



An Roinn Sláinte
Department of Health

Women's Health Taskforce

Women's voices and supporting evidence
for the Women's Health Action Plan
2022-2023



Women's Health Taskforce - What have we heard?



September 2019
1st Taskforce meeting
15 Meetings held to Date



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Public Consultation via Webpage
500+ Responses received



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Women's Health Weekly launched
39 Sessions held to date



March 2020
IOG Spring Meeting



February 2020
Workstreams begin extensive fieldwork
40+ Expert Interviews



February 2020
Stakeholder Engagement Forum
60+ Civil Society Groups



August 2020
Work team in 3 priority areas collate research, evidence and stakeholder engagement into proposals for action



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Stages 1 and 2 of Radical Listening Complete



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Stages 3 of Radical Listening begins
278 Women Interviewed



September 2021
Clinician Roundtables
Obs & Gyn,
General Practice
Nursing & Midwifery



May 2021
Radical Listening - Information Sharing Event



January 2021
Workstreams for Mental Health, Strengthening Internal Gender Equality and Strategy established.



October 2021
Let's Talk Menopause - Civil Service Event



November - December 2021
Series of 6 Women's Health Webinars



March 2022
Women's Health Action Plan Launch

Overview

An important part of the Taskforce's work is to listen to the voices of women and engage with stakeholders, both at an individual and organisation level, at home and abroad who can share evidence, expertise, experience, and ideas to help us achieve our goal.

The Taskforce has listened to, engaged, and worked with more than 2,000 women and hundreds of stakeholders and organisations representing women and girls across the country, including through a national Radical Listening exercise, stakeholder engagement workshops and interviews.

This has complemented the evidence and data to inform the priorities set out in this Plan.

Five key asks have emerged from what we have heard from women:



You asked us to Listen



You asked for Reliable Information



You asked for Improved Access to some services



You asked for Improved Care



You asked for a Focus on Priority Groups

These sit alongside the Key Findings (KF) from the "Evidence Base for the Development of the Women's Health Action Plan": The Department of Health and the National Women's Council of Ireland commissioned "Evidence Base for the Development of the Women's Health Action Plan", published in August 2019. This document accrues available evidence from surveys, academic papers, and governmental and international agency reports. It establishes what is known about women in Ireland in terms of demographics, health, and engagement with health services. The five Key Findings are:

KF1. Ireland's demography is changing, and this should be reflected in health planning

The proportion of older women in Ireland is increasing relative to other age groups. Fertility rates are declining, and labour force participation is increasing. Women from diverse ethnic backgrounds form an increasing proportion of our population. Women's health should be considered across life cycles and backgrounds.

KF2. Vulnerable groups require extra consideration

In Ireland, there is a socioeconomic gradient in health, health behaviours and health service use: gender, geography, poverty, age, and ethnicity are among the important intersecting determinants of health that have complex effects.

KF3. Targeted initiatives should focus on some particularly important facets of health

Areas that require specifically targeted initiatives for women include chronic disease, mental health, sexual health, health behaviours, domestic, sexual and gender-based violence (DSGBV), ethnic background and minority status and socioeconomic inequality.

KF4. Look beyond health outcomes: experience of health services should be prioritised

Women's positive engagement with health care services should be focused on as an area for improvement, although the report does not highlight major themes directly relevant to Ireland. (This has been supplemented through subsequent further work.²⁵)

KF5. Women's health is more than reproductive health during pregnancy

Women's health policy, as it stood at the time of the report's publication, prioritised reproductive health, particularly reproductive health during pregnancy, compared to other facets of women's health.

How we listened

The Taskforce led a range of engagements to hear the voices of women, health professionals and advocates.

'Radical Listening' exercise [278 Women interviewed] [Report 1](#) [Report 2](#)



A 'Radical Listening' exercise was carried out to enable women across the country to share their views and experiences of the health sector and health services. 278 women across all life stages from 18 years upwards, including minority and disadvantaged women, have participated to date. Common themes have emerged including the significant impact of positive and negative experiences of health services and supports and shared factors to each, the importance of making women's health part of the conversation, educating, and informing and 'women first' thinking in the delivery of services at key life stages.

