 100%		
Pharmacist	9 100%		
Hospital inpatient	3 60%	2 40%	
Mental health services	3 75%	1 25%	
A&E	3 100%		
Private dentist	2 100%		
Community clinic	1 100%		
Mammogram	1 100%		
Private trauma care	1 100%		
Sexual health services	1 100%		

\*Number of women who answered this question



**I find the new GP website very good and easy.  
I requested a GP telephone appointment and the GP  
rang me the same day. Very helpful and fast response.**

**-GP patient**

**The pharmacist recommended an  
ointment, which solved the problem.**

**- Pharmacy service user**

**I was kept informed of what was happening.  
Friendly staff. Felt safe due to covid.**

**-Hospital inpatient**





Respondents were then asked if there was anything that could have been done to have made their experience better.

30 women commented on this question with 11 of them calling for less waiting times to get an appointment and others suggesting better communication between services and the quality of staff/appointments would be ways of making their experience better.

**How safe did they feel?**

Keeping with the theme of their individual service review, we asked respondents to say how safe they felt during their interactions. 99% of them told us that they felt ‘completely safe’ or ‘mostly safe’ with just 1% saying that they did not.

**Focus groups**

Across the focus groups, discussion took place about accessing health care, and for some women, the need to be seen by a female health care professional can out way the need to be seen in a timely way. Also, there are some health issues that women may want to consult a health care professional about that may have implications in their cultural society, birth control for example. This can leave some women with the fear of being judged or simply, without access to these services.

Suggested solutions:

- ✓ Access to female health care professionals



**I need a little more time to discuss options. There are are always time restricted.**

**-GP patient**

**Not knowing the results of the blood tests. Very irritating.**

**-Hospital outpatient**

**I have been going to the dentist for a while so trust them - also it has family run feel so it feels a safe place. The dental nurse is also a woman, so I don't feel nervous that the dentist is a man.**

**-NHS dental patient**



## How safe did they feel?

	Completely safe	Mostly safe	Unsafe most of the time
A&E	2 67%	1 33%	
GP	39 81%	8 17%	
Hospital inpatient	5 100%		
Hospital outpatient	12 67%	6 33%	
Mental health services	4 100%		
NHS dentist	9 90%	1 10%	
Pharmacist	6 67%	3 33%	
Private dentist	2 100%		
Private trauma care			1 100%
Mammogram	1 100%		
Community clinic	1 100%		
Sexual health services		1 100%	

\*Number of women who answered this question



**I felt it was a safe environment, although it was only early morning.**

**- A&E patient**

# Were their needs assessed and met in an appropriate way?

Overall **92%** of the 101 people who completed this question, felt that their needs had been met in an appropriate way.

	Completely	Mostly	To some degree	Not at all
A&E	2 67%	1 33%		
GP	32 67%	11 23%	3 6%	1 2%
Hospital inpatient	4 80%	1 20%		
Hospital outpatient	12 67%	4 22%	1 6%	
Mental health services	2 50%	2 50%		
NHS dentist	9 90%	1 10%		
Pharmacist	7 78%	1 11%	1 11%	
Private dentist	1 50%		1 50%	
Private trauma care				1 100%
Mammogram	1 100%			
Community clinic	1 100%			
Sexual health services	1 100%			

\*Number of women who answered this question

**I received a very personal service from someone I felt knew me well.**

**-Dental patient**





# Did they feel that the services understood their needs as women?

81% of the women who answered this question felt that services did understand their needs as women, however 12% were unsure and 7% felt that their needs were not understood at all.

Examples given where they felt they hadn't understood their needs included **poor communication** from clinicians and a **lack of awareness** of menopausal issues.

## Focus groups

### Being listened to:

From the focus groups, there was a strong feeling that women were not always listened to by medical professionals. Particularly when describing symptoms or feelings of ill health, comments such as 'women's problems' and 'it happens to everyone', 'it's what you should expect at your age' being used to make what they are trying to convey seem of less importance. One person described how this attitude led to misdiagnoses and delayed treatment of symptoms.

