WOMEN'S HEALTH & WELLBEING

Joint Strategic Needs Assessment: Appendix 2

Professional Stakeholder Consultation

Public Health Jersey

JSNA
Joint Strategic Needs Assessment

Contents

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). 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 professional stakeholder consultation, including a survey and follow-up interviews and focus groups. Copies of relevant research materials are included as annexes.

2 Methodology

The Public Health Intelligence and Commissioning team conducted the professional stakeholder consultation in Summer 2023 to gather insights from key professionals about the health and wellbeing needs of women and girls in Jersey. The consultation involved a mixed-methods approach, consisting of:

- professional stakeholder survey
- follow-up in-depth interviews
- follow-up focus groups

This approach facilitated the collection of rich insights reflecting a wide range of professional viewpoints.

2.1 Professional stakeholder survey

2.1.1 Survey design and question topics

The survey was designed exclusively with open-ended questions to gather qualitative insights rather than quantitative data. This approach facilitated an in-depth understanding of professional stakeholders' perspectives on women's health needs, access to services, and barriers to care. It was structured into two main sections:

- **about your services or organisation**
- **wider health and wellbeing of women and girls**

The survey included 10 open-ended questions designed to capture detailed, context-specific responses. Key focus areas included:

- **service provision and demographics:** exploring the nature and scope of services offered, particularly those specific to women and/or girls, and detailing the characteristics of the women and girls served
- **service gaps and future needs:** assessing whether current services meet demand and identifying potential areas for service improvement
- **improvement opportunities:** identifying potential areas for enhancing services to better support women's experiences and outcomes
- **impact on wider health and wellbeing:** understanding how health challenges affect various aspects of women's lives, including employment, finances, social relationships, and family dynamics
- **key strengths and strategic focus:** identifying existing strengths within Jersey that support women's health and recommending priority areas for the women's health strategy

The survey questions and design of the multiple-choice answers were informed by secondary research, including a review of available data on women's health and thematic inputs from prior engagements with professional stakeholders.

2.1.2 Survey recruitment

Professional stakeholders were identified across government, the private sector and charity sectors, supplemented through member discussion at JSNA Steering Group meetings.

The Public Health Intelligence (PHI) team reached out to approximately 90 professional stakeholders and organisations, including third-sector organisations, arm's length bodies, and government teams and departments. These stakeholders were identified through a comprehensive review of local charities, government departments, and service providers known to work with women and girls in Jersey.

Participants represented a diverse array of professional roles, including:

- **healthcare professionals:** GPs, consultants in gynaecology and obstetrics, menopause specialists, physiotherapists, forensic medical examiners, and mental health specialists
- **third-sector and charitable organisations:** charities supporting domestic violence survivors, homelessness services, period poverty initiatives, dementia care, eating disorders, autism, neurodiversity, and youth services
- **government and public services:** social care for children and older people, education, police, public health, youth service and children's commissioners
- **community, sports, and fitness organisations:** personal trainers, sports initiatives, and organisations promoting physical activity
- **special interest groups:** menopause awareness, assisted reproduction, mental health partnerships, and sexual assault referral pathways

This diversity ensured a comprehensive perspective on women's health needs across multiple sectors in Jersey.

Professional stakeholders were invited to take part via email from the JSNA group email. Each invitation included:

- **direct survey link:** for online completion
- **briefing video:** created by public health intelligence and commissioning team, explaining the survey's purpose, the importance of professional input, and the types of feedback sought
- **data protection and consent information:** ensuring responses were treated according to the public health privacy notice and emphasising the anonymity of participants
- **voluntary participation reminder:** highlighting that participation was voluntary and that respondents could withdraw or request their statements be redacted at any point by contacting the public health intelligence and commissioning team

Key individuals that did not respond to the initial invitation were contacted again directly. Of those contacted, 36 individuals from various organisations responded to the survey.

2.1.3 Data collection

The survey was distributed both online via SurveyMonkey (an online survey tool that allows users to create, distribute, and analyse surveys) and in paper format, upon request, to accommodate different preferences and accessibility needs.

The survey was available online during June 2023, providing participants with a clear window for data submission.

2.1.4 Data cleansing and analysis

Responses from both SurveyMonkey and paper copies were compiled into a central dataset. Data cleaning procedures ensured completeness and addressed any inconsistencies or missing data.

The data were analysed using **thematic analysis**, a method that involves identifying, analysing, and reporting patterns (themes) within qualitative data. This helped to inform the topics discussed in the focus groups and is explained in more depth in *2.4 Data analysis*.

2.2 Stakeholder Interviews

2.2.1 Interview design

The interview framework included an introductory section explaining the interview's purpose, emphasising the focus on professional rather than personal experiences, and ensuring confidentiality. The questions covered:

- **challenges:** identifying challenges faced by women and girls in Jersey
- **strengths or assets:** outlining key strengths that positively impact health and wellbeing of women and girls in Jersey
- **service-specific issues:** reflecting on gaps between provision and need
- **swot analysis:** considering service specific strengths, weaknesses, opportunities, and threats.
- **enhancement suggestions:** suggesting ways to enhance experiences or outcomes
- **priority areas:** recommending priority areas for the women's health strategy[1]

2.2.2 Interview recruitment

During the initial survey, professionals had the option to indicate their interest in further discussions. In total**, 30 individuals from 18 different organisations, teams, or roles** expressed interest and were subsequently invited to participate in interviews.

Those who indicated interest in the survey were subsequently contacted via email. The invitation email outlined the purpose of the interviews, provided scheduling options, and explained how their insights would contribute to the Women's Health Needs Assessment.

Participants were offered the choice of attending their interview in person or remotely via **Microsoft Teams**, allowing for flexibility based on individual preferences and schedules. Each interview lasted approximately 30 to 60 minutes, providing sufficient time for thorough discussion of key questions. All interviews were conducted between **June 2023 and October 2023**.

Interview participants came from a wide range of professional backgrounds, including:

- **healthcare providers:** consultants, menopause specialists, hospice care and GPs
- **social care and community services:** homelessness support, children's rights, diversity and inclusion
- **public sector representatives:** government policy teams, education officials, social security, and police
- **early years care, forensic, and sexual assault referral services**
- **nutrition and lifestyle support**

This diversity provided a comprehensive perspective on women's health needs from multiple sectors across Jersey.

2.2.3 Data collection

Interviews were conducted either in person or via Microsoft Teams and were recorded for accuracy and transcribed by the Public Health Intelligence and Commissioning team.

2.2.4 Data cleansing

Interviews transcripts were produced, corrected for any transcription errors, and sent back to participants for final approval to ensure accurate representation of their insights.

