



National Advisory Council on Women and Girls (NACWG) Satellite Wee Circle Hosted by the Health and Social Care Alliance Scotland (the ALLIANCE) and YouthLink Scotland

Topic: Policy coherence

Theme: Health and wellbeing for women and girls

Introduction

On 24 October 2019, the Health and Social Care Alliance Scotland (the ALLIANCE) and YouthLink Scotland jointly hosted a Satellite Wee Circle event in Glasgow to help inform and influence the work of the First Minister’s National Advisory Council on Women and Girls (NACWG)¹. 21 women representing a diverse range of interests and organisations participated.

The event topic was in line with the NACWG’s core topic for 2019: ‘policy coherence – how is policy made and do policies work against each other?’² The event theme was the health and wellbeing of women and girls.

This report contains the feedback from small group and plenary discussions at the event, which were centred around the following key questions:

- What are some of the main policies that relate to women and girls’ health and wellbeing in Scotland?
- What works well and what doesn’t work well in how these policies have been made and interact with each other?
- How do we ensure that health and wellbeing policies differentiate and engage with women and girls of all ages?
- What actions do we want the NACWG to recommend to improve gender equality for women and girls in terms of health and wellbeing?

¹ <https://onescotland.org/equality-themes/advisory-council-women-girls/>

² <https://onescotland.org/wp-content/uploads/2018/05/NACWG-Priorities-2018-21.pdf>

What are some of the main policies that relate to women and girls' health and wellbeing in Scotland? What works well and what doesn't work well in how these policies have been made and interact with each other?

Gender-based violence

- Domestic abuse legislation (2018) – participants suggested this was especially important to disabled women
- Gender-based violence – breaking down perceptions in gypsy traveller communities; lack of safe space for discussions on healthy relationships; expectations on relationships e.g. social media
- Revenge porn, stalking, and up-skirting legislation

Reproductive and sexual health

- Childcare/maternity policies – lack of cultural shift to allow shared paternity leave to happen
- Policies pertaining to period poverty and provision of sanitary products – and wider discussions re: taxing sanitary products (but not razors, etc.) – discussion that while recent increase in provision of free sanitary products in public buildings and many workplaces, this is not evenly spread across demographics – e.g. many sanitary products are only stored in women's bathrooms, but not in accessible bathrooms (or out of reach of wheelchair users).

Protected characteristics and intersectionality

- Disability - Ban on plastic straws discussed as an example of poorly considered policy re: consultation with disabled people. Stressed need for meaningful consultation and a commitment to listen to their conclusions.
- Need to frame policy around human rights and disabled people's rights – with the prioritisation of people are valued. Assets based approach rather than concentrating on minimum cost of care (and associated devaluation of both care and people receiving support).
- Gypsy Traveller Action Plan (Community being embedded; Women Voices Project - About getting women's voices heard; Intersectionality – the need to ensure that gypsy traveller women are recognised as women as well as gypsy travellers)
- BSL Scotland Act (2015) (Obligation on Local Authorities to give access to deaf people in their language; Challenge of the use of interpreters – there is a lack of interpreters that are not known in the BSL community which can impact on women e.g. if someone needs an interpreter to accompany them to doctor appointments.)

- Freedom of speech – greater consideration needed about religion in relation to women’s and children’s rights (thinking about examples such as forced marriage/honour killings).
- Consider internal politics within some third sector and educational groups: e.g. one delegate commented that learning disability politics dominated by autism. Autism rights movement can be dominated by men; leads to policies on sex education for people with learning disabilities being male-centric, e.g. no discussion of sex as something that should be fun and involve condoms/protection; lots of language around ensuring that you (assumed male) have asked consent before kissing/sex. Not rounded discussion for all parties; women with learning disabilities neglected in rhetoric.

