



**First Minister's National Advisory
Council on Women and Girls**

Website Summary
January-February 2020 Spotlight: Disability

OUR PURPOSE IS TO DRIVE
ACTION TO ENCOURAGE
**GENDER
EQUALITY
IN SCOTLAND**

**#GENERATION
EQUAL**



YOU SAID – WE LISTENED

In January and February 2020, we invited public feedback on the Spotlight topic of disability. We'd like to give a huge thank you to everyone who shared their experiences and ideas.

A full report has been given to the NACWG and a summary version is shared below.

Please note: these reports summarise the responses received to this open call for submissions. They do not represent the views of the National Advisory Council on Women and Girls (we are seeking feedback to gain more insight) nor do they represent a majority view or the view of the Scottish population. They represent the views of those organisations or individuals who have chosen, proactively, to respond.

Who did we hear from?

We heard from a range of individuals and groups who held 'Wee Circle' discussions. We received a larger than usual amount of feedback via social media. The diversity questions we ask are optional but show that we heard directly from disabled women including wheelchair users and people with visual impairment. The feedback also included experiences of people with hidden disabilities.

WE ASKED THREE QUESTIONS:

- Q1. IN SCOTLAND, WHAT ARE THE BIGGEST EQUALITY ISSUES FOR WOMEN AND GIRLS WITH DISABILITIES?**
- Q2. IN SCOTLAND, WHAT NEEDS TO CHANGE TO SUPPORT WOMEN AND GIRLS WITH DISABILITIES?**
- Q3. WHAT ACTIONS SHOULD THE NACWG RECOMMEND TO IMPROVE GENDER EQUALITY FOR WOMEN AND GIRLS WITH DISABILITIES?**



WHAT DID WE LEARN?



Overall, feedback highlighted the far-reaching impact of being a woman or girl with a disability, and the many ways disability (or society's response to it) can affect everyday life. This was felt to be the result of persisting attitudes towards disability from non-disabled people, as well as the challenges of physical barriers.



MAIN ISSUES



1.

PHYSICAL ACCESS ISSUES

Responses showed that physical access remains a key issue for disabled women and girls in Scotland, even within more modern buildings, spaces and public services, and compounded by lack of training. Public transport was raised several times, with associated safety risks for women and girls when let down by operators. Particular issues were raised around schools and teachers, changing rooms, toilet facilities and access to healthcare (including specific points such as examination beds). It was noted that accessible places and facilities need to be accompanied by staff with the training and competency to help disabled benefit from these.



2.

DISABILITY AND HEALTHCARE

Many responses highlighted the ways disability overlaps with other aspects of women's physical and mental health. This included sexual and reproductive health, with feedback highlighting how disabled women can be treated differently by health professionals (or have disability-related differences overlooked) on issues such as sexual health, periods and menopause. Concern was raised that for some women and girls with a disability, natural and normal emotions can be miscategorised as mental illness or personality disorders. It was noted that disabled girls can be at higher risk of experiencing sexual abuse.



3. FINANCIAL ASPECTS OF DISABILITY

Feedback highlighted the difficulties involved in having to 'prove' your disability in order to receive financial assistance or benefits. In particular, PIP (Personal Independence Payment) was mentioned repeatedly as a source of frustration and as a flawed aspect of the disability benefit system. The difficulty in being able to access work was felt to be insufficiently addressed, meaning some disabled women who could work do not. Some finance products were felt to be inaccessible to disabled people.



4.

CARE RESPONSIBILITIES WITH A DISABILITY

Some feedback shined a light on the difficulties of being a disabled person and also caring for others, (e.g. a deaf parent trying to access necessary information from their child's school). This included reflections on societal pressure for women to be the main care provider.



5. SEXISM AND DISABILITY DISCRIMINATION

Many responses showed that disabled women suffer from the combined effect of sexism and disability discrimination or marginalisation. This ranged from women being taken less seriously when reporting a disability in the workplace to the effect of women and girls being 'socialised' to minimise their needs in favour of looking after the needs of others. Highlighted issues included disabled women in the workplace being taken less seriously or treated as if they are 'making a bigger deal' of their disability than it really is; and the compounded challenges disabled women can experience gaining promotion. Feedback suggested educational institutions and employers don't always make reasonable adjustments such as time for medical appointments and the extended time that can be needed for travel in general). Feedback suggested that women and girls, including those with disabilities, are often socialised to minimise their own needs and prioritise looking after the needs of others. Wee Circle feedback highlighted concerns among disabled women over disclosing a disability when applying for jobs, fearing that employers may discriminate on this basis.



