

Our healthy future



YWCA is the leading charity working with disadvantaged young women. Young women are at the centre of all that we do. They face unique problems in today's society, are largely unheard and lack influence: young women come to YWCA for support, guidance and learning opportunities which are designed with their specific needs in mind and we campaign with them to combat the discrimination and disadvantage they face. Through our help and support we want them to:

- be inspired and determined
- be healthy and safe
- be in control
- speak out and be listened to
- gain opportunities, and
- give back.

While YWCA works in particular with girls and young women aged 11-30, we recognise that in order to exercise the greatest impact and influence on their lives we need to be creative and pragmatic in our approach to our work. This may mean, for example:

- working with older women whose direct influence on younger women will lead the latter to seek our services
- needing to work with men to challenge their perceptions of young women and influence their treatment of them
- working with younger girls so that when they become teenagers they are inspired to have greater aspirations

However, we will always work in the ways that deliver the best outcomes for young women, directly or indirectly. We recognise the importance that they place on being able to focus on their issues in an environment that is women-only and safe, and all our centres will ensure that they can deliver help and services in ways that make them feel comfortable and are conducive to progress/personal growth. We are absolutely committed to meeting the diverse needs of all young women who come to us for help, guidance and support.

Summary

- YWCA welcomes the opportunity to respond to the Our Healthy Future consultation. We acknowledge this is a first step and as such cannot contain detailed information on specific actions. We welcome the accessibility of this document's content and style
- We think that young women face dual discrimination because of their gender and their youth. Age and gender are rarely mentioned together making young women invisible and leaving their needs unmet.
- YWCA believes the four main ambitions to be comprehensive. However, we would like to see the gap between communities with poor health and those with good health eliminated, and not just reduced as stated.
- We are concerned that tackling health inequalities is not emphasised enough in the key areas listed.
- Action to tackle child health must look at child poverty and must look at the needs of young mothers and the inequalities they face. Children's poverty is linked to women's poverty.
- The seven key areas do not mention equality of access to health and social care services and we feel that ensuring that everyone has access to high quality health and social care services (which work together to provide services) should be included as a key area.

- We feel that none of the seven key areas indicate targeted specific approaches, but recognise that this might be outlined in a future document.
- We believe the key areas could usefully include an acknowledgement of the external factors which affect people's health and state that action will be taken to improve external factors.

YWCA's response

Introduction

YWCA is concerned about the health needs of vulnerable young women. They need particular support as they often live in poverty, are disengaged from education and employment, may have mental health problems, may have experienced violence and abuse and tend to be socially excluded.

Response to Questions

Q1. What do you think about our four main ambitions?

YWCA believes the four main ambitions to be comprehensive. However, we would like to see the gap between communities with poor health and those with good health eliminated, and not just reduced as stated.

There have been some great advances in public health and there continues to be advances. However, despite this, there is still a long way to go and it will take meaningful actions to translate the four main ambitions into reality.

Q2. Are they too ambitious – or not ambitious enough?

It is difficult to comment on whether these ambitions are too ambitious or not ambitious enough. There is little to dispute in the actual statements and intentions, but it is the actions behind them which are important.

The challenges shouldn't be underestimated. The document mentions 'poorer health' in some areas of Wales than others, but this underplays the reality. In many areas of Wales there is significant ill health and the link between socio-economic deprivation, lack of opportunity and ill health cannot be ignored if the intention is to bring about real improvements in health for all people.

It is no surprise that the area in Wales with the highest number of people not working has a life expectancy which is significantly lower than the Welsh average, especially for women. It also has the highest number of people who drink more than recommended guidelines and very high rates of anxiety and depression.

It will take an ambitious approach to reverse these trends and make sure that people in these areas have equal health to those in other, more thriving areas. Any approaches have to turn around the effects of deprivation which existed prior to the current recession, and the added effects of the current recession which may turn out to be a long-term recession with long-lasting effects.

The recent consultation paper on Unification of Public Health Services in Wales stated that *'inequalities between different areas and between social groups are not decreasing. Tackling this issue and developing approaches to improving equity of health remains at the heart of public health practice in Wales.* (page 9). Although this emphasis might be said to be reflected in the third ambition in Our Healthy Future, and vaguely in the first key area, it does not come across as being at the heart of Our Healthy Future.

YWCA and young women in South Wales

In summer 2008 YWCA spoke to a number of young women in Wales. All of the young women we spoke to experienced poverty, one third were living in food poverty and nearly a third went without heating.

