# Birmingham Public Health Green Paper

To inform the development of the Birmingham Public Health Strategy 2019-2023

## Public consultation: 18 March 2019 – 28 April 2019

## Consultation Questionnaire

## Questions we are asking about the Birmingham Public Health Green Paper

We are asking the people of Birmingham, strategic partners, and key agencies (including current service providers) to let us know your views on the public health priorities for the city set out in the Birmingham Public Health Green Paper.

This Green Paper sets out the proposed Public Health priorities for the next four years. Our priorities have been informed by data and intelligence on the areas of need in our City.

Within the Green Paper we have set out the reasons each priority has been chosen, and the actions that we and our partners would like to take to address these priority areas and, in **turn, improve the health and wellbeing of Birmingham's population** at every stage of life.

The priorities have been designed to support the shared ambition across the Council and its partners in the NHS, Police, Fire Service, Voluntary and Community Sector to improve the health and wellbeing of local people and support them to achieve their potential in life.

The four priorities align with the Council vision of Birmingham as an aspirational city to grow up in, an entrepreneurial city to live, work and invest in, a fulfilling city to age well in and a great city to live in. We also recognise in the Green Paper the shared objective that Birmingham citizens gain the maximum benefit from hosting the Commonwealth Games.

We want to hear from you to help us reflect on whether these are the right priorities and to help shape our thinking as we look to develop a framework for action for the future.

## Section One: The Vision

***Please see Section 1 of the Public Health Green Paper***

**1. Our vision is to improve and protect the health and wellbeing of Birmingham's population by reducing inequalities in health and enabling people to help themselves.**

**This is driven by three values: equity, prevention and evidence-based practice.**

**a. To what extent do you agree or disagree with the vision and core values that we have set out for Public Health in Birmingham?**

*(Please tick one box only)*

| Strongly agree | Agree | **Don't know** | Disagree | Strongly disagree |
|---|---|---|---|---|
| ☐ | ✓ | ☐ | ☐ | ☐ |

**b. If you disagree, please explain why and let us know how you think this could be improved.**

It is important to recognise that one can't seek to be driven by a value like equity without formally addressing the underlying inequality and historic systematic exclusion of some people in Birmingham. It is important to focus on and identify those who are 'excluded' in order to serve true equity through the Public Health response, this would in turn count as evidence-based practice. Practice which runs without considering context risks the danger of further minoritizing groups of people in our society, exacerbating outcomes. The values attached to this Public Health Green Paper are not meaningful and will not deliver the outcomes most needed if this work is not done.

The Public Health Green Paper recognises "that different groups within Birmingham's population have different needs"[1]. This is significant, and it is important for the Green Paper to state the types of recognised experience that they have identified, when writing the final Paper. This will determine the genuine consideration and inclusion of all people.

A group which represents 51% of Birmingham[2], women and girls, are one such group whose experiences need to be analysed in order to determine routes to achieving health and wellbeing potential. A World Health Organisation paper found violence against women and girls to be a "global public health problem of epidemic proportions"[3]. The evidence base for the link between violence against women and girls and their health and wellbeing outcomes

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[1] Birmingham City Council, "Birmingham Public Health Green Paper", (March 2019) < https://www.birminghambeheard.org.uk/people-1/birmingham-public-health-green-paper/supporting_documents/Public%20Health%20Strategy%20Green%20Paper.pdf> accessed on 08/04/2019

[2] Birmingham City Council, "2017 Mid-year population estimate", (2017) <https://www.birmingham.gov.uk/downloads/file/9854/2016_mid-year_population_estimatev2> accessed on 08/04/2019

[3] World Health Organisation, "Global and regional estimates of violence against women and girls", Department of Reproductive Health and Research, (2013) <https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1> accessed on 08/04/2019

is ever-expanding.[4] Many societies choose to view the violent experiences of women as disconnected events, taking place in the private social spheres of life, and beyond the realm of policy makers and health care providers.[5] It is therefore crucial for public services and public health to be addressing the structural and underlying causes and risk factors in order to prevent devastating consequences. Strengthening multisectoral services and responses for victims and survivors is a key element of eradicating the barriers to support women face.

Women, understood through an intersectional[6] lens, have been found to be more at a disadvantage than men in contemporary Britain[7]. Gender has been found to be the most common type of hate crime, with violence against women and girls accounting for 57000 out of the 67000 recorded incidents by the Crime Survey of England and Wales.[8] There is currently a call for data to be recorded in an intersectional way, as Black, Muslim and Jewish women's experiences are under-recorded.[9] Furthermore, crimes listed under Violence Against Women and Girls (such as domestic abuse, rape and other sexual offences) accounted for one in five of the Crown Prosecution Services total caseload.[10] These crimes against women and girls, and other gendered inequalities, have been linked to a greater risk of mental health problems among women, with depression being the most prevalent.[11] One in five women have experienced sexual assault in the UK[12], and 42% of femicides were ruled to have 'overkilling' evident[13]. These health and wellbeing problems are products of a complex and multifarious web of inequalities, which decrease women's likelihood of fitting into a universal system which does not recognise root-causes.

There are a broad range of health effects at play, which include both direct pathways of violence (injury and death), and other indirect pathways for multiple health problems (reproductive, mental health).[14] However, all pathways affect women's positive participation in society, undermining their outcomes.

These figures highlight the issue of violence against women and girls in our society, however, the causal pathways which exacerbate women and girl's subjugation need to be addressed holistically. Identifying, understanding and responding to gendered issues will

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[4] WHO VAWG (n 3)
[5] WHO VAWG (n 3)
[6] Coined by Kimberlé Crenshaw in 1989: the overlap of various social identities, such as race, gender, sexuality, and class, contributes to the specific type of systemic oppression and discrimination experienced by an individual. An analytic framework that attempts to identify how interlocking systems of power impact those who are most marginalized in society.
[7] Women's Budget Group, "Female Face of Poverty", (July 2018) <https://wbg.org.uk/analysis/the-female-face-of-poverty/> accessed on 08/04/2019
[8] Fawcett Society, "New Fawcett Data Reveals Gender Is Most Common Cause Of Hate Crime For Women", (January 2019) <https://www.fawcettsociety.org.uk/news/new-fawcett-data-reveals-gender-is-most-common-cause-of-hate-crime-for-women> accessed on 08/04/2019
[9] FS Gender Hate Crime (n 8)
[10] Crown Prosecution Service, "Violence Against Women and Girls Report 2017-18", (September 2018) < https://www.cps.gov.uk/sites/default/files/documents/publications/cps-vawg-report-2018.pdf> accessed on 08/04/2019
[11] World Health Organisation, "Understanding and addressing violence against women: Health consequences", (2012) <http://bit.ly/2IMHfL5> accessed on 08/04/2019
[12] ONS, "Sexual offences in England and Wales: year ending March 2017", (February 2018) <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendingmarch2017> accessed on 08/04/2019
[13] Femicide Census, "The Femicide Census: 2017 Findings", (December 2018) <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2018/12/Femicide-Census-of-2017.pdf> accessed on 08/04/2019
[14] WHO VAWG (n 3)

enable Birmingham's Public Health strategy to focus equity and prevention, by utilising evidence-based practice. Birmingham's Public Health Green Paper has the opportunity to help plug the gaps and provide equity for some of the inequalities which exist that affect 51% of its service users achieving their health and wellbeing potential.

The reality of this is that a proportion of this 51% also hold responsibility for their children, a prioritised group in Birmingham by the Public Health Paper. It has been found that 58% of women fleeing abusive homes have children and that one in 15 women who have survived domestic abuse and violence are pregnant.[15] Therefore, outcomes for this group (children) are also affected by the efficacy of the analysis and prevention provided for women.

