

Cultural Diversity
Gender Equality Reference Material

1. Introduction to the Sex Discrimination Act 1975 (Gender Equality Duty 2007)

- 1.1 As part of County Durham & Darlington PCTs commitment to disability equality, this guidance has been developed as part of the Trust's Diversity & Human Rights Scheme. This guide gives further information and practical advice on the Sex Discrimination Act 1975 (Gender Equality Duty 2007) for employees of the Trust. It is meant to be used as an initial reference point for gender equality and discrimination issues.
- 1.2 We are committed to preventing discrimination against any individual because of their gender, sexual orientation or transsexual status with regard to employment and the provision of services within the community. We will therefore not tolerate any form of discrimination or harassment against a person because of their gender – male or female. We are committed to promoting equality of opportunity and are aware of our legal obligations under the Sex Discrimination Act 1975, the Sex Discrimination (Gender Reassignment) Regulations 1999, Sexual Orientation Regulations 2003 and the Gender Equality Duty in 2007. However regardless of legislation we want to develop an open and honest culture where all individuals can pursue their own. Therefore as well as good practice, it is important for everyone to have a clear understanding of his or her duties and responsibilities under the law.
- 1.3 This reference material aims to summarise or signpost you to the many elements of gender equality including:
- The History of Gender Equality section 2
 - Equal Pay section 3
 - Family Friendly Working please refer to the Trust's Work Life Balance Policy
 - Sexual Harassment please refer to the Trust's Dignity at Work Policy
 - Pregnancy & Maternity please refer to the Trusts Maternity Policy
 - Transsexualism section 4

2. The History of Gender Equality

- In 1975 the Sex Discrimination Act [SDA] was introduced and for the first time, discrimination on the grounds of sex became unlawful. It was a ground-breaking law and many legal cases followed as women and men fought to achieve equality as employees and as service users.
- In 1976 the European Commission Equal Treatment Directive established the fight to equal treatment for women and men in access to jobs and training.
- In 1981 the Equal Opportunities Commission published proposals to amend the Equal Pay Act and called for the Act to be extended to include equal pay for work of equal value. In caselaw, it was ruled that a part-timer can claim equal pay with a full-timer doing equal work.
- In 1984 the Equal pay for work of equal value Amendment to Equal Pay Act came into effect from 1st January 1984. For the first time working people could claim the

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same pay as someone of the opposite sex doing a different job but with the same skills and abilities.

- In 1986 The Sex Discrimination Act (Amendment) enabled women to retire at the same age as men. It also lifted the legal restrictions which prevented women from working night shifts in factories.
- In 1990 the House of Lords ruled that women and men must have equality in access to concessionary schemes at the same age.
- In 1993 the EOC-supported Marshall (No. 2) case, the European Court declared that the ceiling for compensation in sex discrimination claims is unlawful. For the first time individuals could get full compensation for discrimination. Discrimination became costly and employers took it seriously.
- In 1994 the EOC took the Government to the House of Lords and won a landmark victory to stop part-time workers being treated as second-class citizens, transforming their status. Half a million gained protection from unfair dismissal and redundancy rights on the same basis as full time workers. Also in 1994, the Trade Union Reform and Employment Rights Act guaranteed every working woman the right to maternity leave for the first time.
- In 1995 Cyril Richardson won a major case in the European Court, forcing the UK government to allow men free prescriptions at 60 – the same age as women.
- In 1997 the adoption of women-only shortlists by the Labour party helped ensure a record number of MPs – 120 – were returned to parliament in the May General Election. Women-only short-lists were then declared illegal.
- In 1999 the Sex Discrimination Act was amended to protect transsexual people against discrimination employment and vocational training. Also in 1999, a new law on parental leave enabled both men and women to take up to 13 weeks off to care for children under five years old.
- In 2002 a new EOC Code of Practice on Equal Pay was published.
- In 2004 the Equality Bill was announced by Parliament. The Bill would establish a new single Commission for Equality and Human Rights (CEHR) that will bring together all six strands of discrimination – race, age, gender, disability, religion and sexual orientation – into one unified organisation. It also legislated for the *Gender Equality Duty*, placing an obligation on public authorities to eliminate sex discrimination and promote equality of opportunity between women and men. Also in 2004 was the passing of the *Gender Recognition Act*, which provides legal recognition for transsexual people's gender realignment, including the right to a new birth certificate.
- In 2006 the Equality Bill was passed by Parliament.