Webpage consultation [500+ responses received] [View summary here](#)



In September 2019 the Women's Health Taskforce engaged with members of the public via our Webpage. We asked the following question: *"If I could make one change to improve health outcomes for women and girls in Ireland it would be..."*. Over 500 responses were received which informed the Taskforce's early work. The highest proportion of responses were around the need to feel heard and breastfeeding support. This was followed closely by gynaecological and reproductive health themes.

Mailbox correspondence [170+ emails received]



The Women's Health Taskforce mailbox has served as an important communications channel to the Taskforce for members of the public, advocacy groups, individuals, and other stakeholders. Many emails received were from members of the public sharing experiences of women's healthcare. The highest proportion of issues raised by women were related to gynaecological and reproductive health, followed by Cervical Check, incontinence, and mental health.

National Patient Experience Surveys [12,343 NPES, 3,204 NMES] [Link to Reports](#)



The **National Patient Experience Survey** is a nationwide survey asking people for feedback about their stay in hospital. The survey is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The **National Maternity Experience Survey** offers eligible new mothers the opportunity to share their experiences of Ireland's maternity services — from antenatal to postnatal care — in order to improve the safety and quality of care provided to women and their babies.

Stakeholder Engagement Forum [60+ members of National Women's Council]



[Link to forum output here](#)

The Department of Health and the National Women's Council of Ireland co-hosted a Stakeholder Engagement Forum. Representatives from health, women's & other civil society groups came together to discuss priority actions for Women's Health in Ireland. Key themes that emerged include access to services, education, mental health, and self-care & exercise.

Workstreams [40+ Expert interviews]



Workstreams focused on developing actions for improvement across the initial priority areas and the internal Department of Health change programme. Extensive fieldwork was carried out by workstreams. This included engagement with clinical specialists, consultants, general practitioners, health & social care professionals, academia, advocacy groups & individuals and HSE & Department of Health units who provided feedback and input into the development of proposals.

Women's Health Weekly [39 Expert presentations] [Read further details here](#)



This forum has allowed us to hear evidence, experience and ideas from experts and advocates to help us achieve our goal. The forum has enabled discussion and debate to broaden our perspectives and insight into issues of importance to women's health. Presenters have shared information and ideas on issues as diverse as endometriosis, women ageing with a disability and addiction services.

Taskforce meetings [15 meetings held to date] [Links to meeting outputs here](#)



Our Taskforce meetings, held every 6 weeks, have provided another opportunity for us to hear women's voices. During these meeting we have endeavored to include and highlight a diverse range of people to address members of the Taskforce. Presentations and panel discussions have included carers, Traveller & migrant groups, ESRI and mental health workers.

Institute of Obstetricians and Gynaecologists – Spring Meeting 2020



The Taskforce presented to the Institute of Obstetricians and Gynaecologists (IOG) at their Spring Meeting 2020 on "The Women's Health Taskforce - priorities for implementation". The Taskforce received feedback from IOG members the changes they would like to see in improving women and girls' health in Ireland. The highest proportion of responses were around access to free contraception, early education and supports for incontinence.

Clinician Roundtables – Obstetrics and Gynaecology, GPs, Nursing & Midwifery



In September 2021 the Taskforce held 3 roundtable meetings with key stakeholders in the areas of obstetrics and gynaecology, general practice, and nursing & midwifery to inform them of the areas prioritised by the 2022-2023 Action Plan and to seek input on its content and the structures necessary for implementation. From their experience working with women on the frontline, these practitioners provided valuable insights into the health needs and concerns of women in Ireland. Issues highlighted include access to contraception, supports for marginalised groups and care in the community.

What we heard

Five key themes emerged from these engagements



You asked us to Listen

Many women reported that in some health experiences they felt they weren't looked at as an individual and didn't feel treated with empathy & understanding. In these experiences, they felt that their care and intervention was overly generalised and rushed, leading to them feeling unheard. Women believe they must have an input into their care, through dialogue, to ensure the best health outcomes for them.