[15] "Hundreds of pregnant domestic abuse victims escape their partners each year – but support for them is dwindling", The Independent, (March 2019) <https://www.independent.co.uk/news/uk/home-news/domestic-abuse-victims-pregnant-support-service-england-a8846831.html> accessed on 24/04/2019

## Section Two: The Four Priority Areas

***Please see page 3 of the Public Health Green Paper***

2. **We have structured our priorities into four priority areas, three life stages from birth to death, and a fourth that reflects the important role of the environment around us on our health. These priority areas are:**

   - **Child health**
   - **Working age adults**
   - **Ageing well**
   - **Healthy environment**

**a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision?**

*(Please tick one box only)*

| Strongly agree | Agree | **Don't know** | Disagree | Strongly disagree |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ✓ | ☐ |

**b. If you disagree, please explain why and let us know how you think these could be improved.**

Due to the nature of violence against women and girls, the health and wellbeing impact is often long-term and involves experiencing a number of complexities.

Children who go through Adverse Childhood Experiences (ACEs), without appropriate support and intervention work, are often untreated and carry the impact through into their adult lives. The consequences can be devastating, with benefits of adopting an ACEs preventative framework having been recognised and endorsed by Birmingham's Assistant Director of Public Health[16].

The four priority areas identified by Birmingham Public Health's Green Paper, are holistic in that they cover all stages of life. However, they don't seem to show any interconnectedness between each stage. In regards to ACEs, the Green Paper priorities don't appreciate the complexity of the connected long-term effects on health and well-being. This is a concern given the nature of violence against women and girls: the long-term impact it carries, and the various forms it takes at different stages of life.

Another concern, is that the stages haven't been broken down into subcategories such as gender and ethnicity. This poses obvious problems, since no one group of people are monolithic. It is important for each stage to consider an intersectional gendered perspective in order to better understand and address violence against women and girls.

[16] Birmingham City Council, "Case Study Adverse Experiences in Childhood", Local Government Association, (August 2018) <https://www.local.gov.uk/sites/default/files/documents/Reducing%20family%20violence%20case%20study%20Birmingham%20final.pdf> accessed on 08/04/2019

## Section Three: Overarching Themes

***Please see Sections 6 and 11 of the Public Health Green Paper***

**3. We propose that as well as our four priority areas, there are two overarching themes that should be considered across our work, these are:**

- **Addressing health inequalities because every child, citizen and place matters**
- **Maximising the public health gains from hosting the Commonwealth Games**

**a. To what extent do you agree or disagree that the overarching themes should be considered across our work?**

*(Please tick one box only)*

| Strongly agree | Agree | **Don't know** | Disagree | Strongly disagree |
|---|---|---|---|---|
| ☐ | ✓ | ☐ | ☐ | ☐ |

**b. If you disagree, please explain why and let us know how you think these could be improved.**

Addressing health inequalities for each sub-category created by the Public Health Green Paper is important, as it reveals the different lived experiences and barriers that exist for each group. Analysing barriers will reveal health inequalities. This should enable the development of services which genuinely prioritise "every child, citizen and place"[17], because the barriers will be evident.

There are many barriers that women and girls face in Birmingham, some of which are as a result of systematic failures. In this section we will outline some of these barriers and how they amount to health inequalities which need to be addressed. It is important to point out that the majority of women and girls are faced with a number of these barriers at a time, including others not listed.

**Poverty**

One of the by-products of gendered disadvantages has been found to be that women are disproportionately affected by poverty than men.[18] Due to the gendered expectations of the role of care and who should earn money, men and women often have different employment patterns. Women, on average, carry out 60% more unpaid work than men.[19] Women are on average spending up to 26 hours on unpaid work per week[20], because of the cumulative impact on employment arrangements, women are subject to poverty. Women rely more on public services and thus are unfairly impacted by cuts to social security and public service spending.[21] Poverty affects women's health because it reduces their ability to access food, healthcare, good quality housing and social activities.[22] The experience of poverty, for

[17] BCC Public Health Green Paper (n 1)
[18] WBG Female Face of Poverty (n 7)
[19] WBG Female Face of Poverty (n 7)
[20] ONS "Women shoulder the responsibility for unpaid work", (2016) <http://bit.ly/2HewKmE> accessed on 15/04/2019
[21] WBG Female Face of Poverty (n 7)
[22] WBG Female Face of Poverty (n 7)

example the stress of managing a very tight budget, also has a direct effect on women's health. This means that women face distinct challenges when it comes to wellbeing, health and financial security.

**BME**

Cuts in legal aid, housing, policing, social services and welfare benefits have had a disproportionally negative and discriminatory impact on women,[23] BME women and girls have faced the brunt.[24] BME women experiencing abuse are often subject to intersectional discrimination, when inequality based on gender, race, class and/or poverty overlaps and multiplies. This hinders their ability to access support services, particularly when they also have additional forms of discrimination relating to insecure immigration status for non-UK nationals and – for some communities – sociocultural practices that sustain, and sometimes even permit, male dominance secured through violence against women and girls.[25]

Hostile environment policies mean that BME women and girls face greater systematic barriers and are subject to a greater amount of gatekeeping. The introduction of more mature policy which recognises the state's responsibility to tackle abuse and gender inequality within BME communities without undermining good race or community relations is important across the board.[26]

There are some forms of violence against women and girls which are attributed to derive from BME communities, this understanding is misleading. Violence against women defies ethnicity, religion and culture and it is damaging not to understand this. Service providers' racial stereotyping of certain ethnic groups has been recognised as more dangerous, patriarchal, or inclined towards extremism, deterring BME women from seeking help.[27] However, it is important to be able to identify the misconceptions and inherent biases of services in order to better understand BME women's experiences.

**Domestic Violence and Abuse**

Domestic violence and abuse (DVA) is a gendered form of violence against women and girls. Women and girls in the UK are twice as likely to experience DVA than men[28]. Women and girls accounted for 75% of all reported DVA in the year leading to March 2018.[29]

DVA is linked to the physical and sexual autonomy of women, of which women account for the majority of physical and sexual assault victims, at 95.7%.[30] Adverse health outcomes are linked to experiencing DVA, not only directly from the abuse but also from risk associated

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[23] 'Women bearing 86% of austerity burden', The Guardian, (March 2017) <https://www.theguardian.com/world/2017/mar/09/women-bearing-86-of-austerity-burden-labour-research-reveals> accessed on 16/04/2019

[24] Imkaan, "BME women and survivors of violence bear the brunt of public funding cuts", (September 2017) <https://www.imkaan.org.uk/new-reports-funding-cuts> accessed on 16/04/2019

[25] Hannana Siddiqui, "Counting the cost: BME women and gender-based violence in the UK", IPPR Progressive Review, 24, (March 2018) <https://onlinelibrary.wiley.com/doi/full/10.1111/newe.12076> accessed on 16/04/2019

[26] Siddiqui (n 25)

[27] 'Marai Larasi: 'I'm hurt that this country neglects BME women'', The Guardian, (February 2019) <https://www.theguardian.com/society/2019/feb/12/marai-larasi-bme-women-services-domestic-violence> accessed on 16/04/2019

[28] ONS, 'Domestic abuse in England and Wales', (November 2018) <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018> accessed on 15/04/2019

