HEALTH EQUITY NORTH

Woman of the North Summit

Summary Report

nhsa
Northern Health Science Alliance
A Health Partnership for Northern England

Background: Woman of the North Report

In September 2024, Health Equity North published the first Woman of the North report, highlighting stark inequalities faced by women living in the North of England. For example, girls born in the North can expect significantly fewer years of good health than those elsewhere in the country, particularly compared with the South East. These inequalities are compounded by disproportionate cuts to public health funding in the North, alongside substantial reductions in spending on sexual health services, despite continued high rates of sexually transmitted infections across northern regions. Women in the North also experience poorer mental health outcomes, with higher prevalence of severe mental illness and lower levels of treatment compared with women in the South.

The report also shows that women in the North face higher levels of domestic abuse than the national average and carry a greater burden of unpaid care. Rates of unpaid caring are highest in the North East, North West, and Yorkshire and the Humber, particularly among women in their late fifties, with caring responsibilities also affecting young women more than elsewhere in England. Overall, women in the North contribute a substantial share of the country's unpaid care, reflecting both the social and economic inequalities they continue to experience.

Women in the North are paid less for their work.

They lose out on

£132m

every week, around

£6.86bn

a year compared to what they'd get if they were paid the national average.

Women in the North of England work more hours for less pay than women in the rest of the country.

Long-term sickness and disability in working age women is higher in the North of England. The additional economic costs of this are

£400m

a year.

Women in the North contribute

£10bn

of unpaid care to the UK economy each year. This is £2bn a year more than if they provided the national average of unpaid care.

One in five women aged 55-59 in the North of England provide care to a family member because of illness, disability, mental illness or substance use.

Women living in the North provide more unpaid care than average (10.3%) and those in London (8.4%). 12% of women in the North East, 11.2% of women in the North West, and 10.7% of women in Yorkshire and the Humber provide unpaid care.

Woman of the North Summit

In May 2025, the first Woman of the North Summit was hosted by Health Equity North in collaboration with the Northern Health Science Alliance and lawyers against injustice Leigh Day. The Summit was hosted in response to the findings of the Woman of the North Report and to launch the Woman of the North Charter, co-signed by northern Mayors, bringing together policymakers, researchers, and representatives from the voluntary and charity sector to reflect and co-create actionable solutions. Nine workshops took place throughout the day, which were held under Chatham House Rules and centred around:

- Safety of women and girls on our streets, parks, and public transport
- Tackling violence against women and girls in the North
- Representing marginalised women's voices to policymakers
- Workplace and women's rights
- How can northern women age healthier, happier, and better?
- Women's health and rights
- Maternal health inequalities - race, place, and class
- How should women fit into a Child Poverty strategy?
- Caring - building support for carers in the North

Summaries of various workshops are detailed in this report, including next steps and recommendations.

Woman of the North Charter Launch

The Summit began with Clare Bambra, Academic Co-Director of Health Equity North and Professor of Public Health at Newcastle University, providing a summary on the findings of the Woman of the North report. This offered a valuable opportunity to reflect on how these inequalities affect the daily lives of women across the North.

Following this, Professor Louise Kenny, Pro-Vice Chancellor at the University of Liverpool and Chair of the Northern Health Science Alliance, and Suzanne White, Partner and Head of Medical Negligence from Leigh Day Solicitors, launched the Woman of the North Charter, offering a clear commitment and roadmap for driving meaningful change. The Charter recognises the ongoing inequalities affecting women across the North of England and emphasises that these disparities are not inevitable. Its goal is to tackle these challenges and pave the way for a fairer and healthier future.

The Charter calls on Mayors and other leaders to leverage their powers to create fairer opportunities for women in the North across education, work, welfare, and health. Those who sign the Charter are committing to raising awareness and mobilising action for women through initiatives such as policy action, public campaigns, or the development of new services. A link to the Charter can be found here.

