



WOMEN'S HEALTH & WELLBEING

Joint Strategic Needs Assessment: Appendix 1

Public Consultation

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1. What's in this Appendix?

The Women's Health and Wellbeing Joint Strategic Needs Assessment (JSNA) was published in December 2024 and can be found on the Government of Jersey website ([gov.je](https://www.gov.je)). It summarises quantitative data as well as 'voices from the community' that included findings from consultations with the public and professional stakeholders.

This appendix contains a detailed overview of the methodology and findings of the public consultation, including the public survey¹ and follow-up focus groups. Copies of relevant research materials are included as annexes.

2. Methodology

The Public Health Intelligence and Commissioning team conducted the public consultation between February and May 2024 to gather the public's views and experiences relating to the health and wellbeing needs of women and girls in Jersey. The consultation involved a mixed-methods approach, consisting of a survey and follow-up qualitative focus groups.

2.1. Public survey

2.1.1. Data collection procedure

The survey was open for 3 months between February and May 2024. It was open to all Islanders aged 13 and over and was made available in multiple ways:

- online through SmartSurvey (in English and Portuguese)
- as a downloadable document to print at home
- as paper copies at all Parish halls, and some key community locations such as Le Bas centre, GP surgeries, Highlands College, Jersey Library and The Hollies
- large print paper copies at care homes and through Age Concern

The vast majority of responses were submitted online, with a smaller number submitted on paper (~50 responses).

2.1.2. Survey design and question topics

Respondents had the option to complete the survey via one of three routes:

1. based on their own experiences as a woman / girl in Jersey
2. on behalf of a specific woman / girl they know or care for, based on their experiences
3. based on their experiences of women / girls in Jersey in general

The wording for each subsequent survey question was tailored based on their chosen route. For example, those responding via route 1 were asked '***As a woman or girl in Jersey, to what extent do you agree or disagree that your following needs are met?***'. Those responding via route 2 were asked '***To what extent do you agree or disagree that the person you have in mind's following needs are met, as a woman or girl in Jersey?***'. Lastly, those responding via route 3 were asked '***To what extent do you agree or disagree that women's / girls' following needs are met in Jersey?***'.

The survey was designed to take respondents no longer than 15 minutes to complete. The survey questions focused on:

- the factors that women and girls feel affect their health and wellbeing
- the extent to which their health and wellbeing needs are met
- any barriers they face in accessing health and wellbeing services
- the areas women and girls want prioritised for improvement

¹ [Women's health and wellbeing survey](#)

The question design and content were informed by a review of similar surveys conducted in other jurisdictions, available data on women’s health, as well as the emerging findings of the JSNA’s professional stakeholder consultation. See *Annex 1: Public survey* for a full copy of the survey.

The survey was made up of a range of open and closed questions. Most questions were closed, providing respondents with a list of answer options to select from, though there were a number of open questions which allowed respondents the opportunity to explain their answers in further detail. At the end of the survey, respondents were asked whether they would be interested in taking part in a follow-up focus group.

2.1.3. Survey recruitment and sample

The survey was advertised using a variety of methods to encourage responses from a wide range of Islanders. Types of advertising included online via the Government of Jersey website (gov.je), social media, and google ads, as well as physical advertising via local print media and strategic placement of posters, flyers and stickers at various locations across the Island such as parish halls, Le Bas centre, GP surgeries, Highlands College, the Library, and buses. Emails were also sent to a number of professional stakeholders encouraging them to advertise to their networks.

In total, 1,650 valid² survey responses were received. This response rate was very high, equating to 3.5% of Jersey’s female population aged 13+. In comparison, a similar survey in the UK³ only achieved a 0.4% response rate.

The vast majority (94%) of responses were from women or girls responding based on their own views/experiences, and smaller numbers were responding on behalf of a specific women or girl in their lives or based on women and girls generally (Table 1).

A full overview of survey respondent characteristics is provided in section 3.1. Analysis of survey respondent characteristics.

Table 1. Survey responses by response type

<i>Response Type</i>	<i>Number of survey responses*</i>
<i>Own experiences as a woman/girl in Jersey</i>	1,550
<i>Experiences of women/girls in general in Jersey</i>	70
<i>Experiences of a specific woman/girl you know or care for in Jersey</i>	30
Total	1,650

**numbers rounded to nearest 5*

2.1.4. Data cleansing and analysis

Analysis of the quantitative survey data was conducted using Alteryx and Microsoft Excel. The survey response data was combined into one dataset comprising both online and paper responses. The data was then cleansed to remove any invalid responses. The survey was aimed at people living in Jersey and therefore those stating they did not live in Jersey (<5 respondents) were excluded from the main analysis. As an additional data quality check, any IP addresses submitting more than 3 responses were assessed to check they appeared to be genuine response from different individuals (e.g. variety of demographic information and answers to survey responses).

While we received a large volume of responses, the results are still only representative of those who completed the survey. Where we refer to the views of women, and how these vary by age or other characteristics, this cannot be

² Valid responses refers to responses that are complete, meet the criteria for inclusion, and are usable for analysis.

³ [Gov.uk | Results of the ‘Women’s Health – Let’s talk about it’ survey](https://www.gov.uk/government/news/results-of-the-women-s-health-lets-talk-about-it-survey)

taken to represent all women in Jersey. For this reason, statistical significance testing has not been used to analyse the results; instead, differences between demographic groups have been highlighted using judgement.

The qualitative data collected via the open text box questions was analysed using thematic analysis. This was combined with the qualitative data gathered from the follow-up focus groups. Further details on how this analysis was conducted are provided in section 2.2.4. Qualitative data analysis.

2.2. Focus groups

2.2.1. Data collection procedure

Three 90-minute focus groups were conducted in Spring 2024, on the evenings of 29th April, 30th April and 1st May. The first two focus groups were conducted face-to-face at the Jersey Library. The third was conducted online via Microsoft Teams.

2.2.2. Focus group design and question topics

The focus groups were facilitated by a Public Health researcher using a semi-structured topic guide. One focus group was conducted with younger women (16-19 years old) and two with older women (20-84 years old).

The topic guide was informed by review of similar work conducted in other jurisdictions, available data on women's health, as well as the emerging findings of the public survey and the JSNA's professional stakeholder consultation.

The topic guide explored the survey questions in further detail, focusing on:

- factors influencing women and girls' health and wellbeing
- the adequacy of existing services
- barriers to accessing services
- priorities for improving services
- suggestions for how to solve the issues identified

A full copy of the topic guide can be found in Annex 1: Focus group discussion guide.

2.2.3. Focus group recruitment and sample

Participants were recruited to take part in the focus groups via the following process:

1. Islanders were invited to register their interest in participating in a focus group either:
 - at the end of the public survey
 - on the gov.je consultation page (without needing to complete the survey)
2. The demographics of those who registered their interest were compared against the focus group sample frame.
3. Those who fit the sample frame criteria were shortlisted to invite to one of the three focus groups.
4. A Public Health researcher sent email invitations out to individuals on the shortlist until all focus group spaces* were filled.

*Note: Up to 10 participants were recruited per group, with the expectation that 6 - 8 participants would attend. It is common for participants to drop out or not turn up, therefore it is best practice to 'over recruit' to increase the likelihood that the desired number of participants attend.

A sample frame was developed for each focus group, setting out the criteria for the type of participants that each focus group sought to include (see

Table 2). These were designed to enable the focus groups to capture a range of perspectives, reflective of Jersey's diverse female population.

Table 2. Overview of focus group sample frame

Focus Group 1	Focus Group 2	Focus Group 3
Participants recruited to be a mix of:	Participants recruited to be a mix of:	Participants recruited to be a mix of:
<ul style="list-style-type: none"> • Age (20+ years) • Ethnicity • Registration status • Employment status • Parental status • Carer status • Health status 	<ul style="list-style-type: none"> • Age (16 – 19 years) • School • Ethnicity • Health status 	<ul style="list-style-type: none"> • Age (20+ years) • Ethnicity • Registration status • Employment status • Parental status • Carer status • Health status

A £20 Co-op voucher was offered to focus group participants as a thank you and to compensate them for giving up their time.

After following the recruitment process outlined above and inviting 79 people to take part, a total of 17 participants ended up attending the focus groups. Eight attended focus group 1, six attended focus group 2, and three attended focus group 3.

2.2.4. Qualitative data analysis

The qualitative data gathered from both the focus groups and the open text questions from the public survey was combined and analysed using thematic analysis, a method that involves identifying, analysing, and reporting patterns (themes). Lumivero NVivo software was used as a tool to support this analysis.

The thematic analysis process involved the following stages:

1. Familiarisation with the data – transcribing and reading through the dataset to understand the data.
2. Generating initial codes – coding the data systematically to identify meaningful features.
3. Searching for themes – grouping codes into potential themes.
4. Reviewing themes – refining themes and ensuring they accurately represent the data.
5. Defining and naming themes – clearly articulating the essence of each theme.
6. Producing the report – writing up the findings with supporting data extracts to illustrate each theme.

The themes resulting from the analysis were organised into a narrative that captured the key insights relating to the research objectives and were presented in the [Women’s Health and Wellbeing JSNA 2024 Report](#).

2.3. Interpreting the consultation findings

When interpreting the findings of the consultation, it is important to take the following points into account:

- the consultation relied on self-reported responses, which may not always reflect factual information. however, people's perceptions, while sometimes inaccurate, are essential for understanding their attitudes and views as they represent “the truth” to the respondents.
- response bias may influence the findings, as individuals with a stronger interest in the topic of women’s health and wellbeing were more likely to participate.
- the findings are not statistically representative of Jersey’s population, rather, they reflect the perspectives of those who chose to respond to the consultation, which may exclude some underrepresented groups or viewpoints.

2.4. Ethical considerations

Informed Consent: Participants who completed the survey and took part in the focus groups were provided with a participant information sheet, outlining the purpose of the study, the nature of their involvement, and any potential risks or benefits. They were given sufficient time to review the information before being asked to sign a consent form, ensuring that they fully understood their rights and the voluntary nature of participation.

Confidentiality and Anonymity: Public Health researchers took measures to ensure the confidentiality and anonymity of all participants. To safeguard participants' privacy, each individual was assigned a random participant number, and any personally identifiable data was removed from the dataset. All focus group discussions were anonymised during transcription and analysis to prevent the identification of specific individuals in the findings.

Incentives: As a token of appreciation for their time, £20 Co-op vouchers were offered to each participant who took part in a focus group. The incentive was provided at the conclusion of the session, with the goal of compensating participants for their time and effort while maintaining ethical transparency and fairness.

3. Public survey findings

3.1. Analysis of survey respondent characteristics

Several demographic questions were asked to those who responded to the public survey based on their own experiences and those who responded based on the experiences of a specific woman/girl. This information provides useful context for interpreting the findings and indicates how representative the survey respondents were of the wider population. This data is summarised in the following section.

3.1.1. Sex and gender

Overall, the vast majority of respondents (97%) were female, two percent were male, and one percent chose not to disclose their sex.

Males accounted for around half of those who responded based on the experiences of a specific woman or girl they knew or cared for were male, and about a sixth of those who responded based on women and girls in general.

Ninety-eight percent of respondents reported that their gender was the same as that registered at birth, with 1% reporting their gender was different and <1% preferring not to say.

3.1.2. Age

Table 3 outlines the proportion of respondents by age category and compares this against the proportions within Jersey's population overall.⁴

Responses relating to women's own experiences were received from those aged 13 to 85+. A small number of responses were received on behalf of girls aged under 13 and these have been included in the 'under 16' category.

⁴ [Annual population estimates by age and sex](#)

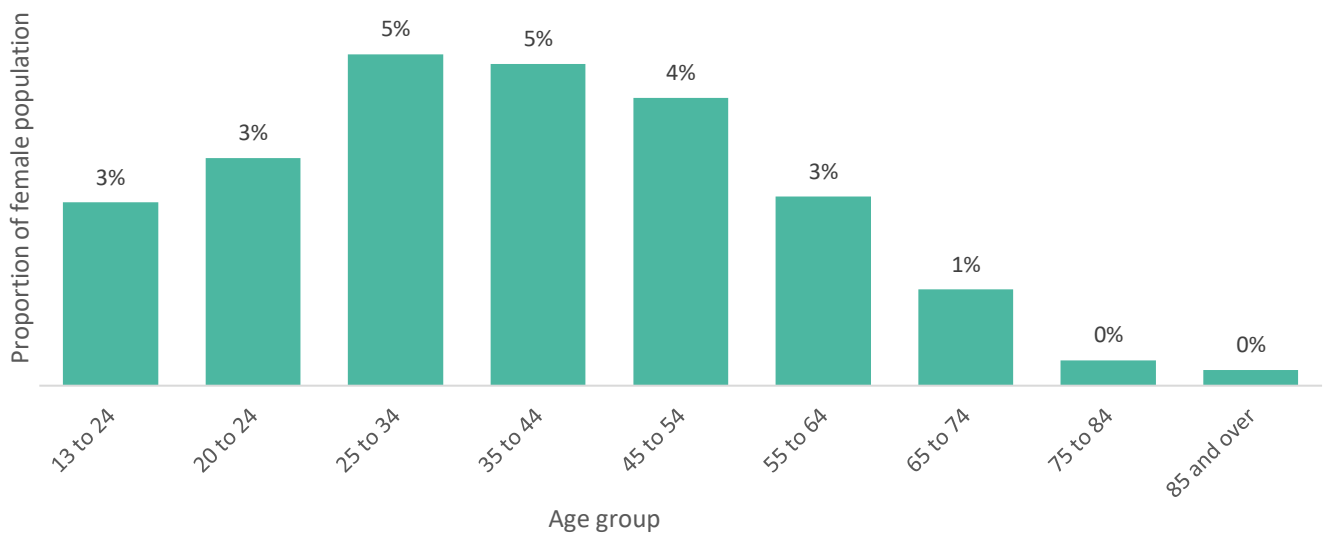
Table 3. Number and percentage of survey responses by age group, for those answering based on their own experiences or the experiences of a specific woman/girl

Age group	Number of respondents*	Percentage of respondents	Percentage of Jersey population in age group
Under 16	30	2%	16%
16 to 19	60	4%	4%
20 to 24	90	6%	5%
25 to 34	320	20%	12%
35 to 44	380	24%	15%
45 to 54	340	22%	15%
55 to 64	230	15%	15%
65 to 74	85	5%	10%
75 to 84	20	1%	7%
85 and over	15	<1%	2%
Prefer not to say	5	<1%	N/A

*numbers rounded to nearest 5

Figure 1 shows the number of survey responses by age as a proportion of Jersey’s female population.⁵

Figure 1. Proportion of Jersey’s female population in each age group who responded to the survey



⁵ [Annual population estimates by age and sex](#)

3.1.3. Residential status

Table 4 outlines the proportion of respondents with each type of residential status and compares this against the proportions within Jersey’s population overall (as at the 2021 census⁶).

