Dingwall Roadshow Report

Mental Health  Benefits

Low Paid

Disability  Living Wage  Sanctions  Council Tax  Caring

Equal Pay

Schools  Welfare Reform

Tuesday 26th July 2016

www.scottishwomensconvention.org
email: info@scottishwomensconvention.org
or call 0141 339 4797

@swcwomen
or find us on Facebook
Introduction

The Scottish Women’s Convention (SWC) visited the Tulloch Castle Hotel in Dingwall on Tuesday 26th July 2016. We met with local women and discussed a variety of issues including employment; childcare and caring; training, development and education; welfare reform and health and social care.

The SWC would like to thank all of the women who attended, including Councillor Angela McLean and Maree Todd MSP, who gave short presentations to women attending.

The information gathered on the day will be used to inform a number of SWC documents, including responses to consultations, calls for evidence and international reports.

Cuts to the public and voluntary sector have led to job losses, with many positions being reduced from full time to part time, job share, or removed completely. This is also the case for jobs at the lower end of the scale in the private sector, where women predominate. Austerity measures and reforms to welfare benefits have resulted in women struggling financially. There are also additional and increased burdens due to cuts in service provision.

As well as gaining women’s experiences of balancing work and family life, the SWC was keen to hear their views on key priorities around health and social care in Scotland. Scotland has significant health inequalities. The value of access to healthcare which is free at the point of need should not be underestimated. The NHS is one of our most significant institutions. It is both a service provider and an employer, with women making up the majority of its workforce.

The 2016 Roadshow programme offers local women the opportunity to discuss these topics in more detail. It is important that they are given an opportunity to express how political decisions impact on them, their families and communities as a whole.

Councillor Angela McLean

Councillor McLean provided an overview of the work being undertaken by Highland Council.

- **To engage with women** - there are a number of ways in which the Council engages with the public including social media, Community Councils and the Citizens Panel. In addition, Councillors engage directly with community groups which represent women.
- **Representation** - only 30% of the current 80 Highland Councillors are women. The Council is working with the COSLA Gender Balance Task Force to look at ways of engaging with local women to encourage better representation.
- **As an Employer** - more than two thirds of the Council staff are women. The Council’s Employability Service is directed at tackling inequalities, with particular priorities aimed at young people; women returning to work and people with long term health conditions.

Angela also discussed projects which the Highland Council works in partnership with, as well as initiatives to help mitigate the impact of welfare reform.
Maree Todd MSP

Maree Todd MSP provided an overview of the Scottish Government’s position with regards to supporting local women.

- The Scottish Government are striving to ensure that no young woman grows up with the prospect of facing a glass ceiling which limits their ambitions. The creation of a gender balanced Cabinet by the First Minister is a key step forward in promoting gender equality.
- Work is being undertaken with large companies and organisations to encourage ‘returnships’. These will encourage and support women to return to work following periods away from the labour market to have children.
- The Scottish Government is also looking to require public authorities to publish gender pay gap information and a statement on equal pay. This could be one of the strongest tools used to tackle discrimination.

Maree also made an appeal to other women to speak up and become involved in politics. When women are involved, changes can be made.

Question One

Women have continued to bear the brunt of the 2008 financial crisis and subsequent budgetary decisions. Cuts to the public and voluntary sector have led to significant job losses, with many positions being reduced from full time to part time, job share, or removed completely. This is also the case for jobs at the lower end of the scale in the private sector, which are mostly undertaken by women. These issues, coupled with austerity measures and significant reforms to welfare benefits, have meant that many women are struggling financially. They are also experiencing additional/increased burdens due to cut backs in service provision.

Have these issues impacted at a local level on access to services, availability of education and employment opportunities? How have these changes affected local women and communities?

The impact of the 2008 financial crisis

Despite the fact that the country went into recession eight years ago, women and their families are still feeling the effects.

“Women have had to really tighten their belts over the last few years. Things don’t seem to be getting any easier. Essential items for the home and for their families need to be bought or replaced, but static wages and an increased cost of living make this really difficult.”

Local charity shops have seen a marked increase in custom as families struggle to be able to buy basic items such as clothes.
**Local Authority**

Most teams within the Council have been subject to change and restructuring, with only the youth action and child services teams remaining untouched. The majority of those employed within the Local Authority are women, many of whom have worked within the organisation for a significant number of years.

Many roles have been reduced, which ultimately means that the staff are forced to undertake more work but with fewer resources and often less pay. Job losses as a result of budget constraint are also having an impact. Voluntary redundancy has been offered in some cases and many women have felt compelled to accept this.

“They will have to introduce compulsory redundancies before long. It’s best to go now with a bit of money than end up working more hours, with fewer staff before being pushed out the door anyway.”

Those who have taken redundancy can find it extremely difficult to re-enter the Labour Market.

