



## THE GENDER EQUALITY DUTY: TURNING GOOD INTENTIONS INTO GOOD PRACTICE

The unnecessarily poor health of men and boys can be tackled most effectively by an approach that is 'gender-sensitive'. Research, data collection, needs assessments, policy development and the delivery of services must take account of the experiences, attitudes, behaviours and needs of men and boys. A gender-aware approach would also benefit the health of women and girls and improve the health of the population as a whole.

The Men's Health Forum, which has consistently advocated such an approach, believes this is an idea whose time has come. The gender equality duty, introduced by the Equality Act 2006, aims to achieve a cultural change that will put the recognition of gender and gender inequalities at the heart of policymaking and service provision across the public sector. Because men and boys have, in general, significantly poorer health outcomes, we believe that the new legislation could be an enormously important force for improvement. In fact, we believe that there now exists the best opportunity to improve male health since the foundation of the NHS.

But legislation of this type can, on its own, achieve relatively little. There is always a danger that agencies will focus on the process of implementation rather than achieving the outcomes that are intended. When resources are limited and staff are overstretched, as is currently

the case throughout the NHS, there will be an inevitable temptation to do the minimum. There is also a risk that the bodies responsible for inspection and enforcement will be impeded by a lack of capacity and distracted by competing priorities.

There are, moreover, two additional and fundamental problems. First, there is a widespread lack of awareness of gender throughout health policy and services. It is still commonplace for managers, policymakers and practitioners to overlook gender altogether, to assume that 'gender' is solely about women, or to believe that men's and women's needs can be met by very limited and specific initiatives. Significant work is required to put this right.

The second problem is the lack of political pressure to tackle gender inequalities in health. There are, of course, important and widely-supported campaigns for action on specific issues of importance to men and women, such as breast cancer, maternity services and prostate cancer. But there is relatively little activity for action on gender at a broader level. There is a need for local and national lobbying campaigns to push for effective implementation of the gender duty. Such campaigns, to be effective, must be both 'top-down' and 'bottom-up'.

**The Men's Health Forum believes action is now needed in the following areas if the gender duty is to achieve its potential:**

- **Collection, analysis and use of data**

From now onwards, data should be routinely collected, presented and considered in gender-disaggregated form at PCT level. The NHS should actively ensure that all datasets in regular use at all levels are required to conform to this fundamental principle.

- **Developing local commitment**

Strategic Health Authorities should appoint a 'gender lead' to champion the issue at the local level. There must also be a recognition of the need to fund training and information provision, centrally and locally. A model training programme should be developed that incorporates both an online resource aimed at NHS staff at all levels and – where there is sufficient local interest – a training event for senior managers that has the potential subsequently to be 'cascaded down' to other staff.

- **Good practice**

Examples of good practice in this field are few and far between and often difficult to locate. There is a need for a central database of good practice in the development of gender equitable policy, local assessment frameworks and gender-sensitive service delivery.

- **Seeking the views of stakeholders**

PCTs should set up formal consultation processes with men (e.g. a standing advisory group). Such a group could be established by seeking nominations of men from existing patient groups and service user organisations, or perhaps by approaching other representative

organisations that have significant numbers of male members. (This concept is not limited to men: a similar structure could be established to seek the views of female service users and women from the local community). At a national level, the Department of Health should institute an advisory group specifically to address the issue of gender equality. The Women and Equality Unit should establish a men's advisory group to consider men's issues across public policy.

- **Local targets**

Most PCTs have now developed local targets that reflect local population needs but such targets rarely take account of the differences in patterns of service use or health outcomes between men and women. PCTs should review all existing targets of this kind and consider re-writing them to take account of gender differences. It is also strongly recommended that PCTs express all future local targets in gender disaggregated terms.

- **Political commitment**

Effective implementation of the gender duty is much more likely if the legislation receives significant political endorsement at a high level across government. Enforcement bodies, such as the Equal Opportunities Commission and, from October 2007, the new Commission for Equality and Human Rights, must be given the resources to fulfill their role effectively. Inspectorate bodies, such as the Healthcare Commission, should be given a clear responsibility to monitor the implementation of the gender duty. Patient organisations are also vital: locally and nationally, they can monitor and lobby for implementation of the gender duty in order to ensure services fully meet the needs of the men and women they represent.

**For more information about the MHF's work on the gender duty, visit: [www.mhfgenderduty.org.uk](http://www.mhfgenderduty.org.uk)**

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