[1] A Women's Health Strategy was included in the health minister's 2022 ministerial plan

2.3 Focus Groups

2.3.1 Focus group design

Focus groups were conducted to obtain deeper qualitative insights that complemented the survey findings. These sessions aimed to explore professional opinions on:

- **existing strengths:** effective services and community assets supporting women's health
- **challenges and gaps:** barriers impacting women's health and wellbeing
- **opportunities for improvement:** potential areas for service enhancement and innovation

Participants were informed that the focus groups were not service reviews but forums to capture their professional knowledge and experiences. They were instructed to avoid sharing personal information, as public and community engagement would follow separately.

Each focus group followed a structured agenda:

- **introductions (5 minutes):** facilitators and participants briefly introduced themselves
- **opening remarks (5 minutes):** thanking participants and outlining the session's purpose
- **discussion of key questions (30 minutes):**
  - identification of strengths and assets supporting women's health
  - exploration of challenges and gaps in current services
  - discussion of opportunities for future improvements
- **open forum (10 minutes):** participants could raise any additional points or topics for discussion

Each focus group session lasted approximately 45 to 60 minutes, allowing ample time for guided discussion and open dialogue. The sessions were facilitated by members of the PHI Team using a semi-structured topic guide. This approach ensured that key questions were addressed while allowing participants to explore topics that were most relevant to them.

2.3.2 Focus group recruitment

Focus group participants were recruited through two main avenues:

- **survey sign-up:** professionals who indicated interest in further discussion during the initial survey were invited
- **standalone registration:** individuals could register for focus groups independently without completing the survey

A total of **12 participants** from the initial survey expressed interest in the focus groups. After carefully reviewing these volunteers to ensure diverse representation, the team confirmed that no additional recruitment was needed:

- **focus group 1:** 4 participated
- **focus group 2:** 5 participated
- **focus group 3:** 3 participated

Participants were selected to ensure a diverse mix of demographics and professional backgrounds, including considerations of the ages of service users

This intentional diversity ensured a broad range of insights and experiences related to women's health and wellbeing in Jersey. Focus group participants represented a broad spectrum of professional roles, including:

- **charities:** supporting various populations such as older adults, individuals with specific health conditions, and families with young children
- **social workers:** assisting individuals and families with social care needs
- **healthcare professionals:** including physiotherapists specialising in women's health, gps, and counsellors providing mental health support

- **humanitarian organisations:** offering support to a wide range of community members

Three separate focus group sessions were organised at different times of the day to accommodate participants' schedules. All sessions were held at the **Jersey Library**, chosen for its central location and accessibility.

Invitations were sent via targeted emails that included:

- **participant information sheet:** detailed purpose and nature of the focus group
- **confirmation instructions:** request to confirm attendance on a first-come, first-served basis

2.3.3 Data Collection

All three focus group sessions were recorded and transcribed by the Public Health Intelligence and Commissioning team.

2.3.4 Data cleansing

Transcripts were reviewed to correct any errors and clarify points. Participants were given the opportunity to approve their transcripts to ensure accuracy.

2.4 Data analysis

The data collected via the surveys, interviews and focus groups were analysed using **thematic analysis**, a method that involves identifying, analysing, and reporting patterns (themes) within qualitative data. Researchers systematically coded the data by highlighting significant features and grouping similar ideas and statements together. Once the data were coded, key themes were identified by examining these codes for patterns and connections.

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.

2.5 Limitations/caveats

When interpreting the findings, the following caveats were noted:

- **sample size and representation:** respondents may not represent all stakeholder views
- **self-selection bias:** individuals with strong opinions may be overrepresented
- **contextual responses:** feedback reflects specific organisational contexts
- **non-attribution of quotes:** quotes were anonymised to protect confidentiality

Despite these limitations, the survey responses, interviews and focus groups offered valuable qualitative data that enriched the overall understanding of women's health needs in Jersey.

2.6 Ethical Considerations

Informed Consent: Prior to the survey, interviews and focus groups, all participants received an email explaining the purpose of the research and how the data would be used. The email emphasised that this was to gather professional experiences rather than conducting a service review. This email also sought consent from the participant prior to data collection and advised them not to share personal information about themselves or others and reminded them of their right to withdraw, or retract any statements made, at any point.

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.

3 Summary of Professional Stakeholder Engagement

In total, **78 professional Stakeholders** volunteered to engage. Each either completed a written survey response, attended a one-to-one interview, attended a focus group for professionals, or any combination of the three. The range of organisations and professions who participated in engagement was broad and is summarised in the table below.

Note that for some organisations and professions, several individuals participated. For example, 11 General Practitioners took part, and 6 staff members from Family Nursing and Homecare, representing different specialisms or experience within their respective organisations or professions.

Table 1. Organisations and professions who participated in engagement activities for the women's health needs assessment (GOJ = Government of Jersey)

Organisation / Profession	
Adult Social Care	*Jersey Care Commission*
Alcohol & Drug Service, GOJ	*Jersey Community Relations Trust*
Back to Work, GOJ	*Jersey Eating Disorders Support*
Best Start Partnership	*Jersey Hospice*
Brighter Futures	*Jersey Red Cross*
Children and Adolescent Mental Health	*Jersey Women's Refuge*
Children and Families Hub, GOJ	*Menopause and Wellbeing Coach*
Children, Young People, Education and Skills, GOJ	*Pharmacist*
Children's Commissioner Office	*Philip's footprints*
Citizens Advice Jersey	*Physiotherapist*
Customer and Local Services (including Income Support, Pensions), GOJ	*Policy Officers (including criminal justice, VAWG), GOJ*
Dementia Jersey	*Primary & Preventative Care, GOJ*
Diversity, Equity, and Inclusion Consultant, GOJ	*Registered Nutritionist*
Early Years, GOJ	*Sexual Assault Referral Centre, GOJ*
Family Nursing and Home Care (FNHC)	*States of Jersey Police, GOJ*
General Practitioners and Practice Managers	*Tiny Seeds*
Help2Quit	*Women and Children Care Group (including Maternity, Perinatal Mental Health, Consultants), GOJ*
Jersey Association for Youth and Friendship	*Women's Shelter Trust*

The table below summarises the different types of Professional Stakeholder engagements conducted for the Women's Health Needs Joint Strategic Needs Assessment (JSNA) in Jersey, detailing the response types, descriptions of each engagement method, and the number of respondents involved in each category.