Table 4. Number and percentage of survey responses by residential status, for those answering based on their own experiences or the experiences of a specific woman/girl

Registration Status	Respondents*	Percentage of respondents	Percentage 2021 Census
<i>Entitled, or entitled for work</i>	1420	90%	92%
<i>Licensed</i>	80	5%	2%
<i>Registered</i>	20	1%	5%
<i>Don't know or prefer not to say</i>	60	4%	-

*numbers rounded to nearest 5

3.1.4. Ethnicity

Table 5 outlines the proportion of respondents by ethnicity and compares this against Jersey’s population overall (as at the 2021 census⁷).

Table 5. Number and percentage of survey responses by ethnicity for those answering based on their own experiences or the experiences of a specific woman/girl

Ethnicity*	Respondents**	Percentage of respondents	Percentage 2021 Census
<i>Jersey</i>	800	51%	44%
<i>British or Irish</i>	575	37%	33%
<i>Portuguese/Madeiran or mixed Portuguese</i>	45	3%	9%
<i>Polish</i>	30	2%	3%
<i>Other ethnicity</i>	125	8%	9%

* ethnicity categories only presented for those with >25 survey responses. **numbers rounded to nearest 5

3.1.5. Employment status

Table 6 outlines the proportion of respondents by employment status. Respondents were able to select every category that applied to them, so some may have selected more than one category, for example working part-time and looking after the family/home.

⁶ [Report on the 2021 Jersey Census \(gov.je\)](https://www.gov.je/Report-on-the-2021-Jersey-Census)

⁷ [Report on the 2021 Jersey Census \(gov.je\)](https://www.gov.je/Report-on-the-2021-Jersey-Census)

Table 6. Number and percentage of survey responses by employment status, for those answering based on their own experiences or the experiences of a specific woman/girl. Working category broken down into full/part-time and multiple job sub-groups, including where respondents were working alongside another responsibility.

Employment Status	Respondents*	Percentage of respondents
<i>Working</i>	1245	78%
<i>Working one job full-time</i>	850	53%
<i>Working one job part-time</i>	200	13%
<i>Working more than one job</i>	120	8%
<i>Working one job PLUS other responsibility</i>	75	5%
<i>School or studying</i>	70	4%
<i>Looking after home and / or family</i>	50	3%
<i>Retired</i>	135	8%
<i>Unable to work because of long-term sickness or disability</i>	40	3%
<i>Unemployed</i>	25	2%
<i>Prefer not to say</i>	25	2%

*numbers rounded to nearest 5

3.1.6. Parental status

Table 7 outlines the proportion of respondents by parental status and child age.

Table 7. Number and percentage of survey respondents who were parents to children of different ages, for those answering based on their own experiences or the experiences of a specific woman/girl

Parental Status	Respondents*	Percentage of respondents
<i>No children of any age</i>	645	41%
<i>One or more children aged 18+ (exclus.)</i>	350	22%
<i>One or more children aged under 18</i>	565	36%
<i>All children aged 0-3</i>	135	9%
<i>Children aged 0-3 and older sibling(s)</i>	50	3%
<i>All children 4+</i>	380	24%
<i>Prefer not to say</i>	15	1%

*numbers rounded to nearest 5

Table 8 outlines the proportion of respondents that were single parents, co-parents living apart, or parenting with a co-habiting partner.

Table 8. Number and percentage of survey respondents who reported being single parents or co-parents (shared with another parent, do not live together), for those answering based on their own experiences or the experiences of a specific woman/girl

Parental status	Respondents*	Percentage of respondents
Parenting with a co-habiting partner	595	38%
Co-parenting (shared with another parent, do not live together) ^	150	9%
Single parent ^	115	7%
Prefer not to say	60	4%
No children / unknown parental status	660	42%

^ Note that single and co-parenting groups include some people who have children aged over 18 and identified as single or co-parenting parents in the survey

*numbers rounded to nearest 5

3.1.7. Caring responsibilities

Table 9 outlines the proportion of respondents by carer status. A carer is anyone who cares, unpaid, for a family member, partner or friend who due to illness, frailty, disability, a mental health problem or an addiction, cannot cope without their support.

Table 9. Number and percentage of respondents by carer status, for those answering based on their own experiences or the experiences of a specific woman/girl

Carer status	Respondents*	Percentage of respondents
Carer	140	9%
Not carer	1410	89%
Prefer not to say	30	2%

*numbers rounded to nearest 5

3.1.8. Health status

Table 10 outlines the proportion of respondents by health status.

Table 10. Number and percentage of respondents who reported having a physical or mental health condition or illness expected to last for 12 months or more, for those answering based on their own experiences or the experiences of a specific woman/girl

Health status	Respondents*	Proportion of respondents
Have a long-term physical or mental health conditions or illnesses	655	41%
Does not have a long-term physical or mental health conditions or illnesses	825	52%
Prefer not to say / don't know	100	6%

*numbers rounded to nearest 5

3.2. Quantitative analysis of survey questions

The following section presents the results of the quantitative analysis of all the main survey questions in cross-tabulated format. The crosstab tables break down the findings by 'response type', 'age group' and 'parental status'.

'Response type' refers to whether respondents responded to the survey based on:

- their own experiences as a woman / girl in Jersey (labelled as 'self')
- on behalf of a specific woman / girl they know or care for, based on their experiences (labelled as 'on behalf of')
- based on their experiences of women / girls in Jersey in general (labelled as 'in general')

'Age group' refers to the combined age groups of:

- those who responded to the survey based on their own experiences as a woman / girl in Jersey
- the specific women or girls who respondents completed the survey on behalf of

'Parental status' refers to the combined parental status of:

- those who responded to the survey based on their own experiences as a woman / girl in Jersey
- the specific women or girls who respondents completed the survey on behalf of

As outlined in the methodology, the wording for each survey question differed slightly depending on the route via which respondents were completing the survey. The exact question wording is outlined underneath each crosstab table. It is important to note that not all questions were asked to all response types.

3.2.1. Physical health rating

Table 11 outlines how survey respondents rated their physical health on a scale of very poor to very good, broken down by response type, age group and parental status.

Table 11. Physical health rating of survey respondents broken down by survey response type, age group, and parental status

Physical health rating	Overall number of respondents* Overall percentage of respondents		Response type		Age group									Parental status				
			Self	On behalf of	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say
Very good	340	22%	22%	17%	22%	24%	23%	26%	20%	21%	16%	28%	18%	25%	21%	17%	17%	14%
Good	620	39%	39%	33%	53%	40%	35%	44%	39%	35%	40%	32%	39%	37%	42%	50%	26%	34%
Fair	415	26%	26%	30%	22%	21%	30%	22%	27%	28%	31%	26%	27%	25%	27%	21%	34%	27%
Poor	165	11%	11%	c	c	13%	12%	7%	11%	13%	10%	9%	c	10%	9%	9%	18%	24%
Very poor	35	2%	2%	c	c	c	c	c	2%	3%	3%	c	c	2%	2%	c	4%	c
Don't know or prefer not to say	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c

Question wording depending on response type - self: "In general, how would you describe the following aspects of your health? Physical health", on behalf of: "In general, how would you describe the following aspects of the woman/girl you have in mind's health? Physical health". *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.2.2. Mental health rating

Table 12 outlines how survey respondents rated their mental health on a scale of very poor to very good, broken down by response type, age group and parental status.

Table 12. Mental health rating of survey respondents broken down by survey response type, age group, and parental status

Mental health rating	Overall number of respondents* Overall percentage of respondents		Response type		Age group									Parental status				
			Self	On behalf of	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say
Very good	260	16%	16%	17%	c	10%	12%	11%	15%	20%	18%	29%	30%	14%	20%	15%	13%	20%
Good	570	36%	36%	17%	22%	15%	25%	38%	39%	34%	39%	41%	52%	32%	42%	44%	20%	44%
Fair	475	30%	30%	37%	28%	35%	36%	30%	30%	32%	31%	16%	c	32%	27%	31%	39%	24%
Poor	220	14%	14%	20%	16%	40%	25%	17%	11%	11%	10%	10%	c	18%	9%	7%	22%	8%
Very poor	45	3%	3%	c	c	c	c	4%	4%	2%	2%	c	c	3%	2%	3%	6%	c
Don't know or prefer not to say	10	1%	1%	c	16%	c	c	c	c	c	c	c	c	1%	c	c	c	c

Question wording depending on response type - self: "In general, how would you describe the following aspects of your health? Mental health", on behalf of: "In general, how would you describe the following aspects of the woman/girl you have in mind's health? Mental health". *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.2.3. Wellbeing rating

Table 13 outlines how survey respondents rated their wellbeing on a scale of very poor to very good, broken down by response type, age group and parental status.

Table 13. Wellbeing rating of survey respondents broken down by survey response type, age group, and parental status

Wellbeing rating	Overall number of respondents*	Overall percentage of respondents	Response type		Age group									Parental status				
			Self	On behalf of	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say
Very good	245	16%	16%	17%	22%	11%	11%	16%	13%	17%	15%	24%	30%	15%	18%	13%	10%	17%
Good	625	40%	40%	23%	28%	31%	44%	41%	41%	35%	44%	43%	42%	38%	43%	44%	28%	44%
Fair	465	30%	30%	23%	25%	37%	30%	31%	31%	32%	23%	24%	21%	31%	27%	34%	30%	27%
Poor	185	12%	11%	20%	c	19%	14%	10%	12%	12%	14%	6%	c	12%	10%	7%	22%	10%
Very poor	35	2%	2%	c	c	c	c	2%	3%	3%	3%	c	c	2%	1%	c	10%	c
Don't know or prefer not to say	15	1%	1%	c	16%	c	c	c	c	c	c	c	c	2%	1%	c	c	c

Question wording depending on response type - self: "In general, how would you describe the following aspects of your health? Wellbeing", on behalf of: "In general, how would you describe the following aspects of the woman/girl you have in mind's health? Wellbeing". *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.2.4. Physical health needs met

Table 14 outlines how survey respondents rated the extent to which the physical health needs of women/girls were met in Jersey on a scale of strongly disagree to strongly agree, broken down by response type, age group and parental status.

Table 14. Physical health needs met rating of survey respondents broken down by survey response type, age group, and parental status

Physical health needs met	Overall number of respondents* Overall percentage of respondents		Response type			Age group									Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say
Strongly agree	130	8%	8%	c	c	16%	11%	6%	7%	4%	11%	7%	14%	c	9%	7%	7%	7%	c
Agree	635	38%	39%	17%	33%	31%	45%	47%	36%	38%	37%	40%	40%	58%	35%	43%	40%	35%	42%
Neither agree nor disagree	330	20%	20%	30%	25%	41%	15%	14%	24%	18%	20%	21%	20%	15%	21%	21%	18%	11%	17%
Disagree	425	26%	26%	23%	26%	c	21%	23%	26%	33%	26%	24%	20%	c	26%	24%	29%	35%	20%
Strongly disagree	115	7%	7%	17%	7%	c	8%	10%	7%	7%	6%	8%	7%	c	8%	4%	5%	12%	12%
Don't know or prefer not to say	15	1%	1%	c	c	c	c	c	c	c	c	c	c	c	1%	1%	c	c	c

Question wording depending on response type - self: "As a woman or girl in Jersey, to what extent do you agree or disagree that your following needs are met? Physical health needs", on behalf of: "To what extent do you agree or disagree that the person you have in mind's following needs are met, as a woman or girl in Jersey? Physical health needs", in general: "To what extent do you agree or disagree that women's / girls' following needs are met in Jersey? Physical health needs". *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.2.5. Mental health needs met

Table 15 outlines how survey respondents rated the extent to which the mental health needs of women/girls were met in Jersey on a scale of strongly disagree to strongly agree, broken down by response type, age group and parental status.

Table 15. Mental health needs met rating of survey respondents broken down by survey response type, age group, and parental status

Mental health needs met	Overall number of respondents*	Overall percentage of respondents	Response type			Age group										Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say	
Strongly agree	70	4%	4%	c	c	c	c	c	c	2%	2%	6%	5%	10%	c	4%	4%	4%	6%	c
Agree	370	23%	23%	c	13%	22%	23%	20%	20%	25%	22%	26%	22%	30%	20%	26%	26%	20%	24%	
Neither agree nor disagree	405	25%	25%	c	23%	25%	23%	27%	29%	18%	30%	23%	28%	18%	25%	27%	18%	20%	29%	
Disagree	520	31%	32%	47%	23%	22%	31%	35%	34%	37%	32%	28%	23%	c	34%	30%	38%	31%	19%	
Strongly disagree	200	12%	11%	c	30%	c	15%	9%	14%	15%	7%	12%	7%	c	13%	8%	11%	22%	8%	
Don't know or prefer not to say	80	5%	5%	c	c	16%	c	c	c	3%	4%	7%	10%	42%	4%	5%	3%	c	15%	

Question wording depending on response type - self: "As a woman or girl in Jersey, to what extent do you agree or disagree that your following needs are met? Mental health needs", on behalf of: "To what extent do you agree or disagree that the person you have in mind's following needs are met, as a woman or girl in Jersey? Mental health needs", in general: "To what extent do you agree or disagree that women's / girls' following needs are met in Jersey? Mental health needs". *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.2.6. Wellbeing needs met

Table 16 outlines how survey respondents rated the extent to which the wellbeing needs of women/girls were met in Jersey on a scale of strongly disagree to strongly agree, broken down by response type, age group and parental status.