### Suggested solutions:

- ✓ Women being listened to and treated as individuals
- ✓ Women being consulted on when designing services for women

	Yes, most of the time		Yes, sometimes		Not sure		Not at all	
A&E	1	33%	2	67%				
GP	30	63%	9	19%	3	6%	5	10%
Hospital inpatient	3	60%	2	40%				
Hospital outpatient	15	83%	1	6%	1	6%	1	6%
Mental health services	3	75%	1	25%				
NHS dentist	7	70%	1	10%	2	20%		
Pharmacist	2	22%	1	11%	5	56%	1	11%
Private dentist	1	50%			1	50%		
Private trauma care	1	100%						
Mammogram			1	100%				
Community clinic			1	100%				
Sexual health services	1	100%						

\*Number of women who answered this question

**I was turned away from having a smear test as I wasn't allowed to bring a pram into the doctors surgery (to keep a toddler strapped in!)  
- GP patient**



**I often request to see a woman when seeing a GP as I feel more comfortable talking to a woman about my health - I feel like I will be taken more seriously by a woman.  
- GP patient**

If they were referred to another service, did they think the referral from one service to another was made smoothly?

56 women told us that they were referred from one service to another with 9 of these saying their referral was not smooth at all. Reasons for this seemed to be owing to administration errors or delays which left the patients feeling unsure of what was happening.



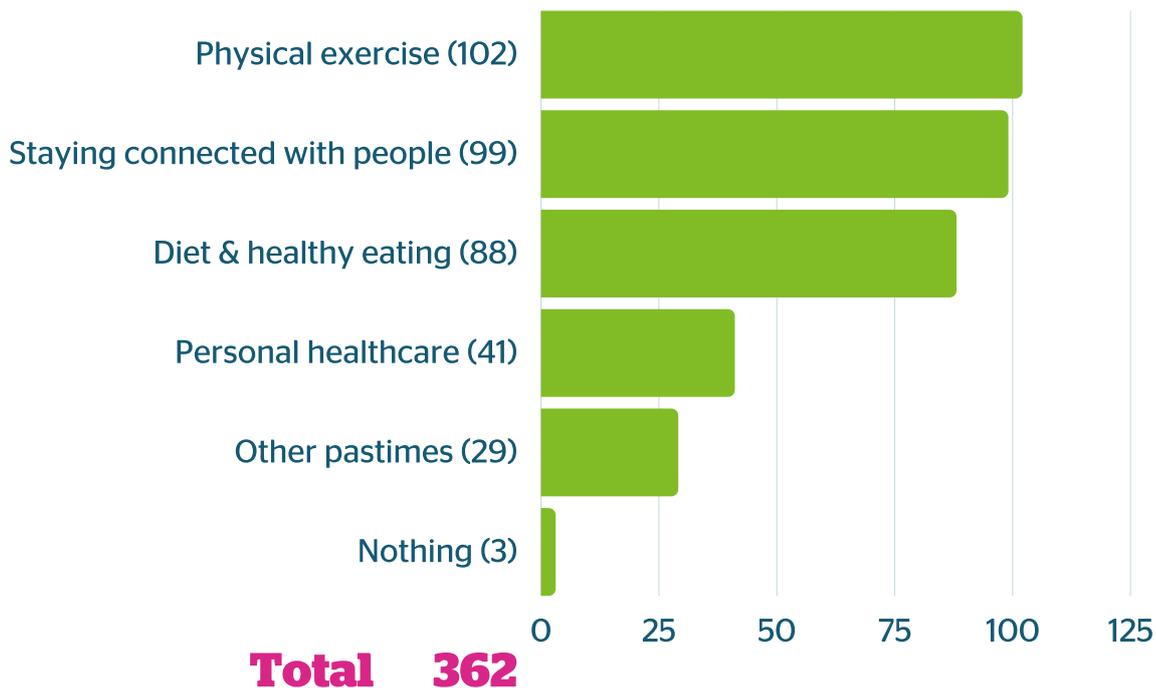
**Wrong department referral then had to keep chasing up the referral to the correct department.  
- GP patient**