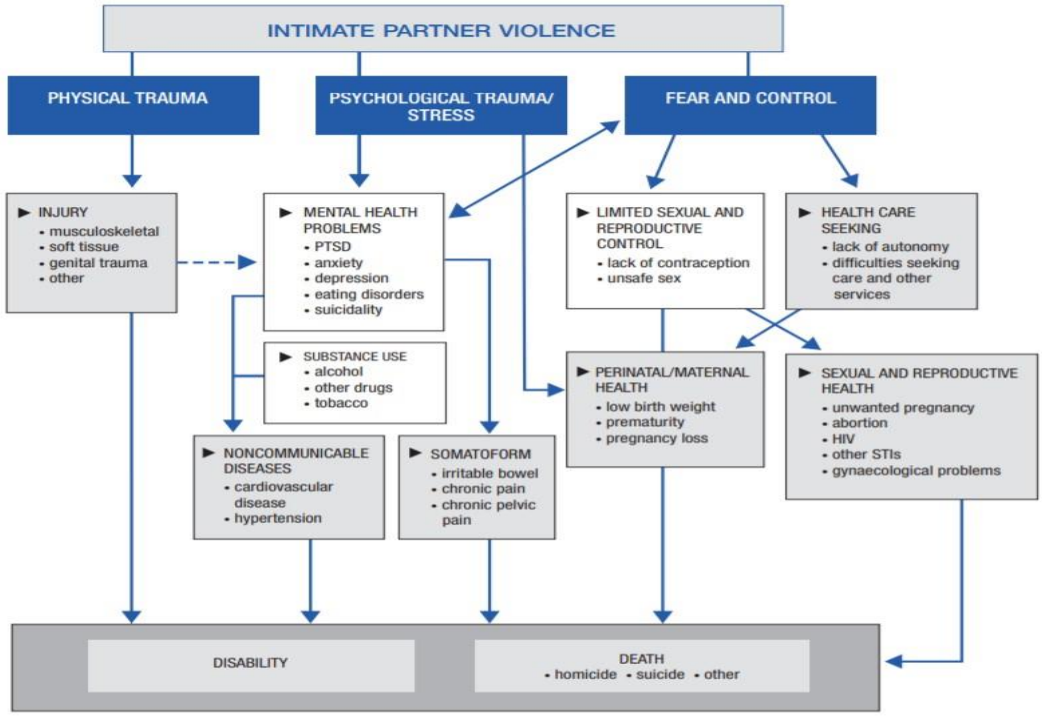
[29] ONS DA (n 28)

[30] ONS DA (n 28)

behaviours.[31] These include fleeing an abusive home, or ending an abusive relationship, which has been found to increase women's risk of danger.[32] DVA has also been found to be linked to poorer households, with the understanding that in fleeing DVA women are reduced to poverty.[33] The negative impact on health and wellbeing can be seen in the section above (Poverty), in conjunction with this one.

Women's bodies are often seen as a ground of dominance by abusive men, with women's autonomy to her body deemed null. One example of this, lies in that 1 in 7 women are forced either to have a baby or an abortion.[34] These findings emphasise the importance of addressing DVA in health settings.[35]

Below is a flow chart which highlights some of the direct and indirect health outcomes for women experiencing DVA.



(From World Health Organisation Report[36])

**Disability**

1 in 7 of the population in the UK are disabled,[37] with studies showing that disabled women are twice as likely to experience gender-based violence than non-disabled women.[38]

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[31] WHO VAWG (n 3)

[32] 'Domestic Abuse', The Guardian, (December 2014) <https://www.theguardian.com/society-professionals/2014/dec/10/domestic-abuse-risk-trying-leave-housing-community> accessed on 15/04/2019

[33] WBG Female Face of Poverty (n 7)

[34] 'One in seven UK women forced to have either a baby or an abortion', The Independent, (March 2019) <https://www.independent.co.uk/news/uk/home-news/pregnancy-coercion-reproduction-abortion-a8834306.html> accessed on 15/04/2019

[35] WHO VAWG (n 3)

[36] WHO VAWG (n 3)

[37] nia Ending Violence, "Double Oppression: Violence Against Disabled Women", <http://www.niaendingviolence.org.uk/perch/resources/double-oppression-violence-against-disabled-women.pdf> accessed on 15/04/2019

[38] nia Ending Violence (n 37)

The abuse experienced by disabled women is especially acute where the abusive partner is also the carer, making it impossible for women to get help. Neglect is a strong feature, and isolating women from other external carers has the effect of exacerbating the neglect, and is a direct strategy of abuse adopted by some perpetrators.[39] These women are also likely to experience abuse over a longer period of time and suffer more severe injuries as a result.[40]

Women being cut off by public services, and unable to report the violence they are experiencing is an extreme but real example of the important role that public health services can play in saving women's lives. This also highlights the ongoing impact that disability and accrued injuries which turn into disabilities can have on women and girl's wellbeing and health.

**Mental Health**

Mental health problems can derive from both direct and indirect causes. Direct causes would include being coercively controlled by an abusive partner or relative, and indirectly would be from the stresses that come from managing a tight budget (as seen in the Poverty section).

Women are more likely to use GP services than men, with a 32% higher consultation rate.[41] Health visiting and midwifery are some of the services that women access, which men don't in the same way. Mental health problems which lead to suicide are the leading cause of death for women during pregnancy.[42] This provides one example of a link which evidences how women have a higher use of public health services, and thus more at risk when it comes to budget cuts and generic provision of services.

Both physical and sexual assault are also linked to a greater risk of mental health problems among women.[43] Depression, post-traumatic stress disorder, shame and sleeping or eating disorders are the most frequent mental health issues among women.[44] These issues make it harder for women to engage in their lives actively, with employment and general wellbeing reducing.[45]

**Homelessness**

Central government spending on social housing was cut by 14% between 2009 to 2015.[46] Changes in social housing policy have also weakened the housing safety net. This disproportionately affects women, as women are overrepresented among social renters. This is because women are also overrepresented amongst those in housing need and in

[39] Gill Hague, Ravi K Thiara, Pauline Magowan and Audrey Mullender, "Making the Links: Disabled Women and Domestic Violence", Women's Aid, (2008) <http://www.equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-127.pdf> accessed on 15/04/2019

[40] Hague, Thiara, Magowan, Mullender (n 39)

[41] Women's Budget Group, "Health and gender", (October 2018) <https://wbg.org.uk/wp-content/uploads/2018/10/Health-October-2018-w-cover-2.pdf> accessed on 15/04/2019

[42] WBG Health (n 41)

[43] WBG Female Face of Poverty (n 7)

[44] WBG Female Face of Poverty (n 7)

[45] WBG Female Face of Poverty (n 7)

[46] WBG Female Face of Poverty (n 7)

homeless families.[47] In Birmingham, DVA was found to account for 20% of the homeless population.[48]

Despite the well documented complex and interrelated needs of women experiencing domestic abuse and homelessness, services are not always equipped to meet these needs. A research paper found that the most vulnerable women were facing difficulties meeting their complex needs because of active exclusion from services, with over 40% having been excluded from a service.[49] This highlights a worrying trend for women who are trying to access services, but don't meet thresholds. These women are either deterred from seeking housing, and continue to live in an abusive home; or, turn to the over stretched voluntary sector for support.

Homelessness is linked to the most significant health inequalities. The longer a person experiences homelessness, particularly from young adulthood, the more likely their health and wellbeing will be at risk.[50] The average age of death amongst homeless women was found to be 42, younger than homeless men.[51] Co-morbidity among the homeless population is not uncommon[52], with relative understanding of multiple disadvantages faced by women.[53] Birmingham's Homelessness Strategy takes a broad view of the risks associated to homelessness, whilst still understanding the importance of need based support from a collaboration of organisations best placed to help.[54] The Home Options Hub set up by Birmingham and Solihull Women's Aid in collaboration with Birmingham City Council is one solution to tackling the root causes of homelessness and addressing women's holistic needs.