Table 16. Wellbeing needs met rating of survey respondents broken down by survey response type, age group, and parental status

Wellbeing needs met	Overall number of respondents*	Overall percentage of respondents	Response type			Age group									Parental status					
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say	
Strongly agree	85	5%	5%	c	c	c	c	c	c	3%	3%	7%	7%	11%	c	5%	6%	3%	7%	c
Agree	450	27%	28%	17%	23%	28%	37%	31%	25%	29%	24%	31%	24%	39%	26%	31%	26%	21%	31%	
Neither agree nor disagree	455	28%	28%	17%	29%	22%	24%	25%	34%	24%	31%	23%	31%	18%	29%	27%	30%	23%	24%	
Disagree	465	28%	28%	37%	32%	22%	21%	32%	28%	34%	27%	25%	20%	c	28%	27%	34%	25%	25%	
Strongly disagree	140	9%	8%	c	10%	c	c	c	9%	9%	9%	10%	9%	c	8%	6%	7%	22%	12%	
Don't know or prefer not to say	55	3%	3%	c	c	19%	c	c	2%	c	2%	5%	c	21%	4%	3%	c	c	c	

Question wording depending on response type - self: "As a woman or girl in Jersey, to what extent do you agree or disagree that your following needs are met? Wellbeing needs", on behalf of: "To what extent do you agree or disagree that the person you have in mind's following needs are met, as a woman or girl in Jersey? Wellbeing needs", in general: "To what extent do you agree or disagree that women's / girls' following needs are met in Jersey? Wellbeing needs". *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.2.7. Factors beneficial to health and wellbeing

Table 17 outlines which factors survey respondents selected as the top 3 most beneficial to the health and wellbeing of women/girls in Jersey, broken down by response type, age group and parental status.

Table 17. Factors beneficial to health and wellbeing broken down by survey response type, age group, and parental status

Beneficial factor	Overall number of respondents*	Overall percentage of respondents	Response type			Age group										Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say	
Financial security	680	41%	42%	23%	25%	16%	26%	30%	44%	45%	41%	45%	48%	45%	38%	43%	42%	46%	51%	
Work-life balance	650	39%	40%	c	30%	c	26%	42%	44%	51%	45%	31%	11%	c	35%	45%	46%	40%	24%	
Comfortable housing / living conditions	555	34%	34%	27%	35%	38%	21%	31%	39%	30%	30%	35%	39%	61%	35%	31%	34%	35%	46%	
Healthcare and support services	475	29%	28%	47%	48%	19%	24%	28%	28%	26%	24%	32%	45%	39%	31%	27%	26%	30%	29%	
Social connections and companionship	400	24%	24%	30%	23%	28%	32%	24%	23%	21%	23%	24%	38%	42%	26%	24%	17%	19%	36%	
Sleep and relaxation	395	24%	24%	37%	10%	44%	39%	35%	18%	26%	27%	24%	13%	c	25%	24%	20%	24%	19%	
Environment	335	20%	21%	c	10%	16%	26%	15%	20%	20%	22%	24%	24%	15%	21%	19%	24%	20%	22%	
Physical activity	295	18%	18%	c	9%	25%	19%	22%	17%	14%	21%	20%	22%	c	19%	17%	19%	12%	15%	

Beneficial factor	Overall number of respondents*	Overall percentage of respondents	Response type			Age group										Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say	
Safety	240	15%	14%	c	36%	31%	23%	24%	17%	13%	9%	9%	13%	c	21%	10%	9%	7%	14%	
Secure employment	220	13%	13%	17%	19%	c	11%	12%	13%	13%	17%	15%	c	c	11%	15%	13%	17%	10%	
Balanced diet	210	13%	13%	c	13%	c	8%	11%	14%	9%	13%	19%	15%	c	12%	14%	13%	14%	12%	
Hobbies / leisure activities	165	10%	10%	c	9%	34%	35%	20%	7%	9%	8%	7%	9%	c	14%	7%	9%	8%	c	
Being a parent	135	8%	8%	c	c	c	c	c	10%	13%	8%	7%	c	c	2%	13%	14%	16%	c	
Religion and culture	35	2%	2%	c	c	c	c	c	c	2%	2%	3%	c	c	1%	3%	c	c	c	
Don't know	10	0%	0%	c	c	c	c	c	c	c	c	c	c	c	1%	c	c	c	c	

Question wording depending on response type - self: "Thinking about wider factors that may affect health and wellbeing... As a woman or girl in Jersey, which of the following do you feel are most beneficial to your health and wellbeing? Select your top 3.", on behalf of: "Thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most beneficial to the person you have in mind's health and wellbeing, as a woman or girl in Jersey? Select your top 3.", in general: "Thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most beneficial to women and girls' health and wellbeing in Jersey? Select your top 3." *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.2.8. Factors harmful to health and wellbeing

Table 18 outlines which factors survey respondents selected as the top 3 most harmful to the health and wellbeing of women/girls in Jersey, broken down by response type, age group and parental status.

Table 18. Factors harmful to health and wellbeing broken down by survey response type, age group, and parental status

Harmful factor	Overall number of respondents*	Overall percentage of respondents	Response type			Age group										Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say	
Financial insecurity	665	40%	41%	27%	23%	c	18%	39%	49%	48%	38%	39%	43%	18%	36%	42%	45%	57%	34%	
Work-related stress	595	36%	37%	33%	19%	c	27%	35%	38%	45%	44%	37%	6%	c	34%	39%	41%	36%	20%	
Poor mental health	500	30%	30%	30%	33%	47%	56%	36%	35%	29%	29%	25%	15%	c	36%	27%	29%	26%	10%	
Loneliness and social isolation	380	23%	23%	33%	17%	22%	35%	25%	22%	20%	17%	27%	34%	52%	25%	20%	15%	23%	42%	
Poor sleep and relaxation	365	22%	23%	23%	c	19%	10%	20%	18%	25%	27%	29%	18%	c	18%	28%	21%	19%	17%	
Poor housing / living conditions	355	21%	21%	c	30%	19%	15%	28%	27%	19%	16%	22%	23%	15%	23%	19%	19%	27%	19%	
Violence against women and girls	300	18%	18%	c	30%	25%	37%	27%	26%	14%	14%	11%	16%	c	24%	13%	11%	17%	15%	
Poor physical health	280	17%	17%	17%	12%	c	19%	16%	14%	14%	17%	22%	28%	36%	16%	16%	23%	10%	31%	
Physical inactivity	200	12%	12%	c	7%	16%	c	7%	7%	12%	15%	17%	17%	18%	10%	15%	14%	6%	14%	
Discrimination	150	9%	8%	c	29%	16%	11%	6%	10%	6%	11%	6%	c	c	12%	6%	12%	5%	c	

Harmful factor	Overall number of respondents*	Overall percentage of respondents	Response type			Age group										Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say	
Poor diet	145	9%	9%	c	10%	c	c	9%	7%	10%	9%	10%	9%	c	8%	11%	5%	9%	12%	
Parental / childcare responsibilities	145	9%	9%	c	12%	c	c	c	9%	18%	9%	2%	c	c	2%	14%	17%	13%	c	
Substance use	145	9%	8%	c	22%	c	8%	16%	6%	8%	9%	7%	9%	c	11%	7%	8%	7%	c	
Poor school / work environment	140	9%	8%	c	12%	44%	23%	8%	8%	9%	7%	6%	c	c	12%	6%	6%	5%	c	
Environment and pollution	80	5%	5%	c	c	c	c	c	4%	3%	4%	8%	9%	c	5%	3%	5%	4%	12%	
Unemployment	70	4%	4%	c	c	c	c	7%	4%	4%	5%	5%	c	c	3%	5%	3%	5%	10%	
Other caring responsibilities	50	3%	3%	c	c	c	c	c	c	4%	5%	17%	c	c	2%	5%	3%	4%	c	
Limited access to transport	40	2%	2%	c	c	c	c	c	2%	2%	c	c	8%	21%	3%	1%	c	c	8%	
Don't know	20	1%	1%	c	c	c	c	c	c	c	c	c	c	c	1%	1%	c	4%	c	

Question wording depending on response type - self: "Again, thinking about wider factors that may affect health and wellbeing... As a woman or girl in Jersey, which of the following do you feel are most harmful to your health and wellbeing? Select your top 3.", on behalf of: "Again, thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most harmful to the person you have in mind's health and wellbeing, as a woman or girl in Jersey? Select your top 3.", in general: "Again, thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most harmful to women and girls' health and wellbeing in Jersey? Select your top 3." *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.2.9. Barriers of health and wellbeing services

Table 19 outlines which barriers survey respondents selected as the top 3 that stop women/girls accessing in Jersey accessing health and wellbeing services, broken down by response type, age group and parental status.

Table 19. Barriers of health and wellbeing services broken down by survey response type, age group, and parental status

Barrier of health and wellbeing services	Overall number of respondents*	Overall percentage of respondents	Response type			Age group										Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say	
Cost issues	810	49%	49%	30%	64%	22%	34%	67%	56%	52%	49%	41%	37%	18%	52%	44%	48%	58%	46%	
Difficulty attending appointments	730	44%	43%	53%	64%	28%	34%	50%	52%	51%	43%	33%	26%	15%	46%	42%	52%	48%	27%	
Inability to self-refer to specialists	575	35%	34%	47%	46%	19%	21%	39%	36%	36%	33%	37%	34%	21%	36%	32%	45%	34%	22%	
Lack of information about wellbeing services	525	32%	32%	30%	33%	16%	21%	39%	35%	34%	32%	29%	38%	c	33%	31%	32%	30%	32%	
Previous negative experiences	515	31%	30%	53%	45%	31%	39%	55%	42%	26%	26%	25%	17%	15%	40%	23%	23%	30%	32%	
Lack of information about health services	500	30%	30%	23%	41%	c	26%	33%	36%	33%	28%	28%	18%	18%	34%	27%	30%	29%	31%	
Anxiety, embarrassment, privacy concerns	375	23%	22%	27%	46%	44%	44%	41%	26%	19%	20%	17%	c	c	29%	16%	19%	25%	15%	

Barrier of health and wellbeing services	Overall number of respondents*	Overall percentage of respondents	Response type			Age group										Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say	
Nothing prevents me from accessing health services	320	19%	20%	c	7%	34%	21%	8%	12%	14%	21%	29%	41%	52%	16%	24%	19%	17%	27%	
Required services not available in Jersey	240	14%	14%	27%	25%	c	11%	9%	14%	16%	16%	13%	13%	c	15%	13%	19%	15%	10%	
Nothing prevents me from accessing wellbeing services	200	12%	13%	c	c	19%	15%	8%	7%	7%	12%	20%	24%	45%	10%	13%	11%	11%	25%	
Issues with transport to appointments	130	8%	7%	c	14%	c	c	6%	7%	6%	6%	9%	13%	21%	9%	5%	4%	11%	15%	
Issues with location of appointments	115	7%	7%	c	16%	c	c	c	7%	7%	6%	7%	10%	c	8%	7%	4%	9%	8%	
Don't know	20	1%	1%	c	c	c	c	c	c	c	c	c	c	c	2%	1%	c	c	c	

Question wording depending on response type - self: "As a woman or girl in Jersey, what, if anything, stops you from accessing health and wellbeing services? Select your top 3.", on behalf of: "As a woman or girl in Jersey, what, if anything, stops the person you have in mind from accessing health and wellbeing services? Select your top 3.", in general: "What, if anything, do you think stops women and girls from accessing health and wellbeing services in Jersey? Select your top 3." *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.2.10. Areas to prioritise for improvement

Table 20 outlines which areas to prioritise for improvement survey respondents selected in their top 5, broken down by response type, age group and parental status.

Table 20. Areas to prioritise for improvement broken down by survey response type, age group, and parental status

Area to prioritise for improvement	Overall number of respondents*	Overall percentage of respondents	Response type			Age group									Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say
Gynaecological health	660	40%	41%	27%	33%	c	34%	58%	51%	46%	34%	30%	38%	18%	44%	35%	42%	36%	44%
Housing / living conditions	555	34%	33%	40%	42%	38%	32%	32%	36%	32%	32%	36%	31%	30%	35%	33%	31%	40%	25%
Mental health disorders	550	33%	33%	37%	41%	34%	48%	42%	38%	32%	29%	28%	26%	27%	37%	28%	34%	39%	19%
Ease of access to health and wellbeing services	485	29%	29%	43%	23%	16%	10%	24%	29%	31%	31%	38%	26%	24%	29%	28%	35%	32%	20%
Cancer and preventative screening	475	29%	29%	c	29%	34%	26%	24%	25%	31%	32%	24%	43%	30%	27%	30%	27%	33%	37%
Menopause	460	28%	29%	c	23%	c	c	c	6%	27%	56%	45%	18%	c	17%	39%	29%	36%	32%
Menstrual health	345	21%	21%	c	14%	22%	50%	48%	31%	23%	14%	7%	c	c	30%	15%	15%	11%	c
Lifestyle behaviours	340	21%	20%	27%	25%	c	27%	10%	16%	19%	26%	24%	20%	27%	20%	21%	23%	18%	22%
Promoting health and wellbeing at work / school	325	20%	20%	c	26%	22%	21%	22%	19%	21%	21%	19%	11%	c	20%	21%	19%	16%	15%