“It’s very difficult for those of us who have done the same job for twenty-odd years but aren’t in a position to be able to retire yet. The thought of retraining for something else is quite daunting.”

As well as taking employment away from women, there is also often a real loss of expertise in Council run services. The knock-on effect is that those who rely on particular services either have to wait much longer to be able to access them, or have to seek alternative support, advice and guidance.

Important facilities such as libraries are subject to budget cuts. This means they are only open a few days a week, which restricts the ability of a wide variety of people from accessing information, IT equipment and social opportunities. The mobile library is an important part of the community which many people rely upon, particularly in the areas outwith Dingwall.

“The constant threat of cuts to funding is really worrying for many people.”

**Voluntary Sector**

There are significant issues within the third sector in the local area. The prevalence of short term funding grants are having an impact on employment. This is particularly the case for women, who make up the majority of the workforce.

“There is no job security, which creates uncertainty It also makes it very difficult for people to qualify for, for example, car loans or mortgages.”

Services have undoubtedly suffered over the last eight years. Organisations such as Citizens Advice are “being pushed to breaking point”. Staff cuts plus increased workloads, predominantly as a result of welfare reform measures, often mean there is little or no time to properly engage with vulnerable clients. While not within the voluntary sector, there are similar issues with the Department of Work and Pensions (DWP).

“It seems that every body or organisation working with people who need real assistance just doesn’t have the staff, resources or capacity to be able to provide support. There is real worry as to what will end up happening as a result. It’s all very uncertain.”
There is a high demand for volunteers in the local area. The geography of Dingwall and its surroundings means that individuals who take part in volunteering activities have to travel significant distances. The increasing demand for longer journeys is, in fact, turning volunteers away from helping, which makes it more difficult to find people to carry out these vital roles. They are an important part of local community activities.

“Volunteers here are mostly older women. The increased retirement age, as well as the need to travel further, means that volunteer numbers are falling. There needs to be more support and encouragement so that more people can get involved.”

**Employment**

There are not a lot of well paid jobs within the area. The main employers are Highland Council, the NHS and a private healthcare company called Lifescan. The lack of opportunity has led many women to become self employed. Others tend to work in lower paid, low skilled jobs on a part-time basis, offering little in the way of training and development.

“As more jobs are cut within the Council and the NHS, there’s more competition for other roles. A lot of women are over-qualified for the work they’re doing, but it’s all they can get. Flexible working, while available, tends to be used to suit the employer rather than the employee.”

**Apprenticeships**

Young women undertaking Modern Apprenticeships (MAs) in the area tend to be steered towards subjects such as caring and hairdressing, whereas young men tend to go into engineering and construction.

“The gender segregation is just accepted. Girls will have traditionally female jobs and boys will have traditionally male jobs. It’s how it is here.”

This creates a significant pay gap between men and women. Jobs undertaken by young men are higher skilled and attract significantly higher wages than those undertaken by young women. Girls tend to drop out of MAs early. While there is no concrete reason for this, most of the time it comes down to caring responsibilities. Peer and parental pressure are also contributing factors.

“There’s a huge wealth of undeveloped talent which is just being wasted. It’s a real shame.”

**Childcare**

The Scottish Government’s increase to the number of funded hours of early learning and childcare is not working in practice in and around Dingwall. Provision is not readily available in many areas, which results in women having to travel to access childcare. Many are forced to rely on expensive private nurseries which do not always offer state funded hours. In these facilities, parents can often be ‘fined’ if they are late picking their child up, which means additional expense. It can be extremely difficult to always be on time for a number of reasons, including traffic, work and other issues which can arise.

The lack of public transport in the area makes it difficult for many to access childcare. Women are faced with the very real decision of not returning to work as a result.
“By the time you add up the cost of childcare and transport, it’s often not worthwhile going back to work. You think things will get better when the kids go to school, but it’s almost impossible to get them watched in the summer holidays. If there are summer clubs or out of school care facilities, they cost as much as a month’s rent or mortgage. The cost and availability of childcare is the main thing that stops women working.”

Women who seek to return to work often have to look for roles which fit around the school day in order to save money on childcare. This can result in what is classed as underemployment, whereby women undertake one or more part time job, or a job role which they are overqualified to carry out. Often these are short-term, zero hours contracts, which offer little opportunity for training and development.

“A local school recently advertised for a job within the office. Everyone who applied had more skills, qualifications and abilities than was needed, but wanted the role because the hours suited their caring and family responsibilities.”

There is a real reliance on informal childcare, more often than not provided by grandparents. The increased retirement age, coupled with a desire to help their families, is taking its toll on older women who juggle work and caring responsibilities. Many are also caring for older relatives. This can have an impact on their physical and mental health.

“We are having to wait longer to be able to retire, but when we stop working we don’t get a rest. It’s a difficult balancing act – it’s rewarding, but very tiring.”

