

‘Making the Gender Equality Duty Real’

Summary Report of the 2009 Survey of Local Authorities and NHS Boards across Scotland

**‘Making the GED Real for Children, Young People and their Fathers’ project,
Children in Scotland, January 2010**



**Making the Gender Equality
Duty Real for Children,
Young People & their Fathers**

Children in Scotland
every child - every childhood

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<http://makinggenderequalityreal.org.uk/>

This report will be available as a free download from our website. We plan to make further information from the survey and forthcoming events available through our website in due course.

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1. Background

Between August and November 2009, Children in Scotland carried out a survey of the Gender Equality Duty (GED) activities and priorities of Local Authorities and NHS Boards across Scotland, for our project: ‘*Making the Gender Equality Duty Real for Children, Young People and their Fathers*’. This 3-year project (2008-11) is funded by the Scottish Government’s Equality Unit. Throughout the project, the term ‘father(s)’ is employed broadly to include both biological and ‘de facto’ fathers /male carers.

2. Aims

The survey was carried out to further understanding of how – and the extent to which – the public sector Gender Equality Duty (GED), which came into force in 2007, is being used in Scotland to reduce gender inequalities. While the main thrust of GED implementation so far has been on Equal Pay for women, Occupational Segregation and Violence against Women, we specifically focused on areas that have not been identified as national priorities, but which are nonetheless important to the quality of care and life opportunities available to children and young people. In line with the project, our focus for the survey was on the following four key areas:

- The engagement of fathers with/by public services for children and families;
- Men’s recruitment to, and inclusion in, the children’s sector workforce;
- Challenging gender stereotypes and opening up non-traditional career paths and educational opportunities for boys/girls and young women/men; and
- Supporting fathers in the workplace.

Prior to our nationwide survey, we had anecdotal evidence from desktop research and networking of examples of (and/or opportunities for) progressive and effective practice in each of these four areas. However, the practices identified tended to be small-scale and isolated local initiatives. Professionals frequently highlighted the lack of mechanisms to effectively share information about innovative approaches across geographical and professional boundaries.

We, therefore, decided to carry out the national survey; primarily to collate baseline data against which to track progress across Scotland. The survey was necessary for this purpose because the areas that form the focus of this project have received little if any attention in public sector GED reports and schemes to date. We intend to carry out a follow-up survey toward the end of the project in 2011. In addition, an important aim of the survey was to contribute to increased understanding of the opportunities for, and the barriers to, improving gender equality under current legislation. Thirdly, the survey was designed to more systematically identify and collate positive practice examples, with a view to sharing this knowledge through our project events and website:

<http://makinggenderequalityreal.org.uk/>

3. Survey methods and analysis

The questionnaires contained a combination of open qualitative and pre-coded quantitative questions. Separate, tailored questionnaires were created for Local Authorities and NHS Boards. In view of the small numbers with which we were dealing (32 Local Authorities and 14 NHS Boards), we focused on capturing a range of viewpoints

within each organisation and exploring approaches – both current and planned – in some depth.

Given the breadth of the issues we covered in the survey, we accepted partial responses from respondents with specific experience in a key area (for instance, human resources or education) as well as full responses. The latter tended to be from individuals whose role gave them more of a strategic overview, but less in-depth practical experience in specific areas. Attempting to capture both strategic and area-specific experience of practice in one survey was a little messy and undoubtedly made the task of analysing the data more difficult. However, this approach did, as intended, yield a reasonable range and balance of viewpoints and information from a single survey. The choice of this design was influenced by our awareness of the need to avoid overburdening busy Local Authorities and NHS Boards with unrealistic research demands.

We used an online survey tool (SurveyMonkey) to administer this questionnaire. We also made Word document versions of the questionnaires available to those who requested to preview the questions or who had difficulty completing an online survey. All Local Authorities and NHS Boards across Scotland were contacted repeatedly. A principal point of contact was identified (for example, the Chief Executive’s Office or an Equalities Officer), and we requested that the information and invitation to respond to the survey be cascaded to identified relevant post-holders, as well as to anyone else within the organisation thought to be appropriate respondents.