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- In 2007 the Gender Equality Duty - as does the Equality Act as a whole - comes into force in April 2007. As a result, all public sector bodies and private sector, voluntary or charity organisations providing public services, must take gender into consideration when providing employment services and service provision.

2.1 During the last 30 years, major changes include:

- Obligations on employers to pay equal wages to women and men
- Equal retirement ages for men and women
- Maternity leave for all women
- Equal rights for part-time workers both male and female
- Equal age for men and women to access concessionary fares and free prescriptions

2.2 Although much has been achieved, there is still a long way to go to achieve full equality for all. Discrimination in employment is still widespread:

- There is a 17% pay gap between the hourly earnings of full-time women and full-time men.
- Part-time women earn 38% less than full time men, hour for hour.
- Discrimination against pregnant employees is still widespread
- Pensions are designed for a traditionally male career path and parents and carers lose out as a result

2.3 Many services are designed in a gender-blind way, which means they ignore the different needs that women and men have. For example, many transport services are designed to meet commuter needs (which are typically male) and little thought is given to safety, access for buggies, fares for part-time workers and more complex routes (which are typically female needs).

2.4 Previous legislation relied heavily on individuals taking action to challenge discrimination. However, many people find the idea of taking legal action on their own very daunting. Also, individual cases have a limited impact on systematic causes of discrimination. For example, one employee could win an equal pay case but this would not necessarily mean that the person at the next desk or the next department would not suffer unequal pay as a result. The gender equality duty does not replace legal cases but is an additional tool for tackling discrimination and promoting equality

3. What is Gender Inequality in Work?

3.1 In society, boys and girls, men and women have their whole lives, including education, health, relationships and careers, built on gender roles and structures. This includes familiar gender stereotypes, such as boys taking up careers in construction and women taking up careers in nursery nursing. Men and women who wish to enter non-traditional gender roles can experience discrimination and harassment.

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- 3.2 The occupational segregation of men and women, which leads to career disadvantage and contributes to the equal pay gap, is still prevalent across our society. For example, in 2006 in the UK, 95% of receptionists are womenⁱ, while only 17% of directors and chief executives of major organisations are womenⁱⁱ.
- 3.3 In public health in the community, 87% of the nursing, midwifery and health-visiting workforce are femaleⁱⁱⁱ, which reflects the traditional emphasis on caring professions for girls and women. Conversely, only 25% of hospital consultants are women^{iv}. The BMA highlighted the challenges faced by these women, in their 2004 report, including:
- Difficulty re-entering the workforce after taking a career break, for example to have children
 - The lack of mentoring and role models for women working in academic medicine
 - Part-time working not being taken seriously or into account for academic assessment and promotion
- 3.4 The Work and Families Act 2006 extends maternity, paternity and adoption pay and leave entitlements for parents of babies due, or being adopted, after 1 April 2007, improves arrangements for keeping in touch with employers and employees on maternity leave and improves the ways that leave and pay are administered. It also introduces a right for an employee with caring responsibilities to request flexible working.
- 3.5 The regulations from the Work and Families Act include measures, for example, to:
- Extend statutory maternity/adoption pay to 9 months (this may increase to 12 months by 2009)
 - Allow fathers to take over the mother's unused leave and statutory pay, where the mother returns to work after 6 months but before the end of her full entitlement (this is also expected to be implemented by 2009)
 - Abolish the current requirement for 26 weeks' service for additional maternity leave
 - Require mothers who want to return before the end of their maternity leave entitlement to give 8 weeks' notice (instead of 28 days currently)
 - Allow parents to work for up to 10 days during leave without losing their rights to leave or statutory pay ("keeping in touch" days)
 - Permit reasonable contact between employer and employees during leave
- 3.6 The PCT has also gained the Improving Working Lives Practice Plus Standard. This includes better working conditions, flexible childcare, greater protection against violence and harrassment at work, and more flexible working hours.

4. What rights do men and women have to equal pay?

- 4.1 The Equal Pay Act 1970 (in light of article 141 of the Treaty of Rome) gives a person the right to the same contractual pay and benefits of a person of the opposite sex in the same employment, or doing equivalent work or work of equal value (for example in skill, effort and decision-making). Men and women can have

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different levels of pay where there are 'genuine and material factors' for the level of pay, which is not attributable to direct or indirect sex discrimination.