Table 2. Survey responses by response type

	Response Type	***Respondents****
Professional Survey	Completed a structured survey to provide insights into women's health services, access, and barriers.	36
Stakeholder Interviews	Participated in in-depth interviews to discuss women's health needs and gather detailed feedback.	30
Focus Groups	Engaged in group discussions to explore strengths, challenges, and opportunities for improvement.	12
	Total	78

4 Findings

This section summarises the emerging themes from the professional engagement, in which professionals spoke about both:

- **gender-specific issues**, e.g. women's health issues such as reproductive health and menopause, and gender-based factors such as violence against women and girls and discrimination/misogyny

AND

- **overarching or more general issues** that they felt were of key importance for providing quality health and wellbeing services for women in Jersey, such as resourcing challenges, the need for better ways of working together across departments and organisations, and the recognition of the importance of wider determinants of health on women's health and wellbeing

Note that often, where a more general issue was discussed, professionals discussed how the issue affected women in a certain way or was more likely to affect women due to socio-economic or cultural factors. This highlights the importance of widening the lens on women's health beyond issues which are typically gender-specific, to look at the health and wellbeing landscape as a whole.

4.1 Key Themes

1. **Many professionals raised resourcing as an important factor.** Professionals spoke about recruitment and retention being an issue across different services, with it being difficult to attract skilled workers to come to the Island and then to stay. Training and development needs of healthcare professionals was also raised. Jersey is a small jurisdiction, and there can be more limited opportunities for training, particularly for rarer or highly specialised skills. Professionals also spoke about recognising need for new, improved or expanded services, but that they often faced struggles to secure funding. Often funding was short-term (e.g. tied to annual budgets) which made long-term planning challenging and means the provision of some services is precarious in Jersey.

2. **"Working together effectively" was discussed by many professionals.** Many professionals recognised that Jersey has great assets in its charities and community groups, which were often highly trusted as service providers by users. The need to improve communication between organisations was mentioned, and many professionals felt that a focus on "joined-up thinking" across departments and service providers could be very beneficial in Jersey. Professionals mentioned that improved data availability was needed in some areas. This included improved data collection, timeliness, data sharing between organisations where appropriate, and analysis of data to give valuable insights.

3. **A range of socio-economic and cultural factors were seen as important to women's health and wellbeing.** There were concerns about cost being a barrier to accessing services for some women, with low and middle income groups most affected. Many professionals recognised that women often carry the larger share of childcare and other caring responsibilities in families, and that this can present challenges. For example, being able to access appointments or activities where childcare is unavailable, or finding time to prioritise their own health and wellbeing needs when they are busy taking care of others. Professionals recognised that struggles to find suitable housing could be exacerbated for women, for example, as they typically earn less and are much more likely to be single parents than men.

4. **Important health issues for women were discussed by many professionals.** Topics such as reproductive health needs, menopause support, and sexual health were all commonly discussed, sometimes with recognition that diagnosis, advice and treatment offered could sometimes be inconsistent, depending on the knowledge and experience of the healthcare providers involved. Mental health was discussed as an important factor for women, particularly support for girls and young women, and peri-natal support. In some areas, professionals suggested there may be need to look at legislative change (for example, around VAWG, reproductive rights, carer's assessments, and outdated laws which may favour males financially).

5. **The need to support women to live healthy lifestyles, and focussing on preventative work was a common theme.** Improving access to diets with high nutritional value, accessible physical activity offerings that suit women and girls, and potential problematic use of substances amongst women were all discussed. The importance of screening programmes for things like cervical and breast cancer was recognised, with a focus on how to ensure equity of access for all women.

6. **The importance of considering inequalities and the needs of vulnerable groups was widely recognised.** Many professionals recognised that some of the most severe health and wellbeing challenges are faced by women and girls who could be considered vulnerable. For example, those women who do not have residential status, or do not speak English as a first language. The health and wellbeing impacts that result from being a victim of violence against women and girls can be severe and complex, and getting the treatment and care they need can be made difficult due to the complex and multi-faceted challenges these women may face across different areas of their lives. There was wide recognition that general misogyny was still prevalent on the Island, from seemingly benign sexist comments to more serious forms of discrimination. Many professionals called for cultural change. Professionals also recognised that the needs of certain groups such as elderly women, or teenage girls, required special attention.

7. **Many professionals considered improving communication and access to be highly important for women's health and wellbeing.** Repeatedly, professionals mentioned that improved education of the general public, and better signposting between different services could help get care and support to those women who need it, more efficiently. Some professionals suggested Jersey could make the most of digital tools and social media to facilitate this. Accessibility was also commonly discussed; whilst there are certainly accessibility assets in Jersey (e.g. the Island being small and therefore travel times to services fast) there may be room for improvement regarding out of hours support, provision for those with special needs or disability, and making services inviting to those from different cultures or speaking different languages, to ensure equity of access.

4.2 Strengths, Challenges and Opportunities

To effectively compile the insights gathered from professional stakeholders, a thematic analysis was conducted. This analysis identified several key themes that are pivotal to understanding the health and wellbeing needs of women and girls in Jersey.

The following table categorizes these themes, providing a comprehensive overview through five distinct columns:

- **Theme:** This column lists the central topics or categories identified during the thematic analysis. Each theme represents a significant area of focus or concern related to women's health needs
- **Theme Description:** Here, each theme is elaborated upon with a detailed explanation
- **Strengths/Assets:** This column identifies the positive aspects, resources, or existing services that support each theme. These strengths or assets contribute to the effective delivery of women's health services and enhance wellbeing outcomes
- **Gaps/Challenges:** In this column, the existing deficiencies, barriers, or unmet needs related to each theme are outlined. Understanding these gaps or challenges is crucial for identifying areas that require attention and improvement
- **Opportunities:** This final column highlights potential areas for improvement, innovation, or strategic initiatives. Opportunities suggest ways to address the identified gaps and leverage existing strengths to enhance women's health services and outcomes

Table 3. Summary of thematic findings from professional engagement (one to ones, survey for professionals and focus groups)

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
1. Human resources	• Staffing • Recruitment and retention • Training for staff • Work-life balance for staff	• Dedicated, knowledgeable and passionate staff • Agile, flexible, adaptable • Open to learning and collaborating • Trusted staff e.g. in schools, who are dedicated to the health & wellbeing of their students • Committed staff across many areas (e.g. gynae and maternity services)	• Recruitment and retention challenges (e.g. police, mental health) • Specialist skills and training including IRIS (Identification & Referral to Improve Safety), Menopause, Digital space • Single point of failures (reliance on single staff members or skillsets, risk if due to retire) • Continuity of case workers	• Training provision on Island (e.g. community care) • Drive cultural change in the workplace around menopause etc • Diversify workforce • Share skilled women's health resources with Guernsey (i.e. pelvic health consultant) • Provide initial housing for staff recruited from UK or overseas