Information and a link to the survey were also posted on the project website, included in Children in Scotland e-mailings to its members and sent to individual project contacts. The survey period was extended to allow those who had not responded to submit their views and experiences. Follow-up calls and emails were made to encourage completion.

Replies were received from 30 of the Local Authorities, namely: Aberdeen City, Aberdeenshire, Angus, Argyll & Bute, Clackmannanshire, Dumfries & Galloway, Dundee City, East Ayrshire, East Dunbartonshire, East Lothian, East Renfrewshire, Edinburgh City, Falkirk, Fife, Highland, Inverclyde, Moray, North Ayrshire, North Lanarkshire, Orkney, Perth & Kinross, Renfrewshire, Scottish Borders, Shetland, South Ayrshire, South Lanarkshire, Stirling, West Dunbartonshire, West Lothian and Western Isles. As requested, many Local Authorities submitted multiple responses from different vantage points within the same public body.

Although many of these responses were very partial, they indicated that the survey had been widely disseminated. In total, 131 responses were received from Local Authority sources. Responses were submitted by a wide variety of post-holders, including: policy, development and equalities officers, service/department managers and teachers. We received responses from across education, children’s services, social work, human resources and corporate services departments. Six responses did not name a specific Local Authority.

9 NHS Boards responded to the survey, namely: Ayrshire & Arran, Borders, Fife, Greater Glasgow & Clyde, Highland, Lanarkshire and Lothian. In total, 30 responses were received from NHS sources. Again, responses were submitted by a wide variety of post-holders, including a range of clinical staff and managers as well as policy and equalities officers.

4. Results

Despite highlighting a number of weaknesses and obstacles to effective implementation, the majority of both Local Authority and NHS Board respondents were broadly positive about the GED and its *potential* impacts. The most prominent cross-cutting theme was: the need to raise awareness and change attitudes towards gender equality issues within each agency’s organisational culture. Another important theme was the need to link planning and activities (such as Equality Impact Assessment and data collection/monitoring) more clearly to actual gender equality outcomes.

4.1 GED overall progress and priorities

We asked respondents to rate **overall progress** so far in implementing the GED in their Local Authority on a scale of 1-5 (where 1 was 'first steps' and 5 was 'gender equality has been achieved throughout your services'). A majority of almost 60% of those responding to this question rated their Authority '3'. The next most common ratings were '4' (21%) and '2' (12%).

We then asked respondents to rate (where 1 was least and 5 greatest) their Authority's **progress** in the following **specific areas**: consultation, data collection, training, Equality Impact Assessment (EQIA), management & leadership, planning changes to practice and making changes to practice. Again, '3' was the prominent progress rating for each of these aspects of GED implementation.

Priorities

In line with the wide range of respondents to this survey, diverse priority areas were highlighted, often without consistency across the Local Authorities and NHS Boards from which we received multiple responses. This finding is not particularly surprising, given the sector-specific expertise of most respondents (some stated explicitly that they could only comment on their own area, e.g. education). However, the lack of cross-service knowledge of gender equality priorities is an indicator of a certain **discontinuity** between: a) broad gender equality priorities and objectives that are set out in Gender Equality Schemes (and tied into national level priorities); and b) the priorities/objectives developed within specific service areas, with reference to a range of different policy drivers.

In line with national gender equality priorities, several local authority respondents cited violence against women and equal pay as priority areas. In **education**, priority areas were targeted, gender-tailored support to: improve educational attainment in key areas (especially literacy and numeracy); reduce school exclusion rates; improve behaviour and emotional literacy; improve access to post-16 education, training and work opportunities; increase participation in sports; and, address gender stereotyping in education and career choices. One respondent cited engaging more fathers in the provision of Home School Partnership services as an overall priority area.

