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ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Scotland's First Women's Health Plan

How Scotland's women want to plan future services

Contents

1. Introduction

The Women's Health Group was created in February 2020 to work together to develop, promote and implement a Women's Health Plan[1]. The Women's Health Plan will underpin actions to tackle women's health inequalities by:

- Raising awareness around women's health.
- Improving access to healthcare for women across the life course.
- Reducing inequalities in health outcomes for girls and women, including gender based inequalities both for sex specific conditions and in women's general health.

Building on the work already being undertaken across the Scottish Government, NHS Scotland and the third sector the Women's Health Group will:

- Provide a focal point for discussion, leadership and direction to focus policy development and quality improvements on the needs of all women across Scotland.
- Link strategically with other developments and policy areas across the Scottish Government as appropriate to ensure women's health and wellbeing is considered in policy output by the Scottish Government.
- Identify gaps in the provision of services, consider existing areas of best practice and develop actions to address these gaps.
- Produce a Women's Health Plan.
- Support health boards, local authorities, partner agencies and professional organisations to work collaboratively to ensure services best meet women's health needs.

The initial priorities for the Women's Health Plan will be to:

- Ensure rapid and easily accessible postnatal contraception.
- Improve access to abortion and contraception services, including for young women.
- Improve services for the women undergoing menopause, including increasing the knowledge and understanding of women, families, healthcare professionals and employers.
- Reduce inequalities in health outcomes which affect women, such as endometriosis and antenatal care.
- Reduce inequalities in health outcomes for women's general health, including work on cardiac disease.

It is recognised that successful progress in improving care will require the collective efforts and engagement from a wide range of stakeholders including the third sector and, most importantly, people with lived experience. The Health and Social Care Alliance Scotland (the ALLIANCE) believe a rights based and person centred approach is necessary to understand the challenges faced by women in Scotland to ensure policy, interventions and services reflect the needs of individuals and their families.

The ALLIANCE, as a national third sector strategic intermediary, has strong expertise in engaging people with lived experience in policy and practice development across health and social care in Scotland, and is well placed to develop and host this work. An initial proposal of the work was put forward by the ALLIANCE in August 2020, and the lived experience events follow the first stage of this proposal, a lived experience survey held in September 2020. The report of the survey can be found on the ALLIANCE website.

[1] https://www.gov.scot/groups/womens-health-plan-womens-health-group/

2. Methodology

Due to the COVID-19 pandemic, the Lived Experience sub-group revised its programme from face-to-face to an online survey, outlined in a previous report, and digital discussion events. This two stage approach was taken to mitigate the potential disadvantages of each method of gathering lived experience. The digital discussion events aimed to facilitate more in-depth conversations than were possible with the structured survey. The discussions at the events were focussed around themes from the survey.

The first event was an open-invite meeting on 13th January 2021, advertised through the ALLIANCE bulletin, social media and emails to the stakeholder list (see Appendix 1). Eighteen women attended this event and were further split up into four breakout rooms for the discussion of their lived experience. A further seven women attended an event held in partnership with Sharpen-Her, the African Women's Network. Finally, three phone conversations with Gypsy/Traveller women were arranged through the MECOPP Gypsy/Traveller Women's Voices Project. This targeted approach was taken to ensure the voices of women in minoritized groups were heard.

3. Results

3.1 Accessing Services

Across the women who took part in the events and phone calls, one of the strongest themes was issues accessing services due to difficulty getting an appointment that works around their work commitments and caring responsibilities. The same issue was identified by disabled women and those with long term conditions who felt that their capabilities were questioned when they missed appointments due to their health.

Walk in services had long waits and women were not always seen. This can be a particular issue if the service is only available working days, meaning a woman may need to take an entire afternoon off work for a 15 minute appointment. Participants also had experiences of struggling to access specialist services such as a sexual health clinic and asking their GP for help only to be referred to the very service they had been unable to access.

Women remarked that while they felt uncomfortable talking about intimate health issues with male GPs or interpreters they also felt uncomfortable specifically requesting a female GP and interpreter. They expressed concerns over confidentiality if they come from a small community where they may know or know of the interpreter personally and feel uncomfortable sharing intimate issues.

