

# **Creating a Gender Equality Scheme: A practical guide for the NHS**

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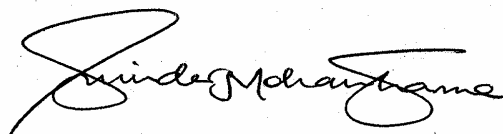
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## Introduction

This guidance is targeted at providing information and support to NHS organisations that have a duty, as public authorities, to comply with the Gender Equality Duty. Other existing (and imminent) public sector duties, on-going reform towards a patient-led NHS and the commissioning agenda present a real opportunity for NHS organisations to redesign services to take full account of the equalities agenda and to use that learning and developing expertise to embed equalities at the heart of all functions and structures.

Many NHS organisations will already be developing a coherent approach through Single Equality Schemes. A single equality approach helps to bring together parallel strands of key systems, e.g. data collection, needed to respond to the specific duties. This helps to utilise scarce resources and expertise more effectively and contributes to a better understanding of working with staff and treating patients holistically as individuals. A combined approach also helps to minimise 'information request overload' and ensures that key personnel e.g. public health analysts, service managers, administrative and front line staff are able to take a coherent approach to achieving equality of outcomes.

However, in developing a generic approach to implementing the public sector duties is important to understand that there are significant differences that must be complied with. This guidance is designed to assist NHS organisations implement and comply with the Gender Equality Duty which will take effect in April this year. The guidance will provide both a workbook and a one-stop-shop for information about the law and its impact. It will also take you through the steps necessary to creating the required Gender Equality Scheme for your organisation, and crucially how to implement and monitor the planned activities that make up your scheme. The steps it sets out to fulfil the Gender Equality Duty will be referred to in the rest of this document as the action plan. Many of the processes, such as impact assessment and consultation are generic at core, but the guidance will highlight any areas that need special attention for gender and will also provide a handy reference for cohesive and collaborative working.



**National Director of Equality and  
Human Rights, Department of Health**

# SECTION 1: Context

## Part one – Legal Requirements

- 1.1 From April 2007 amendments to the Sex Discrimination Act (SDA) 1975 will require public authorities, including NHS organisations, to comply with a general duty to pro- actively promote gender equality.
- 1.2 To support authorities in meeting the general duty, there are a series of specific duties applicable to key public bodies, one of which is to produce a Gender Equality Scheme.
- 1.3 This good practice guidance has been prepared to:
  - Explain the requirements of the Gender Equality Duty
  - Outline the critical steps that all NHS organisations must take to fulfil their duties under the Act
  - Support NHS organisations in developing Gender Equality Schemes
  - Support NHS organisations in developing action plans with achievable goals and outcomes
  - Provide a framework for all NHS organisations to use in implementing the action plans

## Rationale behind the Act

- 1.4 The Gender Equality Duty has been introduced by the Government in recognition of the fact that women and men have different needs in relation to many public service areas, and that in both the workplace and as service users they can experience unfair and unequal outcomes.
- 1.5 It is well known that women experience considerable disadvantage in the workplace. Across the economy as a whole, the pay gap between men and women stands at 18.3% for full time workers and 43.2% for part time workers. Only 11% of women work as senior managers or officials compared with 18% of men. *Source – Annual Survey of Hours and Earnings 2004 (ONS)*
- 1.6 The average life expectancy at birth of females born in 2004 in the UK was 81.07 years, compared with 76.82 years for males. *Source Health Statistics Quarterly – Winter 2006 (ONS)*. However, whilst women can expect to live longer than men they are also more likely to spend more years in poor health or with a disability.

- 1.7 Although legal rights to sex equality have existed for 30 years, discrimination and gender inequality are still widespread. Women are frequently put at a disadvantage by policies that are not family friendly, whilst men can also be disadvantaged when family friendly policies are aimed just at women, and assume that men have no parenting responsibilities. The new legislation is intended to improve this situation both for women and for men, by ensuring that gender equality is built into the core business processes of major organisations. Organisations will be expected to pro-actively promote gender equality, rather than be reactive to individual situations. The focus is on **outcomes** rather than just process, and objectives towards gender equality should result in real changes to the life experiences of women and men.
- 1.8 The gender equality duty is similar to the existing duties on race and disability equality and all three have the same spirit and intention behind them, requiring public authorities to take action to tackle discrimination, to prevent harassment, and to ensure that their work promotes equality of opportunity in policy, service provision and employment. The Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission have all stated in their codes of practice and public documents that it is acceptable for public authorities to produce one set of planning documentation (Single Equality Schemes and/or action plans) which covers the three duties, provided that the requirements of the three duties are met, and that it is clear to people what action they can expect to see on each of the three equality issues. There are, however, slight differences in the requirements of the three duties. Public authorities which choose to take the overall equality scheme approach must ensure that they clearly meet the requirements of the gender equality duty, including specific objectives on gender equality. The scheme should show clearly and specifically which elements of the overall equality scheme refer to gender equality.

## **Gender Equality Duty**

- 1.9 The Sex Discrimination Act (SDA) 1975 has been amended by The Equality Act of 2006, and has been extended to cover all public functions. This Act places a statutory duty on all public authorities (including NHS organisations) when carrying out their functions, to have due regard to the need to
- *eliminate unlawful discrimination and harassment that is unlawful under the Sex Discrimination Act 1975(SDA) and in relation to employment and vocational training (including*

*further and higher education), eliminate discrimination and harassment against transsexual individuals*

- *eliminate discrimination that is unlawful under the Equal Pay Act 1970 (EqPA) and*
- *to promote equality of opportunity between men and women.*

This “**general duty**” comes into effect on 6<sup>th</sup> April 2007.

- 1.10 The general duty applies to all functions of NHS organisations, as service providers, policy makers and employers, and to any services and functions which are contracted out. The general duty will also apply to charities, voluntary and private sector organisations which are carrying out public functions on behalf of the NHS, such as GPs under contract to a PCT. **For a full list of health sector authorities covered, please go to the EOC site at <http://www.eoc.org.uk/Default.aspx?page=19776#health>**
- 1.11 NHS organisations, are also subject to **specific duties**. The specific duties set out a framework to assist listed public authorities in planning, delivering and evaluating their activities to meet the general duty and to report on those activities.
- 1.12 In summary, the specific duties are to:
- prepare and publish a Gender Equality Scheme showing how a public authority intends to fulfill the general and specific duties and setting out its gender equality objectives.
  - In preparing a scheme to:
    - consult employees, service users and others (including trade unions)
    - take into account any information it has gathered or considers relevant as to how its policies and practices affect gender equality in the workplace and in the delivery of its services
    - in formulating its overall gender equality objectives, consider the need to have objectives to address the causes of any gender pay gap
  - ensure that the scheme sets out the actions the authority has taken or intends to take to –
    - gather information on the effect of its policies and practices on men and women, in employment, services and performance of its functions
    - use the information to review the implementation of the scheme objectives
    - assess the impact of its current and future policies and practices on gender equality
    - consult relevant employees, service users and others (including trade unions)

- ensure implementation of the scheme objectives
  - implement the scheme and their actions for gathering and using information within three years of publication of the scheme, unless it is unreasonable or impracticable to do so
  - review and revise the scheme at least every three years
  - report on progress annually
- 1.13 All public authorities are required to comply with the same specific duties. This contrasts with the specific duties under the Race Relations Act 1976 (as amended), which have different requirements for different sectors, and the specific duties under the Disability Discrimination Act 1995 (as amended) which have different requirements in relation to information gathering.
- 1.14 Listed English public authorities must publish their schemes no later than 30<sup>th</sup> April 2007.
- 1.15 It should be noted that there are as yet no specific duties for Wales, but Welsh public authorities are advised in the meantime to follow the English duties.

### **What is unlawful sex discrimination**

- 1.16 Unlawful sex discrimination in the SDA and the gender duty means:
- Direct and indirect discrimination against women and men, in employment and education; in goods, facilities and services and in the exercise of public functions
  - Harassment, sexual harassment and discrimination on the grounds of pregnancy and maternity leave
  - Discrimination on the grounds of gender reassignment in employment and vocational training
  - Direct and indirect discrimination in the employment field on the grounds that a person is married or a civil partner
  - Victimisation
  - Harassment and sexual harassment

### **Pay discrimination**

- 1.17 In the field of employment, the SDA prohibits discrimination in non-contractual pay and benefits, such as discretionary bonuses. Sex discrimination related to contractual pay and benefits is dealt with under the EqPA.

- 1.18 The EqPA gives individuals the right to the same contractual pay and benefits as a person of the opposite sex in the same employment, or where the source of the pay is the same, where the man and woman are doing; the same or broadly similar work; work which has been rated as equivalent under an analytical job evaluation study; work that is of equal value (this is where the work done is different, but is considered to be of equal value or worth in terms of demands such as effort, skill and decision making).
- 1.19 A public authority can pay a man more than a woman (or vice versa) in such circumstances if there is a genuine and material factor for doing so which is not attributable to direct or indirect sex discrimination.

### **The duty in relation to transsexual and transgender people**

- 1.20 Existing sex discrimination legislation protects transsexual people from discrimination and harassment on the grounds of gender reassignment in employment and vocational training. Gender reassignment is defined as *“a process which is undertaken under medical supervision for the purpose of reassigning a person’s sex by changing physiological or other characteristics of sex, and includes any part of such a process”*.
- 1.21 Currently, there is no legal requirement for public authorities to take action for those people who do not meet the current legal definition of transsexual, even though they may define themselves as transgender. This would include those who choose to live as a member of the opposite sex without intending to undergo medical gender reassignment. These people still, however experience a significant amount of harassment and discrimination.
- 1.21 There is also currently no legal requirement for public authorities to promote equality between transsexual or transgender people and non transsexual or transgender people. However, the Government’s Discrimination Law Review will look at the possibility of extending protection to cover transsexual and transgender people, so NHS organisations should keep up to date with developments in this area. Information will be updated on the Equal Opportunities Commission (EOC) website at <http://www.eoc.org.uk> and from 2007, the CEHR website at <http://www.cehr.org.uk/>
- 1.22 From late 2007, under the European Goods and Services Directive,

gender reassignment discrimination and harassment will be unlawful in access to goods and services. NHS organisations will also be legally required to consider this under the duty from the date that government regulations are introduced.

## **Penalties for non-compliance**

- 1.23 Until October 2007, the Equal Opportunities Commission will be responsible for enforcing the Gender Equality Duty. Breaches of the general duty will be subject to judicial review. For breaches of the specific duties, the EOC will have the power to issue compliance notices.
- 1.24 From October 2007, the new Commission for Equality and Human Rights (CEHR) established by the Equality Act 2006, will take over enforcement and have responsibility for all six strands of discrimination law, namely: race, age, gender, disability, religion and belief and sexual orientation.
- 1.25 The power to issue compliance notices in respect of the specific duties will remain with the CEHR. However, in respect of breaches of the general duty, the CEHR will not only be able to use the judicial review procedure, but will also be able to issue compliance notices which will be enforceable in the courts, but only after an assessment of the public authority's compliance has been made. The CEHR will also have an additional power to assess all public authorities in their compliance of all public sector duties.
- 1.26 The NHS Board Guide is designed to help NHS Board members understand and comply with their obligations under equality and human rights legislation. Every NHS organisation, as a public body, needs to assure itself of legal compliance. The guide can be found on [http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4141367&chk=3IEcPN](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4141367&chk=3IEcPN)

## **Part Two – Policy Implications**

- 2.1 Under the new duty, NHS organisations will need to provide evidence that they have paid due regard to gender equality in relation to policy development, design and delivery of services and employment functions, including those services and functions which are contracted out. *The NHS Operating Framework for Health and Wellbeing*, which

can be found at:

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4141091&chk=JENnyc](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4141091&chk=JENnyc)

is designed to help local NHS staff shape services around the needs of their local communities. It explains why there is a need to continue embedding reform in 2007/08, signaling a further shift towards building a self-improving system driven by local priorities.

- 2.2 Another useful link in this regard is *Equality and Human Rights in the NHS – A Guide for NHS Boards*, which sets out Board Members' responsibilities in terms of compliance.
- 2.3 Paying "due regard" to the duty means that NHS organisations should consider gender equality according to its relevance to particular functions. Greater regard should be given to functions which have a higher relevance to gender equality, in other words, those policies that would have most effect on your service users or employees. NHS organisations should be considering whether any particular policies might affect women and men in different ways and whether their policies promote equality of opportunity.
- 2.4 Action should also be taken to address existing and past policies and decisions which may not have taken gender equality into consideration. This will mean identifying gaps in services to the public or to employees by gathering relevant data, and drawing up proposals for change which will lead to equal outcomes for men and women.

