

The Health of Women and Girls: Health and Social Care Policy Beyond the Women's Health Plan

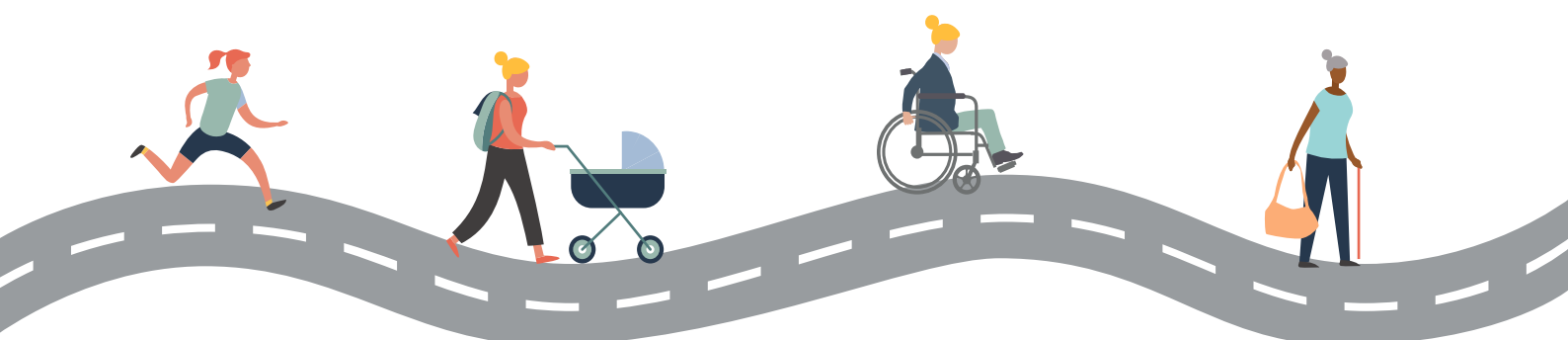
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Introduction



This document is published alongside Phase Two of the Women's Health Plan and is intended to provide highlights on the breadth of work taking place across the Scottish Government to achieve our ambition, that *all women and girls enjoy the best possible health, throughout their lives*.

It should be considered alongside the 2025 [Gender Policy Coherence Statement](#), which sets out the action happening across Government to advance gender equality in Scotland.

In August 2021, the Scottish Government published the UK's first Women's Health Plan, to address the health inequalities faced by women and girls.

Setting out the ambition that *all women and girls enjoy the best possible health, throughout their lives*, this document was the first step in a much longer journey towards women's equity, in health and beyond.

Taking an intersectional lens, the Plan aims to address the inequalities that affect the health of all women and girls in Scotland, in addition to action on specific areas where particular focus is required.

[Phase One](#) of the Women's Health Plan highlighted six 'priority areas'.

These are;

- Ensure women who need it have access to specialist **menopause** services for advice and support on the diagnosis and management of menopause;
- Improve access to information for girls and women on **menstrual health** and management options;
- Improve access for women to appropriate support, speedy diagnosis and best treatment for **endometriosis**;
- Improve access to **abortion and contraception** services;
- Ensure rapid and easily accessible **postnatal contraception**; and,
- **Reduce inequalities** in health outcomes for women's general health, including work on **cardiac disease**.

LOOKING FOR ADVICE ON WOMEN'S HEALTH?



It laid the foundations for improving the health of women and girls, with 66 short, medium and long term actions which involved changing the culture in women's health and how we think about the health of women and girls.

Phase Two of the Women's Health Plan

Phase Two holds fast to the ambitions and principles of the Women's Health Plan and [builds on the areas covered in the 21-24 Plan](#). It also includes other areas of health that women have told us need additional focus – in particular women's pelvic floor health and how we optimise future health to ensure women have more years of healthy life.

It prioritises gynaecology, including addressing long waits and the development of sustainable and long term service reform for gynaecology services in NHSScotland, in line with the Service Renewal Framework and its ambitions.

Tackling Health Inequalities in Women and Girls



Women do tolerate a lot of things more than men and I think we're seen as a stronger person when it comes to health problems and quite resilient to it."

BHF Focus Groups, Participant 2.

A range of biological factors impact women's health. Throughout their lives, women and girls experience unique health needs and face risks that differ from those of men.

The evidence is clear that tackling the health inequalities experienced by women and girls cannot be achieved through a single policy, but requires a whole government approach. To make long term and sustained change, the specific needs and circumstances of women and girls should be embedded in all policy areas and across sectors.

It is important to consider and understand the conditions in which women live, as this significantly impacts overall health and women's ability to access healthcare services.

The competing demands of unpaid labour and economic insecurity may compel women to prioritize immediate family or financial obligations over their own healthcare needs, leading to a cycle of untreated or undertreated conditions that could have long-term consequences for their health and well-being¹.

Women remain less likely to be in contractually secure jobs, more likely to be segregated into low-paid sectors culturally stereotyped as 'female,' less likely to be in senior positions and earn less than their male counterparts including when they have comparable educational qualifications.

These issues are further compounded for women with intersecting protected characteristics, low socioeconomic backgrounds and for women from rural and island areas².

That is why work to support the early years, to tackle the gender pay gap, to address child poverty, are all key to improving the health of women and girls in Scotland.

All women and girls will have different experiences, and these experiences will impact their health in different ways. They face multiple, and often overlapping, disadvantages and barriers to their health and to accessing good healthcare. For ethnic minority women, for example, these inequalities are further exacerbated by experiences of racism and discrimination. A whole government approach is necessary to tackle the health inequalities experienced by women and girls experiencing multiple and compounding marginalisation or disadvantage.

1 Jeffrey G. Barriers to Women in Accessing Healthcare in the UK – A Review. LSE Public Policy Review. 2025; 3(4): 5, pp. 1–12. DOI: <https://ppr.lse.ac.uk/articles/10.31389/lseppr.122>

2 [Gender policy coherence: annual statement 2025 – gov.scot](#)

The [Cabinet Secretary for Health and Social Care](#) has identified racism as key driver of health inequalities, and a significant public health challenge, setting the expectation that anti-racism will be embedded across the health and care system. All health boards, territorial and national, are working to develop and deliver on anti-racism plans, covering workforce and service delivery.

To support Boards, the Scottish Government has published anti-racism planning [guidance](#), which includes a framework for action on anti-racism. The guidance was developed in collaboration with stakeholders including the NHS Ethnic Minority Forum (EMF).

The Framework sets out initial priorities for tackling racialised healthcare inequalities:

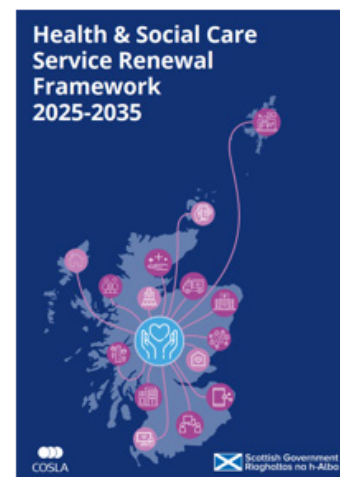
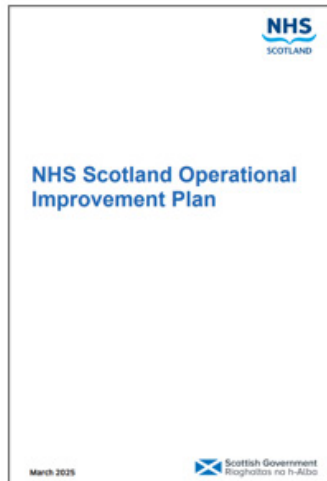
- Leadership, governance and accountability — to drive real change, with clear accountability for progress;
- Improving data and evidence – to identify and address inequalities;
- Workforce culture and wellbeing – creating inclusive environments for staff and patients;
- Embedding a focus on equity and anti-racism in services – starting in areas where inequalities are most pronounced: perinatal care (the time from pregnancy up to a year after birth), type 2 diabetes and cardiovascular disease prevention, and mental health.

These priorities build on, and go beyond, the recommendations of the [Expert Reference Group on Covid-19 and Ethnicity](#).

Health Boards are already taking action. For example, NHS Greater Glasgow and Clyde have done targeted work to [improve maternity care for ethnic minority women](#). Key steps taken to drive change included: examining baseline UK, national and local data and evidence; working with and listening to women and local third sector organisations, such as [Amma Birth Companions](#), to better understand women's experiences behind the data; applying an anti-racism and equity lens to understanding outcomes; and finally carrying out focused work to improving access, experiences and outcomes, taking a quality improvement and multi-disciplinary approach.

To accelerate progress and enable wider sharing of effective approaches to reducing racialised healthcare inequalities, a national anti-racism support offer is being provided by Public Health Scotland, NHS Education for Scotland, Healthcare Improvement Scotland and the Scottish Government.

Health and Social Care Reform



The development of the Scottish Government's health reform policies are taking this whole government approach.

The [Service Renewal Framework \(SRF\)](#) is a long-term plan to make care more local, personal, and effective. It is designed to complement the [Operational Improvement Plan](#), which focuses on reducing long waits for planned care and improving access across the system – central to tackling long gynaecology waits.

It sits alongside the [Population Health Framework \(PHF\)](#), which prioritises primary prevention. While the PHF aims to prevent illness before it starts, the Service Renewal Framework focuses on secondary and tertiary prevention – ensuring timely diagnosis, treatment and ongoing care.

By addressing the wider determinants of health, promoting prevention, and supporting early intervention, the Women's Health Plan seeks to ensure that the health system and beyond is responsive to the unique needs of women and girls throughout their lives.

With the ambitions of the Women's Health Plan, these reform policies will work toward a Scotland where women and girls live longer, healthier, and more fulfilling lives.