These findings underpin the need for the public health sector to take violence against women and girls more seriously. All health-care providers and services to the public should be trained in understanding the relationship between violence against women and girls and ill-health.[55]

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[47] Women's Budget Group, "Poverty in the UK", (2015) <https://wbg.org.uk/wp-content/uploads/2016/11/Gender-and-Poverty-Briefing-June-2015.pdf> accessed on 15/04/2019

[48] Birmingham City Council, "Needs Assessment Update", Directorate for People Commissioning Centre of Excellence Domestic Abuse, (2014) <https://www.birminghambeheard.org.uk/people-1/birmingham-domestic-abuse-prevention-strategy/supporting_documents/Domestic%20Abuse%20Needs%20Assessment%20Update%202016%20v0%2011.pdf> accessed on 15/04/2019

[49] SafeLives, "Safe at Home: Homelessness and domestic abuse", (May 2018) <http://safelives.org.uk/sites/default/files/resources/Safe_at_home_Spotlight_web.pdf> accessed on 15/04/2019

[50] Public Health England, "Applying All Our Health", (November 2018) <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health> accessed on 16/04/2019

[51] ONS, "Death of homeless people in England and Wales", (December 2018) <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2013to2017#main-points> accessed on 16/04/2019

[52] PHE All our Health (n 50)

[53] AVA and Agenda, "Breaking Down the Barriers", (2019) <https://avaproject.org.uk/wp/wp-content/uploads/2019/02/Breaking-down-the-Barriers-full-report-.pdf> accessed on 16/04/2019

[54] Birmingham City Council, "Birmingham Homelessness Prevention Strategy", (September 2017) <https://www.birmingham.gov.uk/downloads/file/2531/birmingham_homelessness_prevention_strategy_2017> accessed on 16/04/2019

[55] WHO VAWG (n 3)

In regards to the second "overarching theme"[56], Birmingham's Public Health Green Paper must consider the promotion of women and girls in sport. There exists an imbalance in the industry, with a history of sexual assault on women and girls[57], and a disproportionate pay gap.[58] However, there are also positive stories to come out of sport, such as the reported number of condoms being used in athletes' villages across the globe at major sporting events[59]. Birmingham hosting the Commonwealth Games provides an opportunity for Birmingham's public health providers, alongside specialist third sector organisations and private sector companies, to promote a gender re-balance to encourage equity. This could be done through initiatives such as more readily available STD testing around the city and driving safe sex and consent awareness campaigns; and addressing the wider conversation around the position women and girls hold in society.

[56] BCC Public Health Green Paper (n 1)

[57] 'Gender based violence in sport', BBC Sport News, (August 2018) <https://www.bbc.co.uk/sport/44642492> accessed on 15/04/2019

[58] 'Sports and the Gender Pay-Gap', Sports Think Tank, (February 2019) <http://www.sportsthinktank.com/blog/2019/02/sport-and-the-gender-pay-gap> accessed on 23/04/2019

[59] 'Why Winter Olympic Athletes Are Getting More Condoms Than Ever Before', Time, (February 2018) <http://time.com/5137272/condoms-at-olympics/> accessed on 15/04/2019

## Section Four: Improving Children and Young People's Health and Wellbeing

***Please see Section 7 of the Public Health Green Paper***

**4. In order to improve child health in Birmingham, we propose focusing on the following three priorities:**

- **Reducing infant mortality**
- **Taking a whole systems approach to childhood obesity**
- **Supporting the mental and physical health of our most vulnerable children**

**a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area?**

*(Please tick one box only)*

| Strongly agree | Agree | **Don't know** | Disagree | Strongly disagree |
|---|---|---|---|---|
| ☐ | ✓ | ☐ | ☐ | ☐ |

**b. If you disagree, please explain why and let us know how you think these could be improved.**

Improving child health is an important priority, if done well and all children are targeted in an informed way this will have lasting change into adulthood.

A focus on "reducing child infant mortality"[60] is welcomed, but the root causes of influences have not been sought out or understood properly. Reasons for high rates of mortality could be understood better by examining the constraints on services which provide support to pregnant women, and women with children.[61] For example, there is no mention of abuse in the factors of influence listed in the Green Paper,[62] which can lead to increased rates of child infant mortality.[63] It is predicted that girls exposed to violence at a young age are more likely to have poor wellbeing outcomes later in life.[64] There is evidence linking domestic abuse with negative child health and development outcomes.[65]

Focus on "our most vulnerable children"[66] refers to children experiencing multiple disadvantages. Living in poverty counts as one of these disadvantages, with girl's health and wellbeing decreasing and impacting their life expectancy (which has fallen by 10%).[67] This is offset with research showing that single-mothers are least likely to be employed with pre-school-aged children or those in poor health or with disabilities.[68] This highlights the exacerbated conditions children are growing up in, with little social manoeuvre due to a

[60] BCC Public Health Green Paper (n 1)
[61] WBG Health (n 41)
[62] BCC Public Health Green Paper (n 1)
[63] WBG Health (n 41)
[64] WHO VAWG (n 3)
[65] WHO VAWG (n 3)
[66] BCC Public Health Green Paper (n 1)
[67] WBG Female Face of Poverty (n 7)
[68] WBG Female Face of Poverty (n 7)

significant increase in childcare costs and lack of support available. This evidences a correlation between the economic stability of single-mothers and their children's future attainments.[69]

Girls who experience domestic abuse and sexual assault are also at risk of underperforming at school due to the mental health issues they suffer. This can have a knock-on affect on girl's future attainment. [70] Girls ACE's are then exacerbated in other ways which impact their overall wellbeing and health. The lack of resources and funding available for children's support services mean children who have or are experiencing domestic or sexual abuse are overlooked.[71] These children don't receive the support they need and thus their health and wellbeing outcomes decrease.

The same analysis of cause needs to apply in tackling childhood obesity.[72] The burden is falling disproportionately on children from low-income backgrounds. Obesity rates are highest for children from the most deprived areas and the inequality gap has widened every year since official recording began.[73] Children aged 5 and from the poorest income groups are twice as likely to be obese compared to those in most advantaged decile, and by age 11 they are three times as likely to be obese.[74] Since the majority of people living in poverty are women, a hypothesis forms on children's health outcomes and the circumstances they grow up in.

Thus, there is a strong argument here that tackling violence against women and girls through the Public Health strategy will lead to better outcomes for other members in society also.

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[69] WBG Female Face of Poverty (n 7)

[70] WBG Female Face of Poverty (n 7)

[71] 'Mental health services for the young is NHS's 'silent catastrophe'', The Guardian, (June 2018) <https://www.theguardian.com/society/2018/jun/25/mental-health-services-young-nhs-silent-catastrophe-survey-chronic-underfunding> accessed on 23/04/2019

[72] BCC Public Health Green Paper

[73] Health Committee, "Childhood Obesity: Time for action", House of Commons, 8th Report of Session, (May 2018) <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/882.pdf> accessed on 17/04/2019 and NHS, "Children from poorer backgrounds more affected by rise in childhood obesity", (March 2018) <https://www.nhs.uk/news/obesity/children-poorer-backgrounds-more-affected-rise-childhood-obesity/> accessed on 17/04/2019

[74] Cabinet Office, "Childhood obesity: a plan for action", (January 2017) <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action> accessed on 17/04/2019

## Section Five: Improving Adult Health and Wellbeing

***Please see Section 8 of the Public Health Green Paper***

**5. In order to improve the health of working age adults in Birmingham, we propose focusing on the following three priorities:**

- **Supporting workplaces to improve their employee wellbeing offer**
- **Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity**
- **Supporting the mental and physical health of our most vulnerable adults**

**a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area?**

*(Please tick one box only)*

| Strongly agree | Agree | **Don't know** | Disagree | Strongly disagree |
|---|---|---|---|---|
| ☐ | ✓ | ☐ | ☐ | ☐ |

**b. If you disagree, please explain why and let us know how you think these could be improved.**

The priorities are broad, and thus it's important to capture the true need and underlying issues within each area identified.

Poor health and wellbeing have been linked to sexism in the work place;[75] with experts calling on public health services and employers' policies to help tackle the root causes of this. Women are found to be twice as likely to experience mental health problems as men.[76] Supporting workplaces to improve employee wellbeing offers means addressing work ethos, from flexible working to the organisational values and culture. Policies such as flexible working are important, particularly for women, due to the cumulative impact that care duties have on women's productivity.[77] Loss of productivity and time off work due to gendered violence cost the economy £14 billion in the year to 2017.[78] Given that women have been found to be the face of poverty in the UK, tackling issues of sexism in the workplace is an important pathway to reduce the negative impact on their health.[79] Addressing organisational values and culture is about reviewing the kind of language used, how meritocracy operates, and the realisation of diversity and inclusion.[80] By focusing on

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[75] 'Women who experience workplace sexism more likely to struggle with mental health', The Independent, (February 2019) <https://www.independent.co.uk/life-style/women/women-workplace-sexism-harassment-harvey-weinstein-research-a8765766.html> accessed on 17/04/2019

[76] WBG Health (n 41)

[77] 'Sexism at work is worse than we think', The Independent, (November 2018) <https://www.independent.co.uk/life-style/women/sexism-women-work-prejudice-study-springer-journal-sex-roles-germany-a8619591.html> accessed on 17/04/2019

[78] Rhys Oliver, Barnaby Alexander, Stephen Roe, Miriam Wlasny, "The economic and social costs of domestic abuse", Home Office, Research Report 2017, (January 2019) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/horr107.pdf> accessed on 23/04/2019

[79] WBG Female Face of Poverty (n 7)

[80] The Independent Sexism (n 75)

these areas, workplaces can be helped to create healthier and more balanced work spaces which encourage and support female employee's wellbeing.

