

ANNEX TO THE SIXTH PERIODIC REPORT OF THE UK AND NORTHERN IRELAND

ANNEX ONE INSTITUTIONS PROMOTING THE ADVANCEMENT OF WOMEN AND GENDER EQUALITY

EQUAL OPPORTUNITIES COMMISSION

Since 2003, the Equal Opportunities Commission (EOC), the United Kingdom's statutory gender equality body, has continued to actively promote equality and reduce discrimination in a number of ways, as follows:

(i) Through supporting strategic legal cases and appeals

Of the 100 cases supported by the EOC over the last three years, the most significant are::

Igen Ltd v Ms Kay Wong (2005), where the EOC co-ordinated a joint intervention with the Disability Rights Commission and the Commission on Racial Equality at the UK's Court of Appeal. This led to guidelines being approved on the burden of proof which are valuable in all future discrimination cases.

Cadman v HSE (2006), where the EOC intervened at the European Court of Justice to establish that employers do have to provide justification for length of service pay differentials and the extent of any such difference in pay based on length of service.

Alabaster v Woolwich Building Society (2005), in which the European Court of Justice ruled that maternity pay should include any pay rise awarded at any stage during a woman's pregnancy and resulted in the government introducing new regulations to that effect to prevent this discrimination against women.

Fletcher & Others v NHS Students Grant Unit (2005) secured the continuation of bursary payments for all NHS vocational trainees who needed to take leave from training for reasons related to pregnancy and maternity.

(ii) Through legal investigations into bodies

Since July 2005 the EOC has carried out 42 preliminary assessments into organisations deemed by an employment tribunal to have discriminated against their employees. It has also carried out assessments on organisations thought to have potentially discriminatory issues. This led to the negotiation of nine formal agreements with large organisations, employing in excess of 100,000 employees, including: a large mobile telephone company, a major motor manufacturer, a national care provider and a large, global waste management company, to ensure the improvement of their policies, procedures and employee training and thus reduce their discriminatory practices against women.

The EOC has also investigated several major public bodies which, based partly on results from employment tribunal cases, they believed had failed to take sufficient steps at national, regional, or local level, to prevent significant sexual harassment of their female employees over a sustained period of time.

Royal Mail

The initial enquiry into the Royal Mail business unit led to a formal investigation and agreement in July 2003, based on independent reviews and analysis, on a three year Action Plan for improvement. This included diversity training for all 188,000 employees, a survey to measure the amount of sexual harassment (including by managers), a bullying and harassment helpline and a swifter and higher profile complaints procedure, with publicised dismissals of managers guilty of sexual harassment.

Despite all these, an independent review in April 2006 found the culture of harassment was still slow to change and employee confidence in the complaints system remained low, with many who had suffered harassment still reluctant even to make the initial contact with the manager or helpline. As the EOC's original concerns persisted, they extended their agreement with Royal Mail until October 2008 for further agreed actions, for example a training course aimed at those who decide on disciplinary sanctions and Human Resource surgeries aimed at supporting managers of night shift workers where the problems were greatest.

Ministry of Defence (MoD)

In June 2005 the EOC began a formal investigation into the Ministry of Defence (MoD) and the Armed Services, to explore the nature and extent of unlawful sex discrimination involving the sexual harassment of women serving in the armed forces, and whether both the relevant complaints procedures and other measures to prevent such unlawful acts in each of the 3 Armed Services are effective.

The formal investigation was suspended almost immediately on agreed terms after the MoD proposed an initial Action Plan to deal with sexual harassment. Phase I (till January 2006) was a diagnostic and data gathering stage, reviewed by MoD which then presented the EOC with a proposal for further work, including targets to be achieved. In June 2006, the EOC and the MoD agreed a new Action Plan that committed the MoD to delivering real improvements for service personnel, including increased confidence in the complaints system and a reduction in the number of women reporting that unwanted behaviour of a sexual nature had been targeted at them. The EOC is now working with the MoD to monitor its progress in reducing the sexual harassment of their female employees.

(iii) Through research and influencing to drive the equality agenda

Between 2004 and 2006 the EOC undertook five statutory General Formal Investigations (GFIs) into the main factors behind the pay gap. Each GFI consisted of substantial published academic research, a high level advisory group including representatives of large and small employers, several publications, and formal recommendations to government, business and unions. Media and lobbying campaigns ran in parallel to raise awareness of the problems and suggested solutions. All the background research reports and publications for the five GFIs outlined below can be found on the EOC web site: www.eoc.org.uk.

Investigating Occupational Segregation

On Occupational Segregation, the EOC's investigation (2003 -5) looked at the segregation of men and women in training and work both across four male dominated and much better paid sectors: plumbing; construction; engineering; and information and communication technologies. It also looked at one female dominated sector, childcare, and made the case for addressing stereotyping more widely across the economy. This highlighted: the inflexibility of the current apprentice system; insufficiently joined up and sustained initiatives by government and employers to remedy this; a willingness amongst young people to try new types of job; and a clear correlation between skills shortages and a lack of women in the workforce. It went on to investigate the reasons for this segregation, such as young people's aspirations and attitudes and the careers advice given to them and to explore solutions.

