fair for all – gender

Positive Action – Real Change

Status Report on NHS Scotland and Gender Equality Schemes: **A Summary**

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Introduction

This Summary Report provides a brief overview of the strengths and weaknesses of the Gender Equality Schemes prepared by NHS Boards to meet the Gender Equality Duty, which came into force in April 2007. It is drawn from the Status Report commissioned by Fair For All – Gender to identify how well Health Boards in Scotland understand gender and how well they are responding to the requirements of the Gender Equality Duty (GED).

The Gender Equality Duty is split into two parts; the 'General Duty' and the 'Specific Duties'. The General Duty part of the GED requires public authorities, including health boards, to pay due regard to the need to eliminate discrimination (including pay discrimination) and harassment, and to promote equality between men and women.

There is also a series of 'Specific Duties' which outline the steps public authorities must take to help them meet the General Duty. The summary also provides a series of recommendations for further work.

Fair For All-Gender is a partnership between the Scottish Government's Patient and Quality Division of the Directorate General Health and Wellbeing and the Equality and Human Rights Commission (EHRC), formerly the Equal Opportunities Commission), the Commission for Racial Equality and the Disability Rights Commission. It has been working with NHS Boards in preparation for the Gender Equality Duty, providing a network for exchange and guidance.

First Schemes

The schemes evaluated in this Summary Report represent the first Gender Equality Schemes prepared by NHS Boards. It is evident that many Boards have worked hard to meet the requirements and to make connections with the wider equality agenda. The context for the Boards is very important, as the NHS has gone through considerable change in recent years with Agenda for Change addressing workforce issues including equal pay, equalities legislation and Fair for All addressing improvement in service issues.

In taking a critical approach to these first gender schemes, the intention is to highlight progress, discover areas where there is a lack of understanding or where there may be a challenge in respect of fulfilling requirements of the GED. The purpose is also to identify areas where NHS Boards could build on these schemes to make improvements.

Monitoring Criteria and Template

In 2007, the former Equal Opportunities Commission in Scotland developed a monitoring criteria and template to ensure even-handed and comprehensive initial monitoring of all public sector Gender Equality Schemes. In addition, these templates provide comparable data that informs the overall analysis of NHS Gender Equality Schemes.

Assessment

The main report's assessment seeks to evaluate how well NHS Boards have mainstreamed or integrated gender equality considerations into all their functions - as employers, in the design and delivery of services and in the various specialist functions that national boards play in promoting health in Scotland. It also sets out to identify some of the barriers for NHS Boards in designing their Gender Equality Scheme. A critical question for a minority of boards is the understanding of how gender equality considerations are connected to their functions.

In respect of meeting the GED in employment, most Boards have some information about the gender profile of their workforce and demonstrate a commitment to tackling unequal pay. In respect of the Duty to consider an objective on equal pay, the majority of NHS Boards have acknowledged this duty. However, rather than have an explicit objective, they have referred to: Agenda for Change, a modernisation of the NHS pay system, the production of a generic Equal Pay Policy Statement by the Equal Pay Unit*, and their own preparations for complying with publishing an Equal Pay Policy Statement. Organisations that choose not to include an equal pay objective in their scheme, need to justify their reason for this.

There is less demonstrable action on how occupational segregation can or needs to be tackled in their organisations. For example,

- by considering flexible working for senior positions,
- by evaluating recruitment to ensure that is actively promoting gender balance,
- by looking at organisational culture to identify sex stereotyping, bullying, harassment and by taking action to tackle it.

*The Equal Pay Unit is an NHS body, established to support a pan-Scotland approach on the management of Scottish claims, which have been lodged with employment tribunals for equal pay. The Equal Pay Unit provides advice, guidance and information on case management to Scottish Health Boards and Special Health Boards.

Assessment

With regard to service design and delivery, the majority of boards indicate some understanding of the fact that assumptions and expectations about the roles of men and women in society have an impact on health outcomes. For the small number of boards who do not understand this or have not looked at evidence, their schemes lack data on differential health outcomes. They do not set out to collect specific information on local or national priorities and they suggest that process changes will take place without any evidence of how this will happen.

The schemes are varied in presentation and content. They reflect both strengths and weaknesses in NHS Boards. From reading the schemes, there appears to be leadership commitment and involvement in NHS Boards, but this needs to be translated into delivery, implementation and accountability. There are some ambitious, but many careful schemes perhaps reflecting the fact that this is the first scheme. There appears to be a reasonably good understanding of gender issues both in service areas and in workforce areas. Nevertheless, there is a need to build on this to increase understanding and capacity in this area. Structured exchange between NHS Boards will provide an opportunity to share experience and learning and to identify common areas for development.

Most NHS Boards have addressed the requirements of the GED – a small minority have been unable to present a scheme that meets the requirements or that offers systematic activities to promote gender equality. For many NHS Boards, there is a constructive basis for further work. This Summary Report will provide some of the feedback they need to amend their schemes.