A concern that had been raised by the survey was that women who had accessed abortion services had felt judged through that process and this was echoed by some in the events. Women would like to see a phone service to discuss options before attending an appointment to make it easier to come to a decision in their own time. Once a decision had been reached they should be able to have the abortion quickly.

Suggested Solutions:

- An appointment system with more flexibility.
- Diversity in delivery of service to meet each woman's needs, giving her choices.
- Easy process to request a female GP or interpreter without being asked for justification.
- More anonymous options for interpretation.
- A discreet way to request privacy for a conversation with a community pharmacist.
- A one-stop service for abortion, separate to the GP.

3.2 Accessing Information

When it came to accessing information, participants spoke of the importance of understanding their options, particularly in relation to contraception, though this applies to all areas of health. Understanding the options could often take up an entire appointment with the GP, and they felt it may be more efficient if they were able to access all the information beforehand. This raised the issue that not everyone will have the time or resource to do this research, meaning that if the GP does not take the time to discuss the options, they cannot make an informed choice.

In conversation with women from Gypsy/Traveller communities, the importance of building trust was highlighted strongly, particularly before discussing heavily stigmatised topics surrounding menstrual health, menopause and contraception. The women who participated felt they had little or no adequate sex education, including how to protect themselves from sexually transmitted diseases, or their options regarding contraception.

Suggested Solutions:

- A website with reliable information available in written and video form, in multiple languages, easy read and British Sign Language.
- A phone number or chat function on the website to seek specific advice.
- Leaflets on women's health issues in different languages and formats, accessible at community centres, leisure centres, libraries, nurseries and schools.
- A digital patient decision aid for contraception to support people researching their options, utilising the What Matters to You model.
- Building trust and creating a safe space for women from Gypsy/Traveller communities to talk about women's health together, seek advice and share information.

3.3 Communication and messaging

The women's health website was well received, though participants highlighted that those with low literacy or digital skills may not benefit from a website. However, participants remarked that many women who don't have a lot of general

confidence using the internet know and use Facebook. Short videos on the platform are very accessible. Women highlighted the importance of good communication by illustrating that they cannot take responsibility for their own health without enough information about it. It was also remarked that the way that healthcare professionals engage with women is very important and women have been made to feel hysterical when not being taken seriously in a medical context.

Many women felt that messaging stereotypes around health issues partly contributed to the lack of awareness of health issues in women, particularly around heart health. For example, it was mentioned that messaging about heart attacks often feature an older man with a belt around his chest, showing that chest tightness is a symptom, but women do not relate to this.

Suggested Solutions:

- Short (under two minute) information-sharing videos on the women's health website and promoted on Facebook.
- Proactive conversations around menopause started by GPs, signposting to information when women reach a certain age.
- Medical professionals must take women seriously when a concern is raised.
- Jargon should be kept to a minimum and explained if necessary.
- Create messaging around women's heart health like the Face Arms Speech Time (FAST) mnemonic for recognising and reacting to strokes.
- Place emphasis on statistics showing the prevalence in women in messaging.

3.4 Cultural Sensitivity

In the event with the African Women's Network, women shared experiences of feeling judged by healthcare professionals due to their skin colour, particularly when discussing family planning. It was also highlighted during the conversation that in some cultures women will not raise topics such as contraception themselves, but would talk about it with a healthcare professional if asked, which illustrates the importance of better understanding of potential cultural barriers from staff.

Suggested Solutions:

- Healthcare professionals must be able to navigate cultural barriers and be sensitive of potential issues. They should approach people from all cultures with openness and without judgement.
- Find avenues to normalise conversations around stigmatised topics such as contraception in communities. This would make it easier for women when they did need to have a sensitive conversation with a medical professional.
- More outreach from the NHS into minoritized communities to make it clear what services are available to them and how to access those services.

3.5 Tackling Stigma

When discussing the stigma that exists around periods and menstrual health, the women in the events focussed on early and comprehensive education in schools. There were mixed opinions on whether male and female pupils should be separated in school to learn about puberty, but young people should be involved in designing and tailoring the messages. The need for better education came through particularly strongly from the women with lived experience of endometriosis, with one woman reporting fainting in class and bleeding through her clothes and not knowing how to deal with it. Initiatives such as Endometriosis Awareness Month also helped to boost women's confidence in sharing their story.