- 4.2 What is the gender pay gap? The gender pay gap is determined by calculating women's overall average pay as a percentage of men's.
- The pay gap between men and women is 43.2% for part time workers^v (median average, Annual Survey of Hours and Earnings, 2005)
 - Women who work full time are paid on average just 87.4% of men's hourly earnings^{vi}
 - Over two thirds of workers who receive the national minimum wage are women^{vii}.
- 4.3 The three main factors, which have caused a gender pay gap in the UK^{viii}, are:
- Discrimination, including unlawful pay discrimination
 - Women still having more caring and family responsibilities. They may take part-time, poorly paid work and have interrupted career progression. Men may have less access to flexible working to share responsibilities.
 - Occupational segregation, where there may be lower levels of pay than in those occupations dominated by men.
- 4.4 Salary costs often amount to 70% or more of turnover it is, therefore, crucial that organisations maximise the effectiveness of its pay system. Undertaking a pay review enables a check to see if the pay system is transparent and that it remunerates staff in relation to their contribution to the Trust.
- 4.5 The Equal Pay Act gives women (or men) a right to equal pay for equal work, and as an employer we are responsible for providing equal pay and for ensuring that pay systems are transparent. Although we are not obliged by law to carry out an equal pay review conducting a review is the best way to ensure that you are delivering equal pay.
- 4.6 Agenda for Change is the new pay system within the NHS. It is the most radical shake up of the NHS pay system since the NHS began in 1948. It applies to over one million NHS staff across the UK.
- 4.7 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.
- 4.8 To support personal development and career progression, there is the NHS Knowledge and Skills Framework, linked to annual development reviews and personal development plans. The system is designed to replace outdated demarcations and allows staff to progress by taking on new responsibilities. This will allow jobs to be designed around patient and staff needs, improving overall productivity and the job satisfaction for staff. The new system has also introduced standard arrangements for hours, annual leave and overtime.
- 4.9 Besides creating fairer pay, the new system provides more flexibility for employers, giving them the ability to:

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- design jobs around the needs of patients rather than around grading definitions
 - define the core skills and knowledge they want staff to develop in each job
 - pay extra when they face recruitment and retention difficulties.
- 4.10 All staff on Whitley Council contracts are being moved to the new pay system and staff on local contracts are being offered the new arrangements. Foundation hospitals are also using the new system. The NHS Staff Council oversees the operation of the new pay system and has responsibility for NHS-wide non-medical terms and conditions. The new pay system will provide benefits for both individual staff and for the NHS. The key benefits of the system include:
- a system that is fair and transparent
 - recognition and reward for the skills and competencies staff acquire throughout their career
 - employer flexibility
 - greater support for team working through harmonised conditions
 - flexibility to pay retention and recruitment premia
 - an easier system to administer
 - a system that should improve recruitment and retention and contribute to making the NHS a model employer.
- 4.11 The job matching process uses job profiles and an evaluation handbook to assess the relevant pay band for the post. Trained management and staff side job evaluation practitioners use information from Job Descriptions and person specifications to assess the relevant pay band for the job. This is further aided by a computerized process of recording all relevant details in an open and transparent way.
- 4.12 Each member of staff is notified of the process available to them to request a review. Staff can also access the grievance procedure if they feel the process has not been followed correctly.
- 4.13 We are committed to addressing any identified gender related pay gaps and will work with our staff side partners to develop an equal pay policy statement.

5. Gender reassignment

5.1 The definition of transsexualism (Gender Reassignment)

Transsexualism affects approximately 5000 people in the UK. Medical treatment to enable transsexual people to alter their bodies to match their gender identity is known medically as "gender reassignment".

5.2 The majority of transsexual people undergo medical treatment, which includes hormone therapy and after 6 months the physical appearance of the person will

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begin to change. If a person has not yet changed social gender, they may do so around this stage, but may maintain their usual gender role at work for rather longer.

- 5.3 Over the following months the person will start to live full time as a member of their “new” sex, and their name and other records may be formally changed. A person usually proceeds to corrective surgery after one to two years of hormone therapy.
- 5.4 This period of therapy during which the individual is expected to live and work in their new sex, is often referred to as the “real life test”.
- 5.5 Surgical procedures vary and absence from work ranges from 2 weeks to up to 3 months. It may contravene the SDA to dismiss an individual because of an impending gender reassignment treatment in the same way as dismissing for pregnancy.
- 5.6 It is important that employers do not breach the personal privacy of employees, recognising that the right to disclose or discuss their medical history is the prerogative of the employee.