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
2. Funding	• Funding for services • Unconsolidated funding, separate pots of money • Short-term / long-term funding • Government funding cuts, efficiencies	• Some successes seen with new money being found for certain services has been made available (e.g. perinatal mental health) • General wealth on-Island	• Separate pots of money • Lack of guaranteed long-term funding • Protracted and difficult process for funding applications • Future demand increases are anticipated, but funding not secure	• Round table to join up funding streams: Government to coordinate centrally • Strategic consideration of funding for health services, e.g. focus on community and primary prevention
3. Third Sector / Charity	• Critical services provided by third sector • Strengths of charities • Reliance on charities	• Lots of provision in Jersey by third sector • independence from government, increased trust between service users and charities • passionate and committed workforce • charities network and support each other	• Not necessarily working collaboratively in all cases, working in silos • Issues with quality commissioning on Island • Issues with funding guarantees in the long-term • Rapid staffing turnover affecting client relationships	• Directory: joining up charities • GOV providing strategic direction • improved commissioning • horizon scanning
4. Communities	• Services that are embedded within community, availability at the local scale • Grass roots, bottom-up initiatives, community projects • Culture of community support • Community engagement	• Strength of community spirit, tight knit Island community • Safe, secure (in general) • Parish system is an asset (with localised parish halls, schools, etc)	• Absent parenting because Jersey is so safe • Denial: "It doesn't happen in Jersey "– if not visible then assumption that it doesn't happen here • Small population – news travels fast, and can create lack of anonymity • Lack of signposting for events, services • Patchy across the parishes in terms of community provision	• Giving power back to communities • Using schools as hub, or parishes as a hub • Funding/support for grass roots, bottom-up initiatives • Better public engagement • Skills exchanges between the generations (digital skills, craft skills, home maintenance, etc)
5. "Joined up thinking"	• Strategic view • Links between services • Separate pots of money • Holistic view of need	• Some good forums in place for joint working, e.g. Safeguarding Partnership Board	• Regular changes in Ministers who bring different priorities • Lack of inter-organisational co-ordination, siloed working	• Service directory managed by a person or team, to keep it up to date

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
		• Good will amongst many professionals, shared ambition to work together successfully	• Lack of leadership – someone to assume responsibility • Lack of coordination between charities and government (public health) for campaigns • Lack of coherent health strategy with specific action plan	• Strategic planning around key issues e.g. ageing well, VAWG, menopause • Better coordination between government and other parties • Formation of a women's action group – primary care, government and third sector to bridge gaps in women's health • Needs of vulnerable groups should be viewed holistically
6. Signposting / Education	• Awareness • Education • Knowledge of what's available, who's eligible • Communications (e.g. digital etc) • Mentoring	• School PSHE curriculum being updated • Domestic violence and abuse training (IRIS) programme is great but needs better uptake	• Resources in schools but no quality checking • Not enough signposting for services • Lack of sexual health education • Lack of advice or information on consent • Lack of advice on what constitutes a crime • Need for more accurate and verified information • Lack of access to Digital resources e.g. stay safe online	• more knowledge in the digital space • joined up • making training mandatory • resilience training
7. Accessibility	• Language • Disability and special needs • 24/7 services / out of hours support • Location • Waiting lists and delays	• Small Island, spatially close services • Some services have 24/7 provision • Workforce is diversifying, different languages etc to help support different communities	• Lack of 24/7 services and resources • Too much reliance on the police when people have health and wellbeing crises • Waiting lists too long and lengthy delays, can affect care e.g. 7 months waiting for gynae surgery	• Increasing locations • 24/7 support for key services • Increase the offer of digital bookings and appointment management • Move to "opt out" for key services such as screening, automatically added to a service

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
			• Access not always ideal for different cultures and languages • A reticence for community to engage with the government (distrust) • Barriers for access for people with learning disability • Services centred in St Helier rather than west of Island (or elsewhere) • Le Bas difficult to get to for some • Digital – should be easier to make online appointments	
8. Complex needs	• Multiple issues • Contact with lots of services • Cycles of abuse or deprivation • Need for holistic support • Eating disorders	• Service being developed for vulnerable women (GOJ) • Good feedback for the Sexual Assault Referral Centre (SARC) service • Women's only shelter provision	• Good at supplying material goods but lack of support/advice on use • Staff retention issues lead to service users having to retell their stories again and again • Not dealing with men's issues which are leading/feeding behaviours which are harmful to women and children • Some pathways not "joined up" for access to services • Lack of suitable accommodation and amenities e.g. having to shower at sports centres as no disabled access	• Support for planning the next stage: journey back to normal life after trauma or involvement with services • Better linkages between services to improve patient journeys • Moving children to adult services better • Opportunity to look at those with complex needs holistically (take into account their life circumstances as well as health needs)
9. Vulnerable Groups	• Homeless • Survivors of abuse • No residential qualifications • English as a second language • Disabilities	• After COVID, there was access to GP for free for homeless women through Aztec house – proved really beneficial	• Migrant workers may feel lack of security and feeling of belonging • Women experiencing trauma/ complex needs may have	• Opportunity to look at those in vulnerable groups holistically (take into account their life circumstances as well as individual health needs)

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
	• Elderly • Lacking support networks (no family on-Island etc) • Looked after children	• Recently opened women only shelter provision	disruption to education, barriers to employment • Homeless women have higher vulnerability than the homeless men • Women are disproportionately vulnerable due to lack of capital, high wage differentials and gendered work norms, bearing the responsibility for childcare, and exclusion from basic services • Gaps in information and data where the burdens of ill-health and untimely death are greatest for vulnerable groups • Health needs of the vulnerable groups sometimes place heavy and unpredictable demands on the health service, which may result in multiple avoidable visits to hospital • Sex industry work is very hidden here – sometimes women exchange sexual favours for drugs (not always money) • Vulnerable women (such as homeless or intoxicated) are often at heightened risk in the community	
10.Anonymity and Confidentiality	• Remaining anonymous • Confidentiality on a small Island		• Due to being a small Island, there is often a lack of anonymity and confidentiality when accessing services (e.g. you know the people running	• Opportunity to make sensitive services more accessible from an anonymity perspective. E.g. think about location of