Health and social care

- Equal healthcare provision for women in prison
- Children and Adolescent Health Strategy – only 1/10 items linked to mental health, and that was centred on depression. No mention of specific approaches to mental health for women and girls, or impact of period poverty, etc. Vague.
- Treatment of chronic pain – highlighted as disproportionately affecting women, and with a historically high rate of misdiagnosis and poor provision of care and support.
- Transvaginal mesh – again, affecting women. Similarly, suggested that pain management provision and policy needs attention – attendees suggested that they have encountered the assumption (among both medical/care professionals and the general public) that women can and should “just deal with” pain, as part of their everyday experience (periods, menopause, etc.). No such expectation around men’s experience of health/pain management.
- Inadequate accommodation of women’s health needs in the workplace (e.g. menopause policies, or many sick leave policies not engaging with frequent absences due to health conditions that affect more women than men and may change work patterns (e.g. IBS))
- Research policy of testing new medications/approaches on men; “norm” assumed to be masculine. Caroline Criado Perez’s *Invisible Women* mentioned. Also discussed the power imbalance between patient and doctor and risk of misinformation for women/later diagnosis than men of many conditions.
- Limitations of some NHS policies and impact on women: e.g. limits to access to physio. One participant suggested that the 6-week provision of physio access in one local authority area was suitable for most men (who were likely to attend due to workplace or sporting injuries, and improve within 6 weeks), but less suitable for women who have long term conditions and need ongoing support from a physio.
- Recommendation made that health visitors should operate outwith 9am – 5pm – present pattern has disproportionately negative impact on working women.

- When policies are co-produced, more likely to be fit for purpose; but little genuine co-production within health and social care. Delegates questioned how much power service users have.
- Anticipate the need for services, rather than waiting until a point of crisis, for example, linking breast cancer surgery plans to counselling.
- Healthy eating policies/pressure not lining up with the benefits system and cost of eating healthily.

Employment, poverty and income

- The low value of care work (female-dominated industry); GCC pay dispute discussed as an example of low value placed on care work, despite its significant impact on society. Link between low value placed on care work and low value on 'women's work' more generally. Sleepover pay and living wage within care sector (female dominated) – again, linked to need to value care workers and the people they support.
- Poverty – women carry much more of it for example in the benefits system – sanctions on benefits due to being late or missing an appointment due to unexpected circumstances, e.g. an ill child
- Social Security Scotland Act – devolved benefits; women at risk of poverty; problems with transitions and delays, as well as overlap with SDS and other forms of support.
- Universal Credit changed in Scotland – both members of a couple can be eligible to receive universal credit now – reducing but not eliminating the possibility of economic abuse.
- Gender and fuel poverty – older women most at risk; Scottish Government don't break down data on households to show individual level data – which leads to a lack of understanding about how fuel poverty affects women specifically). Needs to be seen as a health issue as well as a housing issue
- Discussed incontinence poverty, which gets even less press than period poverty. Disproportionately affects women (esp. women who have had children), and NHS provision of support limited and difficult to access. One participant could not afford incontinence pads and NHS took 5 months to provide help; by that point, furniture ruined, with no money to replace.

Unpaid care

- It was highlighted that if women have care responsibilities and wider unpaid labour then they are likely to have less time to engage with policy (overlap with equalities/consultation methods).

Education and schools

- There has been a move to discussing 'sexual bullying' which is viewed as undermining; schools lack of sex and relationship education

Sport

- Access to sport – disabled women and girls' access to venues, storage, showers cost etc.
- The Women's World Cup being shown on TV has had a positive effect in encouraging more girls to play sport and creating role models.
- #EqualGame being used widely.

How do we ensure that health and wellbeing policies differentiate and engage with women and girls of all ages?

Cultural shift

- Having a female First Minister has been positive.
- Need for women to be writing policies.
- Gender perceptions – need to be considered when writing policies.
- Cultural shift in attitudes towards shared paternity leave.
- Need policies to be created for gender neutrality e.g. adverts, toys etc – this requires a cultural shift
- Ensuring that policies address all (culture/age/availability etc.) They need to take into account different needs/groups while making it clear that if you are female these policies are for you but also recognises the different experiences of different women.
- A gender equality programme starting at pre-school to cover issues including: gender equal play, avoid unconsciously supporting gender stereotypes, programme could support parents too, challenging prejudice and stereotypes, accreditation scheme (needs to be rolled out proportionately across Scotland – not just central belt.), this should include education for boys and men
- Introducing an ambassador scheme in order to lead discussions on gender equality
- Having mixed sex and single sex conversations on gender.