- the legal position

- 5.7 In the UK, a person is allowed to change personal details and live as a member of the opposite sex to that recorded at birth.
- 5.8 It is not presently possible for a UK citizen who has undergone gender reassignment to alter his/her Birth Certificate. It is possible to obtain other official documents in the new identity, including passport, driving licence and NI number.

- employment procedure

- 5.9 An employee undergoing gender reassignment should not receive unfavourable treatment. This means treating a person less favourably on gender reassignment grounds than you treat or would treat a person for whom no gender reassignment grounds exist.
- 5.10 The employee should not suffer from any form of harassment either by the employer or other employees. This is classed as unlawful discrimination. The regulations make victimisation unlawful following a complaint of discrimination or to someone who gives evidence on behalf of that person.
- 5.11 It should not be expected that job applicants and interviewees would wish to disclose transsexual status since many consider it a private matter. The question should not be asked at interview. However any prospective employee for whom gender reassignment applies, should be made aware of the employer’s obligation not to discriminate and would be expected to disclose his/her transsexual status.
- 5.12 The employee should receive no less favourable treatment than an individual being absent for illness or some other cause. The employer should act reasonably and look at paid/unpaid leave, sabbatical or indeed sickness absence.

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- 5.13 There is always the possibility of complications arising as a result of medical treatment and may result in prolonged incapacity for work. If this incapacity continues beyond the normal expectations for the process undergone, the employee could be retired on medical grounds in the same way as any employee who becomes unfit for duty.
- 5.14 Everyone born after April 1955 now receives state pension at 65. For state pension purposes, transsexual people can only be regarded as the sex recorded at birth. Those born prior to 1955 can only claim state pension at the age appropriate to this sex - that is for transsexual women at age 65 and for transsexual men at 60. It is the responsibility of the employer to take suitable steps to keep confidential the reason for the employee's apparent early or late retirement.

- accommodating an employee's transition to the new gender - agreeing a process

- 5.15 Discuss with the employee how they wish to proceed. Follow an agreed process including:
- whether the employee remains in the same post or is redeployed.
 - the expected timescale of the medical procedures and time off required, allowing flexibility and not treating the employee less favourably than others who may be absent because of illnesses or other medical treatment.
 - the expected point of change of social gender.
 - whether the employee wishes to inform the line manager etc. themselves or would prefer this to be done for them. Good practice for employers to take responsibility but respect wishes of the employee.
 - whether training will be required for colleagues affected to help them understand the situation. General information should also be available.
 - what amendments will be required to records and systems - strict confidentiality must be observed.
 - whether a transsexual employee is adequately covered by existing policy issues such as confidentiality, harassment and insurance and if not how these will be amended. The employer should inform the employee of the notification to the insurance company in order that the policy is still valid. If the employer is not aware of the reassigned gender, it is up to the employee to disclose information or will be held liable.
 - agreeing a flexible dress code.
 - agreeing a point at which the employee will commence using single sex facilities in their new gender (e.g. toilets)
 - the employer/employee should agree the point at which the use of facilities such as changing rooms and toilets should change from one sex to the other. An appropriate marker may be the point at which the employee begins to present permanently in the sex to which they identify.
 - It is not acceptable to insist for the long term on the employee using separate facilities, i.e. disabled toilet.
 - Transsexual employees are entitled to expect support from employers including any necessary discussion and explanations with other members of the workforce or public. Similarly a transsexual employee should be granted access to male or female areas according to the sex in which they permanently present.

- exceptions from the provisions include:

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- genuine occupational qualifications applying to recruitment, promotion, transfer or training for a post. Where a person is appointed under GOQ and then commences gender reassignment, the regulations allow the employer to consider dismissing an employee or taking some other form of action. The employer must show that the GOQ exists and any treatment afforded to the employee is reasonable in all circumstances. Any unreasonable action could lead to a finding of unlawful discrimination. Discussion with the employee concerned to recommend options to come to a mutually convenient arrangement may include a transfer to another post.
- the job involves the holder conducting intimate searches pursuant to statutory powers (Police and Criminal Evidence Act).
- the job involves the holder working in a private home and the employer because of the intimate contact in those circumstances can show reasonable objection.
- where employees have to share accommodation and it is not reasonable on privacy or decency - an employer must be able to show that it would not be reasonable to expect him or her to provide alternative accommodation for an employee undergoing gender reassignment.
- where an employee already working in a post requiring him/her to share accommodation commences gender reassignment, an employer should attempt to take all reasonable steps short of dismissal. This could include redeployment or temporary replacement.
- where an employee is required to provide a service to vulnerable individuals promoting welfare, or similar personal circumstances, and in the reasonable view of the employer, an employee whilst undergoing gender reassignment cannot provide those services adequately.