6.

PREVALENCE OF HIDDEN DISABILITIES

Feedback noted the difficulties faced by women and girls with hidden or “invisible” disabilities. Several respondents highlighted the experience of women and girls with autism and the particular challenges it poses, given the widespread belief that autism mostly affects boys. Responses suggested that hidden disabilities in women and girls are often not recognised until later in life. Hidden disabilities were felt to pose particular difficulties in the workplace, with feedback suggesting that employers need to have a greater awareness. Respondents expressed a belief that there are low levels of awareness and understanding of hidden disabilities among the general population in Scotland. Feedback highlighted that hormone fluctuations can exacerbate the effect of invisible conditions, and how there is embarrassment and stigma around this (e.g. irritable bowel syndrome, endometriosis and mental health). Feedback included lived experience of the wide-ranging negative impacts of fibromyalgia.



7.

ETHNIC MINORITY EXPERIENCE

Feedback from group discussions highlighted the difficulties faced by disabled women and girls from ethnic minorities, and how disabled women and girls from ethnic minorities can become more isolated and integrate less with wider communities. Feedback explained how disabled women and girls from ethnic minority background can tend to be more isolated, more likely to stay inside the home, and more invisible, therefore unable to integrate with other BAME people and the wider community. The response observed that disabled women and girls from ethnic minority backgrounds are less likely to access higher education, and as a result have fewer academic qualifications, contributing to higher unemployment rates among this group. The feedback shone a light on the cultural differences that can affect the lives of disabled women and girls from ethnic minorities, such as some conditions being taboo. Feedback also showed how women and girls with a disability, and from an ethnic minority can experience stigma and name calling.



8.

PRACTICE LAGGING BEHIND GOVERNMENT COMMITMENTS

Feedback highlighted frustration at how the legal requirement to 'make reasonable adjustments' for people with disabilities has not translated into sufficient practical action. Responses suggested employers can consider it too expensive to make reasonable adjustments, highlighting that it is very difficult for disabled employees to force this action, without taking their employer to court.



9.

UNHELPFUL ATTITUDES AND POOR COMMUNICATION

Feedback highlighted that accessibility issues or general difficulties are not always caused by environmental or structural factors. Often people and their attitudes are equally as damaging to a disabled person's quality of life. For example, the assumption that a disabled person wants details of their disability to be shared, when this is often not the case; people offering too much help; people introducing disabled people to others by highlighting their disability or barriers; and focusing on what disabled people can't do rather than what they can.



FEEDBACK ON SUGGESTED ACTION FOR CHANGE

Overall, the feedback we received suggests women and girls with disabilities in Scotland do not feel sufficiently heard or represented.

- Respondents called for more funding, in general, spanning care for those with complex needs and a renewal of public funding, to alleviate pressure on charities.
- Feedback suggested giving a greater voice to the disabled community, including creating a panel of experts of women with disabilities to provide feedback and advice on proposals at a council or governmental level.
- Respondents felt that policy decisions could be improved by improving the quality of data that exists on women and girls with disabilities, including hidden disabilities, and collecting / disaggregating data on ethnic minority women.
- Feedback suggested improving the accessibility of places and spaces, and factoring in the needs of disabled women and girls during the planning stages.
- Respondents wanted action to remove job discrimination, with particular focus on the application process and greater use / legal requirement for anonymised job applications, (feedback noted this could also benefit men with protected characteristics, or men applying for jobs traditionally associated with women).
- Feedback called for raising awareness of hidden conditions, and tackling taboos, particularly within ethnic minority communities.
- Suggested action included introducing compulsory standards of training in schools, workplaces and public services to improve services, staff competency, public attitudes, and the lived experience of disabled women and girls. Feedback suggested training should be continuous rather than one-off and have a gender dimension. Increasing employer action on 'reasonable adjustments'.
- Feedback called for improved access and signposting to support services generally. Also, reducing stigma around disabled women accessing sexual and reproductive health services, and reducing stigma around having a disabled baby.



THANK YOU

This is a summary of the responses and can't highlight every individual point raised. However full feedback has been shared with the NACWG.

Thank you to everyone who took the time to share their feedback – it is valuable. We'd love as many people as possible to share their ideas on our next Spotlight topics. We have a new one every two months.