Policy and research

- Relook at current policies through a gendered lens and impact assessments done on the experience of women and girls. Proper time to be given to this for a longer term strategy.
- Stop 'silo-ing' policy – sometimes issues which are seen as 'flavour of the month' leads to focusing on specific policy areas at the expense of other areas.

- Making sure policies and services are accessible and enforced proportionately across Scotland (not just central belt) - making sure all who need them can access them in a way that works for them.
- Household surveys/data need to take into account all members of a household
- All women and girls need the opportunity to contribute to policy development

Co-production

- Scottish Government have consulted with people with lived experiences for fuel poverty e.g. experience panels – this has been positive but want to ensure that women and girls with lived experiences contributing are able to make informed decisions and have all the information about what they are entitled to and that they are seen as equal partners.
- There is a need to move beyond consultation to co-production – which is not tokenistic

Safe spaces

- Women's only events that provide access to health care professional and talks with availability of private rooms. Being able to have confidential conversations that you might not be able to have within your family but without them knowing.

Good communication

- It is important to provide confidence for young people and women to speak outwith the home without fear of reprisal.
- Being heard as a woman – still difficulty being heard.
- Clear, concise language is needed.

Sport

- Improve access to sport will/can help mental health and being active can prevent negative mental health.
- Making sport less intimidating – women's attitudes/society. Providing free or very affordable local access and for social activities. Ie local choir – key in reducing isolation.
- Encouraging free/affordable sports access in local centres.

Embedding equalities

- If equalities are not fully considered from the outset, and as a continual system of checks, then policy – however well intentioned – has failed to be inclusive. Examples include reduction of services on an “equal” basis across a sector, but without considering that cuts may disproportionately affect women with

learning disabilities, or women of colour, etc., if no equivalent services available for that demographic.

- Equality Impact Assessments (Should account for all parts of the Equality Act; Not consistent across all organisations)

Intersectional policies

- Need for intersectional policy and equalities work. Human rights legislation and policy work have the potential to combat many of the problem issues.
- When equalities go over the top – men wanting specific policies introduced for them to measure up with policies they perceive to be for women.
- Address the health needs of women who are incarcerated.
- Sanctions re benefits – more flexibility/understanding for reasons for missing/late to appointments. This can directly impact on ability to care for yourself and family, leading to stress and potential mental health issues, and can disproportionately affect women.
- Need to address issues like healthy eating being unaffordable on Universal Credit. Women will not eat so they can afford to feed their children. This also links into fuel poverty and women being unable to cook due to not being able to feed the power meter.
- Smart meters were supposed to be helping but seems to be making people more paranoid to use their gas and electricity – need to explore this issue.
- Encourage more access to Community Centre clubs because some people can't afford to join but access would improve mental health and wellbeing.

Health

- Better understanding of health issues of women in prisons – how are their health needs being met, including access to services, how short sentencing changes have been helpful in reducing impact, mental health education and awareness, teaching life skills for liberation.
- Awareness raising for women's health – women are treated differently at the doctors, women are expected to cope with pain and menopause and period symptoms, need for period and menopause policies
- Increasing access to sanitary products – remove the tampon tax.
- Respecting the right of women to choose re sterilisation – make the process easier/less combative as there are currently massive geographical difference in policy and approach.

Caring

- Childcare – reductions to the high costs that create barriers for women in work
- More support and recognition of caring for adults, which often falls on women and is unpaid.

What actions do we want the NACWG to recommend to improve gender and equality for women and girls in terms of health and wellbeing?