**I could not get through to the department when arranging appointments at the beginning.**

**- Hospital outpatient**

# How do the women take care of themselves?

We asked the women what sort of things they did to take care of themselves with 105 respondents making 362 suggestions for ways of staying healthy. These comments were analysed and themed as follows:



## Physical exercise

General exercise, walking and cycling were mentioned as the most popular ways to enjoy physical exercise with other examples including walking the dog, going to the gym and playing sports. Some comments centred around the cost of gym membership saying that in these cases it was unaffordable.

**I don't exercise because I am overweight and there is nowhere, I feel comfortable going to that I can afford.**





## Staying connected with people

Socialising was a predominant way in which the women mentioned staying connected with people. Taking time out to meet up with friends and family was seen as an important way to ensure their wellbeing. Also getting involved with community groups and volunteering was another positive step.



**Being part of groups and clubs, meeting with friends, having a supportive husband and bestie helps.**

## Diet and healthy eating

Many women suggested eating healthily and watching their weight as ways of looking after themselves.



**Healthy diet and walking daily makes all the difference.**



## Personal healthcare

41 suggestions were made around personal healthcare with the majority focused on meditation or yoga as a way of mindfulness. It was encouraging to read that a few people also mentioned taking their medication as prescribed and attending health appointments as another way that they look after themselves.



**I do yoga and meditation most mornings from home.**

**It's good to eat healthily, go for walks, pampers like hairdressers and beauty treatments, but I'm a busy housewife and mum, and work full time!**

## Other pastimes

Various different hobbies were listed from arts and crafts through to learning new skills and taking holidays.

## Nothing

Interestingly, 3 women said that they did nothing to take care of themselves but didn't mention what barriers were in the way preventing them from doing this.



# Focus Groups

What women did to take care of themselves and some of the barriers that they face formed our focus group questions. From these groups they told us similar things that were echoed in the main survey, but as this was real time, we were able to delve deeper into their reasons and summarised them as follows.



## Education & knowledge

All of the participating women discussed their understanding of the need to live a healthy lifestyle in order to maintain good health. Eating well, regular exercise, maintaining a healthy weight and being up to date with health checks as well as reducing consumption of alcohol and smoking were discussed in all of the groups. It was felt that while people may know what they should and should not be doing or eating in order to stay healthy and well, it did not follow that this is what they do. However, it was also felt that there is a lack of knowledge and understanding by some women of these issues for a variety of reasons.

Lack of education with regard to cooking and nutrition taking place in schools was seen as contributing cause to this lack of knowledge. This coupled with the constant promotion of cheap processed convenience foods, advertised and packaged in a way to encourage us to see them as healthy options.



## Education & knowledge

Lack of education with regard to budgeting and financial management was also seen as a factor. Although this was not seen as a cause of families living in poverty, it was seen as a reason why some may be unable to prioritise spending and shopping efficiently.

Knowing where to go for non-judgemental support and advice as well as where to access appropriate health services in a timely manner was considered a factor as to why some women did not seek help and support or keep up to date with health checks.

For some women from the BAME community, language is a barrier to accessing learning and information about what support is available in the community. For some who may find themselves in an unfamiliar environment or situation there is a lack of knowledge about general health and social care services and what support is available to them and they can find it difficult to manage in a new language. Many rely on family members or interpretation and translation services to attend and understand medical appointments or screening services.





## Financial pressures

It is perceived by many that healthy food is expensive and that buying fresh fruit and vegetables is out of the reach for low income families. The cost of gym membership and using swimming pools was also seen as something that prevents many from taking adequate exercise.