The latter two of the priorities in this group, "addressing the cumulative impact of unhealthy behaviours"[81] and "supporting… our most vulnerable adults"[82] can be analysed together, for the most part. Experts have identified that in order to tackle the root cause of unhealthy behaviours, it's important to analyse the inequalities which exist in society. Lifestyle risk factors (unhealthy behaviours) are unequally distributed in the population and these behaviours are differentially associated with income, educational achievement and social class.[83] Another important characteristic to factor in is gender, since we have already established that women and girls are faced with the brunt of inequalities in society. Some women either try to manage negative societal consequences through the use of alcohol, tobacco or drugs, or they are abused with drugs and alcohol. Each of these represent an important risk factor to poor health, and part of the complex link between exposure to violence and other health risk factors that determine negative health outcomes.[84]

Women who experience gendered violence are also more likely to be associated to negative health consequences. Some of the most direct effects include severe mental health problems, and direct fatal and non-fatal physical injuries.[85] These women account for part of the "most vulnerable adults"[86] in Birmingham. It is important to point out that the root cause here doesn't lie with the women, but with the abusers and the perpetuation of violence against women and girls in society.

A more integrated approach to behaviour change is required that links more closely to inequalities policy, in order to ensure root causes are being diagnosed and supported holistically.[87]

[81] BCC Public Health Green Paper (n 1)
[82] BCC Public Health Green Paper (n 1)
[83] David Buck, Francesca Frosini, "Clustering of unhealthy behaviours over time", The King's Fund, (August 2012) <https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf> accessed on 17/04/2019
[84] WHO VAWG (n 3)
[85] WHO VAWG (n 3)
[86] BCC Public Health Green Paper (n 1)
[87] Buck, Frosini (n 83)

## Section Six: Improving the Health and Wellbeing of Older Adults

***Please see Section 9 of the Public Health Green Paper***

**6. In order to promote ageing well in Birmingham, we propose focusing on the following four priorities:**

- **Reducing social isolation**
- **Providing system wide information, advice and support to enable self-management**
- **Developing community assets**
- **Supporting the mental and physical health of our most vulnerable older people**

**a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area?**

*(Please tick one box only)*

| Strongly agree | Agree | **Don't know** | Disagree | Strongly disagree |
|---|---|---|---|---|
| ☐ | ✓ | ☐ | ☐ | ☐ |

**b. If you disagree, please explain why and let us know how you think these could be improved.**

Adult social care is the responsibility of local authorities.[88] In the context of severe cuts to national government funding of local authorities, many local authorities are struggling to meet the social care need in their areas.[89] It's been estimated that over 2 million older people are living with unmet care needs in the UK.[90] Older women are expected to live longer than men, and thus are more reliant on social care and health services.[91] Older women are the majority of those in need of care and have been particularly affected by cut backs.[92] Recent data shows that more older women are dying below life expectancy than expected.[93]

Older people have been found as the most likely age group to experience isolation.[94] Isolation has been linked to causing feelings of loneliness in older people, with older women more likely to say they feel lonely than older men.[95] There is evidence to suggest that social

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[88] WBG Female Face of Poverty (n 7)
[89] WBG Female Face of Poverty (n 7)
[90] Richard Humphries, Ruth Thorlby, Holly Holder, Patrick Hall, Anna Charles, "Social care for older people", The King's Fund, (September 2016) <https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Social_care_older_people_Kings_Fund_Sep_2016.pdf> accessed on 17/04/2019
[91] WBG Female Face of Poverty (n 7)
[92] WBG Female Face of Poverty (n 7)
[93] WBG Health (n 41)
[94] Susan Davidson and Phil Rossall, "Evidence Review: Loneliness in Later Life", Age UK, (July 2015) <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_june15_lonelines_in_later_life_evidence_review.pdf> accessed on 17/04/2019
[95] Davidson, Rossall (n 94)

exclusion is one of the causes of loneliness, with social exclusion being characterised by several domains: "i) social relationships; ii) cultural; iii) civic activities and access to information; iv) local amenities; v) decent housing and public transport; vi) common consumer goods; and vii) financial products."[96] The majority of these domains have been found (in other sections of this response) to disproportionately affect women. Chronic feelings of loneliness can result in deterioration of health and well-being, and a shorter lifespan.[97]

Isolation can also be derived from a lack of easily accessible health services. As explained above, older women rely heavily on social care which has been impacted by budget cuts. The importance of this being, that older women are not able to achieve social inclusion due to their needs not being met fully, which could be a cause of their loneliness.

Encouraging people to use existing community programmes, such as libraries, civic participation, and volunteering are an easy way of increasing participation in social activities. Studies show that these can improve loneliness and change lifestyles. The Joseph Rowntree Foundation and the Joseph Rowntree Housing Trust has set up a programme looking at how community activities could contribute to the well-being of people at risk of or experiencing loneliness and how they could play a central role in activities, thereby enhancing community well-being.[98] They found that having a key individual to motivate, train, and encourage people within a community to interact and get others engaged can be very important. Participation can be an issue however, if the social empowerment of people isn't understood by need. Many older women may be experiencing multiple disadvantages which mean they are unable to participate as they otherwise would. Therefore, awareness of genuine participatory methods is necessary to ensure that older people, and women in particular, are being identified and encouraged.[99]

The priorities of "providing system wide information"[100] and "supporting… our most vulnerable older people"[101] can be linked, in that the support provided must be holistic and delivered to a high standard across the reach of public health. Shared information can only strengthen that response and ensure that vulnerable older women's needs are being met appropriately. Improving the health sector response to violence faced by marginalised and vulnerable older women involves not just the provision of better, more inclusive health services but also simultaneously tackling barriers such as stigma and discrimination.[102]

One area of stigma and discrimination which has direct consequences on older women's health and wellbeing outcomes is their experience of domestic abuse. Older women are either perceived to be in healthy and stable relationships from the outside, or believe that they are in healthy relationships because of the normalisation of abuse over time.[103] The

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[96] Davidson, Rossall (n 94)
[97] Davidson, Rossall (n 94)
[98] Joseph Rowntree Foundation, "Loneliness Resource Pack" <https://www.jrf.org.uk/report/loneliness-resource-pack> accessed on 17/04/2019
[99] Davidson, Rossall (n 94)
[100] BCC Public Health Green Paper (n 1)
[101] BCC Public Health Green Paper (n 1)
[102] Emma Bell, Kate Butcher, "Addressing Violence against Women and Girls in Health Programming", Department For International Development, (July 2015) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/446113/Health-guidance-note-partA_3_.pdf> accessed on 17/04/2019
[103] Iriss, "Older women and domestic abuse", (August 2018) <https://www.iriss.org.uk/resources/esss-outlines/older-women-abuse> accessed on 17/04/2019

health issues with this are older women's access and engagement with public services. Older women are more likely to visit GP's than older men, however, unless GP's have received specialist domestic abuse training, they will isolate the incidents and visits.[104] GP's can also be controlled by abusive partners who also care for older women, blocking them from being able to disclose.[105] Therefore, older women are described as 'hidden victims', since their exposure to support provision is limited.[106] Birmingham and Solihull Women's Aid run an Iriss project which sees Independent Domestic Violence Advocate's train and work with GP's to identify older women who are experiencing domestic abuse. Breaking barriers to inclusion, sharing information and advice and ensuring better wraparound support for older women would greatly improve their chances of better health and wellbeing outcomes.