## Gathering Data

- 2.5 NHS organisations will not be able to assess where they stand on gender equality unless they have robust data on the gender profile of service users and employees. It may be that existing systems already give that information, but that it will need to be disaggregated to include information on service user needs, satisfaction and outcomes by gender. There are several ways of obtaining this information:
  - Service user and employee satisfaction surveys
  - Involvement of service users and staff networks
  - Mystery shopping
  - Targeted research (qualitative and quantitative)
  - Monitoring of employment functions by gender to ascertain whether they promote equal outcomes for women and men
  - Analysis of customer complaints

- Information from staff representatives, for example Trade Unions
- Involvement of staff providing services, e.g. Clinicians, HR experts

## Quantitative Research

- 2.5 This type of research is mainly involved with measurement and is numerical in content. Quantitative data can be analysed to make comparisons between the experiences of men and women (including transsexual people) and draw precise conclusions. For instance, analysis of customer surveys could give the numbers or percentage of men or women satisfied or dissatisfied with a particular aspect of service. The main advantage of this type of research is that it is reasonably easy to analyze and can give a good and quick indication of where problems in service delivery may lie.

## Qualitative Research

- 2.6 Qualitative research focuses on specific experiences, rather than on numerical data. Feedback from service users and employees would fit into this category. This research can include interviewing people face to face, using written transcripts from focus groups, information from websites and information captured from observation. One of the advantages of this type of research is that it gives much more detail of people's experiences, and it can reveal issues that may have otherwise been overlooked. Another advantage is that it gives people the chance to be much more actively involved by giving them the opportunity to tell of their experiences in their own words.
- 2.7 It is advisable to use both qualitative and quantitative data when trying to find out where action is needed to ensure gender equality for service users and employees. This approach will ensure that you have robust evidence on which to base your action plan, and will not only identify numbers of people who may have issues with a certain aspect of your services, but it will also tell you why these issues have arisen, and may even reveal suggestions for improvement. **See Worksheet 3 – mapping out existing arrangements**

**Data Protection Act:** <http://www.ico.gov.uk/eventual.aspx?id=34>

- 2.8 Whilst it is a necessary requirement for an NHS organisation to collect robust data on how it is performing with regard to gender equality, it is

also essential to work within the principles of data protection and human rights issues. Anonymised data, which cannot be traced back to individuals will probably not be subject to the Data Protection Act, but where information is collected on individuals, it must be held securely and confidentially, and will be subject to data protection laws. The Act requires that individuals are informed about who will process their personal data and for what purpose, and whether it is intended to disclose any of this information. This is particularly important in relation to sexual orientation and transsexual women and men. It would be good practice to consult with representatives of affected groups, such as transgender support groups, or any relevant agencies before embarking on data collection. It should always be made clear that provision of information is entirely voluntary, and that individuals have the right to decline. See press for change website for their recommended good practice

## **Part three – Key areas to consider**

### **Services to the public**

- 3.1 It is vitally important that NHS organisations consider the different needs of women and men when developing policies and delivering services to the public. As we have shown earlier in the document, gender is a major factor in health care because of the vast differences in susceptibility to different conditions between men and women, and because of the different ways in which men and women access health services. Analysis of available data is necessary to discover who is using the service, and the levels of satisfaction of different services by men and women. Information may also highlight the fact that, for instance, disabled women, or men from a particular ethnic group, are dissatisfied with a particular aspect of a service, or do not use it. In this case, an organisation would need to analyse the reasons for this, and take steps to remedy the situation.
- 3.2 For instance, men in general do not access primary health care as often as women; they tend to wait until symptoms are serious or can no longer be ignored. This leads to late diagnosis, and poor health, and in the long run costs the health service more money. NHS organisations may consider methods of targeting men to encourage them to use primary health care services. For example where GP surgeries run regular clinics for women's health problems, similar clinics could be run for men, with a targeted leaflet drop to male patients outlining the advantages of regular health checks and early diagnosis of problems.

- 3.3 When developing health related programmes and activities, NHS organisations should consider the different ways in which men and women think about health, and how other factors, such as age, can affect these views. For instance, there has been an increase in smoking among young women, and lung cancer in females is rising, whilst in males it is falling. Factors which influence this could be that young women smoke to avoid gaining weight, and to alleviate stress and depression.
- 3.4 Evidence shows that men are less likely to access primary care networks than women. In order to ensure that services and information are reaching men, consideration could be given to providing information through workplaces, pubs, clubs and shops popular with men.
- 3.5 Consideration should be given to tailoring appointment times so that both men and women can access the service easily. For instance, a surgery that only offers appointments between 9 and 5 would make it very difficult for those who work full time (men are more than twice as likely to be in full time work). A good alternative would be to offer early morning and early evening appointments for those patients that require them, on certain days each week.
- 3.6 A project on gender equality which has been carried out by the Men's Health Forum, at the request of the Department of Health, has highlighted several facts regarding under- use of NHS services by men, and poorer health outcomes for men. For example:
- Although more men are overweight than women, they make up only 25% of patients in primary care weight loss programmes
  - The pilot programme for National Bowel Cancer Screening achieved a much lower take-up among men. (The death rate for colorectal cancer is 24.7 per 100,000 in men compared with 14.7 per 100,000 in women)
  - Men are twice as likely as women to both develop, and die from, the ten most common cancers affecting both sexes
  - Incidence and mortality for heart disease are much higher in men
  - 60% of sudden infant deaths occur in boys
  - Men are 3 times as likely to take their own lives
  - 78% of drug related deaths occur in men
- 3.7 NHS organisations may need to examine why services are under-used by men, and also why men often have poorer health outcomes, and design health services accordingly. For instance, although breast

cancer can affect men as well as women, preventative and screening services are generally targeted at women only.

- 3.8 The Men's Health Forum project mentioned above, made certain recommendations which would help NHS organisations in providing equitable services. **Worksheet 5** gives details of these recommendations. [www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)
- 3.9 There are also several diseases and disorders which affect women disproportionately. For instance, women are almost twice as likely to suffer from arthritis and rheumatism than men, and autoimmune diseases such as thyroid disorders, and conditions such as anorexia and bulimia are more prevalent in women. Incidences of some disorders also increase with age, and there are certain disorders which are more prevalent in women from different ethnic groups. All of these things need to be taken into consideration when tailoring services to meet the needs of women and men.
- 3.10 It would be much easier for mothers with children and single fathers to access healthcare where crèche facilities are made available, so that they know their children are safe whilst they are attending appointments, etc.
- 3.11 There may be differential support needs in relation to understanding information, for instance language/literacy support for women from some cultures or generations. People from some ethnic backgrounds and cultures are also more susceptible to certain illnesses and diseases. **See case study below for examples of this.**

The EMPIRIC survey found low rates of psychosis among Bangladeshi women, but high rates for Pakistani women and Irish men. The 1999 Health Survey for England found that Bangladeshi men and Pakistani and Bangladeshi women were much less likely to participate in vigorous physical activity than other groups. Mortality directly associated with diabetes amongst those born in the Caribbean is significantly higher than in the general population. However, when this is broken down by gender, this shows among men a rate 3.5 times the national rate, but among women this rises to 6 times the national rate.

**London Health Observatory, *Ethnic Disparities in Health and Healthcare*, 2004**

- 3.12 In order to achieve equality of outcomes for women and men, it may sometimes be necessary to provide single sex services where

appropriate. In health services this is more likely to be concerned with protection of privacy or decency, or in counselling services for instance, for victims of rape or domestic violence. **See Worksheet 2 Single sex services – legal implications**

- 3.13 Mixed sex wards in hospitals and mental health units can cause great anxiety and concern, particularly amongst women. In particular, mixed wards and shared facilities in mental health units have been a cause for concern for some time, because of reports of rape and sexual assaults on women within the units. In general, both men and women feel much more comfortable in single sex wards. The lack of privacy and loss of dignity which result from mixed wards and shared facilities can contribute to making the patient experience a negative rather than a positive one, and consideration should be given to providing single sex facilities wherever possible.

## **CASE STUDY**

The Victims of Violence and Abuse Prevention Programme (VVAPP) is adopting a whole system approach which involves health and mental health services along with other organisations across the statutory, voluntary and community and independent sectors. The experience of violence is a key driver of mental illness in women. Women are three times more likely than men to suffer from depression or anxiety. A key part of the picture for treating women with mental health problems is the commissioning of women-only services, particularly for victims of violence or sexual abuse. Domestic violence accounts for a quarter of all violent crime and 2 women each week are killed by a partner or former partner. Women experiencing domestic violence are twice as likely as other women using health services (whether that is GP surgeries, in-patient hospital wards, or A & E) to experience high levels of depression. Women living in refuges show the highest rates of depression, in some studies as high as 80%. They are also more likely to self-harm and likely to display trauma symptoms. In women exposed to domestic violence, Post-traumatic Stress Disorder (PTSD) has been identified at levels of between 31% and 84% depending upon the setting for the research study.

**Source - Domestic Violence and Mental health, School of Health & Social Studies, Warwick University, 2003**  
**Mainstreaming Gender and Women's Mental Health, DH 2003.**

## **CASE STUDY (FROM EOC CODE OF PRACTICE)**

Although most women believe that breast cancer is women's most pressing health worry, heart disease is a greater risk, causing some 20,000 deaths in the UK every year. Tests for coronary heart disease (CHD) are designed to be performed on men - yet the symptoms in men and women are different. This means that female symptoms are less well understood and less well identified. There is also evidence that women with chest pain are less often referred for full evaluation and diagnostic procedures.

The opening pages of the National Service Framework (NSF) for coronary heart disease recognise that rates of CHD vary by social circumstance, gender and ethnicity. There is, however, no discussion of how these variations should be reflected in preventive or curative care. The standards set out in the NSF need to be adapted to recognize gender differences. Gender differences in symptoms and treatment also need form part of clinical training. New approaches to service delivery need to be designed to ensure that both women and men access high quality, gender-sensitive treatment at the earliest point possible.

### **CASE STUDY – Men's Health Report 2003 NHS Forth Valley, Scotland**

The Camelon Centre for Men's Health is Scotland's first primary care nurse led service offering a range of services aimed entirely at improving the health of men. When dealing with men suffering from stress and depression they use a word descriptor tool so that they can indicate how they are feeling, as they are unlikely to want to talk about their emotions. A quarter (25%) of men described themselves as feeling stressed or anxious and over a quarter of those (27%) had high blood pressure. A stress management programme was then put in place and those who described themselves as depressed were then assessed to establish if they were a suicide risk. This identified 9 men who required treatment.

## **Employment**

- 3.14 In order to comply with the employment aspects of the gender equality duty, NHS organisations will need to eliminate discrimination and harassment in employment practices and actively promote gender equality within the workforce. The methodology needed to achieve this will involve:

- Collecting data

- Analysing the data
  - Developing an action plan
  - Implementing the plan
  - Monitoring the outcomes to inform future action
- 3.15 To carry out this process effectively, the workforce should be involved from the outset, and timescales for action and delivery of outcomes should be agreed.
- 3.16 It will be necessary to collect information about what areas of work are undertaken by men and women in the organisation, the proportions of men and women at senior levels, and how much they are paid. Assessments should also be made of the impact of your employment policies on men and women, and the take up and levels of opportunities such as training and development. It would also be good practice to ensure that your organisation's data collection systems allow you to cross-reference information by ethnicity, disability and other categories to help you to understand the issues for different groups of women and men.
- 3.17 The gender equality duty also requires organisations to take action to eliminate discrimination and harassment against transsexual people in employment and vocational training. The parts of this guidance which are particularly relevant to eliminating discrimination against transsexual people are: data collection, recruitment and promotion, harassment, grievance and disciplinary procedures, redundancy and reporting.
- 3.18 It is important to remember that data collection in itself will not satisfy the requirements of the gender equality duty. The data has to be analysed and used to inform future actions on gender equality. For instance, recruitment data may show that relatively few men enter the nursing profession when compared to women. In this case, an NHS organisation may decide to take action to encourage more men to apply for nursing positions.
- 3.19 The Equal Opportunities Commission recommend that certain key employment issues should be considered when deciding priority actions. These are:
- Recruitment
  - Concentration of women and men into particular areas of work (Occupational segregation)
  - Part-time work
  - Managing leave for parents and carers
  - Managing pregnancy and return from maternity leave

- Sexual and sexist harassment
- Transsexual staff and potential staff
- Grievance and disciplinary procedures
- Redundancy
- Retirement
- Equal pay
- Work based training opportunities

## **Recruitment**

- 3.20 Fairness and equal treatment for all applicants are essential in recruitment processes. Any staff involved in the process should be trained in interviewing skills and equal opportunities. It is always good practice to use a wide range of methods when advertising vacancies, such as internet, specialist recruitment agencies, jobcentres etc. and to advertise in the mainstream media as well as in specialist publications. This will open your vacancies to a wider pool of applicants.
- 3.21 Consideration should be given to flexibility around times and dates for interviews, so that all applicants have an equal chance of attending, for instance those with parental responsibilities. Two of the most significant causes of inequality in the workplace are the lack of flexible working at management and senior levels, and the restricted promotion and training opportunities available to part time workers (who are mainly female). Because of this, EOC recommend that organisations should consider ways of opening up jobs at all levels to part time working, job-sharing and flexible working.
- 3.22 If there are more men than women in senior positions in the organisation, then consideration should be given to the reasons for this. If the reason is a lack of part-time and flexible working at senior levels, a change to recruitment policies, making all jobs available on a part-time or flexible working basis could help to redress the balance. As vacancies arise, the post could be reviewed and opened up to part time workers or job sharers.