<i>Area to prioritise for improvement</i>	<i>Overall number of respondents*</i>	<i>Overall percentage of respondents</i>	<i>Response type</i>			<i>Age group</i>										<i>Parental status</i>				
			<i>Self</i>	<i>On behalf of</i>	<i>In general</i>	<i>Under 16</i>	<i>16 to 19</i>	<i>20 to 24</i>	<i>25 to 34</i>	<i>35 to 44</i>	<i>45 to 54</i>	<i>55 to 64</i>	<i>65 to 74</i>	<i>75+</i>	<i>No children / unknown</i>	<i>Parenting with a co-habiting partner</i>	<i>Co-parenting</i>	<i>Single parent</i>	<i>Prefer not to say</i>	
<i>Research focused on women's health issues</i>	325	20%	20%	c	12%	c	34%	34%	29%	20%	16%	13%	6%	c	25%	16%	19%	11%	8%	
<i>Neurodiverse conditions</i>	295	18%	18%	c	25%	25%	27%	28%	22%	17%	17%	11%	6%	c	20%	15%	21%	23%	c	
<i>Ensuring women's voices are heard</i>	280	17%	17%	30%	19%	16%	27%	31%	19%	16%	14%	17%	11%	c	22%	12%	15%	15%	17%	
<i>Maternal health</i>	280	17%	17%	c	20%	22%	11%	18%	26%	26%	7%	7%	7%	c	12%	25%	19%	9%	10%	
<i>Discrimination and violence against women and girls</i>	270	16%	16%	c	22%	19%	26%	23%	19%	13%	16%	13%	14%	c	20%	12%	12%	15%	25%	
<i>Support for parents</i>	235	14%	14%	20%	13%	25%	c	9%	18%	26%	9%	4%	6%	c	7%	21%	23%	17%	c	
<i>Ageing well and tackling frailty</i>	215	13%	13%	c	9%	c	c	c	3%	8%	17%	27%	43%	30%	9%	17%	13%	12%	22%	
<i>Promoting financial independence</i>	210	13%	13%	c	9%	c	13%	9%	16%	15%	12%	9%	14%	c	11%	13%	18%	17%	8%	
<i>Family planning</i>	205	13%	13%	c	9%	c	8%	12%	25%	20%	5%	3%	c	c	15%	13%	10%	4%	c	
<i>Cardiovascular diseases</i>	170	10%	11%	c	7%	c	c	c	3%	6%	14%	18%	32%	33%	8%	12%	9%	14%	22%	
<i>Chronic conditions</i>	155	10%	10%	c	c	c	15%	8%	10%	6%	11%	13%	15%	18%	10%	9%	8%	9%	15%	
<i>The environment</i>	150	9%	9%	c	7%	22%	15%	8%	8%	7%	11%	7%	15%	c	12%	7%	5%	9%	10%	

Area to prioritise for improvement	Overall number of respondents*	Overall percentage of respondents	Response type			Age group										Parental status				
			Self	On behalf of	In general	Under 16	16 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	No children / unknown	Parenting with a co-habiting partner	Co-parenting	Single parent	Prefer not to say	
Health information and education	140	8%	8%	20%	19%	c	16%	11%	7%	7%	7%	9%	7%	c	10%	8%	5%	9%	c	
Support for carers	125	8%	8%	c	c	c	c	c	2%	4%	12%	13%	26%	c	5%	8%	13%	11%	12%	
Musculoskeletal disorders	120	7%	8%	c	c	c	c	c	3%	3%	10%	17%	23%	c	6%	8%	7%	9%	17%	
Neurological disorders	105	6%	7%	c	c	c	c	c	2%	7%	8%	9%	10%	c	5%	9%	4%	4%	10%	
Sexual health	60	4%	4%	c	c	c	10%	9%	6%	3%	2%	c	c	c	6%	2%	4%	c	c	
Respiratory diseases	30	2%	2%	c	c	c	c	c	c	1%	c	4%	6%	c	2%	1%	c	c	c	
Don't know	25	1%	1%	c	c	16%	c	c	c	2%	c	c	c	c	2%	2%	c	c	c	
Genetic and congenital disorders	15	1%	1%	c	c	c	c	c	c	c	c	c	c	c	1%	1%	c	c	c	
Infectious diseases	10	1%	1%	c	c	c	c	c	c	c	1%	c	c	c	c	1%	c	c	c	

Question wording depending on response type - self: "Thinking about health and wellbeing services for women and girls in Jersey in general... Which items below do you think the Government of Jersey should prioritise for improvement? Select up to 5. These 5 can be from across any categories.", on behalf of: "Thinking about health and wellbeing services for women and girls in Jersey in general... Which items from the list below do you think the Government of Jersey should prioritise for improvement? Select up to 5. These 5 can be from across any categories.", in general: "Thinking about health and wellbeing services for women and girls in Jersey in general... Which items from the list below do you think the Government of Jersey should prioritise for improvement? Select up to 5. These 5 can be from across any categories." *numbers rounded to nearest 5. [c] result suppressed due to small sample size.

3.3. Qualitative analysis of focus groups and open survey questions

The following section presents the findings of the thematic analysis of the qualitative data gathered from both the focus groups and the open text survey questions.

The findings are presented in tables which outline the overarching themes, the subthemes within these, descriptive overviews of what the subthemes are, as well as illustrative quotes.

The findings have been divided into three separate tables in order to distinguish themes that emerged from the focus groups and each survey completion route.

3.3.1. Qualitative analysis of focus group data and responses from those who completed the survey based on their own experiences as a woman / girl in Jersey

Table 21 presents the thematic analysis findings of the focus groups and the open text responses of those who responded to the survey based on their own experiences as a woman / girl in Jersey. The table is divided into a number of sections. The overarching themes section reflects common themes that do not relate to specific JSNA report chapters. The remaining sections outline themes relevant to specific JSNA report chapters.

Table 21. Findings of thematic analysis of the focus groups and the open text responses of those who responded to the survey based on their own experiences as a woman / girl in Jersey.

Theme	Subtheme	Overview	Illustrative quotes
Overarching themes			
1. Financial challenges			
	Financial insecurity and essentials	It was reported that financial insecurity limits access to basic needs like food, housing, healthcare, and childcare, increasing stress and hardship; high costs for housing, therapy, and childcare, along with financial dependence and gender inequalities were noted as significant barriers, with calls for systemic changes like appointing a Minister for Women.	<p>"All of the money I earn at work goes to rent and bills; I have to decide between whether I can have electricity or eat."</p> <p>"Cost of living makes it harder for people to buy healthy food as veg & meat are the most expensive!!!"</p>
	Costly health services	The high costs of accessing healthcare in Jersey, including private counselling, mental health treatments, and specialist consultations like gynaecology and fertility care, were described as outrageous, often delaying necessary care.	<p>"It's too expensive to see a doctor for a thorough health check."</p> <p>"The cost of GPs is dreadful."</p>
	Housing affordability and quality	Respondents raised concerns about unaffordable housing, poor living conditions, and their impact on mental and	"Having lived in damp conditions in three different properties this causes a lot of stress and health needs as well."

Theme	Subtheme	Overview	Illustrative quotes
		physical health, emphasising the need for affordable, secure housing and better living conditions.	
2. Employment challenges			
	Work-life balance	Respondents reported struggles balancing work and personal life, often leading to burnout and harming mental and physical health. factors like health issues, long hours, inadequate breaks, and lack of support were cited as key contributors to career stress. Missed work due to illness was felt to heighten stress, particularly for those with ongoing health issues.	“When stress increases at work and my work-life balance is gone, I approach burnout, which impacts negatively on my physical and mental health.”
	Employment barriers	Women in lower-paid jobs or without qualifications faced challenges affecting financial stability, independence, and mental health.	“I would like a work/life balance, to achieve this I would prefer to work set days at work rather than shifts.”
3. Quality of mental health services			
	Inadequate mental health services	Respondents consistently highlighted a lack of adequate mental health services on the Island, leaving many feeling unsupported.	“The mental health services on the Island are absolutely terrible - as females are more likely to suffer with mental health problems, however the help, we receive is extremely limited and often the services are understaffed.”
	Stigma around mental health	Respondents emphasised that mental health challenges remain stigmatised, making it difficult for individuals to seek help openly.	“The stigma associated with seeking mental health support discourages efforts to promote better mental health.” “Being able to access support for Mental health wellness still comes with a stigma and adverse labelling which discourages one from trying to promote better mental health”
	Inadequate mental health services	Many described Jersey’s mental health services as insufficient, citing long wait times, lack of follow-up care, and inadequate support for conditions like eating disorders.	“The mental health services on the Island are absolutely terrible.”

Theme	Subtheme	Overview	Illustrative quotes
	Over-reliance on medication	Frustration was expressed about antidepressants being prescribed without sufficient follow-up or additional support systems in place.	"I also think there needs to be a lot more training, understanding and support for mental health because from my own experience and from speaking to others, antidepressants seem to be prescribed quite easily and then nothing else put in place."
	Gaps in preventative support	Young people highlighted the transition from school to adulthood as a particularly vulnerable time, with limited mental health resources and preventative care available.	"We have many responsive services in Jersey, but we lack preventative measures, especially for young girls entering adolescence."
	Loneliness and social isolation	Respondents aged 65+ highlighted loneliness, social isolation, declining health, and transport barriers as key concerns, suggesting shuttle buses to improve access to healthcare.	"Social isolation is very detrimental to mental health and wellbeing."
4. Logistical challenges		Respondents highlighted difficulties attending appointments due to conflicting work schedules and inconvenient timing, with calls for more flexible hours, including evenings and weekends. Respondents also discussed facing difficulties attending appointments due to transport and location issues.	"The hospital parking is almost impossible. I had to ask people to park for me." "Accessing health services is challenging due to location, mobility issues, or lack of transportation."
5. Service quality issues		Respondents reported that disorganised care, poor communication, and a lack of coordination—particularly in women's health departments—negatively impact health and wellbeing.	"The health service is disorganised, and its focus is money not people." "The departments are so fragmented that there is inefficiency between the patient and the Health Department." "Communication between doctors is abysmal."
	Accessing adequate care	Respondents shared challenges with conditions like endometriosis and PCOS, highlighting delays in diagnosis, lack of specialist knowledge, and inadequate support. Infertility treatments were noted as excessively costly, and participants called for a stronger focus on women's health. Concerns included ignorance around menstrual health and its impact, as well as systemic issues such as reliance on GPs and limited access to knowledgeable professionals.	"I suffer myself with endometriosis and another autoimmune disease and it took several years to be diagnosed due to ignorance and not believing women when they are suffering." "There are not enough knowledgeable professionals in Jersey regarding women's health."

Theme	Subtheme	Overview	Illustrative quotes
	Relying on doctors for referrals	Respondents expressed frustration over reliance on GPs for specialist referrals, citing long wait times and inefficiencies, and called for easier self-referral pathways, especially for mental health services.	<p>“Employ decent staff who care. Allow self-referrals, reduce waiting times, recruit more staff.”</p> <p>“We have many responsive services in Jersey, but we lack preventative measures, especially for young girls entering adolescence.”</p>
	Preventative measures	Respondents felt there is a significant lack of focus on preventative care, with the healthcare system often being reactive rather than proactive.	<p>“There is no preventative care - complete lack of breast screening under the age of 50 unless a woman found a lump herself.”</p>
6. Systemic issues			
	Violence and discrimination	Younger respondents highlighted violence and discrimination, including gender-based violence normalised by societal attitude.	<p>“Trying to have a social life in town drinking we do not feel safe again as I definitely do not. A lot of men towards younger women physically action themselves towards us especially under the influence of alcohol.”</p>
	Feeling dismissed	Respondents frequently cited dismissive healthcare professionals, long wait times, and stigma around age or hormones as major stressors. This perspective was echoed across the public consultation, not just young people.	<p>“Women are often told to get on with things, don’t be so hormonal or emotional.”</p> <p>“If I don't see a female doctor who knows me well, my issues are assumed to be hormonal without any testing.”</p>
Healthy behaviours			
1. Holistic view of health		Emphasis on physical, mental, and social dimensions of health; importance of education, service access, and socioeconomic factors.	<p>“Wellbeing is about mental health for me, like getting out on my bike with the CYQL group set up by the government. It’s part of Move More Jersey—a combination of outdoors, exercise, and companionship that makes me feel really good and lasts for days.”</p>
2. Screening			
	Concerns about healthcare services	Lack of routine screenings and proactive health guidance; inadequate gynaecological care and absence of breast screening options.	<p>“No routine screening or preventative health information about common pelvic health issues.”</p> <p>“The lack of gynaecological care and absolutely no option of breast screening are making me very anxious.”</p>

Theme	Subtheme	Overview	Illustrative quotes
	Accessibility and privacy issues	Concerns about accessibility and privacy in sexual health screenings; administrative inefficiencies; need for routine screening.	<p>“I would argue that Jersey is quite behind in sexual health. There's no way of doing your own postal/self-checking with sexual health screening like they offer in the UK.”</p> <p>“Screening for female-related cancers starts far too late, and ongoing and aftercare in terms of follow-up tests are not sufficient to pick up any recurrence.”</p>
	Need for comprehensive self-led healthcare	Desire for more self-led healthcare information and guidance; need for detailed woman-specific health tests.	<p>“Provide more information for self-led healthcare, including guidance on woman-specific health tests like breast cancer screening by GPs who check lumps, and skin cancer screening for mole checks, which is crucial given societal pressures for tanned skin and sunbed use.”</p> <p>“Skin cancer screening should be made available.”</p>
	Youth education and positive changes	Need for improved youth education on health issues; recognition of positive changes like free cervical screening.	<p>“Having had two daughters go through the Jersey educational system, I'm surprised/shocked that not more is done to promote services of Le Bas Centre & their services. Why aren't these up-and-coming young adults guided into how to check their boobs? They too can have cancer.”</p> <p>“Accessing a good diet and exercise is preventative and builds on the women's own power, confidence, and resilience.”</p>
3.	Health and wellbeing through nutrition	Importance of a balanced diet and exercise; challenges with dietary limitations and the cost of nutritious food.	<p>“GST on food is criminal. We all know nutritious food is more expensive.”</p> <p>“So, to have nutritional meals I will often miss lunch to be able to afford vegetables and fruit also for my son.”</p>
4.	Sleep and relaxation	Importance of sufficient sleep, balanced nutrition, and regular exercise; challenges in managing stress through sleep.	<p>“The basics are sleep well, eat well, and exercise. It's a very good start.”</p> <p>“Poor sleep patterns, often awake worrying about work.”</p> <p>“If I do not get sleep this affects everything.”</p>
5.	Financial barriers	High cost of leisure facilities and nutritious food; financial constraints affecting access to wellness resources.	<p>“Most sports and recreational facilities are too expensive.”</p>

