

Women and Health Inequalities: initial reflections from the third sector

Engender Round Table, Tuesday 29th November 2016

Who we are

VHS is the national network and intermediary for voluntary health organisations in Scotland. We work to promote greater recognition of the third sector's contribution to health outcomes and to build our sector's involvement and influence in policy and practice. Our members are mainly small to medium sized charities and they work across a wide spectrum of health issues, delivering direct services, campaigns, research and policy, advocacy and information, volunteering, self-help and peer support.

Third sector and health inequalities

The third sector has a keen understanding of the social and economic determinants that contribute to health inequalities, how health inequalities affect people's day to day lives as well as future life chances, and the need for policy and interventions, upstream and downstream, to remove, reduce and mitigate inequalities. See VHS's 2015 report: *Living in the Gap: A voluntary health perspective on health inequalities in Scotland*.

Third sector and women's health inequalities

In preparation for the *Engender Round Table* VHS emailed around ten organisations within our network and some Board members, asking them for their views on health inequalities in relation to women. We asked them whether they thought there were differences between the experience/outcomes for women and men, including the following:

- Impact on health of unpaid caring roles.
- Diseases and health conditions that predominantly affect women.
- Women's health needs in later life.
- Adverse life experiences – e.g. prison, problematic alcohol/drug use, homelessness
- Access to appropriate support and services
- Third sector organisations' responses – e.g. research, services etc

Responses

The survey was a 'quick and dirty' exercise carried out in the space of less than a week, and the responses should be seen in that context. That said, all responses came in very quickly (which may suggest a high level of interest) and most said the issue of health inequalities and gender has been under the radar and would benefit from further scrutiny.

However, most pointed out that health inequalities affect both men and women, and that inequalities are 'gendered' rather than 'an issue of gender'. Some organisations directed us to research, policy papers and articles and most said they would be interested to explore these issues further with us and Engender. Respondents included: Samaritans Scotland, Scottish Federation of Housing Associations, Mindroom, Children in Scotland, Cope Scotland, Faith in Older People, Voluntary Action Fund, and the Carers Coalition. One Parent Families Scotland contributed a paper on single mothers, health and inequalities, now available on the VHS website.

Issues highlighted included:

- **Income, assets and power:** the lack of income parity between men and women has a knock-on impact on health, as does the imbalance in assets for older generations of women (where pension funds count as assets), and the imbalance of women's power in society (fewer women on board of companies, the imbalance of child care disempowering women across various aspects of society, etc).
- **Women in poverty** may be more likely to sacrifice their own health for the perceived greater good of the family – e.g. not taking time off work for health care appointments, ensuring other family members get fed first, under pressure to share scant resources with menfolk.
- **59% of unpaid carers are women.** Caring roles are often long-term so maintaining a job is often impossible. Carers Allowance is often the only income for unpaid carers and women are twice as likely as men to have to give up work to care.
- **Women who experience ill health in their fifties** which takes them out of the job market, additionally difficult for women on their own. Very difficult to get a reasonable level of benefit especially now that the pension age has been increased to 67.
- **Women and girls with learning difficulties** face many barriers to health equality throughout their lives. Particular barriers where conditions like autism are perceived of as 'male', so girls/women struggle to get recognition and support. One consequence is poorer mental health.
- **Mental health:** there is a cumulative disadvantage and impact on mental wellbeing that arises from living on a low income and experiencing financial insecurity. There is inadequate funding of perinatal mental health support.
- **Women who identify as LGBT** are less likely to take up health screening [than other women] and find it harder to access other services to support their health.
- **Breast cancer screening rates** are lower in areas of deprivation
- **Homeless women** have a lower life expectancy than men – 43 instead of 47.

Several respondents said that any effort to look more closely at issues where gender is relevant to people's health experience needs to examine the differences experienced by

both genders and not just from a female perspective. Both genders have different experiences and outcomes which leads to tailored approaches being required.

A selection from the responses

Mindroom

Women and girls with learning difficulties face many barriers to health equality throughout their lives. Many of the conditions which give rise to learning difficulties, such as autism and ADHD, are thought to be classically 'male' conditions, and while attitudes are improving there are still huge struggles for many girls and women to gain the recognition and support they need. At Mindroom we come across many families who are fighting for health care practitioners to understand the challenges their girls are facing, and still hear of cases where GPs will not refer girls and women for assessments for conditions such as autism as their outdated training has only taught them to look for very stereotyped behaviours based on how the condition presents in boys.

This lack of recognition (which exists not only in health but also education, social care, and in the wider community) can have a huge knock on impact on the ability to access appropriate and relevant support. Girls and women with learning difficulties seem to be particularly susceptible to very poor mental health – in no small part due to trying to cope with life without having their needs acknowledged and addressed. Negative experiences of trying to access help can also impact on the likelihood of a girl/woman with learning difficulties seeking help or support with physical health problems or with other issues (e.g. education, housing), which can lead to situations quickly spiralling and leading to some form of crisis. In our experience it can often be that it takes things reaching crisis point before the need for help from appropriately trained professionals is acknowledged, by which time the impact of the significant inequality they have faced can rarely be fully undone.

Cope Scotland

Highlighted a wide range of issues related to the practical difficulties and stress of poverty, though they frequently pointed out that men also experience these issues.

- Grandmothers going without to give their pension to grandsons who are sanctioned.
- Women not caring for their health (but this also applies to men) as on zero hours contracts so just don't know when they are free to have appointments.
- Pride (again same for men) struggling but not wanting to be seen to use the foodbank.

- There are issues for women around domestic abuse and inequalities
- Often in a single parent household it's the mum who is the parent, this brings all sorts of childcare issues and issues for employment and welfare reform
- Also new threat is issue of private landlords evicting people who are on housing benefit as they put rents up to meet new tax changes.

Carers Coalition

Women are twice as likely to give up work to care. 59% of carers are women. Working age women are much more likely to be carers than men. It is a consequence of the current system that people with long term caring roles are often living in poverty. Women are more likely to have to give up work to care and so are more likely to be dependent on CA. Carers Allowance is - for many women - their only income. Jobseekers Allowance is intended to be a temporary payment that is provided until income is secured through paid employment. In contrast, many carers will need to receive a carers benefit on a long term basis because their caring roles are long term and are too intensive to allow them to seek paid employment alongside. There needs to be an understanding from government that unpaid carers, like the paid workforce, require resources in the form of both financial support and services to enable them to continue in their caring role. Failing to provide them with adequate resources is a false economy which will lead to the breakdown of caring roles and a deficit of people willing to take on an unpaid caring role in the future.

Voluntary Action Scotland

Inequalities have at their root variations in power, assets and income. There are gender specific cancers and conditions, but only an analysis of the statistics will tell us if either gender is worse off. As a higher number of women live longer than men they are likely to experience the burden of some diseases and conditions disproportionately. That is not the same as there being a different experience of the condition due to gender, but there are different social determinants at play here – e.g. men have fewer social connections and therefore increased rates of loneliness in early old age. Once you get into the latter part of old age the gender balance evens out as all people experience the disconnects that come with that stage of life.

Some issues are related to systemic sexism rather than an individual's gender. So, the 'burden' of child care being on women due to sexism is an issue for women within prison, mental health and addictions services. The issue here is that if men were both expected to and then did take on child care then the overall experiences of women within those services could and would be better.