[104] Iriss Older Women (n 103)
[105] Iriss Older Women (n 103)
[106] Iriss Older Women (n 103)

## Section Seven: Creating Environments That Improve Health and Wellbeing

***Please see Section 10 of the Public Health Green Paper***

**7. In order to enable a healthy environment in Birmingham, we propose focusing on the following three priorities:**

- **Improving air quality**
- **Increasing the health gains of new developments and transport schemes**
- **Health protection assurance and response including screening, immunisation and communicable diseases**

**a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area?**

*(Please tick one box only)*

| Strongly agree | Agree | **Don't know** | Disagree | Strongly disagree |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ✓ | ☐ |

**b. If you disagree, please explain why and let us know how you think these could be improved.**

Two main issues which arise with 'healthy environments' in relation to women and girls; accessibility and engagement. Healthy environments need to be made more accessible for women. Power relations help to shape the boundaries of participatory spaces, what is possible within them and who may enter, with which identities and interests.[107] 'Healthy environments' are spaces which need to consider how women and girls can participate in the space, how accessible the spaces are considering women's roles in society and the barriers faced. These spaces also need to consider the engagement of women and girls in the long run. It is likely, due to the barriers explored, that women and girls are likely to need support and flexible access to these spaces in order for it to be sustainable. Creating more 'healthy environments' has no impact unless the people who shape these spaces are also able to engage with them.[108] Therefore, it's important for Birmingham Public Health to consider the nature of the spaces and how inclusive they are.

Tackling air pollution is a largely gender based issue. A World Health Organisation report found a strong link between air pollution and women's fertility.[109] Research has shown air pollution is associated with a diverse set of outcomes, from altered production of eggs to epigenetic changes and birth defects.[110] At the time of writing this, the air quality in Birmingham was deemed 'unhealthy' by Air Quality Index regulators.[111] This is a worrying

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[107] John Gaventa, "Finding the Spaces for Change: A Power Analysis", in IDS Bulletin (2006) Vol. 37

[108] Gaventa (n 107)

[109] World Health Organisation, "Ambient air pollution: A global assessment of exposure and burden of disease", (2016) <https://www.who.int/phe/publications/air-pollution-global-assessment/en/> accessed on 17/04/2019

[110] WHO Ambient Air Pollution (n 109)

[111] 'Birmingham Ladywood Air Pollution: Real-time Air Quality Index (AQI)', Air Quality Index <http://aqicn.org/city/united-kingdom/birmingham-ladywood/> accessed on 17/04/2019

link given the impact of air pollution on pregnant women, unborn babies and children. The likelihood of miscarriage is said to be increased by 16% with exposure to air pollution.[112] Air pollution is therefore detrimental to the health of mother's/women and babies.

"Increasing health gains of new developments and transport schemes"[113] must focus on their impact on women and girls. Three main issues arise in relation to this: affordability, flexible schedules and safety.

Women are far more likely than men to be in paid part-time work for significant periods of their working lives.[114] A key issue for many women, therefore, is the challenge of paying for annual, monthly or weekly transport passes (season tickets) when working in this way: public transport can be prohibitively expensive and inflexible for anyone working outside 'normal' full time hours. Women are also more likely than men to have caring responsibilities that may require them to make multiple short journeys during a day, (for example to drop children off at school, visit an elderly parent and shop for food).[115] This creates another challenge, since many transport services are based on a 'hub and spoke model' aimed at people who wish to travel into the centre of towns or cities for work in the morning and back to residential areas in the evening. Therefore, women are disproportionately affected by irregular bus services and services being cut by local authorities due to austerity measures.[116] Ensuring affordable and flexible schedules is key to avoiding further negative impact on the majority of women's ability to live.

Safety was found to be the major concern for women who use public transport.[117] Public transport systems are seen as crime attractors across the UK,[118] with sexual harassment on public transport believed to have more than doubled in the last 5 years.[119] Sexual harassment leads to increased mental health problems such as anxiety and can also lead to sustaining physical injuries. Ensuring the development of safe spaces, with preventative work being undertaken to deter behaviour which risks women and girl's safety.[120]

"Health protection assurance and response to ongoing health epidemics"[121] impacts a range of issues which women and girls have to face due to gender-based violence and exclusion. In

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[112] 'Air pollution 'as bad as smoking in increasing risk of miscarriage'', The Guardian, (January 2019) <https://www.theguardian.com/environment/2019/jan/11/air-pollution-as-bad-as-smoking-in-increasing-risk-of-miscarriage> accessed on 17/04/2019

[113] BCC Public Health Green Paper (n 1)

[114] Women's Budget Group, "Public Transport and Gender", (October 2018) <https://wbg.org.uk/wp-content/uploads/2018/10/Transport-October-2018-w-cover.pdf> accessed on 17/04/2019

[115] WBG Public Transport (n 114)

[116] WBG Public Transport (n 114)

[117] 'Safety and time are women's biggest concerns about transport - global poll', Thomson Reuters Foundation, (November 2018) <https://uk.reuters.com/article/transport-women-poll/exclusive-safety-and-time-are-womens-biggest-concerns-about-transport-global-poll-idUKL8N1WE6RQ> accessed on 17/04/2019

[118] Parliament Publications and Records, "Women and girls' safety on public transport", (October 2018) <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/701/70108.htm> accessed on 17/04/2019

[119] 'Sexual offences on UK railways more than double in five years', The Guardian, (March 2018) <https://www.theguardian.com/uk-news/2018/mar/12/sexual-offences-uk-railways-more-than-double-five-years> accessed on 17/04/2019

[120] Parliament Publications and Records (n 118)

[121] BCC Public Health Green Paper (n 1)

2017, there were 1010 identified cases on FGM in the West Midlands alone.[122] Specialist services for women who have experienced FGM is particularly important, since both stigma and lack of support services by health providers mean women and girls who need help are invisible. However, there is a deficit in services which exist in the UK.[123] In Birmingham, there is currently one clinic which specialises in FGM cases.[124]

Other health epidemics which affect women disproportionately is the availability and lack of cancer screening.[125] Breast cancer screening is currently recommended for women aged 40 to 49 in England who are at moderate or high risk of the disease, by the National Institute of Health and Care Excellence.[126] However, screening women 10 years younger has been suggested to save thousands more women's lives.[127] This could be a cancer preventative, allowing women better outcomes as a result of earlier diagnosis.

In order to properly address the issues laid out here, a wider conversation around violence against women and girls needs to be had in Birmingham. The issues that women and girls face can be traced to badly designed systems and attitudes which perpetuate a patriarch. It's important that by considering 'healthy environments' the barriers faced by the many women and girls in Birmingham are factored in. Changing the narrative around violence against women and girls is one way of doing this; by taking the onus away from women and girls who are experiencing these injustices. Reframing the conversation would mean putting the onus of these barriers and issues on the root causes, rather than 'equipping' women with how to deal with gendered violence. By doing so, communities, businesses and organisations in Birmingham would be given the tools to contributing to a change in attitude. This change in attitude would potentially impact the health and wellbeing of over half of Birmingham's population.