Theme	Subtheme	Overview	Illustrative quotes
6.	Socioeconomic influences	Financial insecurity and work-related stress impact health behaviours; need for improved access to preventive services.	<p>"Not everyone has the disposable income to pay for costly gym memberships."</p> <p>"I recently had to sell my car in order to afford food."</p> <p>"Jersey is expensive, and planning for care in retirement adds stress."</p> <p>"No help or support for working class with family trying to pay bills and put food on the table with current cost of living."</p>
	Social and community support	Lack of social and emotional support networks; desire for more community activities and support, especially for vulnerable groups.	<p>"Most sports, spa, and recreational facilities are expensive."</p> <p>"Jersey is expensive, and planning for care in retirement adds stress."</p> <p>"Jersey being a geographically small Island lends opportunity for physical accessibility to walk or cycle to your place of work."</p>
	Infrastructure and accessibility	Geographic advantages for physical activity; concerns about infrastructure and safety for exercise; appreciation for natural beauty.	<p>"Not enough cycling routes."</p> <p>"Jersey is a beautiful Island; it is my home and I never lose my love of the place."</p>
7.	Education and legislative support	Need for inclusive education and legislative support to promote healthy behaviours.	<p>"Men and boys need education on the same topics. Everyone should understand these issues because dismissing them as unimportant is frustrating."</p>
Mental health			
1.	Recognition of mental health	Importance of prioritising mental health as a Public Health concern; stigma around admitting problems.	<p>"Mental health issues are a silent killer for a lot of people, and it's still frowned upon to admit you have problems."</p>
	Perception and definition of mental wellbeing	Mixed perceptions of "wellbeing"; some find it vague, others link it with mental stability.	<p>"Wellbeing doesn't mean anything. If you said how's your wellbeing, I would go that is a bit of an odd question."</p>
	Generational differences in perception and access	Younger individuals face significant access issues; older individuals report higher satisfaction.	<p>"I had to seek private help. It was costly, but I needed immediate assistance."</p>
2.	Inadequate facilities and support structures	Concerns about poor facilities, long waiting lists, and inconsistent service quality.	<p>"There's no kind of female follow up in this country. It's like Ground Zero."</p>

Theme	Subtheme	Overview	Illustrative quotes
	Inconsistent service quality	Variability in service quality; some report efficiency, others dissatisfaction.	"CAMHS services were efficient, and I didn't face significant delays," vs. "Most users of CAMHS on the Island have serious complaints."
	Accessibility and adequacy of support	Long delays for diagnoses and treatments; urgent need for better support structures.	"I am trying to get diagnosed for ADD/ADHD- I have been on the waiting list for 2 years now."
	Lack of tailored support for autistic individuals	Inadequate support for autistic individuals; strain on caregivers.	"I have 4 autistic children and support is really lacking."
	Gaps in dementia support services	Insufficient dementia support services impacting elderly individuals and their families.	"There are huge gaps in dementia support services that fail to meet the needs of elderly individuals and their families."
	Reliance on medication	Limited treatment options; overreliance on antidepressants; need for diverse therapies.	"There are only two types of mental health types offered in Jersey with no trauma therapists."
	Limited in-person counselling and specialised care	Scarcity of in-person counselling and specialised care options.	"There doesn't seem many options available. There are some charities which offer group therapy but then not many other in person counselling opportunities."
	Insufficient duration and follow-up of therapy	Short duration of therapy sessions; lack of follow-up support.	"After receiving my free sessions from Jersey Talking Therapies there was no further help. I felt lost and abandoned."
3. Systemic issues		Poor communication and coordination; dismissal of patient concerns.	"GPs referring to CAMHS rarely get flagged, and the person is left with no help."
	Gender-specific challenges	Overlooked issues in women's mental health; need for gender-sensitive care.	"Women's mental health in Jersey is often overlooked... Urgent reforms are needed."
	Delayed diagnoses and treatments	Significant delays in diagnosis and treatment impacting quality of care.	"The CAMHS waitlist takes a long time and sometimes it won't be in time for GCSEs."
	Call for comprehensive reforms	Need for better training, increased treatment options, and awareness.	"Having suffered with anorexia since the age of 14, I went to seek help at le bas centre - where they told me I weighed too much to receive any help."
	Stigma surrounding mental health	Stigma deters individuals from seeking help; lack of support for eating disorders.	"The stigma associated with seeking mental health support discourages efforts to promote better mental health."

Theme	Subtheme	Overview	Illustrative quotes
4. Barriers to accessing mental health services		Prolonged waiting lists; financial barriers; limited availability of services.	"I've been on the autism diagnosis waiting list for up to 5 years."
	The financial burden of private care	High costs of private care; financial constraints limit access to mental health services.	"You are able to get 6 sessions at the listening lounge (which wasn't personally enough for myself to explore any mental issues I had). As a result I have had to pay for myself to regularly go to counselling which is a big chunk of my salary each month."
	Impact of financial constraints on mental health access	Financial barriers restrict access to essential mental health services.	"The finance/cost aspect of assessments, appointments, mental health support sessions, etc., is a huge factor negatively impacting a person's ability to access the limited support on offer in Jersey."
	Service availability	Strain on resources; need for more funding and staff.	"More funding and staff for adult mental health to reduce wait list times."
	The need for enhanced collaboration and training	Need for better collaboration between services; improved training for healthcare providers.	"More joined-up working, communication and collaboration between government and independent mental health support services..."
	Challenges in transitioning from school to adulthood	Difficulties in accessing support during transition periods; need for preventive care.	"The transition between primary and secondary school is a vulnerable time for young girls. We lack preventative support and rely heavily on responsive services."
	Disparities in school-based mental health support	Inconsistent mental health support in schools; need for better resources and awareness.	"Schools have become more aware about student mental health, especially after a tragic incident."
	Need for cultural change and resource improvement	Cultural change needed through education; better resource allocation.	"It's a culture... Then it's changing that culture that we've got at the moment and doing that kind of through education."
	Impact of violence and discrimination on wellbeing	Violence and discrimination significantly impact mental health; need for better safety measures.	"I was involved in the VAWG task force at my school. I'm glad work has been done but I still experience it and there are major issues with discrimination in Jersey."
	Normalisation of substance use and violence	Substance use and violence normalized in some communities; impact on mental health.	"In my age group substance use and violence is so normalised it is actually concerning."
Social isolation and safety concerns	Social isolation and safety concerns adversely impact mental health.	"Trying to have a social life in town drinking, we do not feel safe... The morning after it makes women feel upset and targeted which takes a toll on mental, physical, and wellbeing health."	

Theme	Subtheme	Overview	Illustrative quotes
	Concerns over implementation of safety measures	Need for effective implementation of safety measures; concerns about risks in single-sex spaces.	"There is more risk of male violence against women and girls when male-bodied people, ie men, are allowed into our single sex spaces."
Reproductive health			
1. Societal influences and education		Broader societal pressures and need for comprehensive sexual health education.	"Patriarchal norms still persist, which put women at risk, especially women of colour."
2. Lack of specialised care and resources		Insufficient care for conditions like menopause, endometriosis, and menstrual health.	"I'm in my peri-menopausal years, and there's no support or guidance. I've had 4 doctors tell me most likely have endometriosis and still haven't received a diagnosis or treatment."
	Barriers to access	Difficulty accessing routine procedures, birth control methods, and follow-up care.	"In terms of health services... I'm not convinced the standard is the same as in the UK regarding access to birth control methods."
	Insufficient mental health support	Women's mental health needs related to menopause and hormonal changes are often dismissed.	"Women's mental health in Jersey is often overlooked... Urgent reforms are needed to enhance mental health services." "The contraceptive pill has had a huge impact on so many women that I know."
	Neglect of specific health issues	Conditions like endometriosis, PCOS, and infertility often receive insufficient attention.	"We need more training and resources in this area." "Women should see a gynaecologist for a check-up every year. But here, no one will send you to one unless you have symptoms."
	Inadequate postpartum and reproductive health care	Lack of ongoing postpartum care and support for contraceptive options and reproductive health issues.	"Postnatal care (after the 6-week check-up) is lacking and almost non-existent." "More options in contraception to be provided over the counter."
	Access to reproductive health services	High costs and procedural barriers hinder access to essential services like Hormone Replacement Therapy (HRT).	"I suspect I have endometriosis, but after waiting months for an appointment, the doctor only offered contraception, which didn't suit me."
	Poor quality of abortion and miscarriage services	Criticism of the quality of care in areas like abortion and miscarriage.	"Abortion and miscarriage section in the general hospital - poor."
	Menstrual health symptoms	Challenges in menstrual health care, including long waiting lists and lack of support.	"I suffer from super painful periods and endometriosis, I feel this condition should be better looked into and services offered."

Theme	Subtheme	Overview	Illustrative quotes
	Menopause symptoms	Lack of government support and specialised services for menopausal health.	"The government in Jersey doesn't provide anything for menopause well-being, which is unacceptable." "Middle aged women are dismissed... mental health is dismissed and referred to as hysterical."
3.	Gender-specific issues in healthcare	Preference for female healthcare providers due to personal comfort and cultural reasons.	"Make sure women can be seen by women." "Offer chaperones for female patients alone with male doctors."
4.	Systemic and structural issues	Long waiting times and insufficient training and resources for women's health conditions.	"Super painful periods and endometriosis" due to insufficient services. "More training and resources in this area" reflects a broader demand for systemic reforms.
	Advocacy and representation	Women feel marginalised and lack a voice in healthcare policies and practices.	"Women do not have much of a voice in Jersey."
	Addressing bias and stigma	Need to combat biases and stigmas within healthcare settings.	"De-stigmatise things that happen naturally and normally to women and girls." "Train Doctors and Nurses in care."
5.	Gender biases in diagnosis and treatment	Gender biases in healthcare often result in inadequate diagnosis and testing for women. Perception that women's health issues are not taken seriously, leading to poorer care outcomes.	"Male doctors often say you're 'too young' and stop looking for what's wrong."
	Lack of privacy in waiting room	The design and management of waiting rooms, especially in sexual health clinics, often lack the privacy needed to make patients feel secure.	"Making the sexual health clinic waiting room more confidential."
	Stigma and confidentiality issues	Stigma and concerns about confidentiality can prevent young people from seeking healthcare services, particularly for sensitive issues such as sexual health, mental health, and reproductive health.	"Stop stereotyping young people and girls/women and let them get the help they need."
6.	Financial barriers and gender disparities in healthcare costs	Financial barriers affect women's access to healthcare, highlighting the need for policy changes.	"I have really bad periods each month, and I don't know where to go without having to pay." "Participants noted disparities in the costs of healthcare services, particularly those related to gender-specific needs."

3.3.2. Qualitative analysis of responses from those who completed the survey on behalf of a specific woman/girl they know or care for

Table 22 presents the thematic analysis findings of those who responded to the survey based on their own experiences as a woman / girl in Jersey. The table is divided into a number of sections.

Table 22. Findings of thematic analysis of the open text responses of those who responded to the survey on behalf of a specific woman/girl they know or care for

Theme	Overview	Illustrative quotes
1. Access to services	<p>Respondents reported significant challenges accessing healthcare, particularly mental health services, citing delays in treatment, long CAMHS waiting lists, and inadequate specialised services, such as genetic specialists and "Paediatric Plus" care. They noted insufficient resources for rare conditions and transgender support, poor communication, and mismanaged follow-ups that left patients "lost in the system." Financial barriers, including the cost of private care and GP appointments, further hindered access, despite appreciation for recent subsidies.</p>	<p>"Access to adult mental health services is difficult. Long waiting times and then only a limited number of sessions." "She has been lost in the system."</p>
2. Mental health	<p>Respondents expressed concerns about mental health services, highlighting inappropriate grouping during therapy sessions, which often caused further distress. They noted a lack of tailored support for teens with Autism, ADHD, or mental health crises, as well as the absence of ongoing care after significant events like pregnancy termination. Families were frequently relied upon to provide emotional and logistical support, while services were described as overstretched, with limited permanent staff leading to inconsistency. CAMHS and adult mental health services were particularly criticised for being underfunded.</p>	<p>"Talking therapies was a very traumatic experience." "Support after pregnancy termination is non-existent for teens."</p>
3. Patient advocacy and navigation	<p>Respondents highlighted the challenges of navigating healthcare systems, noting that parents and patients often need to self-refer, fight for appointments, and navigate confusing processes without adequate guidance. Older patients and those with unseen illnesses were reported to struggle with self-advocacy, while many described repeatedly being dismissed of their concerns by GPs and specialists, leaving them feeling unsupported and not taken seriously.</p>	<p>"Parents are constantly having to fight for appointment reminders." "No one helped understand what was available; we had to self-refer."</p>
4. Inequity in Services	<p>Respondents emphasised disparities in healthcare support, noting insufficient focus on conditions beyond autism and ADHD, such as anxiety and depression. They highlighted a lack of awareness among GPs about conditions like endometriosis and rare genetic disorders. While middle-class families with resources can often bridge these gaps, those without such means struggle to access the same quality of care.</p>	<p>"My child has good overall wellbeing, but only because we can afford private care." "Autism and ADHD support for teens is non-existent."</p>

Theme	Overview	Illustrative quotes
5. Systemic and Strategic Gaps	Respondents criticised fragmented healthcare systems and the lack of strategic planning, emphasising the need for integrated approaches across government departments and services. They called for better support during transitional phases, such as moving from paediatric to adult care, and proposed a "MOT-style" system to proactively assess and address health needs. Prevention was highlighted as a cost-effective long-term strategy, alongside demands for better funding, increased staffing, and expanded access to therapy and specialists. Suggestions included developing genetic services, expanding mental health support, and improving access to secondary care.	<p>"Health services are fragmented and underfunded."</p> <p>"Joined-up strategic review and plan for people as they reach certain age milestones."</p>
6. Emotional Impact	Respondents highlighted the lasting emotional toll of negative healthcare experiences on patients and families, describing long-term emotional effects and a pervasive sense of helplessness and loss of faith in the system. Financial and societal pressures often forced individuals to work while unwell, further exacerbating their health challenges.	<p>"Emotionally, this will affect her for the rest of her life."</p> <p>"She tried to take her own life three times before they realised she might need help."</p>

3.3.3. Qualitative analysis of responses from those who completed the survey based on their experiences of women / girls in Jersey in general

Table 23 presents the thematic analysis findings of the open text responses of those who responded to the survey based on their experiences of women / girls in Jersey in general.