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
			the service, or the service is physically located in places where you will see people you know)	services, providing reassurance about confidentiality, etc.
11.Digital / social media	• Expertise in the social media space • Support for harassment or abuse online • Digital tools for health and wellbeing	• Communication pathways (social media) available to us as a tool • Increasing suite of digital tools available to us	• Pressure to look a certain way or have a certain image • Constant media negativity and worries over the climate, war, COVID, etc. • Social media can be a tool for bullying • Pharmacy and GP systems aren't connected which makes prescription difficult • Electronic patient record is not shared across health settings (especially across primary care and secondary) • Not able to book appointments at a time that suits you • Some health records (e.g. maternity notes) being on paper/inaccurate • Even within departments, sometimes systems don't speak to each other: Governance barriers to sharing data (general bureaucracy, and lack of resource to link systems and complete DPIA/DSA)	• Opportunities for using digital resources for educating the public • Skills exchange to upskill older/non tech savvy • Self-referral or digitally streamlining referrals • Automatic registration for services (such as your midwife and maternity check-ins, breast screening which is currently opt in, cervical screening where you drop off the system if you miss an appointment) • Opportunity for using smart technologies to "flag" or tag on health systems to aid health professionals – for example with contraception clinic or GP flag up age and menopause symptoms
12.Data	• Data • Intelligence • Connectivity		• Systems do not always "talk" to each other, and this leads to missed opportunities, inefficiency in care, frustration	• Opportunity to improve connectivity between different systems (primary care, community care, secondary care, etc)

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
			for patients and healthcare professionals • Some key areas where data is lacking (e.g. ethnicity information, data on sexual health, data regarding vulnerable groups, data on people providing informal care) • Data sharing challenges (governance processes can sometimes act as a barrier to appropriate sharing of data, as the process is very challenging)	• Opportunity to streamline the process for getting appropriate governance in place for data sharing
13.Legislative change	• Legislation around VAWG • Legislation around reproductive rights		• Lack of legislation around carers (carer assessment) • Outdated laws that favour males financially • Criminalisation of non-fatal strangulation • Inequalities place an additional stress burden on women and girls, navigating legal systems that are less accessible to them	• Review need for a care act equivalent • Review outdated laws that favour males financially, and navigability of legal system with women in mind • Criminalisation of non-fatal strangulation
14.Jersey specific	• Factors or quirks which feel specific to Jersey as a setting, including ○ Population ○ Attitudes ○ Culture ○ Employment ○ Residential status • Jersey Laws	• Beautiful environment, supportive of health and wellbeing activities • Relatively safe • Small Island with known services and pathways	• Challenges moving to the Island with the cost and difficulty navigating systems • Inequalities due to residential status, and the problems this creates for women such as staying with abusive partners due to lack of residential qualifications • Confidentiality and anonymity issues	• Opportunity to use the small size of Jersey to ensure all services are well connected • Review support for women facing challenges associated with residential status, particularly those leaving relationships/with dependent children

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
			• See also "13. Legislative change"	
15. Mental Health and Wellbeing	• Mental health (MH) • Stress, anxiety, depression • Suitable (accessible, timely and sensitive) support • Stigma around mental health • Peri-natal mental health • Neurodiversity • Self-harm and suicide	• Mental health service quality is good (for those able to access services) • Most schools now have a wellbeing champion or counsellor • Higher awareness of MH issues generally, and reducing stigma culturally, especially amongst younger people	• Evidence of mental health needs amongst teenage girls • Over-medicalisation (e.g. reliance on medication) • Lack of service availability (e.g. long waiting lists, people slipping into crisis) • Lack of provision of long-term support post-trauma • Patchy support for care leavers (vulnerable group) • A single Dr providing psychosexual counselling – a potential single point of failure • Neurodiversity creates extra need amongst children and families	• Shorten waiting lists by expanding services, or increasing efficiency • Long-term support (e.g. post discharge from services, to guard against relapse) • Better signposting • Health professionals being more proactive • Appropriate services to be called in, instead of reliance on SOJP (Police)
16. Young people	• Education in schools (Sexual health education, PSHE education) • Support services for children • Confidentiality for children • Support as they move to adulthood (drop off at 18+)	• Progressive attitudes in schools, there is more provision of counsellors in schools • Young people are feeling more comfortable (socially acceptable) to talk about mental health, sexual health • Provision of period products in schools • Brook provision is good (some gaps and challenges though) • Reduced cost for primary care for children now • Youth parliament is vehicle where young people can have a voice	• Lacking parent-infant psychotherapy – CAMHS focuses on infant rather than mental health needs of mother • Perception that lots of medication prescribed but we are not addressing core issues • Lack of trauma-informed care to support healing • Need to understand stressors better and work to develop better health and wellbeing for young women • Neurodiversity - need more resources to ensure timely assessment and capacity to support	• Opportunity for broader education around women's health in schools (including menstruation, fertility, menopause, the risks with smoking & alcohol if you are wanting to conceive) • Sports and extra-curricular activities that are actively inclusive for girls • Build resilience and self-reliance amongst young people • Listening to the voice of the child, and understand how we can engage children and

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
		• Great child health immunisation programmes (toddlers through to HPV) • Some good charities (allmatters neurodiversity, for example)	• Victim blaming culture • Reports that young women feel disconnected and pessimistic about futures • Deteriorating picture in self-reported mental health for young people from year 9 onward • Notable increase in teenage women presenting to the Emergency Department with mental health concerns • Young women report greater pressures to succeed in exams feeling the work market is harder for females to succeed • Need for period talk training in schools – many struggling with symptoms • Potential lack of consistency in messaging coming out of Brook • Girls are participating less in sports and physical activity • Social pressure sometimes prevents girls from participating • Lack of capacity in schools for identifying need – not able to intervene early	parents in decision making processes • Schools could be doing more about self-image
17. Gynaecology and ante-natal /Reproductive Health	• Gynaecological issues • Education and awareness • Ante-natal and post-natal support • Language & communication • Pregnancy/birth/prem birth	• Baby steps and health visitor service - universal provision for pregnancy and post-natal checks • Fertility treatment process has recently been streamlined	• Can be delays in women getting to their 12-week scan (delays being referred from GP), which can have a knock-on effect on combined screening etc	• Add a section on fertility in the "pregnancy and birth" page on gov.je • Use opportunity when women come in for maternity visits to