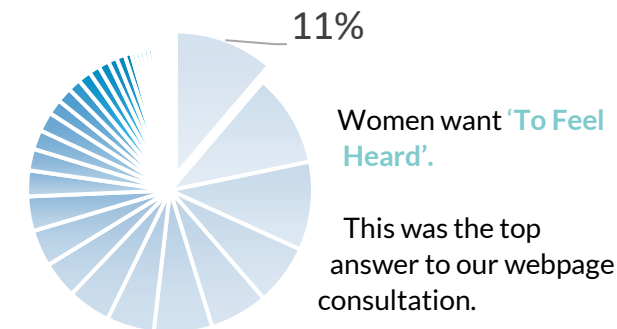
Listening to Women was a strong message in the 'Radical Listening' Exercise

“If you’ve a pain in your back that’s your weight. If you’ve a pain in your toe that’s your weight”

“You’d kind of think if I go in and tell him all of this, unload, he’s going to think I’m absolutely losing my mind.”

“They make you feel like a bloody ejit. And I’d had enough of that in schools. I didn’t study medicine, but I know something is wrong”

It was also a major focus of the online consultation...



...and is echoed in the National Maternity Experience Survey

- 30% said they did not have the opportunity to ask a question about their labour and birth.
- 10% said they did not feel involved in decisions about their care during labour and birth.
- 29% said not enough time was spent discussing their mental health at post-natal check-up.



You asked for Reliable Information

We heard that many women feel unsupported in their health journey and believe they must be self-reliant, take control and 'do the-work' to ensure positive health outcomes. Culturally, women told us, women's health remains a taboo. Women fear that if they are not informed and in control they will be let down by the system, forgotten or ignored. Women feel they are expected to cope at each life stage, without knowing where to turn for support. This can place a strain on their mental, physical, and emotional wellbeing.

Trusted sources of information was a strong message in the 'Radical Listening' Exercise for women of all ages

"He was around my own age [the doctor] not old at all and he averted his eyes when he asked me when my last period was."

"Things should be spoken about. Things shouldn't be brushed under the carpet. We need to grow up as a country"

"I inform myself. I don't get the information from doctors. If you want to know something, you need to look it up yourself"

- We heard that women want us to normalise women's health by communicating on issues such as sexual health and mental health.
- Women have asked for targeted information, relevant to what each life stage is going through.
- Women want lifelong, skills based & community-based learning and for us to create a go to trusted source of information.

Stakeholders and advocates highlighted this too....

One of the key themes that emerged with representatives from health, women's & other civil society groups at our Stakeholder Engagement Forum was the need for increased and improved women's health education and information.

The need to improve school education, including full factual sex and menstrual education, was highlighted.



...as did many of the health professionals we spoke to

For example, at the Institute of Obstetricians and Gynaecologists – Spring Meeting 2020 – an informal working session showed that the second highest proportion of responses to the changes members would like to see in improving women folk and girls' health in Ireland were around education and awareness.

 **You asked for Improved Access to Services**

“Implement real education in general / reproductive health for all in schools.”

“Increase awareness in relation to urinary incontinence, prolapse in older women; we need to normalise this.”

“Education needs to be realistic and not sepia tinged. Younger women have a lack of reality in relation to childbirth and normal consequences of same.”

Access to relevant and suitable care is a priority for women. Many feel that access to care is caught up in a complex web of forms and procedures. For many, the burden of access overshadows the care received. Women want services that support and enable their journey. They want services

that bring women's health into the community, bring best practice & holistic health thinking to every interaction, and have proactivity and prevention as the cornerstone.

Access and ideas for widening access formed a significant part of the feedback in the 'Radical Listening' exercises

In particular, women had ideas around:

- Annual women's health checks
- Community check-in clinics / community women's health nurse
- Dedicated women's health doctors, preferably female
- Waiting list reduction
- Better access for women in rural areas
- Better support through fertility journeys (including treatment funding)

"Our level of access to public health nurses, OTs, physios. It's non-existent if you don't pay for it yourself. They're very important if you're healthy. They're extremely important if you've a condition."

It was also a key theme at the Stakeholder Engagement Forum



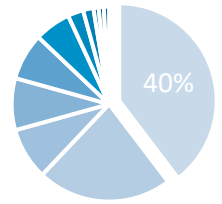
Another key theme that emerged at our Stakeholder event was **Access to and Improved Services**. In particular, attendees wanted to see:

- Equal access to world class healthcare services, inclusive of all women & all stages.
- Access guarantees to services, and consistency of services across regions.
- Improve access to gynaecology services.

Similarly, every 2 in 5 emails sent in has focused on this topic

40% of emails received were from women telling us about their negative experiences with access to services. The main areas of concern were:

Endometriosis Maternity Services Menstruation Mesh Implants
Incontinence Mental Health Menopause Screening Services



You asked for Improved Care

We heard that women feel aspects of the healthcare system are not female-centric. Many women are concerned a disinterest in women's health means best-in-class thinking and practice is absent from their care.