Socioeconomic inequalities remain a critical driver of health disparities, disproportionately affecting women from disadvantaged backgrounds.... Women in low-income households often struggle to afford medical treatments and encounter workplace inflexibility, limiting their ability to take time off for healthcare needs³.

While women may have a longer life expectancy than men, the proportion of their life that is spent in good health is notably and consistently lower than men's. Women face a higher burden of morbidity⁴, which is why a focus on prevention and work to optimise future health is so important.

The **Population Health Framework** includes action to progress essential upstream interventions including Income Maximisation, Community Wealth Building and addressing the important contribution of better housing to health.

This work is fundamental to tackling the health inequalities women and girls face, further building on the ambitions of the Women's Health Plan. It will be of particular importance for women and girls who are living in Scotland's deprived communities who are more likely to experience poor physical and mental health⁵.

The PHF sets out plans to tackle the root causes of poor health and reduce the life expectancy gap between the poorest and most affluent areas across Scotland, including initial action to reduce health harming risks during preconception and in pregnancy.

Vitality, the Framework is focussed on Primary Prevention – action that, where possible, stops health issues from emerging in the first place. Interventions such as HPV vaccine, support for pelvic floor health and access to and provision of a choice of contraception, including LARC methods, are all examples of primary prevention that can be life changing for women and girls and are an important part of the Women's Health Plan.

Scotland's Service Renewal Framework supports the next step, setting a framework for a health and social care system which supports and promotes secondary and tertiary prevention – early detection to support early intervention and then through tertiary prevention to minimise the harm of a health concern through careful management. Within the Women's Health Plan, primary to tertiary prevention are central to ensuring the best possible health of women and girls in Scotland, optimising future health, as well as responding quickly to early signs of ill health or of crisis (for example, through earlier diagnosis and management of cervical cancer, or of heavy menstrual bleeding, endometriosis, PCOS and other menstrual health conditions).

Published in October 2025, the [Scottish Health Information Integrity Strategy](#) sets out the framework for safe, coherent, evidence-based and ethical approaches to address false and misleading health information.

The strategy is a blueprint for a national approach to ensure the general public have ready access to accurate information, that can help them to make decisions about their health and wellbeing. It seeks to link local on-the-ground efforts to national level, and while supporting trusted figures in our communities.

Detailed actions have been jointly agreed by the Scottish Government, Public Health Scotland and Education Scotland in consultation with the NHS and other stakeholders. This work will link to the action on hormone hesitance in Phase Two of the Women's Health Plan and feedback from women and girls who want access to reliable and accurate health information, from trusted sources.

3 Jeffrey G. Barriers to Women in Accessing Healthcare in the UK – A Review. LSE Public Policy Review. 2025; 3(4): 5, pp. 1–12. DOI: <https://ppr.lse.ac.uk/articles/10.31389/lseppr.122>

4 Jeffrey G. Barriers to Women in Accessing Healthcare in the UK – A Review. LSE Public Policy Review. 2025; 3(4): 5, pp. 1–12. DOI: <https://ppr.lse.ac.uk/articles/10.31389/lseppr.122>

5 [Scotland's Population Health Framework 2025-2035](#) p11

1

Women's Health Across the Lifecourse

Getting It Right For Everyone (GIRFE)



Through the Focus Groups held to inform the Phase Two of the Women's Health Plan, women and girls articulated to the Scottish Government the challenges they face in getting the health and care support they want and need. **Getting It Right For Everyone (GIRFE)** is the practice model shaping how public services in Scotland are designed and delivered – and making sure we get it right for women and girls.

The model supports people from young adulthood to end of life care, and as such will take into account the needs of women and girls across the lifecourse from puberty to support in older age. It brings the person, their families, carers and all the people providing services together to create a holistic joined-up care and support plan that is coordinated by one professional. This plan looks at all their needs across different services to make sure they get the best possible outcomes.

The Scottish Government is committed to embedding GIRFE in health and social care across Scotland. A Toolkit and e learning modules have been prepared for professionals to help them use this approach in their everyday work.

Access to care and support in Primary Care

The Scottish Government is driving the priority aim of shifting the balance of care closer to home through the expansion of primary care and community services, ensuring people can get the right care, in the right place, at the right time.

A 'Year One' commitment in the SRF is to publish a detailed Primary Care and Community Health Route Map. This Route Map will set out the actions and work that is needed for improving access to services and treatments in the community (workforce, infrastructure, systems), clarify the role and services to be delivered in the community, and support leadership and cohesion in our health services in the community.

General Practice

The Scottish Government has increased the funds available to Health Boards to contract enhanced services from GP practices by £4 million, including for long acting reversible contraception (LARC). Boards are now able to agree increased fees with GP practices to provide these services. It is hoped that this will enable more practices to consider increasing their LARC offer to women and increasing the availability of effective contraception.



“It should be the same GP all the time, all the way through, so that they really get to know you and that you have continuity of care.”

BHF Focus Group, Participant 3

Women have described how they would value **continuity of care**, so healthcare professionals have a holistic understanding of their health history and have built a trusted relationship. The Scottish Government have recently announced an investment of an additional £310m over three years (subject to parliamentary approval) to increase workforce capacity in general practice with the intention of improving continuity of care.

The [NHS Operational Improvement Plan](#) sets out the Scottish Government’s intention to continue to increase capacity in General Practice in 2025-26.

An [action plan](#) on General Practitioner (GP) Recruitment and Retention, published in November 2024, builds on previous work to support the GP workforce. It includes new GP early career fellowships and an enhanced GP Retainer Scheme. This action plan will be delivered by the end of 2026 and an update setting out progress and next steps published in March 2026. The Scottish Government will also scope a new quality framework to make GP services more consistent across Scotland, so everyone can rely on getting the care they need, no matter where they live.

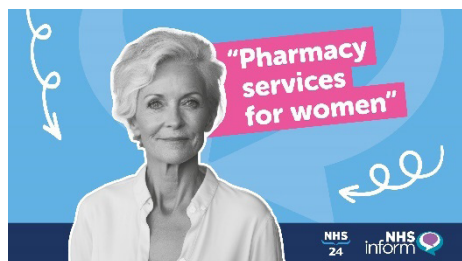
In February 2025, the Scottish Government launched the updated [Transforming Roles Paper 6](#). This sets out the critical role played by General Practice Nurses (GPNs) in managing of long-term conditions, **improving women’s health** and providing holistic, individualised care to their practice population.

The Scottish Government and NHS Education for Scotland (NES) are working with GPN Professional Leads and employers across Scotland to ensure that they understand the changes to the role and to provide the best outcomes for their individual practice populations, with a particular focus on women and girls.

NES have also launched a [GPN Knowledge and Skills Framework](#) to support the implementation, linked to the provision of a range of educational resources. The Scottish Government is working with NES to understand what training, skills and educational resources GPNs need to address women’s health needs, such as cervical screening, menopause, contraception and sexual health.

Community Pharmacy

The network of community pharmacies across Scotland offer increased access to emergency contraception and bridging contraception (progestogen-only pill POP) at no cost to women and usually with no appointment needed.



NHS Pharmacy First [Scotland](#) provides advice, treatment and referral, if necessary, for a number of women’s health issues, for example cystitis, period pain and thrush as well as providing antibiotics for specific common clinical conditions such as uncomplicated UTIs in women.

The NHS Pharmacy First Service provided treatment for over 101,000* cases of uncomplicated Urinary Tract Infections (UTIs)

in women in the 2024/25 financial year⁶, reducing the need for GP practice appointments for this common condition.

6 scotland.shinyapps.io/phs-pharmacy-first-scotland-app/

Community pharmacies are well placed to have an enhanced role in public health and prevention. The Scottish Government will continue to consider how pharmacies can support increased access to advice and treatment for women's health issues.

Violence Against Women and Girls

Violence Against Women and Girls⁷ (VAWG) damages health and wellbeing, is a violation of women's human rights and is a key public health issue for Scotland.

Women and children who experience VAWG are at increased risk of experiencing inequality of outcomes throughout their life, including lower levels of physical and mental wellbeing. The physical, emotional, reproductive and psychological consequences of violence and abuse are significant predictors of poor health and strong risk factors for the poor health outcomes highlighted in the Women's Health Plan. These include physical injuries, unplanned or unwanted pregnancies, eating disorders, STIs and increased risk of suicide.

Equally Safe is Scotland's strategy to prevent and eradicate all forms of violence against women and girls (VAWG). The Strategy is clear that it is everyone's responsibility to create a Scotland where women and girls are safe and have the potential to live flourishing and fulfilling lives, to challenge and transform the attitudes and beliefs that perpetuate, excuse and attempt to legitimise VAWG. **The health sector is key to this as a trusted universal service that can act as an entry-point to support.**



People who have experienced rape, sexual assault or child sexual abuse have suffered a grave violation of their human rights. **A Sexual Assault Response Coordination Service (SARCS)** is available in every health board area, providing vital healthcare and forensic examination services for people in the days following an assault.

SARCS is open to everyone, however we know that **95% of recorded rape and attempted rape, and 86% of sexual assault victims in Scotland in 2024-25 were women⁸.**

The Scottish Government is continuing to invest in SARCS, including funding a dedicated national telephony service within NHS 24 so that people can self-refer to a SARCS, ongoing awareness raising activity to promote the service and developing the SARCS workforce through investment in training for doctors and nurses.

Work is also ongoing to embed the recently revised and published [Healthcare Improvement Scotland \(HIS\) standards](#) for healthcare and forensic medical services, which have been updated to reflect changes to legislation, progress in guidance and policy and our ambitions for SARCS over time.

'Non-fatal strangulation', sexual strangulation or 'choking' is a form of male violence against women which puts them at increased risk of injury and death. According to the [Institute for Addressing Strangulation](#), the evidence would suggest strangulation is the second most common cause of stroke in young women and that there is a need for greater public awareness. Phase Two of the Women's Health Plan will explore this further.