The women from Gypsy/Traveller communities who participated told us that there was a strong taboo around sexual and menstrual health, with many women having very little information until they are married or have a child. The quote below reflects some of the challenges faced by Gypsy/Traveller women.

> ***"[Sister] wouldn't be allowed to take the pill because my ma would kill her...she would have to be married first."***

It is a sensitive area and tackling the taboo is likely to be difficult, particularly with older women, not everyone who participated felt it would even be possible. However, the women felt positive education within communities could be beneficial for younger girls, as not everyone will get this education through school either due to moving schools a lot or not attending at all.

Suggested Solutions:

- Early, comprehensive education for children around periods, dispelling myths and making it less scary for those who do start their periods early.
- School teachers should identify a safe person to ask if the pupil has a question they would like to ask privately.
- Educate mothers and aunts to be comfortable having sensitive conversations, as often they first speak to children about puberty and provide information and advice for young girls.
- Make it easy for young women to access free period products even whilst the schools are closed during the national lockdown.
- In Gypsy/Traveller communities, begin slowly by connecting with individuals and encouraging people to come to a trusted person with questions.

3.6 Mental Health

In the open-call event particularly, the women who attended raised that they felt that there was a strong emphasis put on physical health in the priorities of the plan, but no mention of mental health despite unique mental health challenges faced by women. Life factors such as being an unpaid carer, which is a job that falls disproportionately to women, and hormonal changes during menopause can affect women's mental health and there was a feeling that many women 'just get on with it' and may not even realise they could benefit from mental health support.

One woman shared her experience of being prescribed antidepressants and seeing a counsellor, neither of which she felt addressed

the root of her problem. She felt that a peer support group would have benefited her more. Women from minoritized backgrounds who attended the events felt that there was still a lot of stigma attached to mental health in many minoritized communities due to fear of being labelled, and further work to break down the barriers to talking about and seeking help in this area is needed.

Suggested Solutions:

- The Women's Health Plan should consider the role of mental health in women's lives.
- The Women's Health Plan should consider the role of unpaid carers and how this can impact their mental health.
- Create more opportunities for peer support when women present with mild mental health concerns.
- Targeted work needs to be done to reach minoritized communities and break down stigma around mental health.

3.7 Women's Health Research

One woman who attended the event had participated in research surrounding her rare heart condition and was motivated to take part as she knew there were no answers for her condition so wanted to be a part of finding them. Potential reasons why women felt they would be unable to participate included childcare, time, and the research asking for too much personal information which is boring, can be off-putting and can lead to them being less truthful, for example toning down negative opinions if their name is attached.

Finally, the women wanted to hear follow up information about their contribution, for example sharing a report of the work. This can encourage people to keep coming back as people generally participate in studies on areas they are interested in.

Suggested Solutions:

- Participation could be encouraged by providing childcare, emphasising the importance to women of taking care of themselves, providing an incentive such as a voucher for participating, and targeting women in places such as playgroups and leisure centres or through word of mouth.
- Encourage people to take part in research by following up and sharing their contribution to the finding.

3.8 Supporting Women

Current women's health services often focus on one issue at once which can lead to women falling through the gaps. If key life stages, such as puberty and menopause, were identified to target women, then holistic wellbeing assessments could help to reduce health inequalities, inform healthy lifestyle choices and increase early interventions.

Many women report feeling dismissed when they attend the GP with a concern and had health concerns which could have been treated earlier if they had been taken seriously. Some women also raised concerns about feeling rushed to make decisions and would prefer to be given some time to think through all of their options and make the best choice for them, with many women feeling that they were given the contraceptive pill as a catch-all.