## **Occupational segregation**

- 3.23 Occupational segregation is when women or men are concentrated in particular areas of work. Certain occupations and industries are dominated by female workers, and they are often paid less than men who have the same skill levels, but are employed in different jobs. There are also occupations and industries where career progression is very limited for female staff. This type of segregation is widespread in

the British economy, and is the main reason for the wide pay gap between women and men. If a workforce is segregated in this way, service delivery can be affected, and it can be difficult to fill job vacancies.

- 3.24 NHS organisations need to consider the types of jobs that men and women do within the organisation to see if segregation is occurring. Where skills shortages exist, consideration should be given to changing vacancy advertisements to attract applicants from the non-traditional sex, or to offering re-training to members of staff working in other occupations. Under the Sex Discrimination Act, organisations are allowed to take positive action and provide women-only training for particular jobs, providing that in the previous 12 months the number of women doing that job is comparatively small. This also applies to men, i.e. men-only training can be given under the same criteria. Management development training could also be targeted at women where it is apparent that an organisation's development policies are not succeeding in bringing talented women to the top of the career ladder.
- 3.25 Women and men in the organisation should have the same access to training and promotion regardless of the hours they work. Consideration should be given to running training courses at different times and in different places to make it accessible to different groups of workers.

### **Flexible Working**

- 3.26 NHS organisations will need to consider how they manage requests for flexible working. For instance, are requests from male members of staff treated as sympathetically as requests from females? Consideration could be given to providing training for managers on how to manage flexible workers and deal with requests for flexible working. Organisations may also want to find out if flexible workers are as likely to be promoted as other workers, and if they are not, take action to address this.

### **Part time working**

- 3.27 A much greater proportion of women than men work on a part-time basis, in the main because of domestic, caring and family responsibilities. If part time workers are treated unfairly, this can therefore be constituted as unlawful sex discrimination. It is usual for part time workers to be badly paid and to have poor prospects, which is a significant contributing factor towards gender inequality.

- 3.28 For NHS organisations to meet the gender duty, it is therefore necessary to assess the impact of their employment practices on full and part time workers. Consideration needs to be given to whether part time work is available across the organisation in all jobs, or is just restricted to the lower grades. Organisations may also want to consider if there are opportunities for part time workers to move to full time posts when their circumstances change. For further information see Part-time Workers Regulations at <http://www.opsi.gov.uk/si/si2000/20001551.htm>

### **Carers Leave**

- 3.29 Consideration should be given as to whether parental leave policies are applied equally between men and women. Male members of staff should be made aware of paternity and parental leave policies, and encouraged to take advantage of these. A lack of awareness by male staff of these policies could lead to men suffering stress at work because they don't feel they can take time off for caring responsibilities, or to them taking sick leave instead of the parental leave to which they may be entitled. In any case, everyone in the organisation should be fully conversant with your carers' policies. It would also be good practice to monitor which members of staff may have caring responsibilities for an adult friend or family member.

### **Pregnancy and return from maternity leave**

- 3.30 The Equal Opportunities Commission (EOC) states that discrimination against pregnant workers and women returning to work after maternity leave is widespread in Britain: around 45% of pregnant women experience dismissal or disadvantageous treatment at work (such as being threatened with dismissal, denied pay rises or opportunities for promotion or training). An organisation aiming to eliminate unlawful discrimination will therefore need to address these issues and ensure that pregnant workers and those returning from maternity leave are treated fairly in the workplace.
- 3.31 NHS organisations that manage pregnancy and maternity leave well, will benefit from better staff retention rates and higher staff motivation. It is good practice to promote a positive attitude towards pregnancy and family responsibilities from the highest level and at all levels of the organisation, with written guidance on managing pregnancy and maternity. Organisations can find out how well they are managing pregnancy by analysing return- to- work rates. If return-to-work rates from maternity leave are low, then consideration needs to be given to

improving this situation. The EOC recommends certain steps be taken to achieve this.

- Training line managers to manage pregnant employees effectively
- Ensuring all pregnant workers are consulted on their health and safety needs and receive a written risk assessment which is reviewed regularly
- Planning well in advance for periods of maternity leave, for example, by upgrading the skills of other staff to cover the duties
- Keeping in touch with women on maternity leave and keeping them informed of any vacancies or training opportunities
- Providing opportunities to work flexibly on return
- Organising a thorough induction on return

- 3.32 When women return from maternity leave, organisations should ensure that they are not being forced into lower grade jobs to facilitate part-time working. One way of preventing this would be to encourage more part time working at higher levels in the organisation.

### **Sexual harassment and harassment on grounds of sex**

- 3.33 Sexual harassment is unwanted conduct of a sexual nature. This could be, for instance, inappropriate physical contact, unwelcome sexually explicit comments, verbal sexual abuse, sending sexually explicit emails. Harassment on grounds of sex is when somebody is treated less favourably because of their gender – i.e. unwanted conduct related to a person's sex that is not "of a sexual nature". It is also unlawful to treat someone less favourably because they refuse to submit to unwanted conduct, or refuse someone promotion because they did submit to it.
- 3.34 It is also unlawful to harass someone in relation to employment or vocational training due to gender reassignment. This applies to men or women who intend to undergo gender reassignment, are going through the process, or have undergone gender reassignment in the past. NHS organisations should review all employment policies to ensure that they adequately cover transsexual employees, especially those dealing with confidentiality, harassment, access to development, occupational pensions and insurance. Organisations have a statutory duty as employers to prevent harassment of transsexual employees. **See Worksheet (1) Transsexual people in the workplace**
- 3.35 NHS organisations should develop policies (if not already in place) to prevent and deal with sexual harassment. The policy should be

regularly reviewed and actively promoted to all staff to ensure that they are aware of the policy and understand what it means.

- 3.36 Because of the serious physical and mental impacts of sexual harassment on victims, prevention should be treated as part of an organisation's health and safety duties. Consideration should be given to carrying out risk assessments for vulnerable groups of staff. Research (*The dignity of women and men at work: A report on the problem of sexual harassment in the Members States of the European Communities – Oct 1987*) shows that certain groups are particularly vulnerable to sexual harassment:
- Women in non-traditional areas
  - Divorced and separated women
  - Those with irregular or precarious contracts
  - Women with disabilities
  - Women from racial minorities
  - Lesbians
  - Young women and new entrants to the labour market
  - Gay men and young men
  - Transsexual people

- 3.37 An organisation that is serious about preventing sexual harassment should adopt complaints and investigations procedures for dealing formally and informally with incidents. This procedure should be linked to grievance and disciplinary procedures and should conform to the accepted standards for disciplinary action in the ACAS Code of Practice. Serious sexual harassment or victimisation should be treated as gross misconduct. The number of complaints and the outcomes should be carefully monitored, and procedures should be regularly reviewed to make sure that they are effective.  
**See case study on page 25.**

### **Grievance and disciplinary procedures**

- 3.38 NHS organisations should ensure that grievance and disciplinary procedures are applied equally to men and women

### **Redundancy**

- 3.39 Redundancy policies should also apply equally to men and women, and organisations should also make sure that the selection criteria does not have an adverse impact on one particular sex, for instance they may be based on length of service or hours worked.

### **Retirement**

- 3.40** Retirement policies should be applied equally to men and women. Where female staff are under-represented in pension schemes, consideration should be given to the reasons for this, for example is it because part-time staff are not encouraged to join pension schemes. If this is the case, then organisations should look at ways of increasing take up of under represented staff.

### **Gender Pay Issues**

- 3.41 The duty requires that all public authorities, when drawing up their gender equality schemes, consider whether one of their objectives should address the causes of any gender pay gap (which can include, for example, occupational segregation, equal pay issues). This wider objective recognises the fact that although many public authorities have carried out pay reviews, they will be still be able to contribute to wider policies and actions which are there to reduce the overall gender pay gap.
- 3.42 All public bodies, including NHS organisations are required to take steps to ensure that they are complying with the Equal Pay Act. The Equal Pay Act, as amended, gives women who are doing equal work with a man in the same employment, entitlement to equality in pay and terms and conditions. The definition of equal work is work that is the same or broadly similar, work that has been rated as equivalent, or work that is of equal value. More detailed information on these definitions can be found on the EOC website at [www.eoc.org.uk/Default.aspx?page=15390](http://www.eoc.org.uk/Default.aspx?page=15390)
- 3.43 Although there is no specific requirement in the gender equality duty for organisations to undertake equal pay reviews, it is recommended that organisations complete an equal pay review in order to establish whether that organisation's pay policies and systems are discriminatory. An equal pay review should include a comparison of the pay of men and women doing equal work.
- 3.44 The next step would be to identify any gaps in equal pay, and then eliminate those gaps that cannot be explained on grounds other than sex. (See Section 2, Process, for information on objectives to address pay gaps)
- 3.45 When carrying out equal pay reviews, organisations should consult with employees and work in partnership with Trade Unions. It is also good practice to consider ethnicity, disability and age to determine to what extent they interact with gender in regards to equal pay.

- 3.46 The Code of Practice on Equal Pay and supporting toolkits can be found on <http://www.eoc.org.uk>. These will enable organisations to formulate a policy and plan that targets action where it is most needed and take account of any steps that organisations have already made to promote equal pay
- 3.47** The NHS has already taken some action to address the pay gap in the form of “**Agenda for Change**” <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en> which aims to bring fairer pay to more than one million non-medical staff in the NHS, including women. The new pay system ensures fair pay and a clearer system for career progression. For the first time staff are now paid on the basis of the jobs they are doing and the skills and knowledge they apply to these jobs. This reform is underpinned by a job evaluation scheme specifically designed for the NHS. There is also a commitment that all staff, whatever their post, whether full or part time, day or night workers, will be supported to learn and develop throughout their working lives in NHS. Although Agenda for Change has taken this action, NHS organisations will still have a duty to ensure that the policy is properly implemented.

## CASE STUDY

A transsexual person was recently awarded £64,862 compensation after a tribunal found she was forced to endure 'an atmosphere of intimidation and hostility' while working for a cross-channel ferry company.

The person worked as a repairer on board a ferry from October 2002 until October 2004.

The tribunal found that during this time she suffered verbal and physical harassment from the engine room crew and that she was constructively dismissed.

A tribunal report states: "For nearly two years prior to her resignation, the claimant was forced to endure at work an atmosphere of intimidation and hostility caused by the fact that she was undergoing gender-reassignment.

"Such culture was tolerated and promoted and sanctioned by the claimant's immediate managers."

The tribunal heard that staff insisted the person should use the male changing room, that there was 'constant gender-based ribaldry' relating to the gender-reassignment and that a pornographic calendar was displayed with express references to the person in relation to the naked female pictures.

The report stated: "This amounts very clearly to conduct which is capable of destroying the claimant's trust and confidence in her employers."

The tribunal also heard that inappropriate remarks were made to her and that the person was constantly addressed incorrectly, and referred to as 'he, she, it, whatever.'

The tribunal criticised the organisation's senior management for their failure to put in place adequate management instructions and guidelines with regard to employees undergoing gender reassignment

## **SECTION 2 – PROCESS – How to Produce a Gender Equality Scheme**

### **Part One - Accountability**

- 1.1 For a Gender Equality Scheme (GES) to be successful, it will need those who are implementing it, and those whom it affects, to be confident that the proposed actions will make a real difference to gender equality. One of the best ways to instill this confidence, is to ensure that the scheme has commitment from the highest level of the organisation. This could be demonstrated by an introduction at the beginning of the scheme from the Chief Executive, endorsing the action plan and emphasizing the commitment and active participation of the Board in making it work. See **NHS Board Guide** - [http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4141367&chk=3IEcPN](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4141367&chk=3IEcPN)
- 1.2 It is best practice to appoint a steering group at senior level to oversee the creation and implementation of the GES with ownership at board level. It would be of enormous importance to ensure that this work is in sync with the mainstream business functions of the organisation. Organisations that are committed to equality would then appoint diversity teams at each level and in each section of the organisation with devolved responsibilities for feedback of progress into directorates.
- 1.2 The process outlined above will lead to actions being implemented, results being evaluated, progress being regularly reported, and reviews being carried out. If regular progress reports have to be delivered at various levels of the organisation, and teams are made accountable for doing this, then staff are more likely to take ownership of the GES action plan and take responsibility for making sure it is implemented.
- 1.3 Whilst staff across the organisation should be made aware of the duty and what it means to them in their everyday working environment with colleagues and service users, those working on implementation should have real expertise on the issues involved. This expertise can be built up over time, but consideration should be given to employing experts to impart their knowledge to relevant staff.