In **social work/care** services, priority areas were: targeted, gender-tailored support for victims of domestic abuse; working inclusively with fathers/male extended family members on an equal basis with females; monitoring gender differences in children who experience disadvantages (e.g. excluded from school, looked after/accommodated or on the child protection register); understanding the root causes of gender inequality; and, promoting the work of minority young male carers in residential care teams.

In **early years** services, key priority areas were: recognising the importance of fathers and

increasing their participation in parenting support programmes and support groups; encouraging boys at school to become involved in childcare related skill-seeker programmes; and, recruiting men into childcare training and jobs.

In NHS Board responses, violence against women/gender-based violence also featured as a priority area. Specific **aspects of women/men’s health** that were prioritised as requiring gender targeting or a gender-sensitive approach included: promoting cervical cancer vaccination, coronary heart disease, weight reduction, sexual health, addictions services, maternity services, children’s services, mental health services and counselling services for survivors of sexual abuse. Priorities for improving the **equality of access** to health services included: reviewing the design and contents of waiting areas to make them less gendered (e.g. choice of magazines and posters); targeted health awareness/healthy lifestyle approaches (e.g. providing examples of ways that men commonly neglect their health); identifying strategies to address gendered stigma and engagement barriers (e.g. sensitive enquiry into prostitution); promoting availability of extended hours services (e.g. to improve access for working male carers); and, promoting messages through different venues and media sources (e.g. condom card campaign using sports theme to appeal to young men).

A common theme among both Local Authorities and NHS Boards in discussing priorities was the need for effective (and consistent) **processes** such as data collection, training, equality impact assessment and monitoring.

Strengths

Respondents listed a range of strengths in implementing the GED. The most commonly mentioned strengths related to putting **effective systems** in place, **training** staff and focused **leadership**. Other strengths that featured strongly in responses were: **understanding and awareness, planning, coordination** and **delivery** in key areas. Strengths that featured in several responses included: **EQIA, consultation** and appointing **dedicated Equalities Officers**. Some respondents also cited **mainstreaming** equality across the Authority’s structures and services as a strength. Finally, moves to **integrate gender equality** with existing race and disability equality duties were also mentioned.

Weaknesses

A wide range of weaknesses associated with implementing the GED were also identified by respondents. **Delivering change** in practice was the most commonly cited weakness. Other issues raised by respondents included:

- lack of management leadership and coordination;
- low levels of awareness and understanding of gender equality issues and requirements;
- ongoing occupational segregation;
- consultation;
- mainstreaming gender equality activities and policies; and
- assessing and measuring impacts and outcomes.

Key obstacles to implementing the GED

In addition to the weaknesses described above, respondents raised a number of key obstacles to effective implementation of the GED. Firstly, **lack of time and capacity** was cited as the main obstacle to implementing change. Not surprisingly, inadequate financial resources featured as a drain on capacity.

Secondly, respondents highlighted the difficulty of persuading staff (including some managers) to **‘buy-in’** to the gender equality agenda when faced with both other equalities

issues and **competing** – often more immediate – **priorities** for service delivery. Respondents also raised the perceived additional ‘**administrative burden**’ associated with fulfilling gender equality requirements and a tendency to treat gender equality as a ‘**bolt-on**’, rather than a core value in service delivery.

4.2 Engaging fathers in services for children and families

70% of Local Authority respondents stated that actions had already been taken to engage fathers in the provision of services for children and families. 75% of Local Authority respondents said that they had plans to promote or support good parenting in a way that will be more inclusive of fathers. Some suggested a likely development of more inclusive, universal services in the future. Others felt that further evidence of demand for more father-inclusive services would be required from consultation and evaluation activities.

In contrast, only half of NHS Board respondents offered positive answers to the equivalent questions about actions taken to engage fathers in children’s health services. However, the majority of NHS Board respondents did answer affirmatively to questions about future plans to engage with fathers, suggesting a trend towards increasing activity in this area.

The survey indicates that where actions have been taken, two broad approaches have been employed to increase the quantity and quality of engagement with fathers. These are summarised below, respectively as: ‘targeted initiatives’ and ‘routine involvement of fathers’.