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[122] 'The staggering number of FGM cases recorded in Birmingham every single day', Birmingham Mail, (April 2018) <https://www.birminghammail.co.uk/news/midlands-news/staggering-number-fgm-cases-recorded-14500344> accessed on 17/04/2019

[123] 'Urgent action needed to address lack of FGM awareness, say experts', The Guardian, (February 2019) <https://www.theguardian.com/society/2019/feb/02/urgent-action-needed-address-lack-fgm-awareness> accessed on 17/04/2019

[124] FGM Nurse at Birmingham Women's Hospital

[125] 'Why cancer rates are increasing disproportionately in women – and what we can do about it', The Independent, (February 2017) <https://www.independent.co.uk/news/science/why-cancer-rates-are-increasing-disproportionately-in-women-and-what-we-can-do-about-it-a7568931.html> accessed on 23/04/2019

[126] National Institute of Health and Care Excellence, "Breast cancer guidelines" <https://www.nice.org.uk/guidance/conditions-and-diseases/cancer/breast-cancer/products?GuidanceProgramme=guidelines> accessed on 17/04/2019

[127] 'Breast cancer screening should be given to women in 30s to save thousands of lives, warn researchers', The Independent, (February 2019) <https://www.independent.co.uk/news/health/breast-cancer-screening-women-age-symptoms-signs-nhs-study-research-a8773156.html> accessed on 17/04/2019

## Section Eight: Any Other Comment

**8. Are there any other comments you would like to make about the proposed priorities and the content of the Green Paper?**

**If you have comments on a specific section of the document, please note the section along with your response.**

The cost of the consequences of violence against women and girls is significant. Health services, the public sector and organisations which provide support for women have had their budgets cut.[128] Coupled with an increase of gendered violence, women and girls are not having their needs met. Birmingham's Public Health Strategy has an opportunity to be part of the resolution. The relationship between the economy and violence against women and girls is important to consider, since more efficient responses and prevention work could cut these huge costs.

Over the past decade, health services have endured some of the lowest spending increases in history.[129] The amounts proposed in 2018, fall well below the historical average increase of 3.7%, and well below the 4% necessary to improve services after years of underfunding.[130] These figures not only highlight the detrimental impact that underfunded services have on inadvertently creating further barriers to those most vulnerable accessing healthcare, but also the impact on health service workers. Women account for 77%[131] of the total NHS workforce; with the public sector pay gap from 2010 to 2018, these workers saw a decline in real wages of around 14%.[132] This amounts to both increased workloads, without pay that matches.

As explained in the answers in previous sections, women are more likely to use health services than men. Cuts to benefits (which more women are reliant on), low paid, part-time, precarious employment and caring responsibilities mean that women are heavily impacted by austerity measures. Cuts to domestic violence and abuse services are also impacting women, who should be able to access vital support.[133] The charitable sector is currently estimated to have spent £133 million in one year providing domestic violence and abuse services; this figure is an underestimation.[134] Domestic violence and abuse was found to cost England and Wales approximately £66 billion in the year to March 2017.[135] With the cost to the economy being an estimated £14 billion, from lost output due to time off work and reduced productivity.[136] Part of this cost can be accounted to inefficient services and support systems for women. This could be anything from police not responding to a report

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[128] Sarah Reis, "The Impact of Austerity on Women in the UK", Women's Budget Group, (February 2018) <https://www.ohchr.org/Documents/Issues/Development/IEDebt/WomenAusterity/WBG.pdf> accessed on 24/04/2019

[129] 'NHS funding: Theresa May unveils £20bn boost', BBC News, (June 2017) <https://bbc.in/2LURVcn> accessed on 08/04/2019

[130] The King's Fund, "Overview of the health and social care workforce", (2017) <http://bit.ly/2zMw9V8> accessed on 08/04/2019

[131] NHS Employers, "Gender in the NHS", (2017) <http://bit.ly/2jxHBht> accessed on 08/04/2019

[132] Full Fact, "NHS pay: what's the deal?", (April 2018) <https://bit.ly/2CFRO3Z> accessed on 08/04/2019

[133] Oliver, Alexander, Roe, Wlasny (n 78)

[134] Oliver, Alexander, Roe, Wlasny (n 78)

[135] Oliver, Alexander, Roe, Wlasny (n 78)

[136] Oliver, Alexander, Roe, Wlasny (n 78)

appropriately, or the criminal justice system not acting to reduce future risk for women. Nonetheless, the majority of the figure represents aftercare, rather than tackling the issue of violence against women and girls from the outset to reduce gendered violence.

The figures on the emotional harm which women experience highlight the plight of the problem, the highest type of emotional harm is estimated to cost £78130, and the lowest cost of emotional harm to be £9950.[137] Therefore, each 'incident' perpetrated adds not only to the economic issue but the health and wellbeing of women and girls.

Improving understanding and response to violence against women and girls can help influence future policy and operational efforts to lessen its negative effects on the economy, health and wellbeing. Birmingham's Public Health Strategy must be able to effectively action its strategy over the next four years, achieving better outcomes for the most excluded in our society.

[137] Oliver, Alexander, Roe, Wlasny (n 78)

**Bibliography**

**Local Government Legal Instruments**


Birmingham City Council, "Birmingham Homelessness Prevention Strategy", (September 2017) <https://www.birmingham.gov.uk/downloads/file/2531/birmingham_homelessness_prevention_strategy_2017>

Birmingham City Council, "Birmingham Public Health Green Paper", (March 2019) < https://www.birminghambeheard.org.uk/people-1/birmingham-public-health-green-paper/supporting_documents/Public%20Health%20Strategy%20Green%20Paper.pdf>

Birmingham City Council, "Case Study Adverse Experiences in Childhood", Local Government Association, (August 2018) <https://www.local.gov.uk/sites/default/files/documents/Reducing%20family%20violence%20case%20study%20Birmingham%20final.pdf>

Birmingham City Council, "Needs Assessment Update", Directorate for People Commissioning Centre of Excellence Domestic Abuse, (2014) <https://www.birminghambeheard.org.uk/people-1/birmingham-domestic-abuse-prevention-strategy/supporting_documents/Domestic%20Abuse%20Needs%20Assessment%20Update%202016%20v0%2011.pdf>

Birmingham City Council, "2017 Mid-year population estimate", (2017) <https://www.birmingham.gov.uk/downloads/file/9854/2016_mid-year_population_estimatev2>


**Central Government Legal Instruments**


Crown Prosecution Service, "Violence Against Women and Girls Report 2017-18", (September 2018) < https://www.cps.gov.uk/sites/default/files/documents/publications/cps-vawg-report-2018.pdf>

Cabinet Office, "Childhood obesity: a plan for action", (January 2017) <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

Emma Bell, Kate Butcher, "Addressing Violence against Women and Girls in Health Programming", Department For International Development, (July 2015) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/446113/Health-guidance-note-partA_3_.pdf>

Health Committee, "Childhood Obesity: Time for action", House of Commons, 8th Report of Session, (May 2018) <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/882.pdf>

ONS, "Death of homeless people in England and Wales", (December 2018) <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2013to2017#main-points>

ONS, "Domestic abuse in England and Wales", (November 2018) <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018>

ONS, "Sexual offences in England and Wales: year ending March 2017", (February 2018) <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendingmarch2017>

ONS "Women shoulder the responsibility for unpaid work" (2016) <http://bit.ly/2HewKmE>

Rhys Oliver, Barnaby Alexander, Stephen Roe, Miriam Wlasny, "The economic and social costs of domestic abuse", Home Office, Research Report 2017, (January 2019) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/horr107.pdf>

Parliament Publications and Records, "Women and girls' safety on public transport", (October 2018) <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/701/70108.htm>

Public Health England, "Applying All Our Health", (November 2018) <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health>

**International Legal Instruments**

World Health Organisation, "Ambient air pollution: A global assessment of exposure and burden of disease", (2016) <https://www.who.int/phe/publications/air-pollution-global-assessment/en/>

World Health Organisation, "Global and regional estimates of violence against women and girls", Department of Reproductive Health and Research, (2013) <https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1>

World Health Organisation, "Understanding and addressing violence against women: Health consequences", (2012) <http://bit.ly/2IMHfL5>

**Articles and Reports**

AVA and Agenda, "Breaking Down the Barriers", (2019) <https://avaproject.org.uk/wp/wp-content/uploads/2019/02/Breaking-down-the-Barriers-full-report-.pdf>

David Buck, Francesca Frosini, "Clustering of unhealthy behaviours over time", The King's Fund, (August 2012) <https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf>