In discussing how to support women experiencing peri-menopause and menopause symptoms in the workplace, the main thing women wanted from employers was flexibility to manage their own symptoms, such as being able to work from home or change hours slightly if needed. To implement this, a menopause

policy was suggested, which makes it clear what women are entitled to. A link to a template menopause policy was shared by a participant in one event.[2] A lot of the women were very positive about holding menopause support groups which provide a safe space for women to get together and talk about their experiences. When talking about the changes that come with the menopause, the women also remarked that they would like to see more discussion of how hormonal changes affect women at all ages, including puberty and Premenstrual Syndrome in order to reduce stigma and support women of all ages to manage the symptoms.

3.9 Key Messages

Throughout all the events and calls, there were strong themes that came out for the Women's Health Plan group to consider. The suggestions outlined by women in the events make up the key messages of what they would like to see in the future in Scotland and there are strong themes of breaking down barriers, providing choice and flexibility and educating everyone about women's health issues. It is also vitally important that women who present with symptoms are taken seriously and there is a robust investigation carried out to determine the causes of illness.

Women want to see a system which provides them flexibility around their lives, both when accessing appointments and for treatment and support options. This system should also factor in the impact of being an unpaid carer on mental health and all areas of the carer's life as this is a job done disproportionally by women. Women who have different communication needs want easy access to appropriate interpreters and information in various languages and formats. They also want to see stigma broken down around mental health, menstrual health and contraception and feel this could be achieved through more information raising and conversations in communities.

For tackling stigma and misinformation around menstrual health, endometriosis and menopause, education for children, starting in primary school around the age of eight, was highlighted as particularly important as it allows young women to identify potential issues earlier and normalise conversations about periods and other aspects of women's health. Menopause support groups were highlighted as a good way to tackle stigma for menopausal women and facilitate an opportunity for peer support.

Overall, women want services and information that fit their lives instead of needing to disrupt their life to access a service, and they want to be taken seriously no matter their concern, without feeling judged for their skin colour, culture or choices.

[2] https://www.myperiod.org.uk/media/omvjyiif/periods-and-menopause-policy-template.docx

Appendix 1:

This stakeholder list comprises ALLIANCE members and non-members to ensure the reach necessary to cover the breadth of women's health. Each organisation on this list was invited by the ALLIANCE to share the Lived Experience Event Invitation with their members, unless a targeted event had been organised with them:

- Who Cares? Scotland
- Families in Trauma
- Women's Rape and Sexual Abuse Centre Dundee & Angus
- Click, partnership that supports women who sell sex
- Terrence Higgins Trust
- Waverley Care
- HIV Scotland
- Menopause Café
- Women's Menopause Group
- Endometriosis UK
- Engender
- Glasgow Women's Library
- Scottish Trans Alliance
- BHF Scotland
- Chest Heart & Stroke Scotland
- Individuals with history of heart health issues
- CEMVO
- Scottish African Women's Network
- Polish Family Support Centre
- MECOPP, including Gypsy/Traveller Women's Voices project
- Hope for Autism
- The Junction
- Young Scot
- Glasgow Disability Alliance,
- Scottish Women's Autism Network
- RNIB Scotland
- deafscotland
- Anam Cara
- LGBT Health and Wellbeing
- The Poverty Alliance
- Breast Cancer Care Scotland
- Cancer Support Scotland
- Girlguiding Scotland
- YWCA Scotland
- Sikh Sanjog
- AMINA Muslim Women's Centre
- Reach Community Health Project
- Saheliya
- BEMIS
- Stroke Association
- Shakti Women's Aid
- One Parent Families Scotland
- Scottish Refugee Council
- LGBT Youth Scotland
- GCVS
- Grampian Regional Equality Council
- West of Scotland Regional Equality Council
- Central Scotland Regional Equality Council
- Edinburgh and Lothians Regional Equality Council
- Minority Communities Addiction Support Services
- SAY Women
- Sikhs in Scotland
- Sikh Women's Group at Glasgow Gurdwara
- Faith in Community Scotland
- Streetwork
- Simon Community
- Social Bite
- Addaction
- Alcohol and Drugs Action
- SACRO (Click partner)
- Families Outside
- Howard League Scotland
- Tomorrow's women, Glasgow
- Scottish Women's Aid
- Close the Gap

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. We have a growing membership of nearly 3,000 national and local third sector organisations associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

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.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

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