## **Part Two – The Gender Equality Scheme**

- 2.1 The Government's specific duties require public authorities to include, as part of the GES, gender equality objectives and proposed actions to achieve them. Consideration should also be given to including objectives to address the causes of any gender pay gap (which can include equal pay issues). (**See Part 2, the Gender Equality Action Plan, 2.35 Objectives to address the gender pay gap**). For an

organisation to demonstrate that it is meeting the duty in full, consideration should be given to including a rationale for the choice of the objectives based on:

- An overview of the remit and functions of the organisation, including functions carried out through partnership and procurement
- The main findings of the information gathering exercise
- The main findings of the consultation exercise

2.2 It is also a legal requirement to include information on how the organisation will take action to:

- Collect information
- Use this information, and any other relevant information, to meet the general and specific duties
- Use the information to review the effectiveness of its implementation of the duty and to prepare subsequent schemes
- Assess the impact on gender equality of its existing and new policies and practices
- Consult relevant employees, services users and others (including trade unions)
- Achieve fulfillment of the objectives

## **Gathering information**

2.3 Before an NHS organisation can identify gender equality goals and draw up an action plan to meet them, it will need to review all its core business functions to ascertain the main areas that affect gender equality. Goals should then be agreed and prioritized in order of their relevance to gender equality.

2.4 The EOC recommends that information is gathered on the following issues:

- The national level gender equality policies and issues which relate to your business – Public Service Agreements, national policy frameworks, existing national research which indicates the major gender issues in your area of work.

- The different impact which your core business and service provision has on women and on men.
- The extent to which women and men use your services, satisfaction rates, and any information you can collect on who is not using your services when they might be expected to do so and why.
- Differentials in service outcomes
- The gender profile of your staff – this is likely to include data on recruitment, promotion, the distribution of women and men in the workforce by seniority and by types of work ('vertical and horizontal segregation'), harassment, an analysis of training opportunities, grievance and disciplinary procedures, and redundancy. This data also needs to be analysed for part-time staff, and those with caring responsibilities, because women are disproportionately represented in those groups. Where possible, external organisations providing services under contract should be asked for similar information on their staff
- Information on the extent of sexual and sexist harassment of staff and service users and the effectiveness of any procedures enabling them to raise allegations of harassment.
- Return rates of women on maternity leave and whether they are returning to jobs at the same level of responsibility and pay.
- Issues and barriers affecting transsexual staff and potential staff.
- Information on the size and causes of the gender pay gap in the organisation, including the impact of occupational segregation, of pay discrimination and of women's disproportionate share of caring responsibilities.

2.6 Some of this data should be available already, but will need to be collected and analysed. In all of the areas, data systems should be set up to allow a breakdown of data about women and men by ethnicity, disability and, where possible, sexual orientation, age and religion. If your organisation does not have those data systems in place, steps should be taken to set them up within a reasonable timescale.

2.7 When the data is analysed, consideration should be given not just to the numbers of men or women disadvantaged by a certain policy, but to the extent of the disadvantage. For instance, although there may be a very small proportion of transsexual people affected by a policy, the disadvantage they actually feel may be very significant, and will require the organisation to take action in line with the principles of proportionality.

See also “Gathering Data” at Part One 2.5

**CASE STUDY – Department of Health, *NSF for mental health – 5 years on, 2004***

Mental health services show how **information analysed by gender and other key variables** can help commissioners target their resources more effectively by identifying risk groups and service and information gaps. Analysis of suicide rates showed that suicide prevention strategies needed to take particular account of the needs of young men (suicide is the commonest cause of death among men under 35, with a higher rate in unskilled men). Strategies within prisons (where suicide rates are several times higher than in the general population) need to take into account the higher rate among female prisoners. A national research mapping exercise against the Mental Health NSF Standards showed that more focused research was needed on women’s service needs.

## **Case Study – Bradford City Teaching PCT**

Bradford City PCT decided to conduct a statistical analysis of secondary data held by the PCT to identify any differences in experience and outcomes between men and women.. As well as providing a case study for the Gender Equality Project, the data analysis also formed the basis of a report for the PCT “to inform its commissioning and provision of gender sensitive services”

It is not possible to present all the findings in this report but it is noteworthy that very distinct gender differences in disease patterns, risk factors and service use were observed. Some summarised examples of the findings from the study are as follows:

- All but one of the ten disease areas examined exhibited different levels of incidence between men and women - with each sex at greater risk of some particular conditions.
- The only condition with equal incidence rates overall was cancer. All four cancers examined in more detail however (skin cancer, colo-rectal cancer, stomach cancer and lung cancer) had significantly higher mortality rates for men. [Author’s note: rates overall are equalised by the dominance of sex-specific cancers (e.g. breast cancer, cervical cancer) as causes of morbidity and mortality in women].
- Men were twice as likely to be regular smokers
- Under the age of 65 women were very much more likely to attend GP surgeries (between the ages of 25 and 34, women were almost three times as likely as men to see their GP). If evening visits to GPs are considered separately however, then men are more likely to be seen than women in many age groups.
- Under the age of 55, men were much more likely to attend A&E. After that age, the pattern reversed, with women in particular, far more likely to be seen at A&E over the age of 85.

## Consultation

- 2.8 It is very important that NHS organisations consult with service users and employees when deciding on priority actions, as these are the people that are going to be affected by the outcomes. This is especially important where one sex is under-represented in the formal decision-making processes of the organisation. Involving staff and service users will also facilitate transparency and awareness of intended actions.
- 2.9 Although organisations should consult with both women and men, consideration should be given to the fact that there may be differences in opinions according to gender. In cases where either women or men have been under-represented or disadvantaged by a function or policy, organisations should consider arranging a single sex consultation and make an effort to encourage the affected group to participate. This is especially important where a minority group has experienced multiple disadvantages, for example, on the grounds of ethnicity and sexual orientation.
- 2.10 It is recommended that separate consultation with the transsexual community is held. This can be facilitated by:
- Consultation with staff networks
  - Consulting with transsexual support groups
- 2.11 Transsexual people should, however, also be encouraged to participate in mainstream consultation exercises.
- 2.12 NHS organisations will already be involving and consulting their local communities on delivery of services, so some mechanisms, such as patient fora, will already be in place, and can be used to consult on gender equality goals. Staff opinions can be sought via networks groups, trade unions and staff surveys. However, to get a truly representative range of opinions consideration should also be given to consulting with groups who may have experienced specific disadvantages, such as:
- Disabled women
  - Men and women from ethnic backgrounds
  - Single mothers and fathers
  - Men and women with caring responsibilities

- Older employees and service users

2.13 Involve have released 'Healthy Democracy: The future of involvement in health and social care' in partnership with the NHS Centre for Involvement. It is an anthology on Patient and Public Involvement (PPI) in Health and was launched on 28th November. Healthy Democracy highlights current trends and the diversity within patient and public involvement and seeks to encourage debate around current practice and what the future may hold. The publication comes at a key point in time with recent proposals for new 'Local Involvement Networks' (LINKs) to replace existing Patient and Public Involvement Forums in England. For further information, please refer to: <http://www.involve.org.uk/health>

## Impact Assessment

2.14 To ensure that any new policies, processes or functions do not have a negative impact on gender equality, all should be screened to establish if they are relevant to gender equality. If a negative impact has been established, then the public authority could either act to remedy the situation or conduct a **full impact assessment** to better determine the causes of the impact.

## Screening

2.15 As soon as an NHS organisation knows that it has to develop a policy or proposal, it should first ask itself whether or not the policy is relevant to gender equality. This is the first stage of impact assessment, which is called screening. First, the main aims of the policy should be identified. Information should then be collected on how the policy will be implemented, which groups it is likely to affect and what the likely outcomes are, if any. Some questions to help with the process could be:

- Do you have evidence that women and men have different needs, experiences, concerns or priorities relating to the issues addressed by the policy?
- What proportions of men and women are affected by the policy?
- If more people of one sex are likely to be affected by the policy, does that fall in line with the policy objectives?

- If the policy has a specific outcome, is there evidence that the outcome will be different for men and for women?
  - Where there is a difference in impact on women or on men, or on particular groups, how serious is the disadvantage likely to be?
  - Could the policy unintentionally disadvantage people of one sex or the other. Consideration should be given to any barriers that might prevent the policy being effective for either sex.
- 2.16 If the impact of the new policy or function is not seen as relevant to gender equality, this should be noted and the evidence to back up the decision recorded. Therefore assessments should be carried out in an open and transparent way, and in consultation with relevant stakeholders, and systems should be put in place for identifying what information was used and how it influenced any decision. There is a requirement to publish the results of impact assessments, and the process of obtaining the results is open to public scrutiny.
- 2.17 All current policies, processes and functions must be continuously monitored and reviewed for relevance to the duty.

### **Full Impact Assessment**

- 2.18 If a new policy is relevant to the duty to promote gender equality, a full impact assessment will be needed. This will enable the organisation to see if the policy is likely to have any adverse effects on one sex or the other, and to either make changes to the policy or consider other measures to mitigate those effects. **See Section 3 Resources – Worksheet (4) for an Impact Assessment Framework.**

### **Assessing existing policies**

- 2.19 As well as the requirement to impact assess new policies and procedures in development, NHS organisations will also have existing policies and functions which will need to be assessed for any adverse impact on gender equality. Organisations will need to include information in the GES about what arrangements they have put in place to do this, including consultation with staff and service users. The policies to be assessed will need to be prioritized in order of relevance to gender equality, and a timetable should be drawn up for the assessments to be completed within the 3 year lifetime of the GES.

- 2.20 Organisations should seek out examples of work already taking place and review any work already done in response to existing customer service advice or local initiatives, to identify what this indicates about future priorities for action. There should be clarity about who needs to be involved and whose influence will be critical, both within and outside the organisation. Those responsible for assessing the policy should liaise with others within the organisation who have corporate responsibility for issues such as consultation, customer service and monitoring systems.
- 2.21 The difference between assessing present policies and impact assessing future policies, is that present policies are already in place, so existing information about how that policy is being implemented should indicate any adverse impact on gender equality, whilst involving relevant staff and service users in reviewing the policy should indicate the way forward for improvements.

### **Assessment of services outsourced to private contractors**

- 2.22 NHS organisations contract out many of their services. Those responsible for procurement will now need to make sure that the services they purchase are also assessed for any relevance to gender equality. This should include ensuring that the contractor has measures in place to meet the gender equality duty.
- 2.23 NHS organisations are required to comply with the duty where contractors deliver the service directly and where they do so on behalf of the NHS organisation. This means that the organisation will need to build gender equality considerations into the procurement process. Certain steps should be taken to ensure organisations are meeting their obligations in this respect. These include:
- Inserting information regarding the duty into standard terms and conditions for contracting services
  - Ensuring that government guidance on social or equality issues in procurement is considered
  - Inserting a clause in contracts specifying that the contractor must comply with anti-discrimination provisions of the Sex Discrimination Act and the Equal Pay Act
  - Specifying in contracts what evidence the contractor needs to gather to demonstrate compliance with the duties
  - Ensuring that gender equality is appropriately reflected and given due weight in the specification, selection and award criteria, and the contract

conditions, in a way which is consistent with EU and UK procurement rules

- Ensuring that contractors fully understand the gender equality requirements of the contract
- Monitoring performance of gender equality where relevant to the contract
- Providing training for all staff involved in procurement work so that they fully understand the provisions of the Sex Discrimination Act and the relevance of gender equality duty to their work.
- In line with assessing all present functions and policies for any adverse impact on gender equality, all present contracts will need to be reviewed and the above criteria built into them.

- 2.24 Regulation 23 of the Public Contracts Regulations 2006 permits the exclusion of candidates or tenderers at the selection stage for relevant convictions or findings of grave misconduct (for example, sufficiently serious findings against them in an Employment Tribunal or County Court under the Sex Discrimination Act or the Equal Pay Act). With a view to discharging the gender duty, it is recommended that public authorities exclude such tenderers/candidates, unless those tenderers/candidates can show, where appropriate, that effective steps have been taken to resolve the issue. For example, they could be requested to set out what action they have taken to ensure that the discrimination is not repeated, such as amendment of discriminatory policies or practices.