**Public Transport**

Very few buses leave Inverness after 6pm or on Sundays. For those in outlying areas, there are often no services at these times. Many of the jobs available to women are part-time shift work, which can be difficult to get to and from when there is little to no transport provision.

“Buses are so unreliable. They either don’t turn up on time or don’t turn up at all. How is anyone supposed to rely on that kind of system to get anywhere?”

Much of the transport is centred on serving tourists, rather than people who live and work in the area. For example, services are often designed to suit tourists coming off of cruise ships in Invergordon. Journey times are also an issue. A bus journey from Inverness to Tain takes two and a half hours, whereas by car it takes approximately 45 minutes. This leads to a reliance on private transport, especially in more remote areas, where a car is seen as a necessity and not a luxury.

**Lone Parents**

Lone parents face a number of barriers when trying to get into work or education. There is very little support available for them to gain the skills and confidence necessary to begin learning or work, or to build on existing skills. This is particularly the case for those who have been away from the labour market for a long time. The lack of decent public transport and accessible, affordable childcare create further issues.

“There’s so much pressure– whether that’s to find work, or to be a ‘perfect parent’. It’s so difficult to get a job, especially in this area. I don’t want to rely on social security benefits but it’s the only choice I’ve got. The cost of living keeps going up, food is getting more and more expensive, especially when trying to make sure children eat healthily. I sometimes feel like I just can’t cope.”
Integration of Health and Social Care
This shift in service delivery, happening across Scotland, is still at the early stages of implementation. There are concerns around ensuring a balance between the two. As health and social care come together, a priority must be ensuring that service users continue to receive the best levels of support, advice and care.

“We’re still very much in the ‘bedding in’ phase, which should take 6-12 months. It will be interesting to see what changes, if any, happen as a result of integration.”

Appointments
There can be issues with regards to obtaining appointments with GPs, nurses and specialists in the area. There is very little face to face interaction which can discourage patients. In some areas, there is a 2-3 week wait to see a doctor. For others, missing an appointment means they are barred from making another for a certain number of days. Anyone who is late, for whatever reason, is expected to sit and wait in the surgery until the GP can see them.

“If people are ill, how can they hang about for hours at a time? I understand that it’s frustrating when people are late even when it’s for a valid reason, like transport or caring issues. The answer is still the same. You’ll just have to wait.”

The process for a physiotherapy appointment, for example, can be stressful and seen as “more hassle than it’s worth.”

“I had to phone the physio. They gave me advice over the telephone and also emailed exercises for me to do. It was so impersonal and the whole thing felt very rushed.”

This type of service is not appropriate for those with hearing and sight difficulties, nor is it suitable for individuals who are not confident in using technology. Many patients are wary of disclosing important or personal information over the phone and instead would prefer to see a medical professional face to face. The removal of this could have a detrimental impact on the health of many.

Not enough information is available about the services and support available at local chemists. Pharmacists have a wealth of knowledge about a range of conditions and can offer face to face advice and assistance to patients. Often a visit to a local chemist would negate the need for a doctor’s appointment, however unless people know that they are unlikely to be able to take advantage.

What are your key priorities around health and social care in Scotland?

Question Two
Scotland has significant health inequalities and the value of access to healthcare should not be underestimated. Provision is free at the point of need and a broad range of services, support and treatments are offered. The NHS is one of our most significant institutions. It is both a service provider and an employer, with women making up the majority of its workforce. The Scottish Government’s recent conversation ‘Creating a Healthier Scotland’ provides the opportunity for individuals and communities to influence the way health and social care is provided.

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What are your key priorities around health and social care in Scotland?
More support is necessary with regards to technology in healthcare. This could be used effectively, particularly in rural areas.

“Things like NHS smartphone apps and video consultations with a healthcare professional are a great idea in theory. They will never work in practice, however, unless there’s a bit more information about them and assistance to use them. If people get the hang of things, they could be a really useful too, especially in this area.”

**Cuts to Services**
Funding cuts to health and social care and the centralisation of many services, particularly in rural areas, are having an adverse impact on women. For example local maternity units have closed and as a result women have to travel to Inverness. The impact of this on families is both financial and emotional.

“Women with older children face being in hospital alone while their partner stays at home. Alternatively, they have to source childcare at what is already a stressful time. It can really take its toll on pregnant women.”

Many of the services which are relied upon by women and their families are being taken away, at great detriment to those they previously benefitted.

“I don’t rely on or get used to a service because I don’t know if and when it will be withdrawn. It’s horrible having that kind of uncertainty.”

**Carers**
There is an expectation that women within families should take on the role of carer, be that for older relatives, younger children, their spouse, family members and neighbours. As a result, many feel that they are unable to reach their full potential because they have the responsibility of looking after others. It can be difficult to access respite, which has an impact on carer’s mental and physical health.