6. What is discrimination on grounds of gender reassignment?

- 6.1 The Sex Discrimination Act prohibits discrimination on the grounds that a person intends to undergo, is undergoing or has undergone of gender reassignment. There are also goods and services provisions, but the Trust will pay due regard to its Duties relating to transgender people, before we are legally required to do so.
- 6.2 The Trust values its staff and will ensure that good practice to support individuals in their transition is built into its policy framework. Managers will also be supported to create a positive culture in a team where an employee is undergoing transition.
- 6.3 There are also some guiding principles that the Trust adopts as part of its gender equality development for staff:
- Dignity and respect for all staff is crucial (40% of transgender staff who responded to the NHS regional gender equality survey prioritised this).
 - The Trust, HR Department, manager and individual transitioning will work together to ensure a supportive and effective working relationship through the transition. We will ensure the person is addressed correctly and that their records are kept confidential.
 - Individuals transitioning will not be expected to take sick leave for their transition, unless for elective or optional surgery.

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- Flexible, appropriate support for the employee returning to work will be negotiated, where an individual has disclosed their status, but employees do not have to disclose their status if they do not wish to.
- Awareness raising with teams will be undertaken about reassignment, from an equality and rights viewpoint, with training to prevent harassment and promote equality.
- An individual will be addressed by, adopt the dress code, and use the facilities of, their acquired gender at a time agreed by the person working with their manager and the HR Department of the Trust.
- When a person has a Gender Recognition Certificate, the new gender will become the individual's known gender.
- The Trust welcomes applications from transgender job candidates and will eliminate discrimination and harassment in employment, related areas and vocational training with the Trust.

7. Sexual Orientation

- 7.1 What defines our sexuality? This can be described as an emotional attachment to another person. Because of this, individuals can be classed as heterosexual, bisexual, and gay:
- heterosexual - is a term for referring to those whose sexual gender preference is for members of the opposite sex.
 - bisexual – is a term for referring to those whose sexual gender preference is for members of both sexes.
 - gay – is a term for referring to those whose sexual gender preference includes members of their own sex.
- 7.2 Society has difficulty in accepting any form of behaviour, which is not classed as “normal” and therefore discrimination can occur to people whose sexual orientation differs from the majority. This is classed as homophobia.
- 7.3 Homophobia is a hatred or fear of feelings of love or feelings of sexual nature towards members of one’s own sex. It can lead to name-calling and threats, or acts of violence or discrimination. The harassment of gay people is described in the European Code of Practice on “Protecting the Dignity of Men and Women at Work” as behaviour, which undermines the dignity of those, affected.
- 7.4 Harassment can take many forms including:
- using homophobic language, comments or jokes
 - asking intimate questions about someone’s personal or sexual life
 - making assumptions that everyone is heterosexual
 - spreading gossip and speculation about someone’s sexuality
 - excluding people because they are lesbian or homosexual

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- displaying/circulation of anti-lesbian or anti-gay material
- offensive actions and physical attacks
- assuming that any illness experiences by gay men is HIV related

7.5 We will not tolerate harassment of people who are gay. Individuals are asked to challenge any negative behaviour, which is found to be offensive and to rule out any forms of anti-discriminatory practice.

8. Service Provision

8.1 Men and women have obvious different needs because of their sex, for example, maternity services, breast or prostate screening services for early detection of cancer. The PCTs services have always tried to be sensitive to the different needs within our community but is committed to continuous service improvement. We therefore will ensure that every service takes gender differences into account so that we can achieve greater equality of health outcomes.

8.2 Gender is a fundamental determinant of health, according to the World Health Organisation^{ix}. Our health services and the health information we provide need to have regard for the different needs of men and women (be gender sensitive). Equality will mean that men and women have equal care and health outcomes and feel better served by the NHS in terms of individual, appropriate health services, but not necessarily have the same care.