Some women had no one to turn to for support apart from the YWCA.

(See Appendix One, Shock to the System).

Q4. Do you agree with the seven key health areas?

It is difficult to tell if the seven key health areas will achieve the main ambitions.

Tackling child poverty is key to improving the health of future generations, but the child poverty targets are unlikely to be met and we are not convinced that the link between child poverty and women's poverty is always acknowledged. If a woman is poor, her children will be poor. Women constitute 90% of single parents in Wales. Children will have a difficult start in life if women's poverty is not tackled.

Poverty and ill health are interlinked. Research has found that a quarter of people receiving debt advice were already having treatment for anxiety and depression and half of those receiving treatment felt it was caused by debt problems. (Welsh Assembly Government, 2007)

Latest research announced this week, which focused on a deprived part of the Cynon Valley, found that the life chances of people living there were very much lower than the life chances of people living a short distance away.

Action to tackle child health must look at child poverty and must look at the needs of young mothers and the inequalities they face. Young mothers will remain in poverty if they continue to receive lower benefit rates, receive careers advice which directs them into poorly paid work and receive the youth rate of the National Minimum Wage. We look forward to seeing how the proposed Children and Families Measure will help to reduce children and women's poverty.

YWCA and healthy eating

YWCA Cwmafan has run sessions on healthy eating on a budget. The young women found out more about different types of foods and their nutritional value and then tried out a number of recipes. Not only did they find out about healthy food, but shopping, estimating ingredients and calculating cooking times helped them improve their numeracy skills.

We must also highlight the link between domestic violence and the health of women and children. Provision of domestic violence services, particularly in rural areas, is patchy. We believe there is a need for a cross departmental strategy to end violence against women.

Furthermore, research highlights the link between diet and behaviour with a healthy diet and a balanced intake of nutrients being linked to reduced rates of violent behaviour (WHO, 2006).

The seven key areas do not mention equity of access to health and social care services and we feel that ensuring that everyone has access to high quality health and social care services (which work together to provide services) should be included as a key area.

For example, black and minority ethnic (BME) groups experience difficulties accessing mainstream health care and BME women are less likely to visit their GP or seek treatment due to a lack of information about health services (Lidubwi, 2008). In a survey carried out by MEWN Cymru 40% of women reported non-use of Language Line at their GPs surgery (Lidubwi, 2008).

YWCA responded recently to the Single Equality Scheme Departmental Action Plan. We felt it was not apparent from some of the actions listed by the Department of Health and Social Services how inequalities in access to health and social care will be addressed or how the needs of different groups will be taken into account. As an example, it was not clear how the action of 're-structure of NHS Wales' will bring about equity of access and provision in community based services. Our response stated that we felt it difficult to comment on some of the actions and to endorse them as being sufficient to reduce inequalities.

None of the seven key areas indicate targeted specific approaches. Rather they are broad statements with good intentions. There is little in these statements which indicate an acknowledgement of external factors which affect people's health, eg housing, environment, unemployment, poverty.

As a critical friend we might say that the key area statements primarily support the provision of public health messages, which may or may not work, and which people can then choose to act on or not. Taking responsibility for our own health is fine, but if the social factors which help to promote health and well being are not there, then people will take risks with their health, and suffer disproportionately from those risks. People who are disadvantaged are more exposed to an environment which does not promote good health.

YWCA and YouGov recently conducted a survey on binge drinking and young women. Boredom, peer pressure and lack of parental guidance are perceived to be the main reasons for young girls aged between 13 and 18 to binge drink according to the survey. Young women who feel bad about themselves (they may not be employed, have a difficult home life or have been abused or witnessed abuse) drink to boost their confidence and make them fit in socially. YWCA can see every day how improving self-esteem and offering alternative activities can change the lives of young women for the better, tackling the cause of their alcohol problems and improving their health. Our services are a good example of targeted support which looks at all the issues affecting girls' and young women's lives.

We look forward to receiving further information about the next steps in Our Healthy Future and look forward to contributing to services which help to improve the health of vulnerable young women.

Linda Pritchard, Welsh Policy Officer, YWCA England & Wales

Tel: 029 2066 2599

linda.pritchard@ywca.org.uk

24 March 2009

Contact address: VAC, Shand House, 2 Fitzalan Place, Newport Road, Cardiff CF24 0BE