

What the gender equality duty means for maternity services

The new Gender Equality Duty (Equality Act 2006), effective from April 2007, requires all public authorities, including those commissioning maternity services, to have “due regard” to the need to “promote” equality of opportunity between men and women.

“Promoting” means being active and not passive: the statutory equality body and inspectorates will look for action and positive change as evidence of compliance. “Having due regard” means prioritising attention in proportion to its relevance – see the box below for how gender equality applies to maternity services.

Gender equality does not require men and women to receive the same service – there are circumstances, among which maternity is probably the most extreme example, where needs are different. But gender equality does mean that neither women nor men should be excluded from support they need. The Gender Equality Duty requires public authorities “proactively to address the individual needs of women and men in all their functions” (to quote the official guidance on the Duty published by the Equal Opportunities Commission - and available on www.eoc.org.uk).

Around the birth, mothers and fathers have different needs in some ways (for example at childbirth one parent is giving birth and the other is normally present and expected to be informed and helpful) and similar needs in other ways (for example both are facing a life-changing experience in the transition to parenthood).

Under the law, bodies that commission maternity related services, like other public services, need to publish an overall scheme and action plan for promoting gender equality, covering all areas where gender equality issues are deemed to be relevant.

More particularly, at the point of commissioning any service, a gender impact assessment is required, assessing the differential impact of the service on women and men. This will assess if there is evidence of different needs between women and men and whether both women and men’s needs are being met. It will also look at the gender norms and stereotypes that are being assumed.

Compliance includes gathering information on how services impact on women and men respectively and consulting with women and men who use services, in ways they find accessible.

Why the Gender Equality Duty is important for maternity services

The purposes of the Gender Equality Duty are to promote a better understanding by services of the different needs of women and men, to promote better quality of services, to achieve more effective targeting of resources, and to achieve better results and greater confidence in public services.

The Duty requires that public authorities prioritise actions that result in significant benefits to gender equality (paragraph 2.26 of the guidance).

The biggest single driver of the pay gap and inequalities faced by women in the workplace is the fact that women do more care of children and domestic work than men – and research shows that maternity services have a key role in encouraging men to expand their role (26).

Why the Gender Equality Duty is relevant to maternity services

The Duty requires that public authorities prioritise actions that result in significant benefits to gender equality (2.26).

- The biggest single driver of the pay gap and inequalities faced by women in the workplace is the fact that women do more care of children and domestic work than men.
- *Research shows that maternity services have a key role in encouraging men to expand their role. The more support and encouragement expectant fathers receive, the more likely they are to be involved with caring for their children later. The more fathers are involved in everyday care during the first year, the more likely they are to remain involved throughout the child's life. So if maternity services support both parents in the transition to parenthood, they are promoting equality for both women and men.*
- Research at the University of Bristol showed some fathers – particularly young and/or black fathers - experience significant barriers to obtaining support within maternity services. A pilot project carried out by Fathers Direct in London found the same. So there is evidence that some services are not meeting needs because of gendered and racial assumptions and that these are disproportionately affecting vulnerable groups, such as young families and minority ethnic groups.
- Fathers are more involved in caring for babies than in previous generations, and both parents want fathers to be even more involved. The needs of mothers and fathers in the transition to parenthood are now more equal than in the past. Being responsive to needs and aspirations means that maternity services need to engage with both parents in relation to the role of caring for babies and children.

For all the references in this document, go to our Research Report (published online in April 2007) at <http://www.fathersdirect.com/index.php?id=0&cID=586>.

For more about the Gender Equality Duty go to <http://www.eoc.org.uk/default.aspx?page=15016>.

Date: Friday, March 23, 2007

Case Study (Maternity Services): Including fathers in maternity unit design

What: Fathers Taking Place project

Who: Homerton Hospital NHS Trust

Where: Hackney, East London

When: Ongoing

Public governors at Homerton Hospital NHS Trust are working with the trust management to develop a hospital which is more inclusive of fathers and emphasises their role in their children's birth.

So far this work has involved developing surveys of fathers' experiences, and creating art/design features such as tiling for ensuite bathrooms in the hospital's new perinatal unit which will feature fathers' testimonies about their feelings before, during and after the birth. These will be handwritten in the father's first language and transferred onto natural stone tiles.

For a brief outline about the project [click here](#).

James Torr, a 'home dad' who was elected as one of the Homerton Hospital's public governors in January 2007, has taken a lead on the project. For more details email him on jamestorr@email.com or tel 020 7920 0676.

Date: Monday, November 26, 2007

21st Century Dads (June 2006) EOC

This is a short policy leaflet *summarising key research findings on fathers. It highlights the benefits of father-involvement in childcare for parents, children and businesses. Research has shown that fathers' closer involvement can improve children's well being and adjustment, educational achievement and behaviour.* Being able to take time out of the workforce to look after children also helps families to balance the twin needs of full-time parenting and earning. Many businesses are using family-friendly policies to improve staff recruitment and retention.

Shared Caring: bringing fathers into the frame by Margaret O'Brien (2005). Working paper no 18

This study is an independent review of current and academic developments of shared caring with a specific focus of fathers in employment. *The research concluded that the idea of the 'involved caring father' is now culturally embedded into British life. It showed that where mothers work full-time in the first year of a child's life, fathers' increased involvement can protect child welfare and that by engaging fathers in their children's lives from an early age should guarantee that they remain involved throughout their children's childhood.*

It also reported that British men work over 46 hours a week on average – the longest in Europe. But their involvement with children is increasing. From the mid-1970s when fathers' involvement with their children under five was just fifteen minutes a day, they now spend two hours.

The research also highlighted evidence from Norway and Sweden which shows how schemes such as paying parental leave at a rate close to fathers' income levels, leads to more fathers taking up parental leave than in other European countries.