Reports to Police Scotland show that women are the most common victims of spiking. Through the continued work of the **Scottish Government Roundtable on Spiking**, the Scottish Government have established a national approach to ensuring that people who present to A&E receive clear and consistent advice regarding the roles of health professionals and the police when they report incidents of spiking, which will reassure them about the service they will receive. This approach has been endorsed by the Royal College of Emergency Medicine.

7 VAWG includes domestic abuse, rape, sexual assault, stalking, commercial sexual exploitation (including prostitution), and so called 'honour based' violence, including female genital mutilation and forced marriage.

8 [Scottish Government Recorded Crime in Scotland, 2023-24](#)

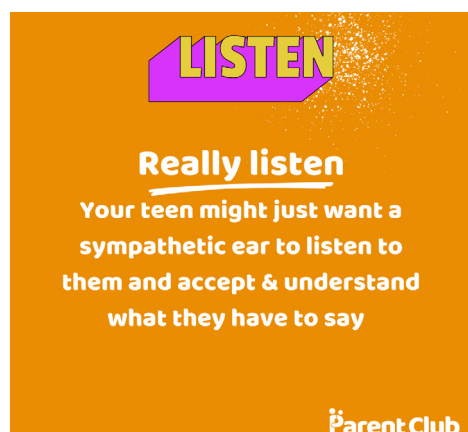
In addition, the NHS digital system will be updated to include a spiking keyword, which will help to identify and support potential cases of spiking. Over time this will provide important data on previous unrecorded incidents and allow us to better understand the extent to which these lead onto formal reporting to Police Scotland. This a first in the UK and something which the Scottish Government anticipate will be adopted elsewhere. This is part of a collaborative approach taken by the Scottish Government, NHS24 and Police Scotland as part of ongoing work to raise awareness of the dangers of spiking.

NHSScotland's [Gender-Based Violence Workforce Policy](#), published in August 2025, aims to provide a consistent, national approach to supporting employees affected by gender-based violence. Accompanied by a guide on sexual harassment, the policy and supporting documents offer clear guidance and resources to raise awareness, promote safety, and ensure appropriate workplace responses. This will help foster a more informed, compassionate, and supportive environment for all staff, particularly women and girls.

The Mental Health and Wellbeing of Women and Girls

Women and girls are disproportionately impacted by poverty, which can lead to social isolation, anxiety, depression and stress⁹.

Greater caring responsibilities and the everyday threat of violence against women and girls can also adversely impact mental health. Childbirth is associated with an increased risk of mental ill health in mothers. Periods of transition often put extra stress on children and young people's pre-existing resilience and coping strategies. The late teenage years are a point when mental wellbeing can decline. Young women in particular are more likely to report this and it can also be the point of onset of serious mental illness.



Teenage years are also a stage in life where the increased use of online communities and social media can impact mental health, especially for young women. Experiences of bullying, harassment and abusive behaviour put young people at higher risk of poor mental health¹⁰

Findings from the Focus Groups carried out for Phase Two of the Women's Health Plan illustrated concerns around mental health and wellbeing in women and girls throughout the lifecycle.

- Girls noted they are left out of discussions around mental health – with minimal attention paid to their mental health and wellbeing in discussions around women's health.

- Managing anxiety and stress during puberty was a specific topic of concern for many young women.
- Older women raised mental health as important area of health, particularly as it relates to many other areas of women's health including menopause, unpaid caring responsibilities and feelings of loneliness.
- Women who had experience of substance use had incredible difficulty accessing mental health treatment.

The Scottish Government published the **Mental Health and Wellbeing Strategy** in June 2023. It sets out the shared vision of the Scottish Government and of COSLA to improve mental health and wellbeing in Scotland. The accompanying **Delivery Plan and Workforce Action Plan** were published in November 2023 and will be refreshed following the Election in 2026.

9 [Scotland's Mental Health and Wellbeing: Strategy](#)

10 [Scotland's Mental Health and Wellbeing: Strategy](#)

The voices of women are part of the delivery of the Strategy, Delivery Plan and Workforce Action Plan through the Mental Health Equality and Human Rights Forum and Diverse Experience Advisory Panel, which includes Engender and the Scottish Women's Convention.

The Scottish Government has continued investment in the communities Mental Health and Wellbeing Fund for adults, including via a Programme for Government (PfG) commitment of £30m funding until 2027. The Fund aims to target inequalities of at risk groups, including women, and the National Guidance highlights the importance of considering the six priority families, which feature women strongly. In the first four years of the Fund, 988 projects supported women.

Early intervention and prevention is a key focus. School counselling support is now in place through secondary schools across Scotland. 64% of those young people who accessed school counselling in 2024/25 were girls and young women, as were 52% of the nearly 80,000 children and young people who benefited from community-based mental health and wellbeing supports focused on prevention.

The Perinatal and Infant Mental Health Fund has provided peer support, counselling and befriending to over 16,200 parents, expectant parents and infants since 2020. The Scottish Government has continued to invest in mental health services and support for parents, infants and families, to ensure that children get the best start in life. This included a £1.5 million investment for the third sector from October 2024-March 2026.

The Scottish Government is also implementing core Mental Health Quality Standards and the Psychological Therapies and Interventions Specification¹¹. These aim to improve experience and outcomes and ensure that support is person-centred and free from discrimination or stigma, and will help support mental health services to meet the needs of all individuals who need to access them, including women.

Equality and human rights considerations are central to the standards, which were designed to ensure an individual's care should be based on the evidence of their assessed needs, what is most likely to help them and crucially, what is important to them. They place key emphasis on kindness, compassion, dignity and respect when accessing services.

Eating Disorders

We know that the majority of eating disorder cases are women and girls.

Improving eating disorder services across Scotland is a key priority for the Scottish Government, and we are continuing to deliver the recommendations from the National Review of Eating Disorder Services.

The National Eating Disorders Network was established in 2024 to help improve training, skills development, and public health strategies. With the help of the Network, the Scottish Government is delivering on the medium and longer term recommendations of the National Review. Key areas of progress include:

- Supporting implementation of the National Specification.
- Producing content for NHS inform, providing free and accessible information and advice on eating disorders for people in Scotland.
- Developing and delivering further training for NHS colleagues.

The National Specification for the Care and Treatment of Eating Disorders in Scotland was published on 20 November 2024 and outlines national standards of care which will support local services to deliver person-centred, safe and effective care and covers all levels of treatment for eating disorders, from primary care all the way through to specialist inpatient care.

11 [Psychological therapies and interventions specification – gov.scot](#) and [Core mental health standards – gov.scot](#)

Self-harm

Self-harm is a significant concern among children and young people in Scotland, with evidence indicating that 10% of under 16 year olds and 25% of those aged 16-24 have self-harmed at some point.

Self-harm appears to be **most prevalent among young women**, with girls over three times more likely to report self-harm than boys¹².

Self-Harm can affect anyone of any age, gender or background, however evidence suggests that it is more prevalent amongst young women and other marginalised groups.

The [Self-Harm Strategy and Action Plan \(2023–27\)](#) places a strong emphasis on early intervention, including work to embed self-harm awareness, training and resources in schools, colleges, and universities, and within national parenting programmes.

The strategy is being delivered in partnership with Self-Harm Network Scotland (SHNS), which provides tailored support and information via a [national website](#), live chat, and peer practitioner support for anyone aged 12 and over, as well as support for loved ones of people who self-harm.

The next phase of the Strategy will place increased emphasis on embedding self-harm awareness and resources across key settings. It will also focus on ensuring that supports are appropriately tailored to meet the specific needs of diverse and often underserved groups, including young people, neurodivergent and LGBT+ people and women in the perinatal period.

Suicide Prevention

Every suicide is a tragedy with a far-reaching impact on family, friends and the community. The national suicide prevention strategy, [Creating Hope Together](#), aims not only to reduce suicide deaths in Scotland but also to address the inequalities that contribute to suicide risk.

It is recognised that that women may face increased risks to their mental wellbeing at various stages of life – for example during the perinatal period, and/or during menopause and that for some women this can increase the risk of suicide.

While suicide deaths are more common among men, research suggests that women are significantly more likely to *attempt* suicide – potentially up to three times more often¹³.

Through Suicide Prevention Scotland, the Scottish Government is delivering a programme of work in communities across the country with a clear focus on tackling the inequalities which increase the risk of suicide. This is set out in detail in Suicide Prevention Scotland's [annual report](#) but examples of work which have particular relevance to women and girls include:

- Highlighting the links between violence against women and girls (VAWG) and suicide risk and creating opportunities to bring together people across Scotland who are working in both topic areas.
- Engaging with organisations working with communities who experience stigma, discrimination and the socio-economic factors associated with an increased risk of suicide. This has included women who are LGBTQI+, young women and women who have experienced domestic abuse. We continue to use this learning to shape policy and delivery of suicide prevention work.
- Working closely with carer organisations to produce a range of useful and informative digital materials specifically designed and written with a focus on the specific needs of unpaid carers, the majority of whom are women. These will be framed around the principles of 'Time Space Compassion' which are central to our work to support people in crisis or affected by suicide in any way.

12 [Self Harm Strategy and Action Plan](#)

13 [mcclelland-h.-loney.-k.-etherson-m.-platt-s.-2022.-risk-and-protective-factors-associated-with-suicide-oucomes-in-scotland.-unpublished-manuscript.pdf](#)

The Scottish Government will shortly be publishing the new Suicide Prevention Action Plan for the period 2026 – 2029. This will build on the existing work, and significant insights gathered over the period of the current action plan and reflect emerging / new evidence on suicide prevention.