Fawcett Society, "New Fawcett Data Reveals Gender Is Most Common Cause Of Hate Crime For Women", (January 2019) <https://www.fawcettsociety.org.uk/news/new-fawcett-data-reveals-gender-is-most-common-cause-of-hate-crime-for-women>

Femicide Census, "The Femicide Census: 2017 Findings", (December 2018) <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2018/12/Femicide-Census-of-2017.pdf>

Full Fact, "NHS pay: what's the deal?", (April 2018) <https://bit.ly/2CFRO3Z>

Gill Hague, Ravi K Thiara, Pauline Magowan and Audrey Mullender, "Making the Links: Disabled Women and Domestic Violence", Women's Aid, (2008) <http://www.equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-127.pdf>

Hannana Siddiqui, "Counting the cost: BME women and gender-based violence in the UK", IPPR Progressive Review, 24, (March 2018) <https://onlinelibrary.wiley.com/doi/full/10.1111/newe.12076>

Imkaan, "BME women and survivors of violence bear the brunt of public funding cuts", (September 2017) <https://www.imkaan.org.uk/new-reports-funding-cuts>

Iriss, “Older women and domestic abuse”, (August 2018) <https://www.iriss.org.uk/resources/esss-outlines/older-women-abuse>

John Gaventa, “Finding the Spaces for Change: A Power Analysis”, in IDS Bulletin (2006) Vol. 37

Joseph Rowntree Foundation, “Loneliness Resource Pack” <https://www.jrf.org.uk/report/loneliness-resource-pack>

National Institute of Health and Care Excellence, “Breast cancer guidelines” <https://www.nice.org.uk/guidance/conditions-and-diseases/cancer/breast-cancer/products?GuidanceProgramme=guidelines>

NHS Employers, “Gender in the NHS”, (2017) <http://bit.ly/2jxHBht>

NHS, “Children from poorer backgrounds more affected by rise in childhood obesity”, (March 2018) <https://www.nhs.uk/news/obesity/children-poorer-backgrounds-more-affected-rise-childhood-obesity/>

nia Ending Violence, “Double Oppression: Violence Against Disabled Women”, <http://www.niaendingviolence.org.uk/perch/resources/double-oppression-violence-against-disabled-women.pdf>

Richard Humphries, Ruth Thorlby, Holly Holder, Patrick Hall, Anna Charles, “Social care for older people”, The King’s Fund, (September 2016) <https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Social_care_older_people_Kings_Fund_Sep_2016.pdf>

SafeLives, “Safe at Home: Homelessness and domestic abuse”, (May 2018) <http://safelives.org.uk/sites/default/files/resources/Safe_at_home_Spotlight_web.pdf>

Sarah Reis, “The Impact of Austerity on Women in the UK”, Women’s Budget Group, (February 2018) <https://www.ohchr.org/Documents/Issues/Development/IEDebt/WomenAusterity/WBG.pdf>

Susan Davidson and Phil Rossall, “Evidence Review: Loneliness in Later Life”, Age UK, (July 2015) <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_june15_lonelines_in_later_life_evidence_review.pdf>

The King’s Fund, “Overview of the health and social care workforce”, (2017) <http://bit.ly/2zMw9V8>

Women’s Budget Group, “Female Face of Poverty”, (July 2018) <https://wbg.org.uk/analysis/the-female-face-of-poverty/>

Women’s Budget Group, “Health and gender”, (October 2018) <https://wbg.org.uk/wp-content/uploads/2018/10/Health-October-2018-w-cover-2.pdf>

Women’s Budget Group, “Poverty in the UK”, (2015) <https://wbg.org.uk/wp-content/uploads/2016/11/Gender-and-Poverty-Briefing-June-2015.pdf>

Women’s Budget Group, “Public Transport and Gender”, (October 2018) <https://wbg.org.uk/wp-content/uploads/2018/10/Transport-October-2018-w-cover.pdf>

**News Media Websites**

‘Air pollution 'as bad as smoking in increasing risk of miscarriage'’, The Guardian, (January 2019) <https://www.theguardian.com/environment/2019/jan/11/air-pollution-as-bad-as-smoking-in-increasing-risk-of-miscarriage>

‘Birmingham Ladywood Air Pollution: Real-time Air Quality Index (AQI)’, Air Quality Index <http://aqicn.org/city/united-kingdom/birmingham-ladywood/>

‘Breast cancer screening should be given to women in 30s to save thousands of lives, warn researchers’, The Independent, (February 2019) <https://www.independent.co.uk/news/health/breast-cancer-screening-women-age-symptoms-signs-nhs-study-research-a8773156.html>

‘Domestic Abuse’, The Guardian, (December 2014) <https://www.theguardian.com/society-professionals/2014/dec/10/domestic-abuse-risk-trying-leave-housing-community>

‘Gender based violence in sport’, BBC Sport News, (August 2018) <https://www.bbc.co.uk/sport/44642492>

‘Hundreds of pregnant domestic abuse victims escape their partners each year – but support for them is dwindling’, The Independent, (March 2019) <https://www.independent.co.uk/news/uk/home-news/domestic-abuse-victims-pregnant-support-service-england-a8846831.html>

‘Marai Larasi: ‘I’m hurt that this country neglects BME women’’, The Guardian, (February 2019) <https://www.theguardian.com/society/2019/feb/12/marai-larasi-bme-women-services-domestic-violence>

‘Mental health services for the young is NHS's 'silent catastrophe'’, The Guardian, (June 2018) <https://www.theguardian.com/society/2018/jun/25/mental-health-services-young-nhs-silent-catastrophe-survey-chronic-underfunding>

‘NHS funding: Theresa May unveils £20bn boost’, BBC News, (June 2017) <https://bbc.in/2LURVcn>

‘One in seven UK women forced to have either a baby or an abortion’, The Independent, (March 2019) <https://www.independent.co.uk/news/uk/home-news/pregnancy-coercion-reproduction-abortion-a8834306.html>

‘Safety and time are women's biggest concerns about transport - global poll’, Thomson Reuters Foundation, (November 2018) <https://uk.reuters.com/article/transport-women-poll/exclusive-safety-and-time-are-womens-biggest-concerns-about-transport-global-poll-idUKL8N1WE6RQ>

‘Sexism at work is worse than we think’, The Independent, (November 2018) <https://www.independent.co.uk/life-style/women/sexism-women-work-prejudice-study-springer-journal-sex-roles-germany-a8619591.html>

‘Sexual offences on UK railways more than double in five years’, The Guardian, (March 2018) <https://www.theguardian.com/uk-news/2018/mar/12/sexual-offences-uk-railways-more-than-double-five-years>

‘Sports and the Gender Pay-Gap’, Sports Think Tank, (February 2019) <http://www.sportsthinktank.com/blog/2019/02/sport-and-the-gender-pay-gap>

‘The staggering number of FGM cases recorded in Birmingham every single day’, Birmingham Mail, (April 2018) <https://www.birminghammail.co.uk/news/midlands-news/staggering-number-fgm-cases-recorded-14500344>

‘Urgent action needed to address lack of FGM awareness, say experts’, The Guardian, (February 2019) <https://www.theguardian.com/society/2019/feb/02/urgent-action-needed-address-lack-fgm-awareness>

‘Why cancer rates are increasing disproportionately in women – and what we can do about it’, The Independent, (February 2017) <https://www.independent.co.uk/news/science/why-cancer-rates-are-increasing-disproportionately-in-women-and-what-we-can-do-about-it-a7568931.html>

‘Why Winter Olympic Athletes Are Getting More Condoms Than Ever Before’, Time, (February 2018) <http://time.com/5137272/condoms-at-olympics/>

‘Women bearing 86% of austerity burden’, The Guardian, (March 2017) <https://www.theguardian.com/world/2017/mar/09/women-bearing-86-of-austerity-burden-labour-research-reveals>

‘Women who experience workplace sexism more likely to struggle with mental health’, The Independent, (February 2019) <https://www.independent.co.uk/life-style/women/women-