## **Partnerships**

- 2.25 NHS authorities may be involved in partnerships in order to better deliver their services – for example, with mental health groups or counseling services. Where those partnerships do not have a separate legal identity in their own right, they will not be bound collectively by the gender equality duty. However, where the individual partners are public authorities, or are bodies whose functions are of a public nature, the partners will individually, have to comply with the general and, where applicable, specific duties. Those bodies with duties under the Sex Discrimination Act must ensure that they give due regard to gender equality in relation to the work of the partnership by ensuring that it takes forward work to promote gender equality.
- 2.26 In practice, this will mean that a public authority working within a partnership will need to secure agreement from its partners to

arrangements for planning, funding and managing joint work that will allow it to meet its statutory gender duty.

- 2.27 To ensure gender equality, NHS organisations may need to work with other organisations and partners. Looking beyond the service you would normally provide may enable you to see how involvement with external and internal partners could help you make improvements. The best way to illustrate this is by giving examples of working together to produce positive outcomes, as in the case studies below.

#### **CASE STUDY**

Cornwall Partnership NHS Trust is working towards developing the gender elements of its action plans within its single equality scheme following consultation. This consultation in part will be through a joint approach together with the Cornwall Gender Joint Consultation Group.

This approach is enabling Cornwall Partnership Trust to work with other statutory and public bodies in Cornwall in such a way that consultees have the opportunity to make comments across the public and statutory sector with the minimum effort and maximum opportunity.

The technique which has evolved from a similar successful disability related event, will involve a 'speed dating' process during which the consultees will sit at tables and on a 15-20 minute cycle, be introduced to 'dates' – the statutory and public bodies. The statutory and public bodies will discuss with the consultees – gender related issues from a consultee perspective as they relate their own organisation.

## **The Gender Equality Scheme Action Plan**

- 2.28 The Gender Equality Scheme Action plan will outline the steps that an NHS organisation intends to take to meet the general duty over the period of the GES. It is a legal requirement for public authorities to set

and implement clear objectives towards promoting gender equality, outlining steps for achievement and setting a realistic timetable for meeting the objectives. It will also need to indicate responsibilities for implementing the various aspects of the plan, and give a clear indication of the specific outcomes it hopes to achieve. The main reason behind the requirement for an equality scheme and action plan is to bring about a culture change throughout the whole organisation. Therefore the action plan produced should identify specific achievable outcomes for staff and service users which will facilitate this change

- 2.29 Any decision on goals or actions should be decided upon in consultation with employees and service users, and details of how and why decisions have been made should be clearly stated in the action plan.
- 2.30 The EOC recommends that when choosing their priorities, public authorities take into account national gender equality priorities, set by their relevant coordinating bodies in their field, and the gender dimensions of mainstream policy priorities. These would include Public Service Agreements and sector specific strategies and targets set by central government departments. This should maximize the strategic impact of the duty on gender equality nationally.
- 2.31 It is also recommended that public authorities should synchronize their annual business planning process with the development of their gender equality action plan. This should ensure that thinking on gender equality priorities takes place across the organisation, and that the highest level policy-making in the organisation pays due regard to the gender duty.
- 2.32 In deciding priorities for action, consideration should also be given to resource implications – a really significant and deep-seated inequality may take enormous staff and cash resources to correct but if it is clearly a gender equality issue, then it must be addressed, or the organisation could be liable to individual claims or to enforcement action by the CEHR. Proportionality implies major action for major problems.
- 2.33 Consideration may be given to dividing the action plan into separate sections where different teams within the organisation have discrete areas of responsibility. This helps greatly with implementation. It would also help in monitoring the plan if it were divided into employment and service delivery sections.
- 2.34 It is recommended that an effective action plan should include:

- Proposals for collecting information on the effect of the organisation's policies on men and women, in employment, services and performance of its functions
- Proposals for using this information to review implementation of the scheme's objectives
- Proposals for addressing issues found to be a high priority during assessment of present functions and policies
- Proposals for addressing disparities in service evident from consultation with staff and service users
- Proposals for monitoring all policies and functions where implications for gender equality have been identified
- Proposals for carrying out impact assessments, with timescales for completion
- Proposals for future consultation with relevant groups, both inside and outside the organisation
- Proposals for training staff on the requirements of the gender equality duty
- Proposals for publishing results of monitoring, impact assessments and progress against objectives, and making information available to staff and the public
- A timetable for taking the work forward, including clear outcomes
- An indication of resources needed to take actions forward
- An indication of responsibilities for taking actions forward, and who will be ultimately accountable
- An outline of proposed objectives to address the causes of any gender pay gap
- Proposals for implementation of the objectives within the 3 year life of the scheme

### **Setting objectives to address the gender pay gap**

- 2.35 There is a requirement under the general duty to have due regard to the need to eliminate discrimination that is unlawful under the EqPA. NHS organisations will therefore need to set objectives that address the causes of any differences between the pay of men and women that are related to their sex.
- 2.36 Information gathered on gender equality in the workforce and the results of assessments of policies and practices, in consultation with employees and trade unions, should help to determine whether these policies and practices are a contributory factor in any gender pay gap. From this information, NHS organisations should be able to decide if there is a gender pay gap, whether pay objectives are needed, and if

so, the relative significance of the three main causes (below) in setting the pay objectives.

- 2.37 The gender pay gap is determined by calculating women's overall average pay as a percentage of men's. The main factors which contribute to this gap are:
- Discrimination, including pay discrimination (which is often inadvertent, but nonetheless unlawful)
  - The impact of women's disproportionate share of caring responsibilities (which often results in women undertaking part-time work which is often poorly paid and often restricts career continuity and progression)
  - The concentration of women in particular occupations (occupational segregation) usually characterised by lower levels of pay than in those numerically dominated by men
- 2.38 NHS organisations will need to show that they have considered the need for objectives to address the gender pay gap, and if these objectives are not included, reasons for this will have to be given to avoid non-compliance action. It may be that an organisation has determined that no pay gap exists within its workforce, but if so, then hard evidence will have to be provided to back this up.

**See Worksheet 7 for a sample action plan**

## **Monitoring the Action Plan**

- 2.39 NHS organisations need to monitor the GES action plan to ensure that it is working. Arrangements for how progress will be monitored need to be set out in the scheme, as well as a statement of how monitoring information will be used to inform future Gender Equality Schemes.
- 2.40** Monitoring services will identify gaps in provision and help the organisation to use resources more effectively. See Case Study below for an example of how this can work.

## **Case Study – Southwark PCT**

This small study aimed to investigate the reasons why current smoking cessation services in Southwark are either not taken up or, when they are taken up, not adhered to, by “disadvantaged” groups of users. The study involved an analysis of relevant data, and an examination of the relationship between gender and individual circumstances in relation to service use. This latter part of the case study involved five focus groups for potential and existing service users in particular sections of the community (pregnant women and parents of young children; male manual workers; young people; existing smoking cessation service users; and unemployed people).

The analysis of the data found that women were proportionately more likely to use smoking cessation services than men; 55% of smokers in Southwark are male but men make up only 38% of smoking cessation service users. There were no significant differences between men and women who used the service, in terms of their success rates (61% of women and 62% of men succeed in quitting). These findings will inform future plans for the development of the smoking cessation service.

- 2.41 Monitoring is made easier when it is clear where responsibilities for implementing the action plan lie. A process can be set up for each implementation team to report progress on a quarterly basis. Another way is to use existing auditing processes, such as disciplinary and grievance management policies for staff, to monitor progress on employment functions.
- 2.42 Consideration should be given to how the organisation will measure success. This could include the setting of gender equality performance objectives for managers/supervisors/clinical leaders

## **Publication of scheme**

- 2.43 The regulations do not specify how the gender equality scheme should be published. NHS organisations may consider publishing as part of the annual business plan; as part of an annual diversity strategy; as part of a Single Equality Scheme; or as a stand alone document. The only requirement is that the scheme should specify clear gender equality goals and outcomes, and give details of what actions will be taken to meet the goals and how progress will be monitored. The scheme should be accessible to all employees, service users and stakeholders, and made available in various formats on request.

Consulting with stakeholders will determine how people would prefer to see the scheme published. It would normally be posted onto a public website, but some users may prefer hard copies to be made available in addition to this.

## **Reporting Progress**

- 2.44 There are many different ways in which NHS organisations can report on the progress of the action plan, and the results of impact assessments and monitoring.
- 2.45 Progress on the action plan needs to be reported at least once a year (and need not involve a separate document, but may be done through existing reporting methods), and results of impact assessments should be reported as they are carried out.
- 2.46 In the case of the workforce, reporting progress may simply mean that all staff are informed by regular updates on the internal website, and by staff notices/newsletters.
- 2.47 Information can also be cascaded via staff network groups. In doing so, it is of paramount importance to ensure that the information is given in accessible formats to those who need it, for example in Braille or in audio format.
- 2.48 When informing service users and the general public of progress and results of impact assessments and monitoring, it is also important to consider the needs of all groups so that the information is readily accessible to everyone. Information which is posted onto the website should also be made available in hard copy for those who do not have access to computers, and should be made available on request in other formats, such as audio, Braille, large print, and Easyread. Consideration should also be given to providing translations into languages when requested.
- 2.49 It is good practice to publish progress reports in line with the business planning cycle so that they can inform and be informed by the process.

## **Implementing the Equality Scheme**

- 2.50 Within the 3 year period of the Gender Equality Scheme, organisations are expected to implement; their actions for gathering and using information; and the objectives in their scheme. Failure to do this could result in action for non-compliance.

- 2.51 There are certain instances whereby an organisation will not be obliged to implement its actions for gathering and using information, and the scheme objectives. This situation may arise where it would be “unreasonable or impracticable” for the organisation to do so, for instance where unforeseen difficulties make it impossible to implement an objective, or where costs associated with an action unexpectedly escalate so as to be out of proportion to the duty.
- 2.52 However, in these circumstances, organisations will still be expected to consider other solutions or alternative methods to address any barriers to equality where the original proposals are unreasonable or impracticable.

### **Reviewing the Equality Scheme**

- 2.53 NHS organisations must review the GES every three years in order to set new goals. This aids assessment of progress and helps organisations to consider whether the desired gender equality outcomes are being achieved, and where efforts should now be concentrated. As with setting up the initial GES, staff and service users should be involved in the process, and evidence should be gathered on forthcoming and existing gender issues within the organisation.
- 2.54 Once again, it is good practice to conduct reviews in line with the business planning process.

## SECTION 3: RESOURCES

### Worksheet 1 - A Good Practice Guide to Transsexual People in the Workplace

#### Sex Discrimination Act (Gender Reassignment) Regulations 1999

- 1.1 Transsexual people are protected under legislation within the scope of the Sex Discrimination Act in relation to employment and vocational training. The Sex Discrimination (Gender Reassignment) Regulations 1999 effectively broadened the scope of the Sex Discrimination Act to include discrimination on the grounds of gender assignment.
- 1.2 The Act states that it is unlawful to discriminate against a person for the purposes of employment or vocational training on the grounds that a person:
  - Intends to undergo gender reassignment; or
  - Is undergoing gender reassignment; or
  - At some time in the past has undergone gender reassignment
- 1.3 In addition there are some limited temporary exceptions which apply during the process of gender reassignment only. For further information refer to the *DfES guidance on the Sex Discrimination (Gender Reassignment) Regulations 1999*
- 1.4 It may not be unlawful to discriminate on grounds of gender reassignment where:
  - A person's sex is a Genuine Occupational Qualification (GOQ) for that job;
  - The job involves the holder working in a private home and reasonable objection can be shown by the employer because of the intimate contact likely in those circumstances

#### Gender Recognition Act

- 1.5 The Gender Recognition Act was introduced on 4<sup>th</sup> April 2005. The Act established a Gender Recognition Panel which has the power to decide on applications from transsexual people seeking legal recognition in their acquired gender. Transsexual people who seek legal recognition will have to provide evidence supporting their applications in accordance with prescribed legal and medical criteria.

- 1.6 The Act gives transsexual people who are granted a Gender Recognition Certificate the right to marry in their acquired gender and have the opportunity to obtain new birth certificates in the acquired gender. They will also be able to obtain benefits and pensions in their acquired gender.
- 1.7 It is an offence for a person to disclose information they have acquired in an official capacity about a person's application for a gender recognition certificate or about the gender history of a successful applicant. This information is termed 'protected information' under the Act.
- 1.8 Disclosure will not, however, constitute an offence where the person to be identified has consented to the disclosure or where the disclosure is for the purposes of proceedings before a court or tribunal.