We are working with communities and services, to help people talk more openly about suicide and make sure compassionate support is in place for anyone affected by suicide. This includes an understanding that women and girls may need different approaches and this will also be influenced by other life circumstances.

In 2025, we launched a national suicide awareness raising [campaign](#) and [website](#) to support the needs of anyone affected by suicide. This support is for people who may themselves be at risk of suicide, as well as those who care for them – as professionals or as family/friends. This has included the experiences of one young woman who has attempted suicide and two women who have lost someone to suicide.

Neurodivergence

The Scottish Government continues to work with NHS Boards, local authorities, COSLA, the third sector and other partners to improve neurodevelopmental support across the life span for children, young people and adults, including women and girls. A recent NAIT article highlighted the diagnosing of neurodivergent girls and women in Scotland, and the need to recognise gender bias, provide gender informed information and to improve data collection to monitor equity in access and outcomes.

For children and young people, the National Neurodevelopmental Specification sets out the standards all services should follow to ensure they receive the neurodevelopmental support they need, when they need it. The Specification makes clear that a diagnosis is not required to access support and a needs-based approach should be taken. A joint COSLA and Scottish Government review of implementation of the Specification was carried out in 2025, and a new Children and Young People's Neurodevelopment Taskforce has been set up to drive forward improvements and support further implementation of the Specification.

For adult neurodevelopment, we fund the National Autism Implementation Team (NAIT), which is currently supporting NHS Boards to develop, enhance and redesign existing local adult neurodevelopmental services. We have launched the next phase of our £2.5m multi-year Autistic Adult Support Fund, which aims to help autistic adults understand what neurodivergence means for them and improve their wellbeing. Details of the funded organisations, including the type of support they are offering and where it is being offered, can be found [here](#). We continue to fund NHS Education for Scotland (NES) and NAIT to deliver professional learning on neurodevelopmental conditions to upskill staff across a range of services and sectors.

Learning Disabilities

LD Annual Health Checks

The Scottish Government wants people with learning disabilities to live longer and healthier lives. Offering annual health checks is a big step towards fulfilling that ambition. In 2022, the Scottish Government issued National Directions requiring NHS Boards to deliver annual health checks to people aged 16 and over with learning disabilities. The aim of the annual health checks is to reduce health inequalities and prevent premature deaths of people with learning disabilities from treatable illnesses and conditions. The Scottish Government is providing £2 million of funding annually to NHS Boards to deliver this vital policy and LD Annual Health checks are now being delivered to thousands of people across Scotland, bringing positive results.

The LD Annual Health Check supports the health of women and girls by covering key areas such as periods, endometriosis, PCOS, menopause and screening programmes including breast and cervical.

Parents with Learning Disabilities

People with learning disabilities have the same rights to be parents as those without disabilities. A common barrier faced by parents with learning disabilities is negative assumptions that are made regarding their parenting abilities. Most children with a parent(s) with learning disabilities are in care. Approximately 10% of children live with their birth parent(s).

Parents with learning disabilities and their children experience significant mental health impacts caused by child protection processes. Parents with learning disabilities are not always given the advocacy, legal support, and accessible information they require to enable them to fully understand and engage with processes.

The Scottish Government commissioned the Scottish Learning Disability Observatory (SLDO) to carry out a research project looking at local support available to parents with learning disabilities and to understand the decision making processes and roles of the different social care teams involved. We are currently considering the recommendations in the report and as a first step in progressing work to support parents with learning disabilities, the Scottish Commission for People with Learning Disabilities (SCLD) are carrying out a review and refresh of the Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities.

Cancer

The Scottish Government published the [Cancer Strategy for Scotland 2023-2033](#) along with an initial three year [Cancer Action Plan for Scotland 2023 – 2026](#) in June 2023. The Strategy includes a specific, early focus on improving outcomes for women¹⁴.

The aim of the Strategy is to improve cancer survival and provide excellent, equitably accessible care. The strategy and plan take a comprehensive approach to improving patient pathways from prevention and diagnosis through to treatment and post-treatment care.

The strategy is **improving survival and quality care for women and girls** by:

- **Striving for cervical cancer elimination** Coverage for the HPV vaccination programme in Scotland remains high – but has been declining in recent years, a trend witnessed throughout the UK. This decline in immunisation uptake rates has been observed across the UK and globally. However, uptake of one dose of HPV vaccine for all S1 pupils slightly increased in 2024/25¹⁵, with overall coverage rates of 72.6%, compared with 71.5% in 2023/24.

¹⁴ [Cancer Strategy for Scotland 2023-2033](#) p47

¹⁵ [HPV immunisation statistics Scotland – School year 2024/2025 – HPV immunisation statistics Scotland – Publications – Public Health Scotland](#)

Evidence¹⁶ shows that there have been no cases of cervical cancer caused by HPV types targeted by the vaccine in fully vaccinated women who were given their first dose at aged 12 or 13 years old since the HPV programme was first introduced in 2008. The Elimination of Cervical Cancer is a priority for Phase Two of the Women's Health Plan.

- **Improving treatment pathways** – we published the [breast cancer clinical management pathway in 2023](#), helping to guide decision making consistently across Scotland on optimal treatment options at the various points in a patient's pathway, to support shared decision-making.
- **Improving patient access and experience** – we have piloted our Single Point of Contact approach in 12 areas. These pilots are improving access to care and timely reporting of results; easing navigation through care pathways; improving communication and experience, shared decision making and patient-reported outcomes; and are positively impacting our workforce by releasing capacity to provide more proactive and expert care. This has, for example, had a positive impact with respect to the timing of primary surgery for ovarian cancer in the West of Scotland.
- **Improving screening coverage** – three of the six national screening programmes are specifically for women and new initiatives will improve access for women for example, HPV self-sampling for under-screened women following the June 2025 UK NSC recommendations¹⁷.
- **Reducing waiting times** – Over £14m of the £135.5m planned care funding in 2025/26 will go towards cancer waiting times, focussed on the three most challenged pathways, which includes breast cancer.
- **Supporting initiatives for earlier diagnosis** – Continued investment into the Detect Cancer Earlier (DCE) Programme; significant work is underway including work to improve early diagnosis, such as to support early diagnosis of breast cancer through CfSD and Cancer Research UK project in NHS Forth Valley promoting self-referral.
- **Improving data collection** – The Scottish Government is working with Public Health Scotland to understand how best to drive service improvement through improved data for secondary (metastatic) cancers in Scotland, starting with breast cancer.

Maternal and Infant Health

The Scottish Government remains committed to continuous improvement in maternity services to ensure that all women and their babies receive the best possible care. There are a number of pieces of work in this area, focused on continuous improvement in experiences and outcomes for women, their babies and their families.

The Best Start

The Scottish Government has rolled out implementation of the new model of care as set out in [The Best Start](#). Best Start set out a vision for maternity care, focused on person-centred, compassionate, safe care, based on evidence and input from staff and service users. The model included introduction of continuity of carer and a new model of neonatal care, and benefits for families such as help with costs of travel, food and accommodation for families with babies in neonatal care. It also saw the launch of our maternity and neonatal networks and dashboards. As part of Best Start, the Scottish Government published a new 'Pathways for Maternity Care' clinical guidance and schedule to reflect latest evidence, and the ethos of the Best Start, and a 'Birthplace Decisions leaflet' to provide up-to-date information women need to make informed decisions about where they would like to give birth.

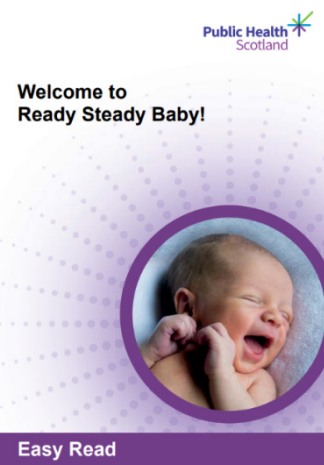
¹⁶ [No cervical cancer cases detected in vaccinated women following HPV immunisation – News – Public Health Scotland](#)

¹⁷ [UK NSC recommends HPV self-sampling option for under-screened women in cervical screening programme – UK National Screening Committee](#)

Information about pregnancy and parenting

All women in Scotland are offered a copy of [Ready Steady Baby](#), a comprehensive guide to pregnancy, labour, birth and early parenthood up to eight weeks. The information in RSB! is available online on the NHS Inform website. An easy-read version is published by Public Health Scotland: [Ready Steady Baby easy read – Publications – Public Health Scotland](#).

The Scottish Government also supports parents to access trusted and evidence based parenting information through the [Parentclub](#) website.



Tackling Racialised Health Inequalities

The Scottish Government's [Tackling Racialised Health Inequalities in Maternity Care action plan](#), interpretation toolkit and an evidence and data resource was published in February 2025. It is aimed at improving inequalities in outcomes for pregnant women and babies from black and Asian backgrounds.

Miscarriage

Miscarriage can have a profound impact on women and families.

To improve miscarriage care, the Scottish Government published the [Delivery Framework for Miscarriage Care in Scotland](#) on 6 February 2025. The Framework, developed by an expert group, brings together professional guidance, including National Institute for Clinical Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidance with the recommendations in the Lancet Series, Miscarriage Matters.

Stillbirth

Data published by National Records of Scotland shows that Scotland's stillbirth rate has fallen by nearly 40% in the last 20 years. However, there is still more work to do to improve stillbirth rates and work underway in our Scottish Patient Safety Perinatal Improvement Programme is aimed at continuing to drive improvements in maternity and neonatal care for mothers and babies. In addition, Scotland participates in four UK-wide audits and confidential enquiries, including the National Neonatal Audit Programme (NNAP), the National Maternity and Perinatal Audit and MBRRACE-UK, to report on comparative rates of perinatal mortality, maternal mortality and to a range of maternity and neonatal data. The reports highlight where quality and safety of maternity and neonatal care can be improved, and on good practice.