The Woman of the North Charter has been backed by:

- Kim McGuinness, Mayor of the North East
- Tracy Brabin, Mayor of West Yorkshire
- David Skaith, Mayor of York and North Yorkshire

Prior to the afternoon workshop discussions, two 'In Conversation' sessions took place with Kim McGuinness, Mayor of the North East, and Tracy Brabin, Mayor of West Yorkshire. These sessions provided an opportunity to hear about their experiences as northern women in leadership as well as the work they are leading to address the challenges facing women across the North.

L-R Suzanne White, Leigh Day; Hannah Davies, Executive Director of Health Equity North; Kim McGuinness, Mayor of the North East; Tracy Brabin, Mayor of West Yorkshire; Professor Louise Kenny, Pro-Vice Chancelor, University of Liverpool

Workshop Discussions

Safety of women and girls on our streets, parks, and public transport

Research on women's safety in parks was presented, highlighting that women are far more likely than men to feel unsafe, limiting their access to recreational and social opportunities. The study, based on interviews with 117 women and girls and 27 professionals in West Yorkshire, informed the Safer Parks guidance, which outlines 10 principles across awareness, inclusion, and "eyes on the park," including practical, low-cost measures to help local authorities improve safety.

The Right to the Streets initiative, which uses a place-based, whole-systems approach, was also discussed. The initiative works with communities and partners to make streets and public spaces safer through activities such as bystander training, safety walks, and creative engagement, with learnings shared across Greater Manchester and nationally.

Following the presentation, there was time for group activities in which workshop attendees were encouraged to brainstorm ideas on how to address concerns relating to travel, street, and park safety.

Tackling violence against women and girls in the North

Key findings from the Woman of the North report were summarised, which included how domestic violence and abuse (DVA) disproportionately affects women in the North of England. The report shows that many children in the region are exposed to DVA, particularly in single-parent households, and that these children are more likely to experience or perpetuate abuse themselves. In addition, mothers are often held responsible for protecting their children, despite the perpetrator's/father's responsibility for the abuse, and protective responses made by mothers to minimise the impact of DVA on their children are often overlooked. Following these introductions, the workshop focused on facilitated discussions around the following questions:

- What are the challenges that are particular to the North that we face in relation to domestic violence against women and girls?
- What are the opportunities that are available to us in the North?

Representing marginalised women's voices to policymakers

This workshop aimed to discuss ways to amplify the voices of marginalised women who are mothers in policy discussions. The workshop began by asking participants to identify different groups of marginalised mothers, including those on low-income, single mothers, mothers of colour, and those in recovery from addiction. The facilitators presented some of the key challenges facing marginalised mothers with a focus on the prevalence of child removal in the region, the difference between multiple unmet needs and child abuse, outcomes for mothers post-child removal, and the risks of seeking support.

Group discussions then focused on the following questions:

- What are some of the key barriers that marginalised mothers face in your community or society?
- What are some challenges marginalised mothers face when trying to be heard in policymaking?

The session then moved on to identifying what strategies may help amplify marginalised women's voices. In small groups, participants were encouraged to share examples of best practice, as well as what hasn't worked. Key themes include empowering mothers through community networks and storytelling, strengthening evidence through participatory research and data, building direct relationships with policymakers and allies, and using media and digital campaigns to raise awareness and influence change.

Women's health and rights

Facilitators outlined key findings from the Woman of the North report and discussed how these relate to current equal pay work and their impact on the UK gender pay gap. They also highlighted issues around economic inactivity due to long-term sickness and disability, as well as the lack of flexibility in working practices and support for caring responsibilities. These challenges were then explored from an academic perspective.

A participant then introduced themselves and shared their lived experience, highlighting the changes that would have made a personal difference. After this, the facilitators outlined several recommendations for what could be implemented.