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
	• Termination of pregnancy (abortion) • Miscarriage	which has helped with wait times, but cost remains an issue • A good range of maternity and gynae services provided for a small jurisdiction hospital – with good links to foetal medicine in UK trusts	• Expect rates of infertility to continue to rise, therefore a need for medical and preventative fertility care is needed • The amount of funding couples receive for infertility does not match that of the UKs • Cost or lack of awareness re. contraception options can be a barrier • Women have to pay £185 for an abortion (no cost in NHS) • Very few staff trained and willing to participate in the Termination of Pregnancy (TOP) service – potential point of failure and has impact on the service • TOP service is not in an ideal location/physical environment • Some women are missing work due to unmanageable period problems – needs to be accommodated and the right treatments and advice available	educate about contraception options • Could offer an option to cut out the GP step in accessing antenatal support, TOP, miscarriage, fertility etc (currently you have to pay cost of GP first and be referred – not the case in the UK) • Reform a sexual health group (bringing together Public Health, Genitourinary medicine, sex education, contraception services) to facilitate a joined-up approach • Awareness and education in the workplace around menstrual other gynae issues – acceptable to work from home, for example • A better location for provision of the TOP service • A community based sexual health team • Foster stronger links between secondary and primary care • Opportunity to signpost to digital resources (webinars, apps, etc) for some gynae support such as pelvic floor exercises for example • Better education amongst men and women about recovery after birth • An opportunity to focus on preventative work, sometimes

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
				a healthy lifestyle, weight diet etc can help stave off gynae and fertility health issues
18.Sexual Health	• Sexual exploitation • Sex education • Sexually transmitted diseases • Genitourinary Medicine (GUM) clinic • Brook and services for young people	• Provision of free contraception to young people	• More education and awareness needed for young people around contraception, but also the sexual health aspect (consent, healthy relationships, sexually transmitted diseases etc) • Patchy/confusing system for contraception provision depending on eligibility	• Extend access to free or low-cost contraception • Improve education re. contraception and sexual health at key opportunities (e.g. interactions with health care professionals such as maternity care etc)
19.Menopause	• Awareness, training (e.g. for GP's) • Symptoms • Support at work • Empowerment	• There is improving recognition and awareness – through programmes like the "51 employers" • Davina McCall's activism is widely appreciated • Government policies being put in place for internal staff	• Need for increased awareness within the workplace (supported by better care and options for HRT from GPs). • High and frequent and ongoing cost associated with menopause, e.g. accessing HRT and going to the GP – this needs to be looked at, an equality issue • Lack of practical support in the workplace • Women leaving work prematurely due to menopause – notable economic impact for women • Co-occurring with other life changes such as children leaving home, strain on relationships, loss of earnings – can feel like a crisis • Lack of GP knowledge and recognition of symptoms.	• Opportunity to look at the funding for HRT • Strategy (similar to UK) about getting women back into the workplace – understand what's possible and developing guidance for employers • Opportunity to educate young people, colleagues, men, etc., further about menopause • Make some training mandatory for professionals E.g. Training on menopause for all GP's, so that there is good knowledge across the board • Systemic support for workplaces to support women through menopause (for example, a fund for paid leave, things like fans or different uniforms that make things more accommodating)

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
			Sometimes women are misdiagnosed or sent away. No mandatory training • Support isn't equal across employers (e.g. lower paid workers, zero hours, etc) • Connection between neurodiversity (ADHD) and menopause not well understood, diagnosed or treated	• Long-term secure funding for initiatives like 51 employers
20. Older women	• Care needs for older women • Living alone / loneliness • Caring for elderly family members / spouse • Dementia • Morbidities • Physical Activity • "Ageing well"		• Often leave older people until they get to crisis point and a hospital admission before intervening • Lack of legislation around carer's assessments (and many older women are caring for their partners) see also 27.	• Opportunity to offer opt out screening service for e.g. breast screening • Opportunity to improve preventative and early intervention social care, to e.g. prevent falls • Providing better support to carers in the community • Appropriate (safe) accommodation options for elderly people living independently
21. Screening & prevention	• Breast screening • Cervical screening • Preventative programmes		• Screening offer is currently opt in: missing members of the public. Not equitable as may depend on health literacy, fluency in English, networks etc.	• Opportunity to have opt out screening services • Opportunity to ensure screening is accessible for all demographics (e.g. language etc)
22. Long-term illness/morbidities	• Long-term illness • Multi morbidities		• Rising prevalence of long-term conditions. Set to increase further with ageing population • Women with multiple morbidities may have more	• Focus on prevention across middle age and into old age, e.g. reduce drinking, promote exercise and healthy diet • Affordable and accessible health and lifestyle check-ups

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
			complex needs, are we ready to provide for this	for women, with holistic lifestyle support offered
23.Physical activity	• Facilities • Time to exercise • Sports for women • Inclusive activity options	• Women swim groups, women's cycle groups, etc are all good for allowing women to find something that works for them	• Women with families or caring responsibilities are juggling a lot, and have very limited time to invest in keeping themselves well • Young girls feel embarrassed or intimidated by peers during sports at school with lower female participation as girls grow up	• Opportunity for creating a more inclusive environment for girls participating in sports • Accessible activity for women in different circumstances (e.g. family friendly, low cost, fits around work schedules)
24.Diet	• Diet and nutrition		• Cost of living and cost of food means that people are likely to be sacrificing the more healthy foods in favour of cheap fast food	• Tackle the local food environment to make sure healthy choices are accessible and affordable
25.Substances	• Alcohol • Tobacco • Drugs • Vaping	• Help2Quit service available	• Safe house services available to women with complex needs but does not accommodate drug and alcohol problems • High drinking rates in Jersey amongst women – many of childbearing age	• Strong correlation between substance misuse and domestic abuse, so opportunity to make more services accessible for women with substance misuse issues • Education for women of childbearing age about risks of substance use
26.Cost to user	• Cost of living, poverty, financial hardship • Women & girls not being able to afford services or necessities • Health sacrifices due to poverty • Financial vulnerability of women (e.g. end of	• Recently announced Government initiatives to help with cost of living, e.g. increase in subsidy for GP service, free period products • Customer and Local Services have introduced fast track (prioritisation) for benefits for those who are most in need	• Primary care cost as a barrier • General cost of living impacting health and wellbeing • Nutrition, cost of high-quality healthy food • Cost of access to sport and equity of opportunity • Period poverty	• Subsidised healthcare: targeted to those most in need/vulnerable, and those on the cusp of income support • Free provision of contraception • Targeted provision of free period products (e.g. for those on low incomes)