We are also committed to supporting families that experience baby loss through the roll out of the [National Bereavement Care Pathway](#), focused on delivery of high-quality, sensitive bereavement care following baby loss.

Inspections and Standards

Following an increase in neonatal mortality in 2021/22, Healthcare Improvement Scotland (HIS) announced that it would extend its independent scrutiny role to cover maternity services across Scotland from January 2025. These inspections are unannounced and both the inspection reports and improvement plans developed by each NHS Board to respond to the inspection findings are published on the Healthcare Improvement Scotland website. The first of these, following the first maternity inspection of Ninewells Hospital, NHS Tayside, was published on 15 May 2025. In addition, the Scottish Government have commissioned Healthcare Improvement Scotland to develop a set of Maternity Standards that will set a clear understanding of the standards expected of maternity services across Scotland and are designed to drive improvements in care at a local level. We expect the standards to be published in Spring 2026.

Fertility Services

Scotland currently provides up to **three full IVF/ICSI cycles** on the NHS for eligible couples with some of the highest pregnancy rates and lowest multiple births across all UK nations.

Smoking in Pregnancy

The Scottish Government is committed to a Tobacco-Free Scotland by 2034 and will continue to take the necessary action to achieve this – to help people in Scotland live longer healthier lives.

Primary Health Care Professionals are encouraged to speak to patients about tobacco use, to help identify and support patients who smoke, and inform them of cessation services.

Smoking in pregnancy is the single biggest modifiable risk factor for poor birth outcomes. It increases the risks of miscarriage, pre-term birth, low birthweight, heart defects, still birth and sudden infant death. The earlier mothers stop smoking in pregnancy, the better. Midwives have a key role in supporting mothers to access the right support to quit and information on the benefits of stopping smoking in pregnancy is available on [NHS inform](#).

2024 data gathered at maternity booking appointments shows that women in Scotland's most deprived communities are more likely to smoke when pregnant than those in our least deprived communities (15.6% vs 1.6% – [PHS Antenatal Booking appointment data – March 2025](#))

That is why reducing tobacco dependency in pregnancy is a key priority for the Scottish Government.

In support of this, Public Health Scotland have brought together a coalition of stakeholders to bring a renewed focus on treatment and support for women addicted to tobacco in Scotland.

PHS are leading a short-life working group as part of the Public Health Action Team on Smoking Cessation, who are responsible for implementing the Review of Smoking Cessation Services in Scotland.

Medicines in Pregnancy

The Scottish Government works closely with the UK regulator, the Medicines and Healthcare products Regulatory Agency, particularly in relation to medicines safety.

As part of this work, the Scottish Government has funded Public Health Scotland to establish a resource which monitors the use of anti-seizure medicines in pregnancy. The purpose of this is to track prescribing levels and trends, since the introduction of measures to mitigate the risks, particularly reproductive risks, associated with these medicines. The *Medicines in Pregnancy* resource also links medicines prescribing with maternal outcomes data, which further supports improvements in the safe use of teratogenic medicines (these are medicines that can cause developmental abnormalities in a foetus when a pregnant woman is exposed to it) in Scotland. Its first report was published by PHS in April 2024, with updated reports being published every 6 months, see: [Anti-Seizure Medicines in Pregnancy 1 April 2025 – Anti-Seizure Medicines in Pregnancy – Publications – Public Health Scotland](#)



Breastfeeding and Infant Feeding

Protecting all parents, especially pregnant women and new mothers, from harmful commercially influenced marketing by formula milk companies is essential to ensure informed choices about infant feeding. Over recent years, Scotland has seen a rise in early breastfeeding rates and longer durations of breastfeeding, alongside a reduction in inequalities. Rates among younger mothers and those in more deprived areas are increasing at a faster pace.

Breastfeeding provides a protective health factor for both mothers and babies, with benefits that extend well beyond the breastfeeding period. In addition to showcasing the work in Scotland to date, Scotland's [Breastfeeding and Infant Feeding Strategic Framework \(2025–2030\)](#) sets

out the key strategic actions to support the infant feeding journey during pregnancy and post-partum and how these will be delivered over the next five years.

The Scottish Government has invested more than £11 million over the past seven years to improve breastfeeding experiences, including embedding the UNICEF Baby Friendly Initiative across maternity, neonatal, and community services.

- For the first time since 2002, more than half of all babies in Scotland (51%) were breastfed rather than fully formula-fed at the 6–8 week review.
- Latest statistics show that 69% of newborns were breastfed for at least some time after birth, with rates among younger mothers and those from the most deprived areas continuing to rise.

Mesh and Pelvic Floor Audit

The experiences of women who suffered complications after having had mesh implanted highlighted historical gaps in how women's health concerns have been understood, prioritised, and addressed.

Our response has been shaped by listening to the women who spoke out, persisted, and demanded change. We have established a specialist mesh service in NHS Greater Glasgow and Clyde, put in place funded independent provider options to allow women a choice of who performs surgery, provided funds to women to help with emotional or practical support and reimbursed those who previously paid for private mesh removal. Further, we have commissioned the Scottish Pelvic Floor Registry and Audit Programme, led by Public Health Scotland (PHS), to collect and analyse data to improve pelvic floor services in Scotland.

This work has not only been about addressing the past but about setting a new standard for the future by placing women at the centre of policy design and embedding their voices in how their services are shaped and delivered.

2

Early years

Support for the earliest years is vital for the health of girls and young women across the life course, in addition to providing essential support for parents of all ages. The Population Health Framework includes short term actions on early years and child development. Work to improve health in the early years supports the ambitions of the Women's Health Plan around early intervention, equity and holistic care.

Set out below are a range of key policy actions being carried out in relation to early years, supporting the needs of women and girls.

Health Visiting

Scotland's universal Health Visiting service plays a vital role in supporting women's health and wellbeing post birth. Health visitors provide tailored support to mothers, including breastfeeding support, maternal mental health screening, and connection to health and community based services to support their own health, as well as that of their child.

[Health visiting: action plan 2025 to 2035 – gov.scot](#)

[Universal Health Visiting Pathway in Scotland: pre-birth to pre-school – gov.scot](#)

School nursing

School nurses support the health and wellbeing of school-aged children through a preventative and early intervention approach. Their work spans ten priority areas, including emotional wellbeing, sexual health, substance misuse, and domestic abuse. This support is particularly impactful for girls and young women, helping to address health inequalities and improve outcomes later in life.

Pregnancy and Parenthood in Young People

Our strategy on pregnancy and parenthood in young people provides an overarching approach for young people, particularly young mothers. It aims to reduce the cycle of deprivation associated with early pregnancy and offers support during the perinatal period. This improves outcomes for young mothers through targeted, equitable support.

Empowering Change – A Family Nurse's Perspective



Family Nurse Partnership (FNP)

FNP is an intensive home visiting programme for first-time young mothers. Delivered by specially trained nurses from early pregnancy until the child turns two, they are supported across three main aims to improve maternal and birth outcomes, child development, and family economic stability.

This is an evidence based, person-centred, preventative programme, empowering young women to take control of their lives and make informed choices and sustainable change. [Empowering Change – A Family Nurse's Perspective](#)

Young Patients Family Fund (YFFF)

YFFF provides financial support to families visiting young inpatients under 18, helping with travel, meals, and accommodation. This ensures that financial hardship does not prevent women, particularly mothers, from being present with their children or siblings during hospital stays. For new mothers whose babies require neonatal care, the fund enables them to stay close to their babies during a critical bonding period. By reducing financial barriers, YFFF promotes equity and access, supporting the Women's Health Plan's ambitions to improve outcomes for women through compassionate, person-centred care.

In 2024/25, Health Boards reported that the families of **7,469 young inpatients** were supported through YFFF, with total payments amounting to **£3,111,953**



3

Population Health: Meeting the needs of women and girls

Within Scotland's population, women and girls have specific needs that are different to those of men. Population health policies are working to ensure Scotland is meeting the needs of its women and girls, in line with the ambitions of the Population Health Framework.

Screening

In recent years, the Scottish Government has provided a £1million inequalities fund that seeks to address access and uptake inequalities across the cancer screening programmes, including breast and cervical screening. This funding has been used for projects at both health board and national levels.

The [National Equity in Screening Strategy](#) was published in June 2023, and the recommendations within it are designed to address inequalities and ensure equitable access for all eligible screening participants. Delivered actions from the Strategy include the launch of the Equity in Screening Network for Scotland, and a requirement for all NHS boards to have developed a Screening Inequalities Plan.

Cervical Cancer Elimination

Eliminating cervical cancer in Scotland will save lives and demonstrate the transformative potential of preventative medicine. The Scottish Government and its healthcare partners are passionate about making this a reality.

In December 2025, an independent expert group, chaired by Professor Anna Glasier, reported on how cervical cancer can be eliminated in Scotland. That report will guide our actions in the months and years to come. However, we already know that elimination will only be possible if we overcome the barriers that deter people from coming forward for screening.

Following the publication of the report, in Spring 2026 we will publish a **Cervical Cancer Elimination Action Plan** which will set out the steps that need to be taken to eliminate cervical cancer in Scotland. We are also working to rapidly introduce self-sampling to the cervical screening programme, and will start offering it in some of our most deprived areas by Spring 2026.

Breast Screening

In Scotland, more than three in four women (75.9%) took up their screening invitations in 2020-23, the most recent period for which statistics are available. This is above the acceptable uptake standard of 70% and is an increase on the previous three year period (2019-22) when uptake was 74.5%, and the pre-pandemic period (2017-20), when uptake was 72.2%. Despite this, we acknowledge that more needs to be done to reduce inequalities in screening uptake, and to address the barriers some women face when accessing breast screening.