- Commit to a fund to start innovative projects designed to counter bias/inequalities against women and girls – both in terms of grassroots projects and research that will fill data gaps on women and girls' experiences.
- Encourage rights-based approaches to all policies used to help and protect women and girls.
- Acknowledge data gaps and commission research to respond to known areas of bias/poor provision. Highlight findings with wider communications strategies to impact on public perception as well as health and social care workers and managers.
- Provide State childcare across all ages – not just from age 4, just before children enter school.
- Have childcare and healthcare systems that acknowledge shift work and difficulty in attending appointments.
- Commit to genuine co-production, especially in health and social care. Co-design is not the end of the process; people need to be involved from outset through to the end of the process, including review, testing, and further input after implementation period. Co-production process should be properly monitored and evaluated (not tokenistic), use rigorous evidence and processes, and formats for engagement should be accessible. As part of the latter, important to commit to recompensing people with lived experience for their time and travel costs in contributing expertise.
- Encourage private companies to engage with work of NACWG and consider gender policies – longer reach than third sector for many people on a day to day basis.

Conclusion

As this report indicates, there are a very wide range of policies that relate to women and girls' health and wellbeing in Scotland. Event participants noted that while some of these policies work well, there are problems with others in terms of consistency and operationalisation. Participants identified several key actions that the NACWG could recommend that would improve gender and equality for women and girls – not just in terms of health and wellbeing, but beyond.

The hosts have been particularly struck by the positive feedback from participants about the event itself. Everyone who shared their views greatly welcomed the opportunity that the Satellite Wee Circle had provided to share experiences, make

new contacts, and increase awareness and understanding across a range of policy areas.

We realise that there is value in sharing the findings from this event more widely. As well as sending this report to the NACWG, the hosts will publish it on the ALLIANCE website, and we will also share with those in the Scottish Government who are responsible for delivering the Scottish Government's commitment to create a Women's Health Plan in 2019/2020³.

³ <https://www.gov.scot/publications/protecting-scotlands-future-governments-programme-scotland-2019-20/pages/7/>

Appendix 1: Event Agenda and Discussion Topics

National Advisory Council on Women and Girls Satellite Wee Circle hosted by the Health and Social Care Alliance Scotland and YouthLink Scotland

The ALLIANCE, 349 Bath Street, Glasgow | 24 October 2019 | 12.30-15.00

Topic: Policy coherence – how policy is made and do policies work together or against each other?

Theme: Health and wellbeing for women and girls

Time	Action
12:30 – 13:00	Informal networking lunch
13:00 – 13.10	Welcome, housekeeping, scene-setting and introductions <ul style="list-style-type: none"> Lucy Mulvagh, Director of Policy and Communications, the ALLIANCE
13.10 – 13.20	Introducing the NACWG <ul style="list-style-type: none"> Films from the NACWG website
13.30 – 14.30	Group discussions, facilitated by <ul style="list-style-type: none"> Hannah Tweed, Senior Policy Officer, the ALLIANCE, Amy Calder, Senior Policy and Research Officer, and Sarah Robinson Galloway, Senior Action on Prejudice Officer, YouthLink Scotland <p>Discussion topics:</p> <ul style="list-style-type: none"> What are some of the main policies that relate to women and girls' health and wellbeing in Scotland? What works well and what doesn't work well in how these policies have been made and interact with each other? How do we ensure that health and wellbeing policies differentiate and engage with women and girls of all ages? What actions do we want the NACWG to recommend to improve gender equality for women and girls in terms of health and wellbeing?
14:30 – 14:55	Table feedback followed by group Q&A
14:55 – 15:00	Closing remarks <ul style="list-style-type: none"> Hannah, Amy and Sarah

#GenerationEqual

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE has over 2,700 members including large, national support providers, small, local volunteer-led groups, and people who are disabled, living with long term conditions or providing unpaid care.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

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About YouthLink Scotland

YouthLink Scotland is the national agency for youth work. We are a membership organisation representing more than 100 youth organisation members across Scotland, both voluntary and statutory.

We champion the value of the youth work sector, challenging government at national and local levels to invest in the sectors development.

Our vision is a nation which values young people and their contribution to society, where young people are supported to achieve their potential.

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