Table 23. Findings of thematic analysis of the open text responses of those who responded to the survey based on their experiences of women / girls in Jersey in general

Theme	Overview	Illustrative quotes
1. Mental Health Services	Respondents felt there is a pressing need to address the inadequacies in mental health services, particularly the long waiting lists that prevent timely access to support. Specialised mental health care is severely lacking, especially for young women navigating trauma such as birth-related issues, miscarriages, IVF, or hormonal changes throughout different life stages. They felt that crisis support is inadequate, with heavy reliance on emergency departments or police interventions, which are often criticised as inappropriate and discouraging for those in need.	<p>"There is not enough mental health support in Jersey generally but is especially needed with young women due to rampant body dysmorphia and other such issues."</p> <p>"Absolutely diabolical mental health service over here."</p> <p>"Mental health services have waiting lists that are too long."</p>

Theme	Overview	Illustrative quotes
<p>2. Women's Health</p>	<p>Respondents felt that women's healthcare in Jersey face significant challenges, including inadequate support for menopause, postnatal depression, miscarriages, and other gender-specific health issues.</p>	<p>"No mental health offer for miscarriages and IVF."</p> <p>"There is no counselling or support offered for traumatic births. This is not the same as support for postnatal depression."</p> <p>"Access to services is far too slow."</p> <p>"GP services are limited in their knowledge about women's health, professional advice, and treatment for pregnancy, contraception, menopause, and cancer screening."</p>
<p>3. Access to Services</p>	<p>Access to healthcare in Jersey is hindered by several barriers, including the high costs of services such as GP visits, contraception, and dental care, which deter many women from seeking necessary help.</p>	<p>"The cost to see a doctor when discovering a lump in your breast puts people off if they do not have the money to access medical care."</p> <p>"More youth clubs and cinema/film clubs for teenagers."</p>
<p>4. Support in schools</p>	<p>Respondents feel there is a critical need for improved mental health education in schools, focusing on topics such as healthy emotional management, hormonal changes, and overall mental wellbeing. Youth-friendly facilities, including clubs, arts programs, and sports opportunities, are lacking, leaving young people without constructive outlets for growth and recreation.</p>	<p>"Their hormones impact their mental health due to fluctuations in their cycle, understanding their cycle when to exercise, and when not to—especially when they are on their period."</p>
<p>5. Work-Life Balance and Economic Pressures</p>	<p>Respondents discussed working mothers in Jersey and how they face significant challenges due to high childcare costs and a lack of flexible work options, leading to increased stress and difficulty balancing responsibilities. There is a growing demand for improved maternity and paternity leave policies to support families more effectively. Additionally, financial pressures and the ongoing cost-of-living crisis negatively impact mental health, limit access to nutritious diets, and reduce opportunities for leisure activities, further exacerbating the strain on families.</p>	<p>"Women needing to work far too long with no funding to help when they finally retire exhausted with poor health, from running a home and working."</p> <p>"In Jersey, it can be difficult due to childcare costs, health costs at the GP, lack of free exercise sessions aimed at women, and a poor diet due to the cost of food."</p>

Theme	Overview	Illustrative quotes
6. Sporting facilities	Respondents highlighted that women and girls in Jersey face limited access to sports and leisure options, prompting calls for more inclusive and affordable facilities.	<p>"Sporting facilities and offers are extremely low for girls and women."</p> <p>"Not enough sports centres—need one in the east."</p> <p>"Poor living conditions are hugely significant in Jersey and affect families very much."</p>
7. Housing and Living Conditions	Poor housing conditions and high rents in Jersey create significant stress and negatively affect health and well-being. Many families are forced to live in inadequate, cramped, and expensive homes that fail to meet basic living standards, further exacerbating financial and emotional strain on households.	<p>"Accommodation is hard to find at a reasonable cost; many families live in cramped and expensive homes, often not adequate or in poor condition."</p>

Annex 1: Public survey

WOMEN'S HEALTH & WELLBEING SURVEY

How to submit your survey responses:

- Complete the survey online at gov.je/womenshealth
- Alternatively, you can print, fill in, and post this paper survey to the following address:

*Public Health Intelligence
Strategic Policy, Planning and Performance
Cabinet Office
Government of Jersey
19-21 Broad Street
St Helier
Jersey, JE2 3RR*

- Responses must be submitted no later than 21st May 2024

Introduction

The Minister for Health and Social Services is undertaking a review of the health and wellbeing needs of women and girls in Jersey to help inform the development of services that support women and girls to live longer and healthier lives.

The Minister has launched this public consultation to understand:

- the factors that women and girls feel affect their health and wellbeing
- the extent to which their health and wellbeing needs are met
- any barriers they face in accessing health and wellbeing services
- the areas women and girls want prioritised for improvement

The consultation seeks input from all Islanders. You can respond:

- 1) based on your own experiences as a woman / girl in Jersey
- 2) on behalf of a specific woman / girl you know or care for, based on their experiences
- 3) based on your experiences of women / girls in Jersey in general

If you wish to provide a professional or organisational view, please contact jsna@gov.je

The findings of this consultation will be published and will inform a Joint Strategic Needs Assessment (JSNA) on women's health and wellbeing in Jersey.

For the purposes of this consultation the terms 'women' and 'girls' are used inclusively to apply to anyone who identifies as a woman or girl, irrespective of whether they have undergone gender reassignment or are transgender.

Completing the survey

The survey should take approximately 15 minutes to complete. It begins with some demographic questions which will help us to analyse the results. It then asks for views on a range of topics related to health and wellbeing.

Responses must be submitted no later than 21st May 2024. Please answer as openly and honestly as possible. There are no right or wrong answers to our questions, we are simply looking to hear your views and experiences.

At the end of the survey, you will be given the opportunity to let us know if you want to take part in follow-up focus group discussions or interviews to talk about your responses in more detail. You do not have to provide your details if you do not want to.

Important: Do not include any personally identifying information in your free text responses.

Data Protection

Your responses will be treated confidentially and in line with Jersey's data protection legislation. Any comments you provide will remain anonymous. Learn more about how we handle personal data for this consultation here: gov.je/PublicHealthPrivacy

1. Do you give permission for your comments to be published in relevant reports? Any quotes published would be anonymised.

Yes No

For information on how we handle personal data for this consultation visit:

gov.je/PublicHealthPrivacy

About you: We ask these questions to help us analyse the results of the survey.

2. What is your sex? (answer this question about yourself, even if you are responding to the survey based on the experience of a woman/girl you know).

Female Male Prefer not to say

3. Is your gender the same as the sex you were registered at birth?

Yes No Prefer not to say

4. Are you responding to this survey based on:

<input type="checkbox"/> your own experiences as a woman / girl in Jersey	<input type="checkbox"/> your experiences of women / girls in general in Jersey → go to Q45 (pg 18)
<input type="checkbox"/> the experiences of a specific woman / girl you know or care for in Jersey → go to Q25 (pg 10)	<input type="checkbox"/> your experiences as a professional or organisation with views on women / girls in Jersey → instead of completing survey, contact jsna@gov.je

5. What age-group are you in?

Under 13* → end survey 20 to 24 45 to 54 75 to 84

13 to 15 25 to 34 55 to 64 85 and over

16 to 19 35 to 44 65 to 74 Prefer not to say

*you must be aged 13 or older to take part in this survey.

6. Which of these describes your status for housing and work?

Not applicable - I do not live in Jersey

Entitled (someone who has lived in Jersey for 10 years or more, can work for any employer, and can rent or buy any property)

Entitled for work (someone who has lived in Jersey for 5 consecutive years immediately before status is granted, or is married to or the civil partner of

someone who is 'entitled', 'entitled to work' or 'licensed'. They can work for any employer, but buying and renting property is restricted)

- Licensed (someone whose employer has a licence to employ them as an essential worker – can rent or buy any property)
- Registered (someone who does not qualify under the other categories)
- Don't know
- Prefer not to say

7. What is your cultural and ethnic background? Select one option which best describes your ethnic group or background.

White:

Jersey

Polish

British

Portuguese /
Madeiran

Irish

Romanian

French

South African

Asian, Asian British or Asian Jersey:

Indian

Chinese

Thai

Black, Black British, Black Jersey:

African

Caribbean

Mixed:

Asian and
Black

White and
Asian

Black and
White

Other:

Prefer not to say

Other (please specify):

Do not include any personally identifying information

8. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

- Yes
- No
- Prefer not to say

If yes and you're happy to share, please specify. **OPTIONAL**

Do not include any personally identifying information

9. Which of the following best describes your current employment status? Select all that apply.

Working one job full-time

Looking after home and / or family

Working one job part-time

Retired

Working more than one full-time job

Unable to work because of long-term
sickness or disability

Working more than one part-time job

Unemployed

School or studying full-time

Prefer not to say

School or studying part-time

Other (please specify):

Do not include any personally identifying information

10. Are you a parent? Select all that apply.

No, I do not have any children → go to Q12

Yes, to one or more children over 18 years old

Yes, to one or more children aged 0 – 3 years old

Prefer not to say → go to Q12

Yes, to one or more children aged 4 – 17 years old

11. Are you a single parent or do you co-parent?

- Yes, single parent (i.e. the only parent raising one or more children) No
- Yes, co-parent (i.e. sharing duties of raising one or more children with the other parent, but do not live with them) Prefer not to say
- Other (please specify):

Do not include any personally identifying information

12. Are you currently a carer? A carer is anyone who cares, unpaid, for a family member, partner or friend who due to illness, frailty, disability, a mental health problem or an addiction, cannot cope without their support.

- Yes No Prefer not to say

This next section will ask you about your physical health, mental health, and general wellbeing.

Physical Health refers to the condition of the body, encompassing fitness, nutrition, and the absence of illness or injury.

Mental Health refers to the state of one's mind, encompassing emotional and psychological aspects that affect thoughts, feelings, and behaviours.

Wellbeing refers to the more general state of being comfortable, healthy, or happy, encompassing various aspects of life satisfaction and fulfilment.

13. In general, how would you describe the following aspects of your health?

	Very poor	Poor	Fair	Good	Very good	Prefer not to say
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. As a woman or girl in Jersey, to what extent do you agree or disagree that your following needs are met?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Physical health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Briefly outline the reason(s) for your answers to the above question, including any examples of what you feel is working well / less well, and if there are any areas where services may be lacking for women and girls in Jersey. OPTIONAL

Physical health OPTIONAL

Do not include any personally identifying information

Mental health OPTIONAL

Do not include any personally identifying information

Wellbeing OPTIONAL

Do not include any personally identifying information

16. Thinking about wider factors that may affect health and wellbeing...

As a woman or girl in Jersey, which of the following do you feel are most beneficial to your health and wellbeing? Select your top 3.

- | | | |
|--|--|--|
| <input type="checkbox"/> Secure employment | <input type="checkbox"/> Financial security | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Healthcare and support services | <input type="checkbox"/> Balanced diet | <input type="checkbox"/> Hobbies / leisure activities |
| <input type="checkbox"/> Work-life balance | <input type="checkbox"/> Environment (i.e. nature, outdoor activities) | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Being a parent | <input type="checkbox"/> Social connections and companionship | <input type="checkbox"/> Comfortable housing / living conditions |
| <input type="checkbox"/> Religion and culture | <input type="checkbox"/> Sleep and relaxation | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify): | | |

Do not include any personally identifying information

17. Again, thinking about wider factors that may affect health and wellbeing...

As a woman or girl in Jersey, which of the following do you feel are most harmful to your health and wellbeing? Select your top 3.

- | | | |
|---|--|---|
| <input type="checkbox"/> Poor school / work environment | <input type="checkbox"/> Poor sleep and relaxation | <input type="checkbox"/> Limited access to transport |
| <input type="checkbox"/> Violence against women and girls | <input type="checkbox"/> Poor housing / living conditions | <input type="checkbox"/> Environment and pollution |
| <input type="checkbox"/> Loneliness and social isolation | <input type="checkbox"/> Physical inactivity | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Poor physical health | <input type="checkbox"/> Parental / childcare responsibilities | <input type="checkbox"/> Financial insecurity |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other caring responsibilities (non-childcare) | <input type="checkbox"/> Poor mental health |
| <input type="checkbox"/> Work-related stress | <input type="checkbox"/> Poor diet | <input type="checkbox"/> Substance use (drinking, smoking, drugs) |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Other (please specify): | |

Do not include any personally identifying information

18. Briefly outline the reason(s) for your answers to the above two questions. OPTIONAL

Do not include any personally identifying information

19. As a woman or girl in Jersey, what, if anything, stops you from accessing health and wellbeing services? Select all that apply.

Health and wellbeing services include services provided by health and care professionals as well as other

services, or initiatives outside of the health system that help people to connect and access activities and resources to meet their physical, social and emotional wellbeing needs.

- Nothing prevents me from accessing health services
- Nothing prevents me from accessing wellbeing services
- Difficulty attending appointments / activities (e.g. not having time, long waiting lists, inconvenient time slots, etc.)
- Inability to self-refer to specialists
- Issues with location of appointments / activities (e.g. too far away, not wheelchair accessible etc.)
- Issues with transport to appointments / activities (e.g. cannot easily travel to or park at venue)
- Cost issues (e.g. service too expensive)
- Lack of information about health services (e.g. don't know what health services are available or helpful)
- Lack of information about wellbeing services (e.g. don't know what wellbeing services are available or helpful)
- Anxiety, embarrassment, or privacy concerns
- Previous negative experiences (e.g. concerns being dismissed by professionals)
- Required services not available in Jersey
- Don't know
- Other (please specify):

Do not include any personally identifying information

20. As a woman or girl in Jersey, do you feel there are any particular difficulties you face accessing health and wellbeing services as a result of your personal characteristics (e.g. age, ethnicity, residential status, sexuality etc)? If so, please describe what these difficulties are. OPTIONAL

Do not include any personally identifying information

21. Is there anything the Government of Jersey could do to make it easier for you to access the health and wellbeing services that you need as a woman or girl in Jersey? If so, what? OPTIONAL

Do not include any personally identifying information

22. Thinking about health and wellbeing services for women and girls in Jersey in general... Which items below do you think the Government of Jersey should prioritise for improvement? Select up to 5. These 5 can be from across any categories.