On 27 November 2025, the Scottish Government published a report on the [modernisation of the breast screening service](#). The report highlights the considerable challenges which exist across the programme, and provides recommendations and measures to create a more efficient, equitable and patient-focused service.

Commissioned by the Scottish Government in acknowledgement of the pressures and challenges facing the breast screening programme, this report demonstrates our commitment to recovery and improvement. Work has already commenced on progressing its recommendations, with funding provided to Screening Oversight and Assurance Scotland to ensure that this essential service will be put on a firm footing for the future.

Pregnancy Screening

In Scotland, pregnancy screening is offered to all women at different stages during routine antenatal appointments, while newborn screening is offered to all babies within the first days and weeks of life. These screenings aim to identify the likelihood of certain health conditions in the mother or baby as early as possible.

Two new conditions are being added to the existing newborn blood spot test in 2026. Hereditary Tyrosinemia type 1 (HT1) will be added following a positive recommendation from the UK National Screening Committee (UK NSC). Spinal Muscular Atrophy (SMA) will also be added as part of an In-Service Evaluation, initially for two years with the possibility of extension. This will provide valuable evidence for the UK NSC when they consider whether to make a permanent recommendation to screen for SMA.

HPV Vaccination

HPV vaccine is offered to every S1 pupil in Scotland. Any young person in Scotland who does not take up their HPV vaccine offer in S1 will have further opportunities to receive their vaccination while in school and will continue to be eligible to receive the vaccine free of charge, until their 25th birthday.

The HPV vaccine protects both boys and girls from HPV-related cancers, specifically: cervical cancer, head and neck cancers (particularly of the oropharynx), anogenital cancers, penile, vulval and vaginal cancer.

Uptake of one dose of HPV vaccine for all S1 pupils slightly increased in 2024/25¹⁸, with overall coverage rates of 72.6%, compared with 71.5% in 2023/24.

During the school year 2024/25, coverage of one dose of HPV vaccine among girls in S1 was 75.7% with coverage reaching 85.7% in S4.

In each year cohort, pupils living in the most deprived quintiles had lower coverage of the HPV vaccine compared with pupils from the least deprived quintiles. These inequalities have worsened over time. In S4 pupils in 2019/20, there was a difference of 3.1 percentage points between the most and least deprived groups (91.1% vs 94.2%); by 2024/25, this was 16.1 percentage points (74.6% vs 90.7%).

Coverage of one dose of HPV immunisation by the end of S4 ranged from 77.8% among girls residing in the most deprived areas to 92.3% in those from the least deprived areas in 2024/25.

The Scottish Government is working through the Scottish Vaccination and Immunisation Programme (SVIP), with Public Health Scotland and Health Boards to reduce vaccine-preventable diseases, increase vaccination uptake, and reduce inequalities. SVIP has published a [5 Year Vaccination and Immunisation Framework and Delivery Plan](#) and an underpinning Implementation Plan is currently in development. The Implementation Plan will set out actions to improve HPV vaccination uptake to support cervical cancer elimination.

18 [HPV immunisation statistics Scotland – School year 2024/2025 – HPV immunisation statistics Scotland – Publications – Public Health Scotland](#)

Sexual Health and Blood Borne Virus

The [Sexual Health and Blood Borne Virus Action Plan](#) was published in 2023. It links with key policies, including the Women's Health Plan, and focusses on how to ensure that everyone who needs it can access good sexual and reproductive health and BBV care and support, from primary prevention to treatment.

Access to contraception services, including post-partum and post abortion, is one of the 'priority areas' in the Action Plan, working in partnership with the WHP to achieve joint goals. This is in addition to young people, sexual wellbeing and recommitment to the hepatitis C and HIV Transmission elimination goals. The importance of these issues has meant recent action has seen the NHS Board Chief Executives focus attention on work to increase access to long-acting methods of contraception and long waits in some Boards for abortion care.

Young people under 25 are one of the groups most at risk of poor sexual health outcomes¹⁹. Through the Action Plan and the Women's Health Plan, work is taking place to understand the factors that are impacting young people's sexual health and wellbeing and the potential support and interventions they need. Phase Two of the WHP is taking this forward through a *National Summit on Young People's Sexual Health and Wellbeing* which is delivered in a WHP and Sexual Health and BBV Action Plan policy partnership.

Diet and healthy weight

The Scottish Government is committed to preventative public health actions to help create a Scotland where everyone eats well and has a healthy weight. Improving healthy weight through a whole-system approach is one of two evidence-based priorities within the Population Health Framework (PHF) that will support the Scottish Government's aim of increasing life expectancy and reducing inequalities.

The 2024 Scottish Health Survey found that two thirds (66%) of adults in Scotland were living with overweight or obesity. It also showed almost a third (31%) of adults were living with obesity, up from 24% in 2003.

There has been an increase in the percentage of women classed as living with severe obesity (a BMI of over 40) from 3% in 2003 to 7% in 2024. The percentage for men is stable at 2%.

The survey also found that the average adult BMI has been rising over time. This is driven largely by an increase for women from 27.6 in 2003 to 28.6 in 2024 compared to no change for men.

Weight Management Services and Type 2 Diabetes

The Scottish Government's overall aim is to reduce people's risk of developing type 2 diabetes and for those diagnosed, potential avoidance of diabetes-related complications or remission of the condition. The Scottish Government has committed over £9 million in funding over the next four years to implement national digital weight management programmes which will support thousands of people to either achieve remission or prevent the onset of type 2 diabetes.

Weight is a modifiable risk factor for type 2 diabetes. Data from Public Health Scotland demonstrates that between October 2019 and September 2022, there was a much larger proportion of referrals to weight management services for women compared to men. Nearly three quarters of referrals were women in the most recent year of data collection (73% in October 2021-September 2022²⁰).

Continued delivery of weight management services that reach all patient groups is vital. The Scottish Government is continuing to invest in weight management services to enable health boards to offer more evidence-based treatment for obesity.

¹⁹ <https://publichealthscotland.scot/population-health/conditions-and-diseases/sexual-health/data-and-intelligence/overview/>

²⁰ [Referrals to NHS Board Commissioned Weight Management and Type 2 Diabetes Prevention Services](#)

The quality and equity of access to weight management services across Scotland is being improved through minimum standards and pathways. The Scottish Government wants all Boards to ensure they are targeting services to those most vulnerable to reduce diet-related health inequalities.

Obesity medicines (GLP-1 RAs, often referred to as ‘weight loss jabs’)

GLP-1 RAs are a new class of medicines in the treatment of obesity, although they have been used for some time for the effective treatment of type 2 diabetes. Clinical trial and real-world evaluation of the impact of GLP-1/GIP RAs are demonstrating weight loss outcomes of 15-20%²¹.

The Scottish Government welcomes the decision by the independent Scottish Medicines Consortium (SMC) to accept certain obesity medicines for the treatment of obesity in eligible patients, to be used alongside a reduced calorie diet and increased physical activity. The SMC has assessed the clinical and cost effectiveness of these medicines and has recommended, with restrictions, that they should be available for routine use within the NHS in Scotland. To support the roll-out of obesity medicines across the NHS in Scotland, the Scottish Government published a national consensus statement in September 2024.

These medicines have **particular impacts for women** and they must not be taken during pregnancy, while trying to get pregnant, or during breastfeeding.

In June 2025, the Medicines and Healthcare products Regulatory Agency (MHRA) published [communications](#) reminding women to use effective contraception while taking these medicines and, in some cases, for up to two months between stopping the medicine and trying to get pregnant.

In April 2025, the British Menopause Society published a new [‘Tool for Clinicians’](#) on the ‘use of incretin-based therapies in women using HRT’. It summarises that “concerns related to concurrent use of HRT and semaglutide or tirzepatide relate primarily to endometrial protection and a potential risk of reduced absorption of oral progestogens used within HRT regimens”. The document clarifies considerations when prescribing these therapies in women using HRT during the menopause transition and post-menopause.

Folic Acid Fortification

On 20 December 2024, Scottish Ministers introduced legislation to require the fortification of non-wholemeal wheat flour with folic acid to help reduce the number of neural tube defect affected pregnancies. Similar legislation has been laid in England, Northern Ireland and Wales. Fortification requirements will come into force across the UK by the end of December 2026. The Scottish Government expects some products to contain flour fortified with folic acid from Autumn 2025.

Neural tube defects affect around 1,000 pregnancies each year in the UK. The addition of folic acid to non-wholemeal wheat flour is expected to increase levels of folic acid in women and help reduce the number of pregnancies affected by neural tube defects each year by around 20%.

Government advice for women who are pregnant or trying for a baby is that they take a folic acid supplement of 400 micrograms every day as soon as they start trying for a baby (ideally for 3 months before) and for at least the first 12 weeks of pregnancy. Folic acid fortification is intended to support, not replace, current advice on folic acid supplementation.

21 [Real-world evidence on the utilization, clinical and comparative effectiveness, and adverse effects of newer GLP-1RA-based weight-loss therapies – PubMed](#)

Supporting women who use drugs and alcohol

Taking an equalities-focused approach to drugs and alcohol policy is essential to ensure that treatment and support services are fair, inclusive, and effective for everyone. Women often encounter distinct barriers when seeking help with treatment and recovery, yet too many services fail to reflect their specific needs.

Through the consultation for Phase Two, women highlighted that those with long term experience of substance use often face stigma and discrimination when they are accessing healthcare services²².

In response to these specific needs, the Scottish Government has worked to ensure that a gendered-approach is embedded across all of the work to reduce alcohol and drug related deaths and harms. We have implemented package of initiatives which aim to ensure that high quality drug and alcohol services are available and accessible for women at any point in their recovery journey.