Targeted initiatives

Initiatives specifically targeting fathers to increase the quantity and/or quality of their involvement have taken the form of support groups, events or programmes of activity. In both education and early years settings, events and activities for fathers and children (e.g. ‘My Main Man’ or ‘Bring your Dad’ sessions) have been organised in a number of localities. Often, organisers have used a ‘hook’ such as outdoors or sporting activities and days out to encourage fathers to participate, particularly in the initial stages. However, a wide range of activities have been employed in more established programmes (e.g. South Lanarkshire’s Home School Partnership), including, cooking, messy play, music & movement and arts & crafts. Some targeted activities are timetabled at weekends when working/non-resident fathers are more likely to be able to attend. In addition to targeting fathers, initiatives have tended to focus upon targeting **vulnerable** fathers and families, such as those living in **deprived areas** or **young fathers**. Although not rare, these targeted services are far from universally provided. However, there is evidence of targeted programmes such as South Lanarkshire’s linking coherently into broader, long term service development.

In health, there was less evidence of targeted initiatives to engage fathers. One example provided by NHS Fife was the development of a breastfeeding guidance leaflet, aimed specifically at partners to highlight the important supportive role that they can play to breastfeeding mothers. Another example was of a community vegetable garden developed by fathers and their children in East Lothian, with the support of a local voluntary sector organisation (Dads Work) and East Lothian Community Health Partnership.

Previous desktop research turned up innovative work in West Lothian to provide tailored antenatal classes for fathers generally, and also for young fathers, under the Sure Start programme. These courses are run in parallel with antenatal courses for expectant

mothers and other parent support courses and groups. One respondent noted that fathers-only classes in their area had been stopped because fathers “were not seeing the benefits”. In the NHS, targeting fathers appears to still be a novelty across Scotland as a whole.

Routine involvement of fathers

In education, there is increasing promotion through Parenting Strategies and support workers of more active involvement of parents and carers of both genders in their children’s education. The inclusion of fathers on Parent Councils and their participation in parents’ meetings and school events were cited as indicators of involvement. One respondent raised the importance of actively seeking to include fathers’ views in service planning and delivery. In early years settings, the focus has been upon enabling fathers to access mainstream parenting support groups and programmes such as Triple P (Positive Parenting Programme). In social work, it was held to be standard practice already to work to involve fathers in assessment, care planning and reviewing activities. One respondent noted that involving fathers more had resulted in more complaints from fathers about services. In education and early years contexts in particular, **training** key staff in how to more effectively engage with fathers and promote services to them was raised as an important element. It was also considered important to address the attitudes of both mothers and fathers around engaging fathers more fully in children’s services.

In health, there was evidence of fathers being more routinely involved in antenatal and post natal services than would have been true twenty years ago. Some respondents spoke of partners being actively encouraged to attend clinics and classes such as breastfeeding workshops, though one respondent noted an exception for a few classes covering issues around intimate care and breastfeeding. One respondent cited open hospital visiting from 8am to 10pm as a means of enabling more fathers to be present for the education offerings provided. Several respondents mentioned an increased use of gender neutral and/or father images in posters or information leaflets and one mentioned giving mothers and fathers a leaflet each as a strategy. In particular, images of fathers are being used in materials about breastfeeding.

4.3 Supporting fathers in the workplace

A majority of Local Authority (83%) and NHS Board (75%) respondents said that measures were in place to support fathers in the workplace. Most commonly mentioned were, paternity leave, special leave and flexible working provisions. Several Local Authority respondents noted provisions beyond statutory minimum requirements. The emphasis in future planning was upon responding to national policy and legislative drivers, as well as the results of authority-led EQIA exercises.

Flexible working policies, in particular, stood out as a key area for offering positive support to working fathers. One Local Authority provided results from a recent employee survey, which placed flexible working in the top 4 priorities for gender equality at work (marginally behind equal pay, promotion and impact of childcare responsibilities on career) and as the **top priority for male employees**.