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
	relationship, single parent provider)		• Vulnerable groups such as homeless not having access to paid for services such as dental care unless at crisis point • Women providing for children under increased financial strain	
27. Childcare/parenting and caring responsibilities	• Parenting support, advice, awareness, guidance • Access and cost of childcare • Working patterns due to childcare • Caring responsibilities (e.g. spouse, elderly relatives, disabled)	• Government has improved provision for maternity leave and paternity leave • Some superb baby and toddler groups at community venues e.g., Brighter Futures children's centre • Financial support for childcare can be accessed for those most in need (through the benefits system) • Those accessing income support can also access reductions in cost for some things like Move More, GP, optical/dental services etc	• Nursery care is extremely expensive (higher than London) • Lack of support for carers • Lack of legislation to support carers (i.e. equivalent of UK care act, offering carer's assessment and support) • Lack of data to identify how many people providing informal care • Societal attitude towards role of women in caring for everyone – obligation and expectation • Lack of family support networks (families have moved away, everyone's still working) • More provision for parental leave, but this is a challenge for managers and leadership particularly for female dominated workforces • Neglect/absent parenting as parents are needing to work long hours or can't afford childcare	• Put in place an equivalent of the UK Carer's act • Training for informal carers so they are confident in providing care for their loved ones in the community. Empower people. • Psychological support for parent-infant bonding that also looks to the mental health needs of the mother (as well as the infants needs) • Increase provision of childcare, and subsidize to allow women the choice to return to the workplace • Funded nursery places associated with in-demand professions or training e.g. funded nursery spaces for healthcare professionals

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
			• Additional care giving role that women, in particular mothers, play can lead to them being overwhelmed • Many of the women coming to Citizens Advice are single mothers (without maintenance payments) struggling with debt • Women may end up staying in unsupportive/violent relationships because the cost of childcare if they separate is too high	
28.Workplace	• Workplace culture • Support that women may need at work (e.g. around menstruation, menopause, etc) • Employment opportunities • Employment conditions • Work – life balance	• Recent parental benefits changes – allows partners to choose, and more equal access for the benefits • We are seeing more female managers in government (but not everywhere)	• Childcare costs are prohibitive • Struggles to return to work after children • Women struggling to progress or "catch up" in career after taking extended leave for having children • Women having to work out of hours shifts as they couldn't afford childcare during the day • No funded nursery places attached to nursing courses (for trainee nurses) • Gender pay gap • As retirement age increases and so does cost of living, we may see more women of working age suffering with health conditions • Lack of female representation at higher levels across private sector and certain sectors	• Opportunity to raise awareness/promote the parental benefits available • Opportunity for improved education in the workplace around things like pelvic floor health, provision of things like "scotty potty" • Opportunity to educate women about their career options • How to include or appoint more female representation

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
29. Discrimination/misogyny	• Misogynistic attitudes and culture • Toxic masculinity • Traditional attitudes towards the role of women • Gender pay gap • Financial independence	• Some progress made in tackling misogynistic attitudes, especially amongst younger generation • Government taking e.g. Violence Against Women and Girls seriously, dedicating resource to understanding and tackling it	• Pervasive misogyny in some settings (e.g. the way women/girls are spoken to by males) • Concerns raised about persistent or unaddressed gender bias and misogyny within institutions such as education, health, and criminal justice • Outdated laws that favour males financially • Even when reporting issues women may need to make repeated visits saying the same thing and being dismissed or not taken seriously • Education for girls and the types of careers the genders are encouraged to go into • Discrimination in services such as tax, housing (in particular if a married woman who is entitled to work has to leave her husband because of domestic violence and then has no rights in Jersey as they have been resident for under 5 years)	• Reducing discrimination and misogyny fosters a more harmonious and united community, enhancing social cohesion. • Empowering women and promoting gender equality can drive economic growth, as diverse teams are often more innovative and productive. • Addressing misogyny and discrimination contributes to better mental and physical health outcomes by reducing stress, anxiety, and other related health issues among affected individuals. • A commitment to gender equality and anti-discrimination can enhance Jersey's reputation as an inclusive and progressive place to live, work, and invest.
30. Men	• Men & boys • Attitudes, awareness, education • Abuse • Young people and online culture	• Male stakeholders play a vital role in advocating for gender equality, which is essential for reducing disparities in women's health outcomes	• Society remains unequal (e.g. gender pay gap and certain attitudes towards women), and this fundamental misogyny must be tackled	• Opportunity to educate men (as well as women) better on things like periods, fertility, gynae issues, menopause • Support for rehabilitation for VAWG offenders or men who

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
	• Economic / financial abuse	• Men can bridge communication gaps and engage other men as allies, thereby strengthening community support for women's health initiatives	• Men are predominant perpetrators for VAWG	are worried about their own behaviour
31.VAWG	• Domestic abuse • Harassment • Violence • Economic abuse • Threatening behaviour • Sexual abuse • Online abuse • Stalking • Non-fatal strangulation • Exploitation (sexual and criminal)	• Sexual Assault Referral Centre (SARC) is very good • Other good services like Jersey Action Against Rape (JAAR), Venetia house etc	• Long waiting lists for therapy, support • VAWG is likely to be under-reported • VAWG has huge implications for women's physical health (e.g. injuries caused by non-fatal strangulation) as well as mental wellbeing (e.g. trauma, PTSD, anxiety, depression, confidence) • Women experiencing VAWG often have other complex needs or challenges	**ALSO SEE OUTPUTS FROM THE VAWG TASKFORCE** • Opportunity to build on SARC, (e.g. better facilities) • Opportunity to provide trauma informed care across more services • Look to criminalise non-fatal strangulation as a deterrent • Holistic consideration of women's needs to help them exit cycles of abuse
32.Housing & Accommodation	• Cost of housing • Appropriate housing for different needs • Availability of housing • Housing qualification restrictions • See also "9. vulnerable groups"	• There is an offer of support and guidance re. housing, using our in-house critical team sign posting to Housing Gateway for emergency housing. • Strathmore service (under 25's housing support) • Help to buy scheme (assisted purchase home ownership scheme)	• High cost of housing in Jersey • Lack of affordable and appropriate housing especially for families • Restrictions associated with residential status • Lots of children lack access to their own outside space • Accommodation-related worries can add significantly to stress • Access to accommodation: e.g. Single working mother struggles to attend viewings if working full-time plus	• Improvement to the general housing crisis in Jersey to match demand • Prioritisation for those with children to house • Better regulation of landlords to ensure decent housing standard • Support for women and families before they reach "crisis point"

Theme	Theme Description	Strengths/Assets	Gaps/Challenges	Opportunities
			childcare and miss out on options arising • Young people are not entitled to housing benefits and support – young women may be staying in unsafe places and putting themselves at risk	
33.Environment	• Natural environment • Access to nature, coastal, green spaces • Climate change • Pollution	• Jersey has a wealth of natural resources to enjoy, supportive of health and wellbeing activity	• Not everyone is able to access the natural assets equally (due to time, lack of transport, etc) • Immediate environment of people living in town in flats may not be great (lack of access to personal outside space)	• Opportunity to capitalise on wealth of natural resources for wellbeing (e.g. walking, swimming, outdoor activities), to ensure it is accessible for all • Improve monitoring of air pollution to understand hotspots, and how it might be affecting health for families in particular

5 Survey for Professional Stakeholders Transcript

Survey for Professional Stakeholders

We'd like to hear from you, as a professional who has experience of working with, or providing services for women and girls. This survey will ask you about your opinions on women's health needs in Jersey. The findings will be incorporated into the Women's Health Joint Strategic Needs Assessment (JSNA), which will in turn help inform the Women's Health Strategy which is being developed by the Minster for Health and Social Services.