## Society & culture

Society's perception and expectation of women was seen as something that is often detrimental to women, in particular to their confidence and self-esteem. The media message that women should look and behave a certain way can put pressure on many women. Some participants exemplified this by saying it was felt like women should be 'slim and attractive, keep a perfect home, have a job and maintain a family'.

For some women there also appears to be the added pressure of cultural expectations of how a woman should behave. This can affect their ability to access health care, leisure facilities, education and employment, particularly if families or husbands don't support a woman with what she wishes to do to keep well and have a fulfilled life.

Domestic abuse in a variety of guises was also considered a barrier to some women being able to maintain their health and wellbeing. Whilst not referencing personal experiences, some of the women talked about how someone else could have control over how or if they were to access any service or support whilst also causing physical, mental or emotional harm.



## Family responsibility

A theme that was almost unanimous amongst the participant of all backgrounds was that of their responsibility to and for others. It was generally considered that women will put the needs of other family members before that of their own. Making sure that children have what they need to be well and healthy and have a fulfilling life before considering their own needs. The same could also be said for women who have the caring responsibility of adult members of their family, elderly parents for example. This in itself can be a barrier for some women to make time for their own health checks and medical appointments let alone time to exercise or take time out to relax or pursue hobbies or leisure activities or even have time for appropriate meals and have a healthy sleep pattern.

## Emotional management

Another theme which emerged from discussions was the importance of connecting with others and making time for creativity. It was felt that it was crucial for any woman to be able to take time from work and responsibility for others to put themselves first and take part in an activity that as one participant described as 'fed their soul'. Having time for themselves, makes it possible to maintain care and support of others. Several women describe how being involved in creative activities, either alone or with others, supports them with their wellbeing. Women spoke of how involvement in an activity has got them through difficult situations including aiding recovery from addiction or more harmful lifestyles.





## Suggested solutions

- Access to health and wellbeing information in a range of formats, media and languages
- Affordable female only leisure and exercise sessions
- Family friendly waiting rooms and clinics
- Family friendly exercise classes
- Free or inexpensive classes and information on:
  - preparing cost effective and healthy food
  - food and nutrition
  - managing money and budgeting
  - English as a second language classes

## Screening and health checks

93 women identified as being between the ages of 40 and 74, with 67 (72%) of them telling us that they were aware they could have a free NHS health check. Out of these women that were aware, only 42 (63%) had had the health check. 26 (28%) of the women were unaware that they could even have the health check.

38 women identified as being between the ages of 60 and 75, with 36 (95%) of them having undertaken a home bowel screening test. Only 2 of the women said that they were within that age range but hadn't.

Cervical screening (smear test) is offered to women aged 25 to 64 to check the healthy cells in the cervix. It is offered every 3 years for those aged 26 to 49, and every 5 years from the ages of 50 to 64. We asked the women if they had had the test. 74 women identified as being within these age ranges with: 66 (89%) of them telling us they had had the test; 6 (8%) were invited to attend to have the test but declined; 2 women aged between 40 and 60 years hadn't received an invitation and 4 others weren't sure or felt it was not applicable.

We further asked the women who had not had the test or declined one what their reasons were with a couple telling us that they were awaiting an appointment (one was cancelled due to COVID-19) and another felt them uncomfortable.