[Aberlour Mother and Child Recovery Houses](#) project aims to increase capacity for residential rehabilitation services for women at Aberlour Child Care Trust, through establishing two residential rehabilitation recovery houses. The houses are a transformational new residential recovery service designed specifically to support women and their children up to age five through treatment from substance use, before they reach a point of crisis in having their children removed from their care.

This activity links to Whole Family Wellbeing Fund ambitions and aligns with the national priorities of The Promise and Getting it Right for Every Child, through its wraparound provision of childcare alongside residential rehabilitation. The Whole Family Wellbeing Fund is providing full revenue funding of the project to 2025/26.

We also know that the use of alcohol and drugs during pregnancy can have a detrimental effect on both the mental and physical wellbeing of women, and the emotional and physical development of their infants. This is why we have set up the **Supporting Women Reducing Harm Group** to explore what pathways are in place for substance-using women during pregnancy and the early years, and develop good practice guidance to support local areas in meeting the needs of these women and their infants.

Alcohol Harm Prevention

A Public Health Scotland evaluation estimated that the Minimum Unit Pricing policy has saved hundreds of lives and is likely to have averted hundreds of alcohol-attributable hospital admissions. This Government's work to continue and increase the minimum unit price of alcohol to 65 pence is an example of our approach to take concrete action to reduce alcohol harms.

The Scottish Government remains committed to progressing work on protecting children and young people from exposure to alcohol marketing and promotion. Research has consistently shown that exposure to marketing is associated with an increased likelihood that children will start to drink or, if they already drink, drink more. We will also take action through the recently published Population Health Framework that seeks to reduce health inequalities and improve population health, including reducing harms caused by alcohol.

The Alcohol Framework (2018) sets out a commitment to increase awareness of FASD and support improved diagnosis. It includes an action to continue to prevent and reduce the harm caused by alcohol consumption in pregnancy. The 2025/26 Programme for Government commits to embed early conversations on preparing for pregnancy into routine health care, to optimise preconception health and care. This will be a key action within Phase Two of the Women's Health Plan.

22 Simon Community Women's Health Plan Focus Groups: Summary of Findings

There is no known amount, type or timing of alcohol that is safe in pregnancy. Avoiding alcohol during pregnancy and when contemplating pregnancy is the only way to be sure that the baby will not be affected by FASD. The advice of Scotland's Chief Medical Officer is therefore to avoid alcohol completely when pregnant or trying to conceive – No Alcohol No Risk.

As part of the new maternity pathway published in 2025, midwives will begin having conversations with women about alcohol use from their first maternity appointment, and will revisit this as appropriate throughout the pregnancy.

Women experiencing social complexities such as alcohol use should have continuity of care, where the majority of their care is provided by their primary midwife. This can help women develop a strong, trusting relationship with their midwife throughout their pregnancy. Midwives can refer women who need additional support to specialist services. In cases where there is significant alcohol use, midwives can also refer women to an obstetrician for their care planning, to make sure they are receiving the care they need.

Ready Steady Baby! includes information about alcohol in pregnancy. It advises women that the safest option is to stop drinking when trying to get pregnant or as soon as they know they are pregnant. It provides women with additional information about the impact of alcohol on their baby, and signposts women to resources of help and support.

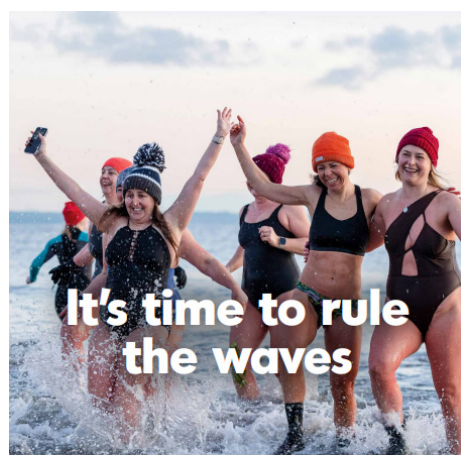
Physical Activity and Sport for Women and Girls

Tackling inequalities in physical activity and sport is central to the [National Physical Activity for Health Framework](#), and directly supports the ambitions of Phase Two of the Women's Health Plan, which includes actions on physical activity and the health of women and girls.

The most recent data from the Scottish Health Survey shows that women and adolescent girls in Scotland remain less likely to be physically active than men and adolescent boys, consequently impacting on their physical, mental and social health and wellbeing.

- Adult women continue to be less active than men, both in meeting the recommended levels of moderate-to-vigorous physical activity (MVPA) – 58% of women compared with 66% of men in 2024 – and in sports participation – 45% of women compared with 54% of men in 2023.
- Activity levels generally decline with age after early childhood. Of particular concern are teenage girls and women aged over 75 years, where fewer than 50% meet recommended levels of MVPA.

Physical activity is a powerful tool for the prevention of ill health. There is robust evidence of its protective effect against conditions such as coronary heart disease, some cancers, hypertension, obesity, type 2 diabetes, and osteoporosis. It also plays a vital role in supporting pelvic health and maintaining strength and balance, key components of optimising future health that help sustain mobility, confidence and independence, particularly in later life.



Whatever your style, dive into
Scottish Women and Girls in Sport Week.
6 - 12 October 2025
Find your Fit



These benefits are especially important during life stages such as menopause, when women may face increased health risks and often experience a decline in activity levels. Movement of any kind, such as gardening or walking, can help manage symptoms and support overall wellbeing. The Scottish Government is working with Public Health Scotland, SAMH and others to develop menopause-specific guidance that supports women to stay active.

Improving visibility is also essential to driving change. Increasing the representation of women and girls in sport and physical activity, through campaigns, role models and leadership opportunities, helps challenge stereotypes and inspire participation. The annual **Scottish Women and Girls in Sport Week**, established in 2017, is a flagship campaign that celebrates the benefits of being active and

showcases the breadth of opportunities available. Now a well-established part of the sporting calendar, it enables partners across Scotland to share good practice and amplify their work to empower women and girls to be more active, more often.

In August 2025, the Scottish Government hosted a **Women's Sport Symposium** alongside the Welsh Government. This event took place in the margins of the Women's Rugby World Cup and explored the investment, visibility, and leadership in women's sport. New research shared at the event will be used by the sector to inform communications and media strategies, as well as facilitating connections between sponsors, media, and wider partners to further grow women's sport. You can find this research here: [Glasgow 2026 a Golden Opportunity to Cement Record Growth in Scotland and Wales – Womens Sport Trust](#)

The Scottish Government have delivered on its commitment to make Active Schools free for all. With nearly 50% female participation, it is one of the most gender-balanced large-scale sporting programmes in Scotland. The national agency for sport, sportscotland, also delivers wider initiatives such as [Fit for Girls](#) and the [Young Ambassadors Programme](#), which continue to break down barriers and build confidence, leadership and visibility for women and girls in sport.

Fit for Girls

Fit for Girls is a national programme developed in partnership between sportscotland and the Youth Sport Trust. Since 2008, it has continually developed to meet the needs of girls and the sport and physical activity workforce in Scotland.

The Fit for Girls programme empowers young women and girls to play a key role in addressing barriers to participation, while also increasing visibility, confidence and leadership of women and girls in sport.

The programme offers support to local authorities, governing bodies and other national partners who have identified a need to improve the provision of sport and physical activity for girls and young women, and the programme empowers girls as part of that process.

Workshops are co-delivered by two members of the Fit for Girls tutor team which allows for meaningful peer to peer delivery. The tutors aim to inspire and empower girls and young women to create local change in their school, club and community by developing their self-esteem and confidence to inspire others.

Further information on Fit for Girls can be found here: [Fit for Girls](#).

Gambling

Gambling harm is a significant issue, affecting not only people who gamble but also their families, relationships, communities and wider society.

Gambling harms are estimated to cost up to £60 million in Scotland (PHS).

The effects of gambling go beyond the person engaged in gambling and it is estimated that at least six people are directly affected by the person experiencing gambling harms, with women more likely to be an affected other.

Aila

The [Aila website](#), has been developed by the RCA Trust and Simon Community Scotland, as a dedicated resource focused on **women's experiences of gambling related harms** and is a source on how to find support when needed.

The site, importantly, has advice on **how to provide professional support to women in need**. It has been created by women with lived experience of gambling harm as a safe, psychologically informed digital environment to provide support and elevate female voices in Scotland.

The introduction of the statutory gambling levy marked a generational change in research, prevention and treatment of gambling-related harm. The first year of the levy raised just under £120m.

The levy is charged to operators as a proportion of Gross Gambling Yield (GGY). UK Government will assess the likely impact of tax changes on levy yield over the coming months. The Scottish Government is working closely with a wide range of stakeholders as part of a bidding process for Levy funding in 2026/27.

Health support for Women in Prison

To support trauma-informed care, the Scottish Government provides additional funding for the two SPS Community Custody Units (CCUs) in Dundee and Glasgow, marking a significant shift in the rehabilitation of women in custody. The HMP Bella Centre in Dundee and the HMP Liliac Centre in Glasgow focus on helping women build essential life skills and independence, improving their chances of successful reintegration into the community.

The CCUs adopt a holistic, needs-based approach to health and wellbeing, aiming to reduce reoffending through tailored support. Services include:

- Occupational therapy throughout the custodial journey
- Recovery cafés
- Blood-borne virus (BBV) testing and sexual health advice
- In-house cervical screening
- In-possession medication (excluding controlled substances)
- Healthy eating and menopause information sessions
- Vaccination clinics

Additionally, Scottish Government provides funding for NHS healthcare at HMP Stirling, the national SPS facility for women, including those with complex needs and risks. Opened in 2023, it replaces the previous facility, which was outdated and not fit for purpose. HMP Stirling has been purposefully designed to provide a gender-specific, trauma-informed environment that supports rehabilitation and prepares women for release.