Your responses to this survey will be treated in line with the Public Health Privacy Notice. Please avoid including personal identifiable information in your responses.

Please note: If you agree to take part in the JSNA, you have the right to withdraw, or withdraw any statements that you make. Simply contact the JSNA Team on either of the following and we will redact your submission:

Public Health Intelligence, 19-21 Broad Street, PO Box 140, Jersey, JE2 3RR
Phone number: +44 (0)1534 445792
Email: HealthIntelligence@gov.je

Do you consent to your quotes being used in the Needs Assessment? (Quotes will not be attributed to you personally)	**Y / N**
Your name and job role	(free text)

About your services or organisation	**1**	**What is the name of your service or organisation(s).** For example, the name of your department, or the name of your charity or private organisation
	2	**What services do you provide, and are any of them specific to women and/or girls?**
	3	**Can you describe the key characteristics of the women/girls you work with or provide services for?** For example, by age, demographics, service or support needs.
	4	**From your service or teams' perspective, is there a gap between provision and current or future need?** For example, does supply of your service meet demand, are the current needs of women and girls being met, in the future do you envisage health needs changing or do you expect different/new services to be required?
	5	**Thinking about your service, or the issues that your service addresses, is there anything you believe that could improve the experiences or outcomes for women and girls in Jersey?**

Wider health and wellbeing of women and girls	**6**	**Do the issues, that women and girls come to your service for, affect them in their lives more widely?** For example, is there an impact on their wider wellbeing, on their ability to work or attend school, are their family or social lives affected, are there financial consequences, and so on.
	7	**What challenges do women and girls in Jersey face that impact their health and wellbeing?** For example, this could include inequalities or discrimination, finances, education/employment, access to services,, accommodation, and so on.
	8	**What key strengths (services or assets) does Jersey have that play a key role (or could play a key role) in supporting the health and wellbeing of women and girls?** For example, ease of access to open spaces, good examples of community networks, outstanding menopause services etc.
	9	**If you were to choose an area (or areas) in particular that you feel a Women's Health Strategy in Jersey should focus on, what would it be (and why)?**
	10	**Please indicate if you are interested in meeting with us one to one to discuss the health needs of women and girls in more detail** (Yes/no, with box for contact details and availability)

6 Stakeholders Interview Transcript

AUDIENCE: Stakeholders (service providers, frontline workers, policy makers or management, charities, etc) WITHIN AND OUTSIDE OF GOJ

Team member conducting one to one:

Date:	
Name of Interviewee:	
Role:	
Service (if applicable):	

Introduction

We'd like to hear from you, as a professional who has experience of working with, or providing services for, women and girls. We will ask you about your opinions on women's health needs in Jersey. The findings will be incorporated into the Women's Health Joint Strategic Needs Assessment ("JSNA"), which will in turn help inform the Women's Health Strategy which is being developed by the Minister for Health and Social Services.

Please be assured that this is not a service review exercise, and is much more about capturing your experience/knowledge/opinions.

We'd like to focus on your professional opinions, so please don't share personal information about yourself or others. There is further engagement planned to gather the personal views of the public/community later in the year.

Please note: If you agree to take part in the JSNA, you have the right to withdraw, or to withdraw any statements that you make. Simply contact the JSNA Team on either of the following and we will redact your submission:

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Phone number: +44 (0)1534 445792
Email: HealthIntelligence@gov.je

Interviewee consent

Your responses to this questionnaire will be treated in line with the Public Health Privacy Notice

Do you consent to your quotes being used in the Needs Assessment? (Quotes will not be attributed to you personally)	**Yes**

1	**What challenges do women and girls in Jersey face that impact their health and wellbeing?** For example, this could include inequalities or discrimination, finances, education/employment, access to services, accommodation, and so on.

2	**What key strengths (services or assets) does Jersey have that play a key role (or could play a key role) in supporting the health and wellbeing of women and girls?** For example, ease of access to open spaces, good examples of community networks, outstanding menopause services etc.
3	**Thinking about the service specifically:** • **is there a gap between provision and current or future need?** • **how are women/girls impacted in the workplace/their learning environments by the issues that they come to your service for?**
4	**In your experience, what is the services greatest:** • **Strength** • **Weakness** • **Opportunity for the future** • **Risk or threat to success**
5	**Is there anything you believe that could improve the experiences or outcomes for women and girls in Jersey?**
6	**If you were to choose an area, (or areas) in particular that you feel a Women's Health Strategy in Jersey should focus on, what would it be (and why)?**

7 Focus group for professionals Transcript

AUDIENCE: Stakeholders (service providers, frontline workers, policy makers or management, charities, etc) WITHIN AND OUTSIDE OF GOJ

Team member conducting focus group:

Date:	
Names of attendees:	

Introduction

We'd like to hear from you, as a professional who has experience of working with, or providing services for, women and girls. We will ask you about your opinions on women's health needs in Jersey. The findings will be incorporated into the Women's Health Joint Strategic Needs Assessment (JSNA), which will in turn help inform the Women's Health Strategy which is being developed by the Minister for Health and Social Services.

Please be assured that this is not a service review exercise and is much more about capturing your experience/knowledge/opinions.

We'd like to focus on your professional opinions, so please don't share personal information about yourself or others. There is further engagement planned to gather the personal views of the public/community later in the year.

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Interviewee consent

Your responses to this questionnaire will be treated in line with the Public Health Privacy Notice

Do you consent to your quotes being used in the Needs Assessment? (Quotes will not be attributed to you personally)	**Y / N**

1	What key **strengths** (services or assets) does Jersey have that play a key role (or could play a key role) in supporting the health and wellbeing of women and girls?
2	What **challenges** do women and girls in Jersey face that impact their health and wellbeing? Is there a **gap** between provision and current or future need (regarding health and wellbeing of women and girls)?
3	What are the **opportunities** for the future to improve health and wellbeing for women and girls?