The strengths include:

- The provision in many schemes of sex-disaggregated data including gender profiles of the area and the organisation.
- The integration of gender equality considerations and information into national priorities around mental health, coronary heart disease and cancer and in respect of local health priorities, notably gender based violence.
- The fact that some NHS boards have made connections across the equality strands.
- Many schemes do have a focus on governance issues in respect of ownership of the scheme and this comes across quite strongly. Many of the action plans assign accountability to senior management. There is general provision for training and awareness raising activities across organisations including at senior management level. In some cases there is provision for review of these activities.
- Most schemes have detailed action plans outlining timescales and allocating responsibilities.
- Many schemes have details of the process of development with particular detail with regard to consultations or surveys undertaken. This includes some of the lessons learned about timing of consultations and methods.
- Many NHS Boards outline consultation with stakeholders, service users, staff, and staff representatives. However, in a good number of cases they do not indicate explicitly that trades unions have been included, whereas the specific duties of the GED requires them to make this clear.

“Gender= Woman and Men”

The weaknesses include:

- The fact that objectives tend to be mostly process related and that there is a lack of connection between process objectives and the outcomes that the intervention should lead to in respect of gender equality. Many boards indicate that they will review policies or services but they don't say what that the outcome will be in workforce, policy or service delivery provisions. For example, in reviewing harassment policy or recruitment, making it clear that they will ensure that transsexual staffs are explicitly included so that they feel confident about procedures and feel supported. In addition, NHS Boards could include an objective to provide training for all staff in respect of the GED and transgender people.

- The trend towards process objectives is not surprising in the first round of gender equality schemes as many of the processes do need to be changed in order to build in gender equality considerations from the inception of planning, resource allocation through to policy formulation, service design and delivery. However, to deliver on this process change, it is important that NHS Boards make the connection with outcomes throughout their objectives.

- In most of the schemes, the factors that contribute to the pay gap are not addressed explicitly. For example, discrimination, gender based segregation – the concentration of women at various levels, percentage of women working part-time because of caring responsibilities, the lack of flexible working at senior levels.

- Many NHS Boards do not make explicit reference to transsexual staff although they do consider issues for transgender people in respect of service provision.

- Equality schemes are weak in respect of some requirements of the Gender Equality Duty and may have been prepared before the duty was finalised.

- Many NHS Boards outline consultation with stakeholders, service users, staff, and staff representatives. However, in a good number of cases they do not indicate explicitly that trades unions have been included, whereas the specific duties of the GED requires them to make this clear.

- There is a high commitment to and reliance on impact assessment to identify issues. When impact assessment is done properly it should inform practice and delivery. However, it would be helpful to have more evidence in the scheme of how this it is being done.

There is no discernible geographical trend but a good spread of positive schemes throughout Scotland. In general, the schemes are weak on the read across and between strands. For example, consideration of specific issues for groups like men and women with disabilities or those who suffer multiple- discrimination due to sexual orientation, race, religion and belief or age. It is clear that in many cases the schemes were developed in isolation from the Race Equality Scheme of the Disability Equality Scheme.

“Postive Action, Real Change”

Recommendations

Virtuous circle of activity

It is important to see the Gender Equality Scheme as a dynamic process and not a static document. Developing the scheme is the first step; the overall objective is to provide better services. This means that adjustment is part of the routine - continuous improvement is critical to success. NHS Boards should not be afraid to change or modify their services, in order to improve outcomes for women and men. For example, responding to new data, using information from ongoing analysis or consultation to redefine an objective and to design new actions. In the North Ayrshire Community Planning Partnership area, the Public Health Nurse identified services where needs were not being met. Men were not utilizing a weight management programme but were identified as being at increased risk of developing cardio vascular disease. The solution was to design a service called "Slimmin Withoot Wimmin" to provide a targeted service for men.

Seeing gender across age spectrum

The schemes in general are weak on detail in respect of considering the Duty across age groups - for example, teenage fathers, boys and girls, older people. There are some notable exceptions: NHS Lothian mentions boys and girls and, as mentioned above NHS Ayrshire and Arran has an objective in respect of the sexual health of young people. NHS Borders has some gender specific information in respect of care for older people. NHS Highland has actions in respect of mental health for boys and men. This is an area that needs to be developed and it would be a good instance for exchange of experience and expertise among NHS boards.

"The aim: better health services for all"

Making actions and understanding clear

With regard to consultation with trades unions, while many NHS Boards may have done this, evidence that they have done so does not feature in their scheme. If it has taken place, it needs to be made clearer, for example, if a board meets staff through a forum and some staff members are union representatives, then this could be mentioned as a way of consulting with unions. If no consultation with trades unions has taken place, then this needs to be addressed by Boards.

Strategic consultation

In view of the requirements to consult/involve people in respect of the three public sector duties and the three equality strands, a more strategic approach to consultation is required to ensure more effective feedback, to avoid consultation fatigue and to recognize the time pressures within all organisations. Good planning is critical to ensure that consultation is 'joined-up' within organisations, so that there can be one consultation exercise on related policies with affected groups.