4

The Health of Older Women

Older women who took part in the Focus Groups that informed Phase Two of the Women's Health Plan told us they would like to see improved care and support for older women to ensure they are supported to live as well as possible through later life. Phase Two has a primary focus on 'Optimising Future Health' to support women and girls across the life course, so that their health in later life can be supported by prevention, early intervention, care and support. In particular, this includes new focus on brain health, bone health and pelvic floor health as well as building on existing ambitions around women's heart health.

This section highlights some of the work happening across the Scottish Government supporting older women's health, which will be augmented by the new actions in Phase Two of the Women's Health Plan.

Dementia and Brain Health

MEET
DEMENTIA
FOR A
COFFEE



It is estimated that up to 90,000 people in Scotland are living with dementia and that around 65% of them are women. Dementia is the leading cause of death for women in Scotland²³. Phase Two of the Women's Health Plan includes action on Women's Brain Health through the Brain Health and Dementia Risk Group, which will augment the work already happening on dementia in the Scottish Government.

Women who took part in focus groups with Age Scotland for the Women's Health Plan, particularly participants in their 50s and 60s, raised brain health as an area which is important to them as they get older.

In addition, the impact of caring for someone with a condition such as dementia was discussed, including how this can affect their mental and physical health.

With the number of people living with dementia likely to increase by up to 50% by 2044, work is needed now to improve the experiences of women, to reduce the risk of dementia in later life and to consider how to support unpaid carers supporting people with dementia, who we know are most likely to be women.

As set out in the [10-year Dementia Strategy for Scotland](#) and [first 2-year Delivery Plan](#), the Scottish Government is committed to:

- **Increase access to support following a diagnosis.** That includes investment of £4.35m in 2025 to increase direct support to dementia community groups and settings across Scotland, and to continue efforts to increase the number of people who benefit from our commitment to 12 months' Post-Diagnostic Support

²³ [Alzheimer's and other dementia deaths – National Records of Scotland \(NRS\)](#)

- **Build the understanding and evidence we need to make the changes necessary to improve people’s dementia experience.** That includes working with research, academia and national partners to build a comprehensive understanding of who is providing them care and support (and the skills and education they need), enhancing the data we have on how many people are living with a diagnosis and accessing support, and commissioning evaluations on future service delivery
- **Challenge people’s preconceptions of dementia.** That includes a national Rethink Dementia campaign that saw up to 73% of those engaged commit to take action to continue to be there for those in their lives who have received a diagnosis, and how this can help them stay well for longer.
- **Supporting people to take steps to improve their brain health** – we are also responding to evidence that up to 45% of dementias can be prevented through addressing risk factors. We are committed to addressing these as part of the Population Health Framework and, on the back of an evaluation of a Brain Health Service & Clinic test site, will explore as part of a cross-policy group led by the CMO, how we can take forward actions to improve the population’s brain health. That will include establishing which dementia risk factors may be greater for women.

The particular needs of women will be taken account of, as all of this work is delivered, ensuring the impact on women is central to these interventions, including assessing and establishing the dementia risk factors which are more likely to affect them.

Bone Health

Work carried out by the Royal Osteoporosis Society (ROS) indicated that one in two women and one in five men over the age of 50 will break a bone as a result of osteoporosis. There are around 300,000 people in Scotland with osteoporosis, and around 44,000 fragility fractures occur every year. A broken bone in someone aged 50 or older can indicate osteoporosis, and taking a bone-strengthening treatment could reduce their risk of breaking a bone in the future by up to 50%. Public Health Scotland has identified extensive variation between Fracture Liaison Services across Scotland, which may negatively impact individuals’ care and outcomes and could lead to health inequalities. This is particularly important for women’s health, as women are disproportionately affected by osteoporosis and fragility fractures.

The Scottish Government therefore commissioned the Scottish Fracture Liaison Service Audit (SFLSA) in 2024, under the [Scottish National Audit Programme](#) (SNAP) governance process. This will create high-quality, standardised data and consistency across NHS Boards to identify and evaluate gaps in osteoporosis care, preventable harm, and drive improvements. It will support clinical decision-making and reduce health inequalities by ensuring the most appropriate treatments, interventions, support and services are provided at the right time to everyone who will benefit. This work supports the principles of realistic medicine by facilitating effective collaboration between clinicians, patients and others. As the audit develops, annual reports will be published to provide reliable data to support improvement work for Fracture Liaison Services across Scotland, which in turn will help to address the needs of women who are most at risk.

Frailty

Healthcare Improvement Scotland (HIS) is currently working to reduce inpatient falls through its Scottish Patient Safety Programme (SPSP) Adults in Hospital (previously Acute Adult) initiative, which includes an evidence-based Falls Reduction Change Package that has practical tools, driver diagrams, and quality improvement methods that can be tailored for local contexts. Informed by SPSP, several of the measures included in the Excellence in Care programme’s Care Assurance and Improvement Resource (CAIR) dashboard are explicitly related to the safety of patients, such as falls rates and pressure ulcers, whilst other indicators of care quality are indirectly associated with patient safety and experience of the healthcare system more broadly.

Alongside this, the Scottish Government is making progress in delivering specialist frailty services across emergency departments. Healthcare Improvement Scotland set out in a [report](#) the implementation of frailty services across Scotland, following the commitment in the NHS Scotland Operational Improvement Plan to deliver access to specialised frailty teams in every core Emergency Department by Summer 2025. The report confirms strong progress with over half of sites testing, implementing or embedding these services, and the remainder actively developing locally designed approaches.

HIS highlights that while implementation is at different stages, all hospitals now have some level of frailty service in place, supported by temporary solutions until full units are established. This means older women and others experiencing frailty can access specialist assessment and care from the moment they arrive, improving outcomes and reducing unnecessary admissions.

The Scottish Government remains committed to ensuring full delivery of the frailty model across all boards. This includes direct referral pathways from GPs and the Scottish Ambulance Service, and expansion of Hospital at Home services, so that women receive the right care in the right place. These actions provide assurance that progress is being made and that interim measures are safeguarding access to specialist support while permanent units are embedded. Frailty pathways help older women return home sooner, prevent hospital-related harms, and support independence.

Unpaid Care



“...one of the things that led to my health being impacted was my role as an unpaid carer.”

BHF Focus Group, Participant 4
BHF Focus Groups, Participant 2.

It is estimated that around 700,000 to 800,000 people in Scotland are unpaid carers, the majority of whom are women. Overall, 59% of carers in Scotland are women.²⁴

People are more likely to be providing unpaid care in their later working years – especially women. A quarter (25%) of women aged 45-64 provided unpaid care in 2019-2023 combined. This represents a large and skilled portion of the workforce. This means that women are disproportionately affected emotionally, financially and physically due to their caring role.

Providing unpaid care is a barrier to older women looking after their own health and wellbeing²⁵. Women have described how unpaid caring responsibilities have meant that they “do not have the time, money or mental capacity to prioritise their own health and wellbeing”²⁶.



“I don’t get to be sick – I’m mum and gran and wife to a disabled husband. There’s no one to look after them, nevermind me”

Focus Group participant, Age Scotland.
[Age 60 to 65, urban area]

The nature of some caring roles can lead to increased risks to the carer’s health and wellbeing. There are a number of reasons that can give rise to this, including insufficient support for the unpaid carer, a lack of trauma-informed support from services, a lack of breaks and economic and social isolation. This can also lead to poorer outcomes for the person who is being cared for.

²⁴ [National carers strategy – gov.scot](#)

²⁵ Age Scotland, Focus Group Report Women’s Health Plan Phase 2

²⁶ Age Scotland, Focus Group Report Women’s Health Plan Phase 2

The Scottish Government estimates unpaid care is currently saving Scotland £12.8 billion per year in social care costs, plus £320 million in health care costs – a total saving of £13.1 billion per year²⁷.

Supporting carers to enter or stay in work brings vital benefits to carers, employers and the economy. The impact of women reducing hours, not taking or applying for promotions, or leaving the labour market altogether in order to provide unpaid care contributes towards Scotland's gender pay gap.

The Scottish Government's [National Carers Strategy](#) specifically considers the importance of all employers being positive about carers in the workforce, and sets out our intentions regarding carers and employment at Chapter 4. This includes our commitment to fund and promote the Carer Positive employer accreditation scheme.

The Carer Positive scheme aims to tackle inequalities and remove barriers that people face in the labour market, recognising the impact of caring responsibilities on women. There are now more than half a million employees working in 292 Carer Positive organisations across Scotland (October 2025).

The Care Reform (Scotland) Act, passed in June 2025, introduces the right to breaks for unpaid carers. It makes changes to the Carers (Scotland) Act 2016 to create a right to personalised short breaks support for carers who require them. Once these changes come into force they will place new duties on local authorities to determine whether a carer is able to take 'sufficient breaks' from their caring role; and if not, to provide support to enable this.



²⁷ National Care Service (Scotland) Bill Financial Memorandum (para 72):
[Financial Memorandum accessible \(parliament.scot\)](#)

Conclusion

The health and wellbeing of women and girls is everyone's business.

This document is an accompaniment to the Women's Health Plan Phase Two, which builds on the progress of the 21-24 Plan and sets out new areas of focus and action where additional improvement is needed.

Phase Two continues the journey to address the health needs of women and girls in Scotland. But it does not duplicate the work we know is already happening across the Scottish Government, in health – and beyond.

This document, and the Gender Competency Statement, represent key highlights of that work. This work is driving improvement in the health of women and girls in Scotland, addressing the inequalities that they have experienced for generations – from upstream income maximisation interventions, to the provision of the day to day healthcare that women and girls have told us they want and need.

It is clear from the data and from the voices of women and girls themselves that there is still much more to do. This is why the ambition of the Women's Health Plan, its aims and actions continue to be vital, across the whole of the government so that **women and girls can enjoy the best possible health, throughout their lives.**



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