8.3 Men and women present symptoms differently, have different pathways into care and different treatment needs. For example:

- Women are more likely to be victims of gender-based domestic violence^x, experience greater poverty, be lone parents and less likely to have power in public life^{xi}. Two thirds of recipients of the minimum wage are women. In 2001 it was estimated that there were 12.9 million incidents of domestic violence against women^{xii}. These determinants of inequality are a pathway into poor health, including mental health inequalities. Women are more likely to self-harm, but also more likely to benefit from self-help^{xiii}.
- Men are more likely to be in full time employment and not be primary carers^{xiv}.

8.4 Men are less likely to seek medical attention than women, doctors are less likely to diagnose men with depression than women, but men are more likely to succeed in committing suicide^{xv}. One in seven men who become unemployed will develop depression within six months^{xvi} and men are much more likely to present to drug and alcohol services than to mental health services or in primary care^{xvii}.

8.5 The PCT will use the Gender Equality Scheme Action Plan to ensure the different needs of men and women are understood and choice of appropriate services is embedded into the mainstream design and delivery of all of our services and information.

- right of access to services

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- 8.6 The European Goods and Services Directive will also make discrimination and harassment unlawful in access to goods and services for transgender people. This includes mainstream services people use all of their lives, not just ones concerned with or used during transition.
- 8.7 The PCT will pay due regard to its Duty to eliminate discrimination and harassment against transgender people. This is included in setting our Gender Equality priorities, because although the number of transgender people in our community may be small, the harassment, exclusion and discrimination they tell us that face in using health services and work is significant.

- what about Single Sex Services?

- 8.8 The Trust only delivers services in single sex settings, where:
- They are permitted under the Sex Discrimination Act
 - It is culturally appropriate to do so
 - Where the service needs to differ in its ethos and quality can be maintained or enhanced in single sex settings
 - Dignity, privacy and respect can be best delivered in single sex environments
 - They help to address gender inequality and are needed to improve take-up of services or deliver equitable outcomes
 - They are needed to allow men or women to appropriately access services
 - They offer 'special care, supervision or attention,' or avoid serious embarrassment of people in the presence of the opposite sex, including in sleeping, sanitary facilities or communal accommodation
 - Choice is available
 - Service users want the service to be available

ⁱ Equal Opportunities Commission (2006) Women and Work Report

ⁱⁱ Equal Opportunities Commission (2006) Sex and Power: Who Runs Britain?

ⁱⁱⁱ Women and Equality Unit (2003) Delivering on Gender Equality - Supporting the PSA Objective on Gender Equality 2003-2006.

^{iv} Health Policy and Economic Research Unit (2004) Women in academic medicine - challenges and issues, BMA

^v Office of National Statistics (2005) Annual Survey of Hours and Earnings. London: HMSO.

^{vi} Equal Opportunities Commission (2006) Women and Work Report

^{vii} Equal Opportunities Commission (2006) Sex and Power: Who Runs Britain?

^{viii} Equal Opportunities Commission (2001) Gender Pay Gap Research Review Findings HMSO: London

^{ix} WHO (2004) Greater Glasgow Collaborating Centre for Policy and Practice Development for Women's Health and Gender Mainstreaming, Women's Health Policy Board Paper 04/15

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^x WHO (2004) Greater Glasgow Collaborating Centre for Policy and Practice Development for Women's Health and Gender Mainstreaming, Women's Health Policy Board Paper 04/15

^{xi} Women and Equality Unit (2003) Delivering on Gender Equality - Supporting the PSA Objective on Gender Equality 2003-2006.

^{xii} Walby & Allen, British Crime Survey, 2004

^{xiii} Department of Health (2003) Mainstreaming Gender and Women's Mental Health: Implementation Guidance, London: Department of Health

^{xiv} Bradshaw, J. et al (2003), Gender and Poverty in Britain, Working Paper Series No. 6, Manchester: Equal Opportunities Commission

^{xv} Doyal, L. and Payne, S. et al (2003) Promoting Gender Equality in Health School for Policy Studies, University of Bristol. London: EOC

^{xvi} Men's Health Forum (2004) Getting it Sorted: A policy programme for men's health, London: Men's Health Forum

^{xvii} Doyal, L. and Payne, S. et al (2003) Promoting Gender Equality in Health School for Policy Studies, University of Bristol. London: EOC