It is also important that boys and girls, women and men, older people and transsexual people are enabled to participate fully in a consultation process, in order to get a full picture of their concerns.

It may be useful to look at different ways of consulting for example, electronic consultation, surveys, forums and talking to people. Where women or men are under-represented in a policy area, service or employment issue, boards might need to make special efforts to encourage participation.

Gender Impact Assessment

Listed public authorities such as health boards must ensure that schemes set out the actions they have taken or intend to take to assess the impact of their policies and functions. For new policies and practices, gender impact assessment is most effective when carried out early in the decision making process. This informs policy making and enables necessary changes to a policy or function.

Equal Pay

This is a key area for clarity, and, for action to ensure that NHS Boards have integrated equal pay into Gender Equality Schemes. The responsibility is on individual health boards to take action to ensure equal pay and gender considerations around equal pay are included in scheme objectives and action plans. This may involve undertaking an equal pay review, investigating causes of the gender pay gap (occupational segregation, discrimination and the impact of caring responsibilities), gathering information, consultation, implementing flexible working policies, or implementing equal opportunities for promotion, training and starting salaries. Outcomes need to be evidenced in scheme update reports and in the Equal Pay Policy Statement review.

Gender Based Violence

While many territorial boards have mentioned domestic abuse or violence against women, in some cases they have not included the details of activities in the gender equality scheme. Others have not mentioned it as a local priority or made connections with service objectives. It is important for NHS Boards to provide this detail and to adopt the broader definition that facilitates intervention and support across a range of areas for men and women.

As a local priority, addressing gender-based violence provides an opportunity to make connections across the health service. For example, many women who present with mental health problems have experienced domestic violence or abuse. Young violent males are less likely to seek help, and more likely to commit suicide.

Transsexual people

Gender Equality Schemes need to make specific reference to transsexual staff within workforce objectives or action plans. It is important to acknowledge the needs of transsexual people, to identify processes and actions that can explicitly address relevant issues, to provide a greater understanding among staff and ultimately to meet the different needs of transsexual people.

Monitoring

Reflection needs to be given to what happens to monitoring data once collected. Most NHS Boards understand the need to collect data. What may require more thought is how this data will inform/prompt change within the organisation or within a service. Consideration needs to be given to how to do this strategically, across the three equality duties and the three strands.

Culture change

Many NHS Boards have focused on governance issues in respect of ownership of the Gender Equality Scheme. However, they are less clear about the need to challenge gendered assumptions and expectations and to promote change. Crucially, few boards referred to the need for a culture change in respect of issues like sexual harassment/bullying, assumptions and expectations around gender roles, occupational segregation, part-time working patterns and issues for transsexual staff.

Exchange

It is important that NHS Boards have an opportunity to exchange views on their experience of developing their schemes and their understanding of gender equality issues. The Fair for All Gender network would be a good mechanism for organizing a seminar on the schemes outlining areas for improvement and facilitating exchange of experience. In view of the scale of partnership working that NHS Boards engage in, there is a strong case for exchange among public sector organisations.

Conclusions

The conclusion is that most NHS Boards have addressed the requirements of the Gender Equality Duty. While many do not have an explicit objective in respect of the causes of the gender pay gap, the perception of many Boards is that equal pay is being addressed in a satisfactory manner through Agenda For Change and in the production of an Equal Pay Policy Statement in September 2007. Since responsibility for achieving a gender balance in equal pay lies within individual health boards' Human Resources departments, NHS Boards will need to demonstrate more clearly how they will tackle equal pay issues within their staffing and report on results of their actions.

While this Summary Report has presented information about schemes and the status of NHS Boards, the issue of compliance with the Gender Equality Duty is a matter for the Equality and Human Rights Commission.

Clarity

Although most NHS Boards have provided schemes that address the requirements of the Duty, their schemes don't always reflect ongoing work or areas where boards have a strong record of addressing gender inequality. A key issue for most NHS Boards would be to provide more clarity for stakeholders and clients about how they are addressing the requirements of the Gender Equality Duty and by outlining in more detail, existing work on gender equality in their Action Plans. In respect of workforce issues, more detail on how equal pay is being dealt with would be important to demonstrate progress in this area.

It is evident that a great deal of positive activity is taking place in NHS Boards. In order for this to be recognised and built upon, it needs to be more evident and strategic.

Directorate of Equalities and Planning

A new Directorate of Equalities and Planning within Health Scotland will come into place in April 2008 and will embrace the work of the Fair For All strands, including Gender. The purpose of the Directorate is to provide a centre of expertise, advice and support on equality, diversity and health inequalities to NHS organisations. Fair For All – Gender will work in partnership with the Equality and Human Rights Commission until 31st March 2008.

"Gender isn't done yet"

fair for all – gender
Positive Action – Real Change

Real Results for Real People

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gender equality duty