This thing about competences is interesting in that its so dumbly simple but it may contain aims and objectives for us that could be helpful

<http://www.fathersdirect.com/index.php?id=2&cID=576>

this is an excerpt from the above link.

C. Knowledge required by midwives

The competences that contain the following information are given as full quotations in the Annex.

Legal/policy/evidence relating to fathers:

„X Legal rights of mothers, fathers and babies. Rights to make decisions for themselves and their babies and to take risks.

„X Roles and responsibilities of those with parental responsibility in giving consent.

„X Evidence based practice and its role in improving services. In the absence of independent large-scale research, the evidence base may be derived from smaller scale work or locally agreed good practice. [All this will include evidence about what works with fathers.]

„X Main issues, debates and policies relating to the health and well-being of women [this will include the evidence of how fathers do or don't contribute to this]

How the health and well-being of mother, baby and fathers are affected by actions of fathers:

„X *The benefits of engaging the father/partner in the care of the woman and baby/ies.*

„X *The benefits of engaging the father/partner in planning for and supporting the birthing process.*

„X How lifestyle changes can promote the health and well-being of babies and their carers.

„X How the reactions of parents to their pregnancy and birth experiences can influence their emotional

well-being, their relationship with their baby/ies and their future parenting relationships.

„X The normal health and well-being needs of women during labour and birth [this includes the needs from their birthing partner].

„X The main trends and changes relating to the health and well-being of babies [this includes the role of fathers].

„X The ways in which personal beliefs and preferences of parents, including religious and cultural beliefs, may affect the options which are open to babies and those involved in their care.

„X The strategies to promote or maintain optimal health and well-being of women postnatally [these will include the role of fathers in these strategies].

„X The impact of parenting capacity – mothers and fathers – on the health and well-being of babies.

„X The positive impact of family, social relationships and environment on the health and well-being of pregnant women and their babies.

„X The negative impact of family, social relationships and environment on the health and well-being of pregnant women and their babies, including the risk and impact of domestic violence.

„X Factors that increase the risk of significant harm to babies [this includes factors relating to the father's role].

„X The actions to take in response to domestic violence [this includes how to refer perpetrators to sources of help].

„X The action to take in response to women who are not able to exercise their fights to make informed choices [this includes when the father is responsible for undermining the rights of the woman].

Needs of fathers:

„X The importance of being sensitive to the different experiences and needs of fathers.

„X The evidence-based information fathers need to make informed choices about health and well-being and during the planning of care.

„X Additional needs created by special circumstances – e.g. multiple births, mental health problems, bereavement arising from pregnancy.

„X ***How the needs of women during childbirth may affect fathers.***

„X How assessments may affect fathers.

„X How the needs of babies may affect fathers.

„X ***The importance of the opportunity to reflect and debrief – separately if appropriate - on their experience of pregnancy and childbirth.***

„X Local and national services, agencies and websites for people who want further information and support for labour and birth, and how to access these.

„X Agencies and services that midwives can access for expert advice and support on engaging with fathers.

Communication / building partnership with parents:

Principles

„X ***Why it is important to clarify and confirm with the woman who and to what extent she wishes to involve the father and others as key persons in her care.***

„X The impact that empowering parents to manage the care of their baby/ies effectively has on the parents and their baby/ies.

„X How to recognise what advice and information individuals need if they do not have the terminology, confidence or skill to give an accurate specification.

„X The importance of acknowledging the feelings, beliefs and values of others as part of the communication process [this will include feelings and beliefs about men and women around babies].

„X ***The importance of acknowledging your own feelings, beliefs and values as part of the communication process, and avoiding inappropriate impact of these on communication [this will include feelings and beliefs about men and women around babies].***

„X The importance of not making assumptions about the communication and understanding abilities of those involved in the care of babies.

„X How to provide information and advice in ways that are appropriate for different people, including male-friendly information for fathers.

„X ***The effects of environments and contexts on communication [key issue for fathers may be feeling***

out of place in the maternity environment].

„X The ways in which communication can be modified and altered for different needs, contexts and beliefs.

„X The importance of respecting diversity and values of mothers and fathers in relation to the health and well-being of their baby/ies.

General practice

„X Working with others towards a common goal, sharing power and responsibility.

„X The ways in which key people should be involved in communication.

„X Communicating effectively with those involved in care of the woman and baby/ies.

„X Negotiating.

„X Enabling expression of needs.

„X Enabling informed choice.

„X Enabling active involvement and how this relates to health and well-being.

„X The range of feelings that people may experience where there are communication differences.

„X The reasons why communication may fail to develop or break down.

Through pregnancy, childbirth and baby care

„X Changing lifestyle pre-conception: the difficulties people may have in maintaining lifestyle changes and how to work with them to identify and overcome these. The effects of cultural and religious beliefs on their ability to change.

„X Planning: how to help key people develop realistic and achievable plans for labour and childbirth; the purpose of agreeing goals at the start; the roles of people involved in the care of the woman; encouraging active participation in review of the plan; encouraging active participation in implementing the plan; encourage consideration of implications of changes in the plan

„X Assessment: assessing level of understanding of key people of assessment and related interventions.

„X Interventions: checking that carers understand the need for and the aim of an intervention; enable parents to be as comfortable as possible during an intervention; communicate the roles that carers need to take in an intervention; be clear about what information has to be shared with others as a result of an intervention; encourage carers to ask questions, seek advice and express concerns; encourage active partnership in implementing an intervention.

„X Caring for a baby: enabling carers to assess babies' needs and why this is important; enabling parents to express feelings about changes to their lives and their fears about these changes; providing support to parents to manage the changes to their lives and relationships.