**I find them difficult - uncomfortable, humiliating and traumatic.**

**-Survey respondent about cervical screening checks**

**One of the respondents did make the following additional comment:**

**25 years is way too late to start offering smear tests. If you can have sex, you should be able to get a smear!**

**-Survey respondent about cervical screening checks**

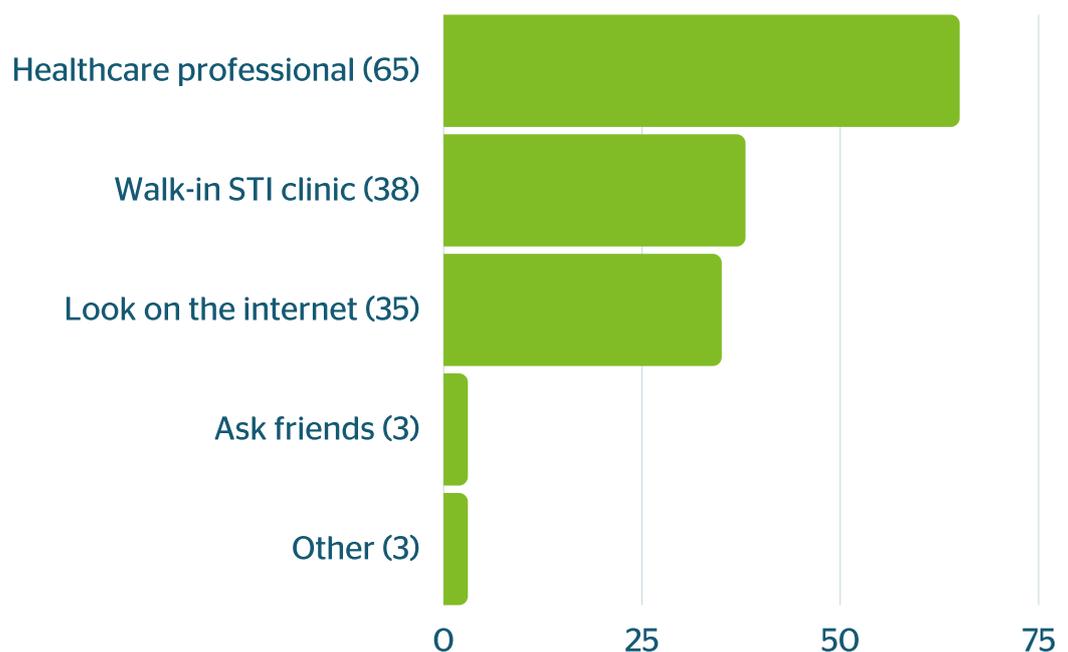


Breast screening is offered to women aged 50 to 70 to detect early signs of breast cancer. Women over 70 can self-refer. We asked the women if they had had the test with **58** identifying as being within this age range or having had the test. Out of the **58 women**, **47 (81%)** of them had had the test (including **3 women over the age of 70** who had self-referred). **7 (12%) women** told us that whilst they fitted into this age range, they hadn't been invited to have a test and **2 others** were unsure or felt it was not applicable.

**2 of the women** had been invited for screening but declined citing their reasons as administrative errors from receiving the appointment letter on a date after this appointment had passed. **2 women** had mentioned that appointments were ready for the screening but were cancelled due to COVID-19 and lockdown.

**We asked the women where they would go to for advice if they felt they had a sexually transmitted infection (STI).**

**They told us:**



Number of women who chose this option



## Contraception

The Public Health team at Salford City Council were interested to find out women's experiences of accessing contraception and any barriers that they had faced. **26 women told us that they had used contraception** during the last 2 years with condoms being the preferred method closely followed by the combined pill.

We asked those 26 women if when trying to get the contraception they had experienced any barriers and they told us: **8 (31%)** had experienced difficulty in getting a timely appointment; **6 (23%)** said that services didn't have their preferred method of contraception available; **4 (15%)** found it difficult to get to the service and **3 (12%)** said that the opening times of the service was not convenient. In addition, **7 (27%)** said that they had experienced other problems including staff seeming to be inappropriately judgemental and being seen by nursing staff who were not qualified to prescribe, which resulted in multiple trips.

One respondent did feel that contraception services seemed desperate to put patients onto implants, which they didn't feel was appropriate when dealing with someone who had sensory processing difficulties.

## Response from Public Health Team at Salford City Council

Public Health in Salford City Council are planning to carry out a Sexual and Reproductive Health Needs Assessment, which will include asking service users about their experiences of local services including contraception. We will take the feedback from Healthwatch's Women's Health in Salford report into consideration when planning future services.