Respondents across several Local Authorities said that flexible working policies were currently being reviewed. Two respondents cited increasing the uptake of flexible working and family care policies by male employees as a human resources goal, associated with a positive work environment and being an employer of choice. Another respondent acknowledged that progress towards flexible working had been “very slow”.

4.4 Tackling occupational segregation

Just over half of Local Authority respondents and almost 90% of NHS Board respondents said that their organisation had already taken actions to challenge occupational gender stereotyping. NHS Board examples of actions already taken included gender sensitive recruitment campaigns and the introduction of anonymous shortlisting for interviews. Several NHS Board responses cited evidence of posts filled by men and women where historically they would have been filled by someone of the opposite sex. Examples included: male hospital and community nurses and auxiliaries, male administrative staff, female porters and female technical/scientific staff.

Several Local Authority respondents mentioned current or developing initiatives to recruit more **men into childcare and early years education** work. For example, North Lanarkshire has a current project to support unemployed men aged 50+ to gain appropriate qualifications and consider a career in childcare. These initiatives have focused on promoting work in the early years sector as a viable and rewarding career option for men and facilitating men’s entry into the sector. They have also been concerned with instigating cultural change within the sector itself, centred on recognising the benefits of employing men and making the sector more accessible and attractive to them. 67% of Local Authority respondents said there were plans for future work in this area and several indicated that they expected progress to result from the longer term cumulative impacts of a range of campaigns and initiatives. There was some initial evidence of problems recruiting men into training courses and of low retention rates.

Although commitments to tackle occupational segregation do feature in Scottish Local Authority Gender Equality Schemes, in practice, there is evidence of stronger drivers than gender equality behind Men into Childcare initiatives. These **drivers** include:

- increasing evidence (e.g. from the Equal Opportunities Commission and Daycare Trust) of the potential benefits to children, teams, employers and men themselves;
- tackling social deprivation and high unemployment rates; and
- the availability of funding streams for work in this area.

Local authority responses displayed a high level of awareness of wider occupational segregation issues, including within education and social work. Several respondents provided supporting statistics or talked about data collection activities. One respondent told us about work by Community Social Services (with the support of existing male staff) to promote social care careers for men who might not otherwise consider this a career option. Other respondents discussing occupational segregation in early years and education settings, raised issues around positive discrimination. One key point was that workforce gender balance in these sectors needs to be considered in the context of the ratio of those qualifying, both historically and currently. Attracting and employing more men in the early years sector has been associated with potential pay and career prospect improvements – both as a driver and a result of change. Yet, another point raised was that equal pay provisions may unintentionally work against attempts to improve pay and career prospects in the female-dominated early years sector.

4.5 Challenging gender stereotyping among children and young people

Over 70% of Local Authority respondents said that their Authority had already engaged in activities to challenge gender stereotypes and open up alternative career paths and educational opportunities for children and young people. Over 80% indicated that there

were plans for future work in this area.¹

Responses revealed that Local Authorities are monitoring **subject choices** and taking general steps to reduce gender-based subject biases. Mainstream subject choice support mechanisms and resources in secondary schools include: parent consultation, published material, pupil interviews and informal discussions.

Most responses focused on addressing gender stereotyping through the provision of gender neutral **careers advice** in schools, **work experience**, **vocational training** and **apprenticeship** opportunities. Responses included initiatives to present young people with non-traditional **role models**. Examples include: school visits by female engineers and business leaders, and training leading to an apprenticeship (for successful candidates) in the construction industry under the **Second Chance Programme**, which was taken up successfully by both sexes. Within education, stereotypes in vocational career choices have also been counteracted through **theatre** by the touring theatre company ‘Theatre &’, who have produced work on men in childcare and women in automotive engineering careers. One slightly different approach to addressing gender stereotypes around caring roles was the inclusion of male role models in **babysitting classes** offered to secondary school pupils as an introduction to basic parenting skills, and encouragement of boys to attend these classes.