Wider factors related to health and wellbeing

- lifestyle behaviours (e.g. diet, exercise, sleep, substance use)

Services related to female reproductive health needs

- gynaecological health (e.g. endometriosis, fibroids, pelvic floor issues)

Services for specific health conditions

- cardiovascular diseases (e.g. heart attack, stroke, hypertension)

- housing / living conditions
- the environment (access to nature / free from pollution)
- promoting health and wellbeing at work / school
- promoting financial independence
- ageing well and tackling frailty
- health information and education
- ease of access to health and wellbeing services
- support for carers
- support for parents
- ensuring women's voices are heard
- discrimination and violence against women and girls
- research focused on women's health issues
- maternal health (e.g. pregnancy, childbirth, antenatal and post-natal care, pregnancy loss)
- family planning (e.g. fertility, assisted reproduction, contraception)
- menstrual health (e.g. period pain, heavy menstrual bleeding)
- menopause
- sexual health (e.g. sexually transmitted infections)
- Don't know
- Other (please specify):
- chronic conditions (e.g. diabetes, inflammatory bowel disease)
- genetic and congenital disorders (e.g. down syndrome, cystic fibrosis)
- infectious diseases (e.g. colds, flu, COVID-19)
- mental health disorders (e.g. depression, anxiety, schizophrenia)
- musculoskeletal disorders (e.g. arthritis, osteoporosis, joint pain or injury)
- neurodiverse conditions (e.g. autism, ADHD, dyslexia)
- neurological disorders (e.g. dementia, epilepsy, multiple sclerosis)
- respiratory diseases (e.g. asthma, pneumonia)
- cancer and preventative screening (e.g. bowel, breast, cervical)

Do not include any personally identifying information

23. Briefly outline the reason(s) for your answer. OPTIONAL

Do not include any personally identifying information

24. We are coming to the end of the survey. The questions largely focused on your personal experiences as a woman / girl in Jersey. Is there anything else you would like to say about women and girls' health and wellbeing in Jersey? OPTIONAL

Do not include any personally identifying information

➔ go to Q57 (pg 23)

Only answer the following questions if you are completing the survey based on the experiences of a specific woman / girl you know or care for. If not, go to Q57 (pg23).

25. What age-group is the woman / girl you have in mind in?

- Under 13 20 to 24 45 to 54 75 to 84
- 13 to 15 25 to 34 55 to 64 85 and over
- 16 to 19 35 to 44 65 to 74 Prefer not to say

26. Which of these describes the woman / girl you have in mind's status for housing and work?

- Not applicable - they do not live in Jersey
- Entitled (*someone who has lived in Jersey for 10 years or more, can work for any employer, and can rent or buy any property*)
Entitled for work (*someone who has lived in Jersey for 5 consecutive years immediately before status is granted, or is married to or the civil partner of someone who is 'entitled', 'entitled to work' or 'licensed'. They can work for any employer, but buying and renting property is restricted*)
- Licensed (*someone whose employer has a licence to employ them as an essential worker – can rent or buy any property*)
- Registered (*someone who does not qualify under the other categories*)
- Don't know
- Prefer not to say

27. What is the woman / girl you have in mind's cultural and ethnic background? Select one option which best describes their ethnic group or background.

White:

- Jersey Polish
- British Portuguese / Madeiran
- Irish Romanian
- French South African

Black, Black British, Black Jersey:

- African Caribbean

Mixed:

- Asian and Black White and Asian
- Black and White

Asian, Asian British or Asian Jersey:

- Indian Chinese
- Thai

Other:

- Prefer not to say
- Other (please specify):

Do not include any personally identifying information

28. Does the woman / girl you have in mind have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

- Yes No Prefer not to say Don't know

If yes and you're happy to share, please specify. OPTIONAL

Do not include any personally identifying information

29. Which of the following best describes the woman / girl you have in mind's current employment status? Select all that apply.

- Working one job full-time
- Working one job part-time
- Working more than one full-time job
- Working more than one part-time job
- School or studying full-time
- School or studying part-time
- Other (please specify):
- Looking after home and / or family
- Retired
- Unable to work because of long-term sickness or disability
- Unemployed
- Prefer not to say
- Don't know

Do not include any personally identifying information

30. Is the woman you have in mind a parent? Select all that apply

- Don't know → go to Q32
- No, they do not have any children → go to Q32
- Yes - to one or more children aged 0 - 3 years old
- Yes – to one or more children aged 4 – 17 years old
- Yes – to one or more children over 18 years old
- Prefer not to say → go to Q32

31. Is the woman you have in mind a single parent or does she co-parent?

- Don't know
- Yes, single parent (i.e. the only parent raising one or more children)
- Yes, co-parent (i.e. sharing duties of raising one or more children with the other parent, but do not live with them)
- No
- Not applicable
- Prefer not to say

32. Is the woman/girl you have in mind a carer? *A carer is anyone who cares, unpaid, for a family member, partner or friend who due to illness, frailty, disability, a mental health problem or an addiction, cannot cope without their support.*

- Yes
- No
- Prefer not to say
- Don't know

This next section will ask you about the woman/girl you have in mind's physical health, mental health and general wellbeing.

Physical Health refers to the condition of the body, encompassing fitness, nutrition, and the absence of illness or injury.

Mental Health refers to the state of one's mind, encompassing emotional and psychological aspects that affect thoughts, feelings, and behaviours.

Wellbeing refers to the more general state of being comfortable, healthy, or happy, encompassing various aspects of life satisfaction and fulfilment.

33. In general, how would you describe the following aspects of the woman/girl you have in mind's health?

	Very poor	Poor	Fair	Good	Very good	Don't know	Prefer not to say
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very poor	Poor	Fair	Good	Very good	Don't know	Prefer not to say
Wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. To what extent do you agree or disagree that the person you have in mind's following needs are met, as a woman or girl in Jersey?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Physical health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Briefly outline the reason(s) for your answers to the above question, including any examples of what you feel is working well / less well, and if there are any areas where services may be lacking for women and girls in Jersey. OPTIONAL

Physical health OPTIONAL

Do not include any personally identifying information

Mental health OPTIONAL

Do not include any personally identifying information

Wellbeing OPTIONAL

Do not include any personally identifying information

36. Thinking about wider factors that may affect health and wellbeing...

Which of the following do you feel are most beneficial to the person you have in mind's health and wellbeing, as a woman or girl in Jersey? Select your top 3.

- | | | |
|--|--|--|
| <input type="checkbox"/> Secure employment | <input type="checkbox"/> Financial security | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Healthcare and support services | <input type="checkbox"/> Balanced diet | <input type="checkbox"/> Hobbies / leisure activities |
| <input type="checkbox"/> Work-life balance | <input type="checkbox"/> Environment (i.e. nature, outdoor activities) | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Being a parent | <input type="checkbox"/> Social connections and companionship | <input type="checkbox"/> Comfortable housing / living conditions |
| <input type="checkbox"/> Religion and culture | <input type="checkbox"/> Sleep and relaxation | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify): | | |

Do not include any personally identifying information

37. Again, thinking about wider factors that may affect health and wellbeing...

Which of the following do you feel are most harmful to the person you have in mind's health and wellbeing, as a woman or girl in Jersey? Select your top 3.

- | | | |
|---|--|---|
| <input type="checkbox"/> Poor school / work environment | <input type="checkbox"/> Poor sleep and relaxation | <input type="checkbox"/> Limited access to transport |
| <input type="checkbox"/> Violence against women and girls | <input type="checkbox"/> Poor housing / living conditions | <input type="checkbox"/> Environment and pollution |
| <input type="checkbox"/> Loneliness and social isolation | <input type="checkbox"/> Physical inactivity | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Poor physical health | <input type="checkbox"/> Parental / childcare responsibilities | <input type="checkbox"/> Financial insecurity |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other caring responsibilities (non-childcare) | <input type="checkbox"/> Poor mental health |
| <input type="checkbox"/> Work-related stress | <input type="checkbox"/> Poor diet | <input type="checkbox"/> Substance use (drinking, smoking, drugs) |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Other (please specify): | |

Do not include any personally identifying information

38. Briefly outline the reason(s) for your answers to the above two questions. OPTIONAL

Do not include any personally identifying information

39. As a woman or girl in Jersey, what, if anything, stops the person you have in mind from accessing health and wellbeing services? Select all that apply.

Health and wellbeing services include services provided by health and care professionals as well as other services, or initiatives outside of the health system that help people to connect and access activities and resources to meet their physical, social and emotional wellbeing needs.

- Nothing prevents them from accessing health services
- Nothing prevents them from accessing wellbeing services
- Difficulty attending appointments / activities (e.g. not having time, long waiting lists, inconvenient time slots, etc.)
- Inability to self-refer to specialists
- Issues with location of appointments / activities (e.g. too far away, not wheelchair accessible etc.)
- Issues with transport to appointments / activities (e.g. cannot easily travel to or park at venue)
- Cost issues (e.g. service too expensive)
- Lack of information about health services (e.g. don't know what health services are available or helpful)
- Lack of information about wellbeing services (e.g. don't know what wellbeing services are available or helpful)
- Anxiety, embarrassment, or privacy concerns
- Previous negative experiences (e.g. concerns being dismissed by professionals)
- Required services not available in Jersey
- Don't know
- Other (please specify):

Do not include any personally identifying information

40. Do you feel there are any particular difficulties the woman / girl you have in mind faces accessing health and wellbeing services as a result of their personal characteristics (e.g. age, ethnicity, residential status, sexuality etc)? If so, please describe what these difficulties are.

OPTIONAL

Do not include any personally identifying information

41. Is there anything the Government of Jersey could do to make it easier for the woman / girl you have in mind to access the health and wellbeing services that they need? If so, what? OPTIONAL

Do not include any personally identifying information

42. Thinking about health and wellbeing services for women and girls in Jersey in general... Which items from the list below do you think the Government of Jersey should prioritise for improvement?

Select up to 5. These 5 can be from across any categories.

- | <u>Wider factors related to health and wellbeing</u> | <u>Services related to female reproductive health needs</u> | <u>Services for specific health conditions</u> |
|---|--|---|
| <input type="checkbox"/> lifestyle behaviours (e.g. diet, exercise, sleep, substance use) | <input type="checkbox"/> gynaecological health (e.g. endometriosis, fibroids, pelvic floor issues) | <input type="checkbox"/> cardiovascular diseases (e.g. heart attack, stroke, hypertension) |
| <input type="checkbox"/> housing / living conditions | <input type="checkbox"/> maternal health (e.g. pregnancy, childbirth, antenatal and post-natal care, pregnancy loss) | <input type="checkbox"/> chronic conditions (e.g. diabetes, inflammatory bowel disease) |
| <input type="checkbox"/> the environment (access to nature / free from pollution) | <input type="checkbox"/> family planning (e.g. fertility, assisted reproduction, contraception) | <input type="checkbox"/> genetic and congenital disorders (e.g. down syndrome, cystic fibrosis) |
| <input type="checkbox"/> promoting health and wellbeing at work / school | <input type="checkbox"/> menstrual health (e.g. period pain, heavy menstrual bleeding) | <input type="checkbox"/> infectious diseases (e.g. colds, flu, COVID-19) |
| <input type="checkbox"/> promoting financial independence | <input type="checkbox"/> menopause | <input type="checkbox"/> mental health disorders (e.g. depression, anxiety, schizophrenia) |
| <input type="checkbox"/> ageing well and tackling frailty | <input type="checkbox"/> sexual health (e.g. sexually transmitted infections) | <input type="checkbox"/> musculoskeletal disorders (e.g. arthritis, osteoporosis, joint pain or injury) |
| <input type="checkbox"/> health information and education | | <input type="checkbox"/> neurodiverse conditions (e.g. autism, ADHD, dyslexia) |
| <input type="checkbox"/> ease of access to health and wellbeing services | | <input type="checkbox"/> neurological disorders (e.g. dementia, epilepsy, multiple sclerosis) |
| <input type="checkbox"/> support for carers | | <input type="checkbox"/> respiratory diseases (e.g. asthma, pneumonia) |

support for parents

cancer and preventative screening (e.g. bowel, breast, cervical)

ensuring women's voices are heard

Don't know

discrimination and violence against women and girls

Other (please specify):

research focused on women's health issues

Do not include any personally identifying information

43. Briefly outline the reason(s) for your answer. OPTIONAL

Do not include any personally identifying information

44. We are coming to the end of the survey. The questions largely focused on the experiences of the specific women/girl you know or care for. Is there anything else you would like to say about women and girls' health and wellbeing in Jersey? OPTIONAL

Do not include any personally identifying information

➔ go to Q57 (pg 23)

Only answer the following questions if you are completing the survey based on your experiences of women / girls in general in Jersey. If not, go to Q57 (pg23).

45. This section will ask you about women/girls in Jersey's physical health, mental health and general wellbeing.

Physical Health refers to the condition of the body, encompassing fitness, nutrition, and the absence of illness or injury.

Mental Health refers to the state of one's mind, encompassing emotional and psychological aspects that affect thoughts, feelings, and behaviours.

Wellbeing refers to the more general state of being comfortable, healthy, or happy, encompassing various aspects of life satisfaction and fulfilment.

To what extent do you agree or disagree that women's / girls' following needs are met in Jersey?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Physical health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Briefly outline the reason(s) for your answers to the above question, including any examples of what you feel is working well / less well, and if there are any areas where services may be lacking for women and girls in Jersey. OPTIONAL

Physical health OPTIONAL

Do not include any personally identifying information

Mental health OPTIONAL

Do not include any personally identifying information

Wellbeing OPTIONAL

Do not include any personally identifying information

47. Thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most beneficial to women and girls' health and wellbeing in Jersey? Select your top 3.