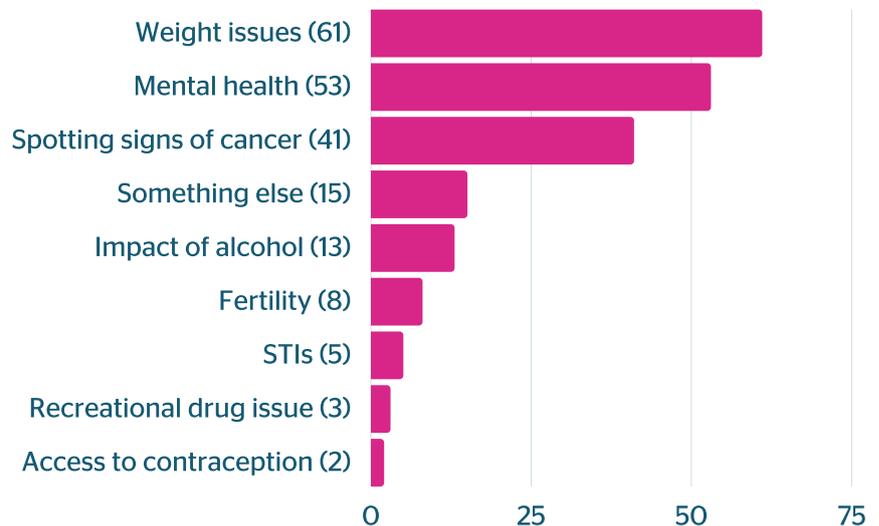


## Did women understand the term 'self-care'?

107 (92%) women told us they understood what was meant by the term 'self-care'.

## What things worried women?

We wanted to understand what things worried women and so asked them to tick as many of the issues from a list as required. 98 women responded to this question and from this, we found 201 issues with weight issues being the top worry, followed by mental health and spotting the signs of cancer. 15 women mentioned other issues which included arthritis and joint pain, menopause and long-term conditions.



We then went on to ask these women if they had been worried about any of these things over the last year but didn't seek medical advice about them. 49 of them told us that various issues such as mental health, stress, cancer and weight issues being amongst the most they didn't seek medical advice about.

We asked the 49 women why they didn't seek medical advice and 15 of them told us that they thought it would get better on its own; 11 felt embarrassed; work got in the way for 9 of them and 4 couldn't get an appointment. 22 women also commented other things such as stigma and fear of being judged, not having the time, and not thinking it was serious enough, were among the reasons for not seeking medical help.

## Where do women usually go to for advice about health-related matters?

We asked the women where they went to for health related advice and found the most popular route for advice was to see a health professional (85 women) followed by looking on the internet (71 women) and talking to friends or family (67 women) as the most popular.

## If women felt unwell but couldn't get an appointment with their GP, did they know what other services were available to them?

101 (87%) women told us they knew what services were available should they feel unwell and unable to get a GP appointment with just 13 (11%) saying they didn't.

## What else did they say about women's health in general?

36 women went on to further talk about women's health in general, the most popular topic being around appointments, with the struggle to get a timely appointment and GPs seeming to be 'too busy'. Mental health services were also a key feature of what they wanted to talk about.

**I think Salford have the best health care for all ages.. second to none!**

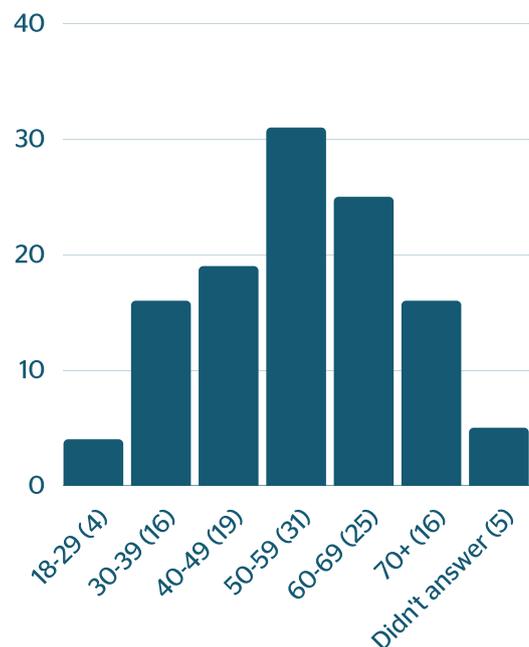
**It could be better, the male staff are usually more proactive than the female staff.**