The way care is delivered was another feature of the 'Radical Listening' exercise

"The powers that be need to start listening and stop judging"

"I feel we're not prioritised enough. I just think it's not good enough."

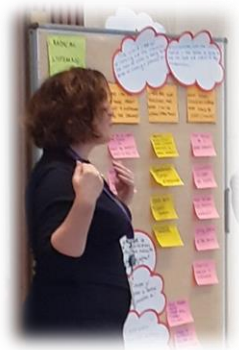
"There is a stigma. I spoke to my doctor, and I felt embarrassed, and I realised I should not have to feel this way"

- Some women shared experiences whereby they did not feel heard, treated with sensitivity or empathy.". These experiences negatively impact how women feel they are valued within the healthcare system.
- Many women shared their experiences of maternity care during COVID-19. Many were already uncertain and unsure of themselves in their pregnancies. Partners not being allowed accompany them was emotionally challenging, isolating and frightening. The restrictions were perceived as a further signal that they had to go it alone in their journey.
- Many reported a lack of empathy, understanding and crucially privacy in loss and grief in pregnancy which leaves them feeling very hurt, unsupported and their loss invalidated.

Pathways for care was highlighted through Workstreams....

Workstreams heard of the need to develop and improve the model of care for areas such as:

Paediatric Gynaecology Urinary Incontinence Endometriosis
Perinatal Mental Health Menopause Fertility



...and by the experts who supported Women's Health Weekly



Through our Women's Health Weekly events, we heard of the need to improve care pathways in many areas including:

Maternity Services Mental Health
Eating Disorders Sexual Violence
Polycystic Ovary Syndrome Endometriosis



You asked for a Focus on Priority Groups

We have heard from particular groups of marginalised women who have significant health needs, but who are at greater risk of having poor experience of services. These groups of women include carers, women with disabilities, women of minority ethnicity, women living in socially and economically disadvantaged communities and women survivors of violence and abuse.

The diverse experiences of women in different groups and communities came through clearly in the 'Radical Listening' Exercises

- Many **carers** are extremely angry and feel they are living a 'life sentence' – that instead of being given the support they and their families need, many felt treated with 'contempt'. For carers to look after their own health they believe they need the necessary resources (time and financial) and supports (respite, assistance from trained medical professionals / nurses) to be in place for their loved one.

- Women from **lower socio-economic** households face greater challenges in relation to health: being excluded from the social and cultural capital of 'health'; how women's healthcare is framed in the home; education; and how they communicate with healthcare professionals.
- Women in **disadvantaged communities** told us about the burden of care which women as mothers experience and the role they have to play as advocates, fighting and navigating the system for their families and particularly their children. These women also spoke about informational barriers and the absence of accurate and accessible material, sexual and reproductive health, and the role community care plays in building solidarity and supporting positive health and wellbeing.
- **Women with disabilities** highlighted overarching systemic barriers to care, including public-private inequalities, fragmented care pathways, and lack of specialist knowledge amongst health professionals; barriers specific to the intersection of gender and disability; and accessibility and inclusion. Reproductive and sexual health was an area of particular concern.
- **Survivors of violence and abuse** told us of the challenges of being heard; the adverse impacts of the justice process on women's health; child safeguarding concerns; the financial barriers to recovery; and secondary victimisation from a fragmented system response.
- We heard from **women of minority ethnicity** on the lack of representation; overarching systemic barriers to care; and specific discrimination faced within the health system.

Women's Health Weekly also highlighted these diverse voices:

We have heard from multiple priority groups through our Women's Health Weekly events:

- National Disability Authority - Women with Disabilities
- Trinity College Dublin - Women with Intellectual Disabilities
- Rape Crisis Centre - Sexual Violence
- Saol and HSE Addiction Services - Women in addiction
- Deep End Ireland - Health Inequalities in Women
- National Adult Literacy Agency (NALA) - Literacy Changes Lives
- Alcohol Action Ireland - Women and Alcohol



- Irish Penal Reform Trust (IPRT) – Women in Prison
- Pavee Point Traveller and Roma Centre - Traveller and Roma Women & Girls Health

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