- Secure employment
- Healthcare and support services
- Work-life balance
- Being a parent
- Religion and culture
- Other (please specify):
- Financial security
- Balanced diet
- Environment (i.e. nature, outdoor activities)
- Social connections and companionship
- Sleep and relaxation
- Safety
- Hobbies / leisure activities
- Physical activity
- Comfortable housing / living conditions
- Don't know

Do not include any personally identifying information

48. Again, thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most harmful to women and girls' health and wellbeing in Jersey? Select your top 3.

- Poor school / work environment
- Violence against women and girls
- Loneliness and social isolation
- Poor physical health
- Unemployment
- Work-related stress
- Don't know
- Poor sleep and relaxation
- Poor housing / living conditions
- Physical inactivity
- Parental / childcare responsibilities
- Other caring responsibilities (non-childcare)
- Poor diet
- Limited access to transport
- Environment and pollution
- Discrimination
- Financial insecurity
- Poor mental health
- Substance use (drinking, smoking, drugs)

Do not include any personally identifying information

49. Briefly outline the reason(s) for your answers to the above two questions. OPTIONAL

Do not include any personally identifying information

50. What, if anything, do you think stops women and girls from accessing health and wellbeing services in Jersey? Select all that apply.

Health and wellbeing services include services provided by health and care professionals as well as other services, or initiatives outside of the health system that help people to connect and access activities and resources to meet their physical, social and emotional wellbeing needs.

- Nothing prevents them from accessing health services
- Nothing prevents them from accessing wellbeing services
- Difficulty attending appointments / activities (e.g. not having time, long waiting lists, inconvenient time slots, etc.)
- Inability to self-refer to specialists
- Issues with location of appointments / activities (e.g. too far away, not wheelchair accessible etc.)
- Issues with transport to appointments / activities (e.g. cannot easily travel to or park at venue)
- Cost issues (e.g. service too expensive)
- Lack of information about health services (e.g. don't know what health services are available or helpful)
- Lack of information about wellbeing services (e.g. don't know what wellbeing services are available or helpful)
- Anxiety, embarrassment, or privacy concerns
- Previous negative experiences (e.g. concerns being dismissed by professionals)
- Required services not available in Jersey
- Don't know
- Other (please specify):

Do not include any personally identifying information

51. Do you feel there are any particular difficulties certain women and girls face accessing health and wellbeing services in Jersey as a result of their personal characteristics (e.g. age, ethnicity, residential status, sexuality etc)? If so, please describe what these difficulties are. OPTIONAL

Do not include any personally identifying information

52. Is there anything the Government of Jersey could do to make it easier for women and girls to access the health and wellbeing services that they need? If so, what? OPTIONAL

Do not include any personally identifying information

53. Thinking about health and wellbeing services for women and girls in Jersey in general... Which items from the list below do you think the Government of Jersey should prioritise for improvement? Select up to 5. These 5 can be from across any categories.

Wider factors related to health and wellbeing

Services related to female reproductive health needs

Services for specific health conditions

- | | | |
|---|--|---|
| <input type="checkbox"/> lifestyle behaviours (e.g. diet, exercise, sleep, substance use) | <input type="checkbox"/> gynaecological health (e.g. endometriosis, fibroids, pelvic floor issues) | <input type="checkbox"/> cardiovascular diseases (e.g. heart attack, stroke, hypertension) |
| <input type="checkbox"/> housing / living conditions | <input type="checkbox"/> maternal health (e.g. pregnancy, childbirth, antenatal and post-natal care, pregnancy loss) | <input type="checkbox"/> chronic conditions (e.g. diabetes, inflammatory bowel disease) |
| <input type="checkbox"/> the environment (access to nature / free from pollution) | <input type="checkbox"/> family planning (e.g. fertility, assisted reproduction, contraception) | <input type="checkbox"/> genetic and congenital disorders (e.g. down syndrome, cystic fibrosis) |
| <input type="checkbox"/> promoting health and wellbeing at work / school | <input type="checkbox"/> menstrual health (e.g. period pain, heavy menstrual bleeding) | <input type="checkbox"/> infectious diseases (e.g. colds, flu, COVID-19) |
| <input type="checkbox"/> promoting financial independence | <input type="checkbox"/> menopause | <input type="checkbox"/> mental health disorders (e.g. depression, anxiety, schizophrenia) |
| <input type="checkbox"/> ageing well and tackling frailty | <input type="checkbox"/> sexual health (e.g. sexually transmitted infections) | <input type="checkbox"/> musculoskeletal disorders (e.g. arthritis, osteoporosis, joint pain or injury) |
| <input type="checkbox"/> health information and education | | <input type="checkbox"/> neurodiverse conditions (e.g. autism, ADHD, dyslexia) |
| <input type="checkbox"/> ease of access to health and wellbeing services | | <input type="checkbox"/> neurological disorders (e.g. dementia, epilepsy, multiple sclerosis) |
| <input type="checkbox"/> support for carers | | <input type="checkbox"/> respiratory diseases (e.g. asthma, pneumonia) |
| <input type="checkbox"/> support for parents | | <input type="checkbox"/> cancer and preventative screening (e.g. bowel, breast, cervical) |
| <input type="checkbox"/> ensuring women's voices are heard | <input type="checkbox"/> Don't know | <input type="checkbox"/> |
| <input type="checkbox"/> discrimination and violence against women and girls | <input type="checkbox"/> Other (please specify): | |
| <input type="checkbox"/> research focused on women's health issues | <i>Do not include any personally identifying information</i> | |

54. Briefly outline the reason(s) for your answer. OPTIONAL

Do not include any personally identifying information

55. We are nearly at the end of the survey. Is there anything else you would like to say regarding women and girls' health and wellbeing in Jersey? OPTIONAL

Do not include any personally identifying information

56. Whose experiences did you have in mind when answering this survey? Select all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> My partner / spouse | <input type="checkbox"/> My grandmother | <input type="checkbox"/> Women / girls in general |
| <input type="checkbox"/> My daughter(s) | <input type="checkbox"/> Other female family member(s) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> My sister(s) | <input type="checkbox"/> My female friend(s) | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> My mother | <input type="checkbox"/> Other women / girls that I know | <input type="checkbox"/> Other (please specify): |

Do not include any personally identifying information

57. We may wish to follow up to understand your responses in further detail, by inviting you to a follow-up focus group discussion or interview.

These would take place either online (via Microsoft Teams), or in person (venue TBC), and take no longer than 90 minutes.

You would be compensated for your time with a [£20 Co-op Voucher](#).

If you are happy for us to contact you about this, please provide your name, email and / or phone number below **OPTIONAL**

Please note your contact details would only be used to invite you to an interview / focus group discussion and will be stored securely / confidentially, in line with data protection legislation.

Name	
Email	
Phone number	

Thank you for completing this survey!

- Remember to post your completed survey to the following address by 21st May 2024:

*Public Health Intelligence
Strategic Policy, Planning and Performance
Cabinet Office
Government of Jersey
19-21 Broad Street
St Helier
Jersey, JE2 3RR*

- If you have any questions, please contact jsna@gov.je.

Annex 1: Focus group discussion guide

Discussion guide: Women's Health and Wellbeing Focus Group (90 mins)

Before beginning:

- Ensure everyone has read the participant information sheet and signed the consent form.
- Check attendees against register, tick them off when they come into the room and create a seating plan in notebook based on the seating arrangements in the room.

Introduction

- Welcome participants, thank them for their participation
- Hi everyone, My name is *insert name* and I will be running this session today. My colleague here is *insert name*, who will be supporting me. We are researchers working within the Government's Public Health team.
 - We want to take the time to thank you for attending today.
- Explain background and purpose of the focus group:
 - As a bit of background - the Government is carrying out a review of women and girls' health and wellbeing needs in Jersey.
 - The purpose of this focus group is to hear from you, and help us to gain a deeper understanding of:
 - the factors that affect women's health and wellbeing
 - the adequacy of current services
 - barriers to accessing services
 - and priority areas for improvement.
 - This will directly inform the development of services that support women and girls to live longer and healthier lives.
 - Acknowledge that some participants may already have completed the survey and may be familiar with the topics we will be discussing – the focus groups aim to explore those topics in further depth
- Explain the ground rules for the discussion:
 - No right or wrong answers, simply seeking to understand your thoughts and experiences
 - Appreciate that health and wellbeing can be a sensitive topic – whilst we want you to be as open and honest as possible, please do not feel obligated to share anything you are not comfortable with.
 - Be respectful of others' opinions, even if you disagree
 - Try not to talk over each other, give everyone an opportunity to speak
 - Confidentiality
 - Be mindful of time – we only have 90 mins for our discussion today and a lot to get through. As such, I'm going to be keeping us to quite a strict schedule and may need to move us on at points.
- Confidentiality:
 - Before we start our discussion - I want to emphasise the importance of confidentiality in this focus group.
 - It's crucial that everyone feels comfortable sharing their thoughts and opinions freely.
 - I kindly request that we all respect the confidentiality of the information shared within this room.
 - As highlighted in the participant information sheet, all information shared will be anonymised following the completion of the focus group.
- Recording:
 - Lastly - today's session is going to be recorded to aid with data analysis. The recording will start now and will end when the session ends.

Icebreaker

1. We're going to begin with an icebreaker – please can everyone introduce themselves to the group, sharing your first name and - on the topic of wellbeing – tell us something that you do, this could be an activity or hobby, that always makes you feel good or brings a smile to your face?
 - For example **insert moderator example**

Warm-Up Questions

2. What comes to mind when you think about your own or others' health and wellbeing?
 - PROMPTS:
 - What comes to mind when you think of the word “health”?
 - What comes to mind when you think of the word “wellbeing”?
 - PROBES:
 - What makes you say this?
 - What exactly do you mean by that?
 - Can you give me any examples?
 - Can you elaborate on that?

For the purposes of this focus group, here are some definitions of what we mean when we're talking about health and wellbeing...

Physical Health refers to the condition of the body, encompassing fitness, nutrition, and the absence of illness or injury.

Mental Health refers to the state of one's mind, encompassing emotional and psychological aspects that affect thoughts, feelings, and behaviours.

Wellbeing refers to the more general state of being comfortable, healthy, or happy, encompassing various aspects of life satisfaction and fulfilment.

3. **In general, how do you perceive the current state of health and wellbeing for women and girls in our community in Jersey?**
 - What makes you say this?

Main Discussion Topics

Factors influencing health and wellbeing

4. **Based on the data we have already collected from over 1600 Islanders; we have found that the top 3 factors that have the biggest impact on the health and wellbeing of women and girls in Jersey are** (refer to graphics):
 - Financial insecurity 41.93%
 - Work-related stress 37.86%
 - Poor mental health 30.26%
 - PROBES:
 - What makes you think this?
 - What exactly do you mean by that?
 - Can you elaborate on that?
 - Can you share any examples? i.e. do you have any personal experiences of this?

Adequacy of existing services

Now we've spoken about the factors that you think affect women's health and wellbeing... I'd now like to move on to discuss the current health and wellbeing services on offer in Jersey...

Health and wellbeing services include services provided by health and care professionals as well as other services, or initiatives outside of the health system that help people to connect and access activities and resources to meet their physical, social and emotional wellbeing needs.

5. Do you feel that the current health and wellbeing services on offer adequately meet the needs of women and girls? [PROMPT: mental health / physical health / wellbeing needs]

- Do you think that your personal needs are met?
- Do you think the needs of the other women and girls in your life are met?
- PROBES:
 - What makes you say this?
 - What exactly do you mean by that?
 - Can you give me any examples?
 - Can you elaborate on that?

6. What are some strengths and limitations of the current services for women and girls' health and wellbeing?

- PROMPT:
 - i.e. what is or isn't working well at the moment?
 - Are there any services missing that would be useful?
- PROBES:
 - What makes you say this?
 - What exactly do you mean by that?
 - Can you give me any examples?
 - Can you elaborate on that?

Barriers to access

I'd now like to discuss in a bit more detail what you think the main barriers are...

7. Based on the data we have already collected from over 1600 Islanders; we have found that the top 3 challenges or barriers that women and girls face in accessing health and wellbeing services in Jersey are (refer to graphics):

- Difficulty attending appointment/activities (not having time, long waitlists, inconvenient time slots etc) 43.64%
- Cost issues 49.26%
- Inability to self-refer to specialists 34.03%
 - PROBES:
 - What makes you think this?
 - What exactly do you mean by that?
 - Can you elaborate on that?
 - Can you share any examples? i.e. do you have any personal experiences of this?

Priorities for improvement

8. Based on the data we have already collected from over 1600 Islanders; we have found that the top 3 areas suggested for prioritization are (refer to graphics):

- Gynaecological health 41.08%
- Housing/living conditions 33.63%
- Mental health disorders 33.08%
 - PROBES:
 - Why do you think this is?

- **In your opinion, what areas of women and girls' health and wellbeing need to be prioritized for improvement?**
 - **PROBES:**
 - Why do you think this is?
 - What makes you say this?
 - What makes you say this is particularly important in comparison to another factor?
 - What exactly do you mean by that?
 - Can you elaborate on that?

see what factors emerge spontaneously then prompt with examples if necessary.

How to solve the issues identified

We've now discussed a wide range of areas where you feel there is room for improvement... of everything we've discussed today, you've identified that the following areas should be prioritised for improvement...

insert areas discussed

*Now I'd like us to think about how exactly these areas could be improved... *go through highest priority topics in turn and ask the following**

9. What do you think could be done to solve or improve the issues that exist here?

- **PROBES:**
 - What makes you say this?
 - What exactly do you mean by that?
 - Can you give me any examples?
 - Can you elaborate on that?
- How effective or ineffective do you think that would be?
 - Do you think that would work for everyone?
- How possible / feasible do you think that solution is in Jersey?

Closing Questions

summarise key points that have been discussed

10. Off the back of our discussion today... If there was ONE thing that you could tell the chief minister to do to improve the health and wellbeing of women and girls in Jersey, what would that be?

11. Is there anything else you would like to add before we finish?

Wrap-Up

- Thank participants for their participation and valuable contributions.
- Provide information on next steps.
- Reiterate confidentiality and any other relevant instructions.