### **Gender Reassignment Surgery**

- 1.9 The process of medical treatment to enable transsexual people to alter their bodies to match their chosen gender identity is known as gender reassignment.
- 1.10 An employee may intend to undergo gender reassignment surgery and may require time off to achieve the change without unnecessarily compromising their physical and mental health. The amount of time off will depend on the employee's needs. Most surgical procedures require less than two weeks absence from work, whilst some are more likely to require two or three months. Some treatments may not be available locally and the employee may need to travel to national centers. The employee should make every effort to procure treatment outside office hours but there will be occasions when this is not possible and it would be reasonable to allow some time off for appointments.
- 1.11 Any **reasonable** absence because of the effects of treatment for gender reassignment should not normally be taken into account for purposes of formal action for unsatisfactory attendance. Pre-surgery appointments with medical specialists should be supported.
- 1.12 It may constitute unlawful discrimination if an employee who is absent while undergoing gender reassignment treatment is treated less favourably than those who are, or would be, absent because of illness or other medical treatment. Co-operation between the transsexual person and the manager is essential, as it may allow for more flexibility around working patterns during the transition period.

### **Supporting a person in transition**

- 1.13 Line managers should be fully conversant with the issues around transsexualism and gender reassignment, in order that they can support an employee in transition. Support can be given in many ways, but the first step is to respond positively to any disclosure from a member of staff that they are transsexual. It is vital that the employee has unreserved support from the line manager, and that he/she is valued as an employee who, with support and some allowance in terms of time to adjust to their new gender role, will continue to deliver the same performance and contribution to the team.
- 1.14 The line manager should discuss with the transsexual employee what help and support is needed. A positive and constructive way of providing support would be to work with the person to agree a programme for transition. Such a programme may include:
- **Timescales** – the expected point in time of the change in name and social gender; what time off will be required for essential medical treatments and consultations and how such time off is to be regarded
  - **Practical changes** – listing what identity details need to be changed (for example on the payroll staff records system) and how to go about it. A transsexual person will need a new email account to reflect their new identity from the first day they choose to come to work in their new gender role.
  - **Dress code** – when a dress code is in operation, it is good practice to allow enough flexibility to accommodate the process of transition from one gender to another
  - **Communication and awareness raising** – planning the process of telling colleagues of the situation and deciding what information would be beneficial in the immediate or wider working environment in preparation for the change

### **Communicating to others about a transsexual person**

- 1.15 Most transsexual people wish to keep their transsexual status as private as possible. Others are willing to discuss it either confidentially or openly. It is important that management and colleagues do not breach the personal privacy of employees. They should recognise that it is the employee's sole right to disclose or discuss their medical history. Consultation between a manager and the employee is essential before making any communication/disclosure. Coming to work in the new gender role is part of the real life test, but before reaching this stage it will be necessary to brief the transsexual person's immediate work colleagues.

- 1.16 Line managers will need to consider how best to undertake this briefing **in consultation with the transsexual person**. The manager may carry out the briefing verbally in a positive and supportive manner, or via a written statement. Alternatively, the transsexual person concerned might prefer to inform their colleagues on a one-to-one basis. Whichever approach is adopted, managers will have to ensure that sufficient information is available to help the wider team understand what is involved for the person concerned and what colleagues can do to help and support them. Specifically:
- provide sufficient detail to convey the facts and satisfy people's obvious curiosity, but without going into too much detail about possible surgery or other personal matters. Whilst some colleagues might have a genuine interest in these aspects, some may not;
  - pitch the information at a level and style appropriate to the audience;
  - provide staff with an opportunity to discuss any concerns with the manager, or with the transsexual person concerned if that person is happy to do so; and
  - ensure that terms of address are covered (i.e. how the person wishes to be addressed in the future, etc).

#### **What to tell staff in advance if a transsexual person is posted to an office as a recruit or on transfer or secondment**

- 1.17 A new employee or someone moving to a new part of a company who has already transitioned should be treated as the gender in which they present for all purposes. Unless there is evidence to the contrary, good practice indicates that they should be assumed to possess a Gender Recognition Certificate and are legally entitled to use all facilities on all occasions in which any other member of their gender would be entitled to do so.
- 1.18 Confidentiality rules apply as for **all** staff. The stage of the transition process the person has reached is also an important factor and in practice it may not be possible to give any information before the person starts work. **If transition is complete, there is no reason why anyone should raise the issue at all.** For people going through transition it will usually be necessary to give some information but nothing should be disclosed without the person's permission. Any disclosure should be done in a positive and supportive manner to raise awareness of the issue, to meet the needs of the employee and colleagues, and for no other reason.

#### **Toilet facilities**

- 1.19 This may be an issue in the workplace, particularly during the early stages of transition. Difficulties may arise if objections are made by colleagues who knew the transitioning employee in their previous role. Whilst there is currently no requirement in law that pre-operative transsexual people should be allowed to use the toilet facilities appropriate to their new gender, good practice in this area should be encouraged.
- 1.20 Part 3 of the Sex Discrimination (Gender Reassignment) Regulations 1999 states that the employer and employee should agree the point at which the use of facilities such as changing rooms and toilets should change from one gender to the other. This will most probably be tied in to the accepted change in social gender (i.e. the day the transsexual person comes to work in his or her new gender role). Do not insist on a transsexual person using separate facilities, for example, toilet facilities for people with disabilities.
- 1.21 Transsexual employees are entitled to expect support from their employer including any necessary discussions and explanations with other members of the workforce or members of the public. Similarly, a transsexual employee should be granted access to “men only” or “women only” areas according to the sex in which they permanently present. Under no circumstances should they be expected, after transitioning, to use facilities of their former gender.

### **Standards of behaviour**

- 1.22 Some awareness raising work may resolve problems that arise because of a transsexual person working on a team.
- 1.23 Any refusal by one colleague to work with another on grounds relating to their being a transsexual person could constitute harassment. Any complaint of discrimination on grounds of gender reassignment should be treated as seriously as any other complaint of discrimination.
- 1.24 Jokes, offensive comments or intrusive questioning of people undergoing or having undergone gender reassignment are not acceptable. No one in an NHS organisation should suffer any form of harassment from their colleagues. An employee who refuses to work with a transsexual person should be reminded of their obligations under the organisation’s equality policies. They should be advised that if they fail to comply with the policy, it might amount to misconduct, for which disciplinary action will be taken. If this fails to resolve the situation, the manager should refer to Human Resources for further advice.

**Example**

A transsexual person is constantly being excluded by their colleagues when they are organising social events. This is harassment.

A male-to-female transsexual person who has undergone gender reassignment surgery is continually referred to by male nicknames which she finds humiliating and distressing. This is harassment.

**Liability**

- 1.25 NHS organisations are potentially responsible for the actions of their employees in terms of legislation. However, employees have a responsibility for their own actions. A Tribunal may apportion responsibility between the employee and the organisation where they are equally to blame for the actions under complaint. Consequently, both the employee and the organisation would be liable to pay damages.

**Transsexual people and public-facing roles**

- 1.26 The important thing to remember is that there should be continuous open dialogue between managers and the person concerned. The decision on whether to remove a person from a public facing role is one that the transsexual person themselves must agree to. There should be no question of taking someone out of a public facing role, merely because they are a transsexual person. Much will depend upon how confident the employee feels in the new gender role. For example, they may decide that a public facing role is not something they wish to undertake during transition. For others, however, this will not be an issue.
- 1.27 If a person chooses to remain in a public facing role, it is important that you support them in a positive manner and that you constantly listen to how they feel about things and how they feel they are coping.

## **Worksheet 2 – Single Sex services – legal implications**

- 2.1 As mentioned in Section 1, Part Two, 3.35 above, public authorities must satisfy themselves that any approach to single-sex services complies with the Sex Discrimination Act. The provisions are different for education, for goods, facilities and services, and for public functions. The following paragraphs set out the main considerations.

### **Positive action in training provided by certain training bodies**

- 2.2 There are limited exceptions under the SDA to allow women only (or men only) access to facilities for training. Under those provisions, it is permissible to restrict access to training to women alone (or men alone), to fit them for particular work, or encourage women only to take advantage of opportunities for doing that work, where the numbers of women doing such work in Great Britain were comparatively small at any time during the preceding twelve months. Where the numbers of women undertaking particular work in a local area is comparatively small, single-sex training may also be provided to women who are likely to take up that work in that area to help fit them for that work.
- 2.3 It is also lawful to provide single-sex training to women or men who have a particular need for training to fit them for employment, because they have been out of full-time employment while carrying out domestic or family responsibilities. It is also lawful to take those special training needs into account when selecting applicants for training in mixed-sex classes to fit them for employment.
- 2.4 Providing the above criteria are met, positive action in relation to access to facilities for training may include:
- training which is based on job sampling, work experience, 'taster' days with employers, work shadowing experience
  - training in a skill, for example carpentry, computer programming
  - career counseling and guidance for working women, or for those wishing to return to work
  - retraining into areas of skills shortage - especially suitable for women returners who did not have the opportunity of obtaining these qualifications at a school.
- 2.5 The positive action exception does not, however, permit discrimination prohibited by S6 of the SDA relating to applicants or employees and therefore it does not make it lawful to discriminate in recruitment. Any training actually regarded as employment is excluded from the positive action provisions.

### **Single-sex provision of goods, facilities or services**

2.6 It is unlawful for a provider of goods, facilities or services to the public, or a section of it, to discriminate, either directly or indirectly, in the way it treats women or men (subject to the exceptions listed below) by refusing to provide goods, facilities or services, or by providing services that are not of a similar quality, in like manner or on like terms as are normally offered by the provider in question. For example, entertainment and recreation; professional services; the services of any local or other public authority; facilities for transport or travel; facilities for grants; and access to, and use of, public places.

2.7 It is permissible, however, to limit the provision of facilities or services to one sex in the following circumstances:

- Hospitals or establishments providing special care, supervision or attention. This would apply, for example, to nursing homes or psychiatric institutions. Women's refuges might fall within this exception if they were providing 'special care, supervision or attention' comparable to that provided at a hospital, as would rape crisis centres if they were providing medical or psychiatric care. The provision of housing for women with specific care support needs might also fall within this exception.
- Facilities or services where female users are likely to suffer serious embarrassment at the presence of a man (or vice versa). This exception potentially covers services such as group counseling or advice about matters such as sexual health, sexual offences or intimate personal health or hygiene; rape crisis centres and women's refuges may fall within this exception if they involve group provision of services involving intimate personal matters. The criterion of 'embarrassment' is likely to restrict coverage of the exception to situations involving intimate personal matters. Single-sex swimming or exercise sessions could potentially be covered by this section if it could be shown that users are likely to suffer serious embarrassment if users of the opposite sex are present.
- Places where the users are likely to be in a state of undress and might reasonably object to the presence of the opposite sex, such as facilities for separate male and female changing rooms and any group service involving intimate personal health and hygiene.
- Where physical contact is likely and people may reasonably object to contact with the opposite sex. This exception is likely to cover sports sessions involving a high degree of physical contact such as judo or wrestling, self-defence classes or group sessions in massage. The objection must be 'reasonable' and a low degree of physical contact is

likely to be found to be unreasonable. For example, the fact that in first aid training there may be some physical contact between users is unlikely to mean that s35(2) permits the provision of single-sex sessions.

### **Sport and communal accommodation**

- 2.8 Competitive sporting activities can be restricted to one sex, where the average woman's physical strength puts her at a disadvantage to the average man. This is intended to allow separate sporting events where the physical differences between women and men render competition unfair. Where the sports sessions are not related to participation in competitions, it is not lawful to restrict them to one sex (unless another exception applies, for example on the grounds of reasonable objection to physical contact, as detailed above).
- 2.9 A local authority or school holding separate football training sessions for boys and girls could rely on section 44 SDA, provided that these were held with the formation of a team and participation in matches in mind. Sports sessions which do not relate to participation in competitions restricted to competitors of one sex will not be covered by s44 and will not be excluded (unless another exception applies, for example a reasonable objection to physical contact).
- 2.10 In certain circumstances it is lawful to discriminate in admission to communal accommodation, for reasons of privacy or decency related to the sleeping accommodation or the sanitary facilities. In considering whether this amounts to fair and equitable treatment of men and women, however, account must be taken of whether it is reasonable to expect the accommodation to be altered or further accommodation provided, and the frequency of demand or need for the accommodation.

### **Single-sex approaches to public functions**

- 2.11 Discrimination in the exercise of public functions is lawful for:
- the provision of a service for only one sex where only persons of that sex require the service
  - the provision of separate services for each sex where a joint service would or might be less effective
  - the provision of a service to one sex only where: it is also provided jointly, and if it were provided jointly only it would or might be insufficiently effective
  - the provision of a service for one sex only where: if the service were provided for both sexes jointly it would or might be less effective and the extent to which the service is required by the other sex makes it not reasonably practicable to provide separate services for that sex

- the provision of separate services for each sex in different ways or to different extents where: if it were provided for both sexes jointly it would or might be less effective, and the extent to which the service is required by one sex makes it not reasonably practicable to provide the service for that sex in the same way or to the same extent as for the other sex
- action taken for the purpose of assisting one sex to overcome: a disadvantage (as compared with the other sex) or the effects of discrimination.