Maternal health inequalities - race, place, and class

The workshop began with the existing maternal health inequalities in relation to race, place and class being highlighted the existing maternal health inequalities in relation to race, place, and class. Then, the NHS's legal duties (Health and Care Act 2022) about reducing health inequality, and how intersectionality, combining race, place, and class, affects maternal outcomes. Two South Asian origin women from the North East then shared their lived experiences of recent maternity.

Group discussions explored experiences of recent maternity, focusing on good practice, evidence gaps, and policy priorities. Participants highlighted effective approaches such as digital tools, continuity of care, access to antenatal services, and practical support like home visits and travel costs. Ongoing gaps included language barriers, lack of culturally competent and postnatal care, limited access to counselling, and experiences of racism. Policy priorities centred on timely, equitable, and culturally appropriate care, clearer information on women's rights, and building trust between mothers and healthcare professionals.

How can northern women age healthier, happier, and better?

This workshop was an interactive approach to identifying what can help, and what makes it harder, for women to age healthier, happier, and better. Some of the outcomes are listed below.

What can help women age well:
Supporting women to age well requires action across life stages. Early help and education give girls a strong start and promote lifelong physical and mental health. Strong relationships and community connections, including family, peer support, and mentoring, were recognised as essential for women to maintain social wellbeing and access opportunities to connect with communities. Economic security and practical support, such as affordable childcare, fair pay, and access to essential services, provide stability. Finally, women's experiences should shape research, services, and policy, and joined-up systems ensure they know where to access help.

What makes it harder for women to age well:
The group acknowledged that women face multiple barriers that make ageing well more difficult. Loss of income, housing, or job security, including insecure work and leaving employment to provide care, can create financial instability. Barriers in healthcare, such as poor access to HRT, underfunded services, and not being listened to, can negatively impact health and quality of life. In addition, structural challenges exacerbate these experiences, including limited transport, lack of childcare, and systems that are hard to navigate.

How should women fit into a Child Poverty strategy?

The workshop opened with an overview of the North East Child Poverty Commission, a cross-sector network of organisations in the North East region that works to influence policy and practice at local, regional, and national levels. This was followed by a detailed explanation of child poverty, including key findings from the Woman of the North report. Three discussion took place:

1) **What are the challenges that are particular to the North in relation to domestic abuse?**
   Domestic abuse services in the North face chronic underfunding, limiting their ability to respond to both immediate and long-term need. These pressures are worsened by social security policies that do not reflect complex lived experiences, alongside cultural and structural issues such as disbelief of women's experiences, harmful attitudes towards women and girls, online abuse, and poor information sharing.
2) **How should women fit into a child poverty strategy?**
   Women must be central to a child poverty strategy, with action to remove structural barriers to leadership and employment, including flexible working and affordable childcare. Childcare also supports wider wellbeing, social connection, and family stability, while targeted support for pregnant women and new parents, stronger health service involvement, and investment in communities are essential.
3) **What are the opportunities that are available to us in the North?**
   Key opportunities include early intervention and prevention, including work with dads and boys, alongside better joined-up services across the region. Amplifying women's voices through advocacy and storytelling was also identified as a powerful way to influence policy and drive long-term change.

Caring - building support for carers in the North

Key facts about carers in the North were presented, drawing on specific research projects about carers in the North, drawing on specific research projects and the findings presented in the Woman of the North report. The group then heard from a carer and their lived experience.

The facilitators outlined key gaps and recommendations for supporting carers, including helping them maintain and improve their health and wellbeing and understanding the specific needs of different sub-groups, such as by age, region, or poverty-related outcomes. They also emphasised the importance of identifying and supporting careers that remain 'hidden', as well as helping young carers across education.

Supporting carers in employment and addressing financial disadvantage were also highlighted as key to reducing the risk of poverty. The group were then encouraged to think of any other gaps before discussing the points below:

1. Carers appear in all areas of society yet are often unseen and unheard. Can you think of any of the places where carers need to be more recognised?