4.6 Information, guidance and other support needs

A number of Local Authority and NHS Board respondents said that they would find examples of **good practice** and **experiences** from outside their own area (as well as **training** opportunities on gender equality) useful to their work. Several respondents highlighted a role for a **national forum** to act as a central resource point and centre of expertise, compiling and consolidating information, ideas and practical experience from different sources (including from outside of Scotland) that could be used by service providers. Some saw an additional role for such a national forum to drive progress in wider gender equality **awareness-raising** and **mainstreaming**.

The **media** were also flagged up as having a potentially much more prominent role to play in pushing forward the gender equality agenda. Some respondents also saw scope to improve **internal communication** and information flows across their organisations. They acknowledged information and awareness gaps among strategic planners/corporate management, practitioners and Councillors relating to gender equality activities and priorities in local service delivery.

Information/guidance was requested by respondents in the following specific areas:

- service-specific development paths (e.g. maternity & health visiting);
- effective use of images (e.g. relating to parenting), including how to feed back ideas to the Scottish government relating to the production of national literature;
- evidence-based research on GED outcomes (potential and actual) in different areas, including remote, rural communities as well as urban neighbourhoods;
- innovative approaches in specific areas, such as tackling occupational segregation
- influencing HEAT² targets within the NHS; and
- gender-specific guidance on children’s development (especially early years) to complement existing information focused on age and stage of development.

¹ We did not ask these questions of NHS Boards as they were considered of less direct relevance to NHS services.

² ‘Health improvement, Efficiency, Access and Treatment’ NHS Scotland targets.

5. Conclusions and next steps

In many ways, the results of this survey reinforced the initial picture we had from desktop research and networking of a patchwork of interesting (but piecemeal and generally highly localised) initiatives across Scotland. It also confirmed the very limited information flow across Authority/NHS Board and professional boundaries. It is clear from the survey that GED schemes and reports are currently capturing neither the breadth of gender equality related activities and approaches, nor their impacts. However, there is also evidence of substantial engagement by professionals with a range of interconnected gender equality issues beyond those that have been specifically identified as national priorities.³ Many respondents underlined the potential for positive gender equality initiatives, which would also have wider benefits for service users, children and families, as is illustrated in the following quotes:

“I think your questionnaire lies at the heart of a really important area that is underestimated at present. We need to be involving fathers more in education, and also need to better recruit men into teaching, early years and caring roles so that young girls and boys become used to seeing men in a caring role”

“This is a great opportunity to maximise the benefits of services for families. We have to be realistic about timescales and celebrate small successes in order not to lose momentum. It is a long process and requires many practitioners to challenge their own comfort zones”

Inevitably, the survey raised additional information gaps, as evidenced in the guidance/information requests listed in section 4.6 above. Some broader key themes from the survey well worth exploring further through our Children in Scotland GED/Fathers project are:

- How can the GED and associated schemes⁴ be better **linked** to wider, gender equality related practice that is already happening?
- How can we build **coherent** gender equality strategies that support long term attitudinal change and complementary measures across service areas?
- How can we get people (public, internal staff and elected representatives) more **interested** in, and active around, gender equality issues?
- How can we find the right **balance** between routine involvement of men in mainstream services and tailored, men-only initiatives/services?
- How do we **target** specific groups (e.g. men in childcare work, young fathers) without reinforcing stereotypes?

Our next step for the project is to hold one-day Practice Sharing events in February and March 2010. These events are intended to discuss and build upon the survey findings, as well as providing a forum for practitioners from across Scotland to explore their experiences and discuss different approaches in greater depth. At the time of writing this report, the Scottish Government consultation on the new Public Sector Equality Duty Specific Duties under the Equality Bill, is ongoing. We will, therefore, need to tie learning from the project into any changes to the public sector duties as they emerge.

³ In June 2009, the Scottish Government identified tackling Violence against Women and Occupational Segregation as the key national GED priorities.

⁴ This will be very much informed by the development of public sector duties in Scotland under the Equality Bill.