2.12 **It should be noted however, that in practice, there will only be very limited occasions when a public authority is likely to be justified in exercising s21A functions on a single-sex basis, in fact for NHS organisations it will hardly ever apply.**

### **The employment implications of single-sex provision**

2.13 If a public authority makes a judgment that there is a legal case for providing services to one sex only or providing services to each sex on a separate basis, it does not automatically follow that those services should be supplied only by staff of the same sex as the users. In certain cases, the SDA does allow the employment of staff of one sex only as a Genuine Occupational Qualification (GOQ). Cases decided by the courts have concluded, however, that those instances should be extremely limited. Even where an employer could apply a GOQ to a job, they are not obliged to do so.

2.14 The most common reason for restricting a job to one sex only is to preserve decency or privacy because the job is likely to involve physical contact or where men are in a state of undress or using sanitary facilities and might reasonably object to the job being carried out by a woman (or vice versa). It can also apply where the holder of the job provides individuals with personal services promoting welfare, education or similar personal services and those services can most effectively be provided by a man (or woman, as the case may be).

2.15 Jobs may also be restricted to one sex:

- where a job is likely to involve working or living in a private home and a man might reasonably object to a female job holder (or vice versa) due to the degree of physical or social contact with, or knowledge of intimate details available to, the job holder
- where, because of the nature or location of the establishment, it is impractical for the job holder to live elsewhere than in premises provided by the employer,

and the only such premises available are lived in, or normally lived in, by men and are not equipped with separate sleeping accommodation for women and sanitary facilities which could be used by women in privacy (or vice versa), and it is not reasonable to expect the employer either to equip the premises with such accommodation and facilities or to provide other premises for women

- where the nature of the place of work requires the job holder to be a man (or woman) because it is part of a hospital, prison or other establishment for men (or women) requiring special care, supervision or attention and it is reasonable having regard to the nature of the establishment that the job should not be held by a woman (or man)
- where the essential nature of the job requires a man for reasons of physiology (excluding physical strength or stamina) or authenticity in dramatic performances or other entertainment and the essential nature of the job would be different if it were carried out by a woman (or vice versa)
- where a job is likely to involve duties outside the UK where local law or custom prevent the duties being performed by a woman (or vice versa)
- where the job is one of two to be held by a married couple or civil partners.

2.16 Public authorities wishing to apply a GOQ should first consider their staffing situation overall as the exceptions outlined above will not be available when filling a vacancy if the authority already has sufficient male (or female) employees who are capable of fulfilling the duties in question, whom it would be reasonable to employ on those duties, to meet their requirements without undue inconvenience. GOQs may only be applied on a post-by-post basis and not on a blanket basis. It is recommended that expert advice is obtained before applying a GOQ. Further guidance on the requirements and procedure for employers for claiming a GOQ is available on the EOC website or through the Helpline and from late 2007, the CEHR website.

### **Developments in the law on single-sex activities**

2.17 The Discrimination Law Review may lead to changes in the exceptions outlined in the sections above, and public authorities should keep up-to-date with changes in the law. Such information will be on the Women and Equality Unit website [www.womenandequalityunit.gov.uk](http://www.womenandequalityunit.gov.uk) the EOC website and, from late 2007, on the CEHR website.

## Worksheet 3 – Mapping out existing arrangements

Below are the suggested steps in developing a methodology with some examples which may be relevant to NHS organisations.

- Divide the functions of the organisation into manageable, discrete categories. For example for an NHS organisation this might be maternity services, paediatrics, mental health services, etc.
- Map out the gender information that is already available or that might be easily gathered in the future. For example, any service on which data is already collected should be disaggregated to provide information on gender.
- Work out where the gaps in information are; involve staff and service users in prioritising the gaps to be filled and how best to do this
- Review the information you have – where are the problems, where is the situation unclear?
- Where there are problems, or the situation is unclear, do more detailed follow-up work – focus groups, independent research, etc.
- Report the evidence you have gathered
- Involve staff and service users in agreeing the way forward
- Incorporate the agreed next steps in the next version of the Gender Equality Scheme

# Worksheet 4 – Impact Assessment

## IMPACT ASSESSMENT FRAMEWORK

### 1.0 Introduction

Impact assessment is a systematic way of finding out whether a proposed policy affects certain groups differently. It will enable you to:

- Take account of the needs, circumstances, and experiences of those who are affected by your policies;
- Identify actual and potential inequalities in outcomes; including unlawful discrimination; and
- Consider other ways of achieving the aims of your policy in order to minimise or remove any possible adverse impact.

This framework is a general problem solving tool that can be used in impact assessments for **all** equality strands. The list below describes the steps required to carry out a full impact assessment:

1. Identify your policy aims.
2. Consider the data and research.
3. Assess the likely impact on gender equality.
4. Consider the alternative policies.
5. Involve and consult relevant stakeholders.
6. Make a decision on the policy.
7. Make arrangements to monitor and review the way the policy works.
8. Publish the results of the assessment.

The benefits accruing from carrying out impact assessments and consultations include:

- Encouraging NHS organisations to anticipate problems and make informed decisions;
- Making sure that policies are properly targeted;
- Improving the organisation's ability to deliver suitable and accessible services that meet varied needs;
- Encouraging greater openness about policy making;
- Increasing confidence in public services by different groups of people
- Helping to develop good practice; and
- Helping to avoid claims of unlawful discrimination.

Impact assessment and consultation must now be an integral part of the policy development processes within the NHS. It can't be perceived as either an add on or extra burden on a trust or other NHS body, rather it needs to be

viewed as an opportunity to promote inclusive and fair service delivery and employment practice.

## **2.0 When and how fully should I assess a proposed policy?**

You should start your impact assessment at the point you are deciding on the policy aims and objectives. This will ensure that you are thinking from the outset about the policy's potential impact on women and men.

All proposed policies should be at least screened for their potential relevance to the differing needs of women and men.

Given that the principles of relevance and proportionality underpin the general duty, the time and resources given to impact assessment and consultation will differ according to the relevance of the function and proposed policy to gender equality.

There are two levels of impact assessment: The first is when you are screening your proposed policies for relevance to gender equality; the second forms the bulk of the framework and outlines questions and practical issues that inform a full impact assessment.

## **3.0 Identify the aims of your proposed functions and policies and screening**

Begin by defining the aims and objectives of the proposed functions and proposed policies, which will assist in defining the terms of reference for the impact assessment.

- What is the purpose of the function and proposed policy?
- Who is affected by it?
- Who is the policy intended to benefit, and how?

## **4.0 Screen the function and proposed policy:**

### **All proposed policies should be screened for relevance to the gender equality duty**

Screening your proposed policies will help to identify:

- If they may have a differential impact on certain groups;
- Whether groups may have particular needs;
- If the policy may hinder equality of opportunity and/or damage good relations between men and women and
- If the policy may provide an opportunity to promote equality of opportunity and/or good relations between men and women.

The process may only produce estimates or signs of unequal impact or differential needs, but is useful when developing new policies, or considering changes to existing policies. It will also determine whether a full impact

assessment of the proposed policy is required. You should therefore consider the following:

- Is there any evidence that groups have different needs, experiences and priorities in relation to this particular proposal?
- Is there any evidence that the proposed policy could lead to any quantitative or qualitative differences in impact on certain groups?
- Could the proposed policy hinder equality of opportunity and/or damage good relations?
- Does the proposed policy provide an opportunity to promote equality of opportunity and/or good relations more effectively either within the organisation or in the wider community?
- Do we have to go outside of our 'normal channels' of information to elicit data to inform the screening process and help reach an informed decision?

If the answer to any of these questions is **yes**, then you should undertake a **full impact assessment**. If you don't consider the proposed policy as having any relevance to gender equality then you should consider getting sign-off to this effect. This will be necessary if, for example, your screening decision is questioned in the future.

## **THE FULL IMPACT ASSESSMENT PROCESS**

### **5.0 Planning how your function and proposed policy will work:**

Having screened your proposed policy, you can now start to consider some practical issues. The following questions will prove useful:

- How does the policy fit into your wider aims?
- How will you put the policy into practice, and who will be responsible for it?
- What outcomes do you want to achieve with the policy?
- How will you measure progress towards and / or achievement of those outcomes?
- Who are the key stakeholders in relation to the policy?
- How does the policy relate to other NHS policies in this area?
- How does your organisation interface with other bodies in relation to the implementation of this policy?
- How will you measure the effectiveness of your impact assessment?

## **6.0 Will I have to examine available data and research, and collect other information?**

You should plan how you are going to identify, collect and assess existing and new data and information. **See Part 2, 2.4 – Gathering Data** above for guidance on carrying out this function.

## **7.0 Assessing the likely equality impact of the proposed policy.**

You can now use the information you have gathered and analysed to decide whether your policy proposal could affect men and women differently, and whether any of these differences constitute adverse impact. This information should be checked for both validity and accuracy. Limitations of both quantitative and qualitative forms of data should be taken into account during the process.

If the results of your analysis lead to a finding of potential adverse impact and/or unlawful discrimination you will need to investigate the processes and tackle any barriers or failings you find. You may need to consider alternative ways to achieve your policy objectives.

To reach a view on the potential impact you will need to consider the following questions:

- Is there an adverse impact on any men, women or transsexual people in respect of either the quantitative or qualitative data?
- Could the way the policy is carried out have an adverse impact on:
  - Equality of opportunity between men and women?
  - Good relations between men and women?
- Does the policy promote equality of opportunity and / or good relations?
- Is the policy directly or indirectly discriminatory, and can the latter be justified?
- Is the policy intended to increase equality of opportunity by permitting Positive Action to redress disadvantages? If so is it lawful?
- Is further research or consultation necessary?
- Would this research be proportionate to the importance of the proposed policy?

## **8.0 Positive Action**

Any policy targeted at a particular group by definition will have a differential impact on other groups. The assessment of this impact must take into account whether it is lawful and justifiable to address the needs of a particular group and also whether it promotes equality of opportunity, and good relations.

### **9.0 What do I do if I find potential differential impact?**

If your assessment shows that your policy is likely to have a differential impact on men, women or transsexual people, you need to consider ways of dealing with this. You could make changes to the policy, or in the way you plan to implement it, in order to remove or lessen the adverse impact. You may choose to consider a different policy altogether, which still achieves the aims and objectives of your original proposal, but avoids any adverse impact on gender equality.

Before making a decision you should also check that by adopting an option that reduces adverse impact on one particular group you do not create adverse impact on another group. If this is unavoidable you may need to satisfy yourself that you can justify this. You should seek legal advice on the issue of whether you can justify what may be an indirectly discriminatory policy. Here you need to know if you will be able to argue credibly that there was no non-discriminatory alternative possible that would have achieved the same policy aims and objectives.

You may find the following questions useful if considering different policy options:

- Are there any alternative measures or mitigation that could be taken which would achieve the desired aim without the identified adverse impact?
- If so could the alternative measures or mitigation lead to adverse impact for another group?
- How far does each option advance or restrict the strands of the gender equality duty?
- If you do not adopt the option that is better for the gender equality duty, what are the consequences for the groups affected by each option, and what are the consequences for the organisation?
- Can you justify proceeding with an indirectly discriminatory policy i.e. can you argue credibly that the policy aims and objectives were essential and justifiable to the organisation and that the means you employed in achieving them were appropriate and necessary?

### **10.0 How and who do I consult about the proposed policy?**

You should ensure that consultation and involvement takes place with anyone the policy might affect; men and women from all groups including disabled

people, people from ethnic minorities and transsexual people. In the case of staff, focus groups and staff networks can be very helpful, and NHS organisations will already have external consultative groups in place which can be utilized. **See Section Two, Part 2, 2.7 Consultation**

### **11.0 How do I decide whether to introduce the policy?**

The gender equality duty requires NHS organisations to have 'due regard' to its strands. The decision should be based on the following key factors:

**The aims and objectives of the policy.**  
**The results of the data assessment.**  
**The relative merits of other policies.**  
**The results of your consultation and involvement.**

You should consider the following questions making your decision on whether to introduce the policy:

- Is there any adverse impact identified?
- What are the main consultation findings, and what influence do they have on the proposed policy?
- Are there any alternative measures or mitigation that could be taken which would achieve the desired aim without the adverse impact identified?
- Can the adverse impact or indirect discrimination be justified?
- How can you justify proceeding with an indirectly discriminatory policy i.e. can you credibly argue that the policy objectives were essential and justifiable to the organisation and that the means you employed in achieving them were appropriate and necessary

If you decide to proceed with the policy, regardless of having identified adverse impact, you must satisfy yourself that you can justify this decision on non-gender equality grounds.