“Respite is a necessity, not a luxury. If I can’t get a break then there’s a danger I can’t properly look after the person I care for. It’s hard to find cover for simple things like my own doctor’s appointments and jury duty. You feel guilty asking anyone else to help because it’s like admitting you can’t cope.”

Caring is not valued in the way it should be. Carer’s Allowance is only available in certain circumstances. Not all carers qualify for this benefit which, in some circumstances, can lead to financial hardship for women. More should be done to value the unpaid work carried out by carers, which saves the economy a significant amount of money. Similarly support and assistance needs to be available when caring responsibilities come to an end.

“When I no longer had caring responsibilities, I really struggled to get back into work. A lot of the skills I gained should be transferable into a workplace, but because I haven’t been earning money in my role as a carer then lots of potential employers don’t want to know.”
Patient Transport

The majority of hospital appointments in the area are carried out at Raigmore hospital, Inverness. This can mean long and complicated journeys, particularly for those who rely on public transport. Many patients have to travel to Inverness the night before because no bus would get them to their morning appointment.

The Highlands and Islands Patient Transport Scheme, whereby patients who have to travel more than 30 miles to access a hospital appointment can get help with travel costs, is well used by those who know about it. Information, however, is not readily available. Many patients could be losing out on important financial assistance.

The geographical nature of the area, as well as particularly bad winter weather, has an impact on responses to emergency situations.

“Ambulances find it hard to get around in the snow, which creates a reliance on the use of air ambulances. There are only a few of those, however, and they can sometimes struggle with demand. People’s health is being put in danger as a result.”

Violence against Women and Girls

Comments were made regarding reluctance on behalf of social work services to assist women and children to leave an abusive home and relationship. Women tend to stay with violent partners in case their children are taken away from them.

“More needs to be done to support women and children, allowing them to get away from violent and abusive situations. Women want to leave because it’s best for their children but they’re worried that by doing so, somehow they will be seen as unfit parents.”

Local Women’s Aid services are very good at supporting women experiencing abuse, however they struggle with securing refuge places for all who need them. This is particularly the case for those who have no recourse to public funds (NRPF). These are women who come to live in the UK with their spouse and who, due to their immigration status, are unable to qualify for any welfare benefits or other forms of assistance.

“These women don’t speak much English and tend to believe whatever their partner tells them. Above anything they’re terrified that he will get to keep the children. They need support.”

Mental Health Provision

There is very little mental health provision available. That which exists is centralised in Inverness, which means patients having to travel often long distances. This is not always possible or appropriate for those with serious mental health issues. There is one psychiatric nurse in the area, but the geography and her capacity as one worker means it is not possible for everyone to be seen.

“People in more rural areas are missing out on vital help and support. Where they live should not determine the level of support they receive – everyone should have access to mental health services, just as they would to physical health services.”
Question Three
What one thing could improve your local area?

- Sharing facilities - police, firefighters etc are moving out of communities because of cuts. Bringing them back together in shared premises would negate the need for this.
- Proper partnership working between the public sector, third sector and communities.
- Ensuring that the local area is not separated from national and international policy and decision making.
- Improved public transport.
- Affordable housing.
- Regeneration of the city centre so it is an inviting place for tourists, as well as for local people to shop in.
- Faster broadband.
- A review of the NHS to see what treatments actually work and the consideration of complimentary and holistic therapies.
- Improved communication between GPs, their staff, hospitals and patients.
- More help in rural areas for older people.
- Address the pay gap in the Highlands.
- Full time, flexible, affordable, accessible childcare.
- Creating of communities hubs to help rural communities to be able to work together.

Additional Question
How do you feel about the result of the EU Referendum? What impact, if any, do you think this will have on women in Scotland, their families and communities as a whole?

The SWC gathered women’s opinions on the result of the EU Referendum.

- “Hopefully this result can free us to have another referendum on Scottish independence.”
- “The result is raising anxieties and fears amongst families where one partner comes from outwith the UK. People who have followed the rules and who live legally in Scotland now fear for their futures.”
- “Perhaps fewer EU regulations on crofting and farming communities will ease some of the pressure for women living and working a croft who are supporting and subsidising their husbands and families.”
- “I feel frustrated, fearful and helpless. We’re already seeing a rise in hate crime and the normalisation of racism. The decision will have an impact on the opportunities and decision of young people in the future.”
- “There are big concerns around human rights and equalities. We have struggled to get to where we are. It would be terrible if this was all lost because we are forced to leave the EU.”
The Scottish Women's Convention (SWC) is funded to engage with women throughout Scotland in order that their views might influence public policy.

This is achieved in a number of different ways - through roadshow, round table, conference and celebratory events. Following each event a report is compiled and issued to women who attend and relevant policy and decision makers.

The SWC uses the views of women to respond to Scottish and UK Government consultation papers.