## Demographics

Where the women live:



## Age



Number of women who identified in these age groups



## Demographics

**79 (68%) of the women told us that they had children**



**Did any of the women have a disability?**

**NO**

**YES**

**DIDN'T ANSWER**

**77**

**28**

**11**



**What was their living circumstances?**

**63 live with a partner**

**36 live alone**

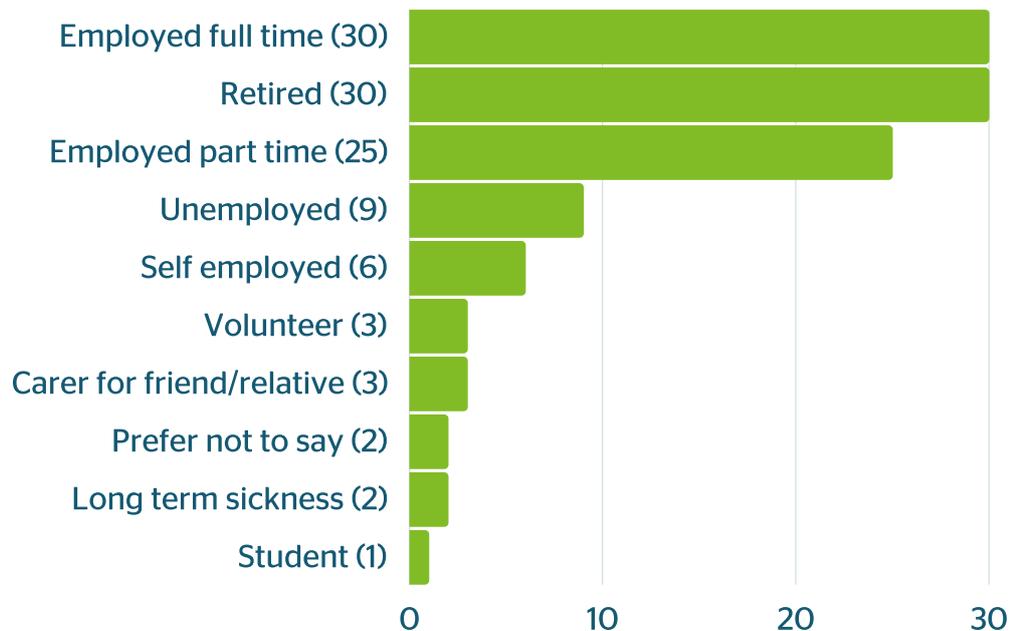
**9 didn't answer**

**7 with family**

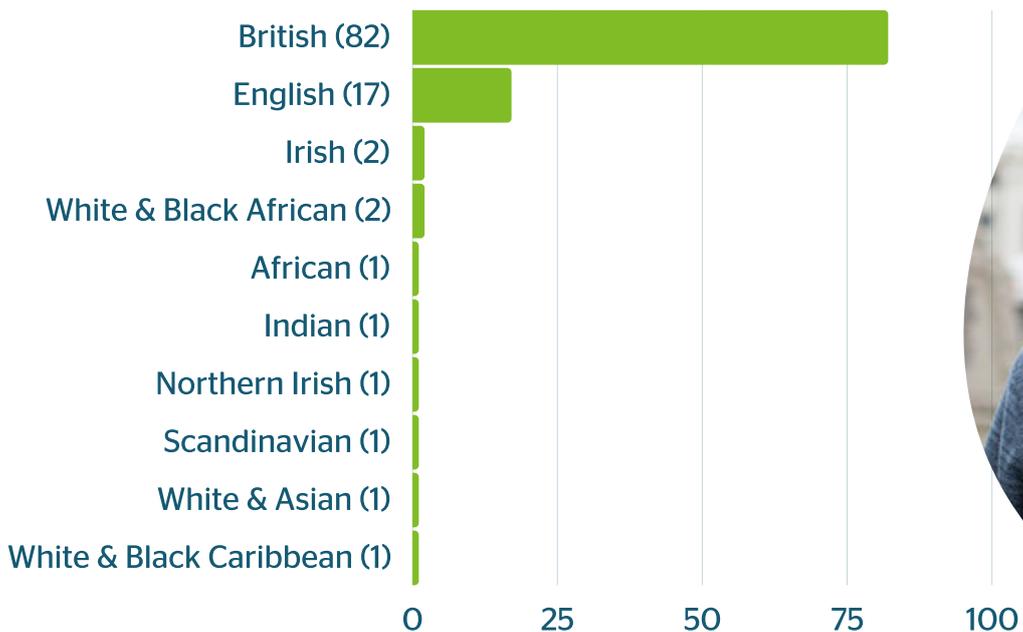
**1 house share**

# Demographics

## What was the women's employment status?



## How did women describe their ethnicity?



\*2 women preferred not to say

Number of women who described their ethnicity





## Demographics

How did women describe their sexual orientation?

**94**

**Heterosexual  
(straight)**

**11**

**Preferred not to say  
or didn't answer**

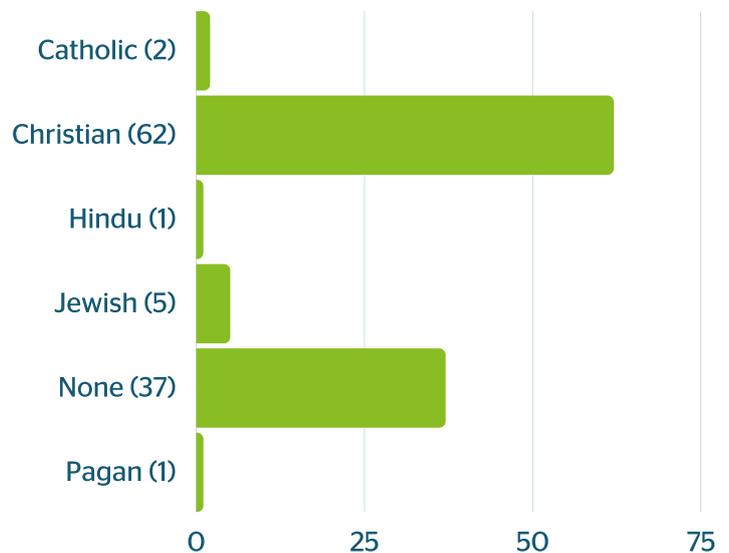
**5** Gay  
woman/lesbian

**5** Bisexual

**1** Queer



Did the women identify with any religion or belief system?





## Conclusion

Whilst engagement throughout this project has been problematic owing to the COVID-19 pandemic, we are pleased with the level of responses to our survey and focus groups.

We have been able to scratch the surface around women's health and the services that are there to support them, giving food for thought on future collaborative projects looking into some of the areas in more detail.

This report has been published onto our website and shared with Healthwatch England, Salford CCG, Salford City Council and other local health and care providers.

We welcome future opportunities to work with health and care partners to examine some of our findings in more detail.

### Acknowledgements

Many thanks go out to the Salford residents who gave up their time to take part in this project.

Thanks also to the staff and volunteer team at Healthwatch Salford, the engagement team at Salford CCG and public health team at Salford City Council as well as other organisations for helping to share the survey.



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