Below are some important points that you should consider when deciding on whether to introduce a policy, especially if adverse impact has been identified:

If your gender equality impact assessment shows that the policy could be:

**Directly discriminatory** in any of the areas covered by the Act, the policy would be unlawful and should be **rejected**. Such a discriminatory policy cannot be justified and you should find other ways of achieving your goals.

**Indirectly discriminatory** you should also reject it, unless you are satisfied that you can justify the policy under the Act. This means you would probably have to show successfully in court that.:

- The policy was necessary to the organisation effectively carrying out its functions.
- The organisation was unable to find another way of achieving the policy aims and objectives that had a less discriminatory effect.
- The organisation considers that the means it employed to achieve its policy aims and objectives were proportionate, necessary and appropriate.

If the assessment shows that the policy may not promote equality of opportunity or good relations between men and women, you should consider alternatives, including mitigating measures to lessen negative impact, and increase the likelihood of endorsement

Finally here you should ensure that you have recorded your conclusions at each part of the decision making process. These conclusions can then be brought together into an impact assessment report that clearly demonstrates the relative weight given to particular forms of data, including the contributions made by consultees during the consultation. Then you can provide the reasons for your decision, and recommend what is needed to ensure an effective and fair implementation of the policy, including any arrangements for training and regular monitoring post-implementation.

## 12.0 **How do I ensure effective monitoring of the proposed policy?**

To meet the duty, you will need to make arrangements to monitor the policy regularly. It is a requirement to monitor existing policies for any adverse impact. You should therefore consider whether your normal monitoring arrangements are suitable for the purpose and if not how they could be revised accordingly.

You should not therefore consider the impact assessment as a one-off exercise. As only you will know the actual impact of your proposed policy when you have put it into practice, you would be best advised to plan a review as soon as practicable to see how the policy is working in practice.

You should consider the following questions when planning how to monitor the new policy:

- Do you think the policy should be piloted before full implementation, to check for any adverse impact?
- How will the policy be monitored after full implementation?
- Have you planned reviews of the policy? If so how often and who will be responsible?

- Will you carry a further impact assessment and consultation to check if the policy is not resulting in adverse impact? If so when is this likely?
- Will you consider how to improve the policy, and particularly in respect of promoting equality of opportunity and good relations between men and women?

If, depending on the nature of the policy, you have not carried out a full impact assessment but think there could be any danger of the policy having an adverse impact on any groups, or if there is public concern about it, you could consider testing it out in one or two areas first.

### **13.0 How should I publish the results of assessments and consultations?**

Under the specific duty to publish a Gender Equality Scheme, you must also set out your arrangements for publishing the results of the assessments, involvement and consultations as well as the monitoring you carry out to meet the duty and make the results of these available.

In the case of policies you are proposing to introduce, you must set out your arrangements for publishing the results of your assessment and consultation in terms of the impact the policies are likely to have on promoting gender equality.

### **14.0 Why is this important?**

If you are to win public confidence you need not only to promote gender equality but to be seen to be doing so. By publishing the results of your activities you will show that you are carrying out the specific duties of:

#### **Assessing Involvement and consulting; and Monitoring.**

Publishing your results will also show your commitment to promoting gender equality. Your staff will be better informed about your policies and more aware of the standards of good practice. Also, public confidence in your organisation will increase .

### **15.0 What information should I publish?**

We would recommend that you publish summaries of your impact assessment reports regularly and distribute them more widely, and make more detailed reports available to those who ask for them.

### **16.0 What should I publish in an impact assessment report?**

You should consider publishing the following:

- A description and explanation of the proposed policy and a brief account of how you assessed its possible affects
- A summary of the results of your assessment, including the likely impact of the proposed policy on promoting gender equality
- Any available technical reports, and how to get them
- A review of your proposed policy (or policy options) in the light of your assessment.
- A statement of what you plan to do next.

### **17.0 What should I publish in a consultation report?**

You should consider publishing the following:

- Why you carried out the consultation
- Details of how you went about it
- A summary of the replies you received from people you consulted
- A review of your proposed policy (or policy options) in the light of the responses you received, particularly concerning any adverse impact on promoting gender equality
- A statement of what you plan to do next

You should make sure that the report is published in a format that is accessible taking into account the needs of particular groups.

# Worksheet 5 – Recommendations from Men’s Health Forum (MHF)

## 1. Collection, analysis and use of data:

- Data should always be collected, presented and considered in gender-disaggregated form
- All data presented to the general public (e.g. media releases, DPH reports) should be broken down by gender

## 2. Developing local commitment:

- Strategic Health Authorities should designate a “Gender Lead”
- An NHS training programme should be developed, incorporating local training events and an online resource

## 3. Learning from good practice:

- A central database of good practice should be developed – preferably in advance of the implementation of the gender duty

## 4. Seeking the views of stakeholders

- PCT’s should establish standing local advisory groups to reflect and advise on men’s health issues
- DH should establish an expert advisory group to comment on gender issues and to scrutinize the implementation of the gender duty

## 5. Local Targets

- PCT’s should review all existing local targets and consider re-writing them in gender disaggregated form
- All future local targets should be expressed in gender disaggregated form

## Worksheet 6 – Action Planning Framework

<b>Task</b>	<b>How to</b>	<b>Outcomes sought</b>	<b>Evaluation</b>	<b>Responsibility</b>
1. Establish Steering Group	Refer to Section 2 Part One - Accountability	Group established with membership and terms of reference agreed	Board responsibility established with regular feedback/reports being received	
2. Establish working group	As above	Group established with membership and terms of reference agreed	Regular reports on progress against action plan being given to Steering Group	
3. Identify outcomes required for action plan	Refer to Section 2, Part Two - 2.22	Key organisational targets around employment and service provision identified and included in action plan	Progress against action plan and performance monitoring	
4. Identify who to involve – internal and external to the organisation	See Section 2, Part Two, 2.7 Consultation	Barriers identified; Priorities set; Priorities used to inform/assist planning activities; Priorities for future action plans identified	Active involvement of men and women and consultative groups internal and external to organisation	
5. Identify what data is available and/or how to obtain data in the future	Refer to Section 2, Part Two – 2.3 Gathering Information	Data sources identified; Gaps in data collection identified and remedies included in action plan	Data gathered, analysed and used to inform priorities	
6. Identify measures for gathering information	As above	Data collected and analysed; Information used to inform priorities for action plan; Future arrangements included in action planning process	Quality of information gathered and how it is used to inform actions	
7. Establish arrangements for impact assessing new	Refer to Worksheet 4, Impact Assessment	Arrangements for screening and full impact assessments	Outcomes of impact assessment and inclusion of results/gaps	

policies/functions		agreed and in place	identified in future action plans	
8. Identify arrangements for assessing for impact of present policies and function	Refer to Section 2, Part Two – 2.16 Assessing present policies	Arrangements in place with realistic timetables for the 3 year period of GES. Priorities assigned to existing policies	Outcomes of assessments and how they influence decision making within the organisation. Inclusion of outcomes within future action plans	
9. Identify arrangements for assessment of outsourced services	Refer to Section 2, Part Two, 2.19 Assessment of services outsourced to private contractors	Arrangements in place with realistic timescales	Outcomes of assessments and evidence of how outsourced services are provided in an equitable way	
10. Develop action plan based on sample provided	Refer to Section 2, Part Two, 2.22 The Gender Equality Scheme Action Plan	Action plan in place agreed by Board	Progress identified against action plan	
11. Agree monitoring arrangements	Refer to Section 2, Part Two, 2.29 Monitoring	Transparent monitoring arrangements in place. Monitoring being followed up: At Board level; By Steering Group; By Directorates; Within services	Identifiable improvements made	
12. Identify methods of engagement with other organisations	Refer to Section 2, Part Two, 2.21 Partnerships	Arrangements for joint working in relevant areas put in place	Joint outcomes demonstrated. Areas for future action identified	
13. Identify methods of publishing GES and reporting progress internally and externally	See Section 2, Part Two, 2.34	Publication plan drawn up and put in place; methods of reporting progress in place	GES published by due date. Demonstration of reporting/feedback mechanisms in place and working.	

**Worksheet 7 – Sample Action Plan (Please note this is only an example plan – your own priorities will determine what goes into your action plan)**

**Name of Directorate  
Employment Actions**

<b>Objective</b>	<b>Steps to achieve</b>	<b>Outcomes required</b>	<b>Timescales</b>	<b>Resources required</b>	<b>Responsible Team/Person</b>
Ensure equal pay between male and female staff	Implement the Agenda for Change policy effectively and ensure it is reviewed	Equal pay for all staff, regardless of gender	By 2010		HR Teams
Arrange gender equality awareness training for staff	Training Sessions; Guidance on intranet; Evaluation of effectiveness of training	That all staff will be aware of equality issues and will consider these in their dealings with colleagues and customers	Ongoing from April 2007		HR Teams
Review all employment policies for impact on gender equality	Use screening tool/framework	All employment policies are equality proofed	By April 2010		HR Teams
Set gender equality targets (according to proportions of men/women in senior positions)	Positive action development schemes; Review of recruitment/promotion policies;	An equal balance of men/women in senior positions in organisation	From April 2007 – targets to be increased year by year until outcome achieved		HR Teams

## Service Delivery Actions

Objective	Steps to achieve	Outcomes Required	Timescales	Resources Required	Responsible Team/Person
Increase numbers of men accessing primary health care	Targeted information via leaflets and in clubs, pubs, etc.	Equal numbers of men as women accessing primary care	By April 2010		Diversity sections?
Improve diagnosis of CHD in women					
All policies impact equally on men and women	By screening and impact assessment, via impact assessment tool	All policies are equality proofed	As policies are introduced		Diversity sections?

**This could also be broken down if necessary into the main headings for what should be included in action plan, i.e. Proposals for consultation, impact assessment, publishing results, etc.**

## WORKSHEET 8 – WHAT HELP IS AVAILABLE

### Further help and advice

There are a number of additional sources of help and information available:

Name & Address	Telephone	Email & Website	Information
The Gender Trust PO Box 3192 Brighton BN1 3WR	07000 790347	Email: <a href="mailto:Headoffice-info@gendertrust.org.uk">Headoffice- info@gendertrust.org.uk</a> <a href="http://www.gendertrust.com">www.gendertrust.com</a>	Gender Trust offers help and support to adults who are transsexual, gender dysphoric or transgenderist
DEPEND BM Depend LONDON WC1N 3XX		Email: <a href="mailto:info@depend.org.uk">info@depend.org.uk</a> Web site: <a href="http://www.depend.org.uk">www.depend.org.uk</a>	Depend is a support network linking friends and families of transsexual people
Gender Identity Research and Education Society (GIRES) 'Malverley' The Warren Ashstead Surrey KT21 2SP	01372 801554	Email: <a href="mailto:Bernardgi@aol.com">Bernardgi@aol.com</a> <a href="http://www.gires.org.uk">www.gires.org.uk</a>	An information resource with information for families of transsexual people
Equal Opportunities Commission	Tel: 0207 222 1110  Fax: 0207 222 2771	Email: <a href="mailto:info@eoc.org.uk">info@eoc.org.uk</a>  <a href="http://www.eoc.org.uk/">http://www.eoc.org.uk/</a>	Working to eliminate sex discrimination
Press for Change		<a href="http://www.pfc.org.uk">www.pfc.org.uk</a>	Press for Change is a political lobbying and educational organisation which campaigns to achieve equal rights and liberties for all transgender people in the UK, through

			legislation and social change
Women and Equality Unit (DTI)	0207 215 5000	<a href="http://www.womenandequalityunit.gov.uk/">http://www.womenandequalityunit.gov.uk/</a>	The Women and Equality Unit, formerly the Women's Unit, is based in the Department of Trade and Industry, and is responsible for co-ordinating policy on women and gender equality issues in Government
ACAS	08457 47 4747	<a href="http://www.acas.org.uk/equalityservices@acas.org.uk">http://www.acas.org.uk/equalityservices@acas.org.uk</a>	<i>Promote and give advice on equality in the workplace, including guidance and equality tools</i>
Department of Health		<a href="http://www.dh.gov.uk/Home/fs/en">http://www.dh.gov.uk/Home/fs/en</a>	
NHS Employers		<a href="http://www.nhsemployers.org/">http://www.nhsemployers.org/</a>	

## Contacts

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#### **Eileen Worrow**

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Eileen Worrow has had experience of working with disadvantaged groups for many years. She joined the Civil Service in 1997 and has worked in the Employment Service, Jobcentre Plus, and DWP where she took the lead on race equality issues, playing a major part in producing the Race Equality Scheme for the Department, and drafting the guidance to support it.