2. What are the challenges to carers in accessing health and wellbeing support in the North?

3. When trying to improve and support carer health and wellbeing, what can be done? Why is it beneficial to support carer health and wellbeing? Do you have any examples of where this is done well?

Thank you to all our speakers and facilitators including: Kim McGuinness (Mayor of the North East), Tracy Brabin(Mayor of West Yorkshire), Hannah Davies (Executive Director of Health Equity North), Professor Clare Bambra (Academic Co-director of Health Equity North and Professor of Public Health at Newcastle University), Professor Louise Kenny (Professor Louise Kenny, Pro Vice Chancellor, the University of Liverpool and Chair of the Northern Health Science Alliance), Suzanne White (Partner and Head of Medical Negligence Team, Leigh Day), Eve Holt (Head of Policy and Implementation, Greater Manchester Combined Authority), and Dr Anna Barker (Associate Professor in Criminal Justice and Criminology, The University of Leeds), Professor Nicole Westmarland (Director of Durham University's Centre for Research into Violence and Abuse), Leanne Devine (Human Rights Legal Expert, Leigh Day), Amy Van Zyl (Chief Executive Officer, HerCircle), Dr Michelle Addison (Associate Professor of Sociology, Durham University), Lauren Lougheed and Linda Wong (Legal Experts, Leigh Day), Dr Virginia Branney (Academic expert), Ms Kate Elliott (Lived experience), Dr Nasima Akhter (Associate Professor of Public Health, Teesside University), Dr Oluwaseun Esan (NIHR Public Health Research Fellow, Liverpool University),Amanda Bailey (Director, North East Child Poverty Commission), Professor David Taylor-Robinson (Academic Co Director of Health Equity North and Professor of Public Health and Policy, The University of Liverpool), Dr Charlotte Richardson (Senior Lecturer in Pharmacy Practice, Newcastle University and NIHR Social Care Research Fellow), Dr Laura Lindsey (Senior Lecturer in Pharmacy and Population Health Sciences, Newcastle University).

Next steps and recommendations

- Local leaders are encouraged to back the Woman of the North Charter, showing their ongoing commitment to the health and wellbeing of women in their locality.
- Local leaders must acknowledge the safety concerns of women and girls in public spaces, including streets, parks, and transport systems, and develop strategies and practices to improve safety. This should involve close collaboration with local partners, reviewing existing initiatives such as the Safer Streets guidance and Right to the Streets.
- More must be done to prevent and tackle domestic violence with tailored support for women and children. Perpetrators should be held accountable, and the protective roles of mothers must be recognised. Regional policies and services should build on the Violence Against Women and Girls (VAWG) Strategy, using local lived experience to ensure responses are responsive to the specific challenges faced in the North.
- To represent marginalised women's voices, particularly those of mothers, strategies could focus on combining community engagement, evidence gathering, relationship-building, and media strategies to ensure their experiences are shared and inform decision-making. Learning can be taken from Her Circle.
- To support women to live healthier and happier lives, policymakers should adopt a holistic life-course approach by embedding a Health in All Policies framework and improving cross-sector collaboration.
- Address maternal health inequalities by improving access to services, ensuring culturally appropriate and unbiased care, providing translation and communication support, expanding post-natal, counselling, and peer-led services, and strengthening community-based support to meet the diverse needs of all mothers.
- To address child poverty, a cross-departmental health inequalities strategy is needed, including social security reform (free school meals, benefit cap, two-child limit removal), targeted support for pregnant women (Sure Start), a sustainable childcare model (linked to family hubs and children's centres), and addressing insecure work (abolish zero hours contracts).
- Women must be central to a child poverty strategy with a particular focus on access to affordable childcare. A sustainable childcare model should support women in returning and remaining in work, participating in public life, and maintaining social networks.
- Policy should prioritise recognising all carers, supporting their health and wellbeing through accessible services, addressing financial and employment challenges, and providing tailored support for young carers, informed by lived experience.

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Read the full Woman of the North report