Recommendations

The EOC made detailed and specific recommendations to government to:

- introduce a new agenda in schools to open up choice and opportunity. *Three programmes to test out good practice in widening choice in schools are now being piloted;*
- introduce a national Strategy for remedying skills shortages. For this to be linked to tackling gender segregation in training and work and the reduction of systemic barriers to women's access by more and better careers advice and broader work placements. *Sector Skills councils have set targets to increase numbers of women and endorsement by the Women and Work Commission (2006) led to government support for a positive action programme of pathways into non-traditional work for women;*
- deliver an apprenticeship and vocational training system that encourages the take up of atypical recruits. *The Department for Education and Skills has surveyed pay rates on apprenticeships and introduced an apprenticeship equality and diversity strategy and action plan (see article 3 of main report);*
- put strategies for tackling occupational segregation at the heart of policies to raise productivity and skills. *All new policy proposals from DfES - 14-19, Skills Strategy and Youth Matters now highlight challenging gender stereotypes as a key aim;*
- recommended that business and unions take proactive and joined up action to broaden the field of recruits. *The top employer and union bodies (CBI and TUC) are working to produce business case guidance on equality and segregation and there are many more examples of employers widening recruitment.*

Key Findings on Pregnancy Dismissal and Discrimination

On Pregnancy Dismissal and Discrimination, the key findings of the EOC's GFI (2003-05) were that the current legal framework is not preventing pregnancy dismissal and discrimination. A lack of knowledge and understanding of maternity rights, lack of dialogue and planning, the costs associated with pregnancy, particularly for small employers and negative attitudes towards pregnancy and maternity on the part of a small minority of employers were the principal causes of pregnancy discrimination.

Research showed that:

- each year almost half of the 440,000 pregnant women in Great Britain experience some form of disadvantage at work, due to pregnancy or taking maternity leave. 30,000 are forced out of their jobs;
- women who lose their jobs miss out on £12m a year in Statutory Maternity Pay each year and return to lower earnings;

- the majority of women take little or no action to assert their rights. Around 3% of those who lose their job attempt to seek financial compensation for their dismissal at an Employment Tribunal. Less than one in 20 seek advice;
- unfair treatment at work during pregnancy reduces labour market attachment;
- all women of childbearing age are potentially affected. More research is needed but there is anecdotal evidence that many employers think twice before employing women of childbearing age;
- in addition, the protection of the health and safety of new and expectant mothers and their unborn children in the workplace is jeopardised because the systems for protecting the health and safety of pregnant women are commonly unknown or ignored, and 50% of pregnant women do not receive the required health and safety risk assessment.

Recommendations

The three key recommendations in the EOC's final report to the Government in June 2005 were:

- a written statement of maternity rights and responsibilities for individuals and their employers to be handed out through the NHS to every pregnant woman, who will then give a copy to her employer. *This was developed by the government in consultation with the EOC and others and is now being introduced;*
- a 'green light' for employers to ask women to indicate their return dates earlier in the maternity leave, where possible, to improve dialogue and planning. *This has now been included in the Work and Families Act 2006 and in the guidance to employers;*
- the Government should provide more financial support for micro employers with a pregnant employee, and access to one-to-one Human Resource support for small employers. *The government decided not to implement this recommendation.*

The EOC also worked closely with small and medium employers to prepare a toolkit for managing pregnancy. Additionally it worked with the Health and Safety Executive, so that their materials and training raise the profile of the need for employers to provide a risk assessment for pregnant workers.

Research and Findings on Flexible and Part Time Working

On Flexible and Part time Working (2004-05), EOC research demonstrated that in 2004 no less than 44% of women in work were part-time and earned on average 27% less per hour than women working full-time. (By early 2006 these figures were 43% and 25% respectively). Part-time work, even for short periods, has a detrimental and long-term impact on women's earnings and their pension prospects. Also an estimated 5.6 million women (and men) working part-time were working below their potential – 1 in 5 of the working population in Great Britain, with part-time work mostly only available in low level, low paid jobs. Other research showed that 2.4 million part-timers say they are doing lower skilled work than they are capable of because it is less demanding and stressful. Yet despite long working hours, the UK is not achieving the same levels of productivity as other high skill, high wage economies such as the US, France and Germany.

The view of the EOC is that flexible and part-time working is the future: it can assist those who care for children and adults, disabled workers and the increasing numbers of older workers. And forward-looking businesses that use flexible working found this results in vital recruitment advantage, higher levels of staff retention, lower absence rates, better employee relations and morale, and hence increased productivity.

Recommendations

The EOC recommended (September 2005) that the UK government should:

- extend the existing right to request flexible working (then only for parents of under 6s and disabled children under 18) to all employees. *This recommendation, combined with other pressures, encouraged the government in its Work and Families Act 2006 to extend the right to request to carers of adults from April 2007. The EOC is continuing to press the government to extend this right to request, (not a right to have), to all employees;*
- enable training and advice for managers in how to manage flexible employees, with free or subsidised training for small businesses. *The government has so far declined to assist small companies with the costs of this type of training. The government's own web site and the Advisory, Conciliation and Arbitration service (ACAS) do now provide relevant advice free, but training for managers by ACAS attracts a fee;*
- provide a financial incentive for small employers to open up flexible working to cover some of the initial costs for a trial period, to allow the employer and employee time to evaluate the effects of flexible working. *The government has decided not to do this, arguing that flexible work is*

increasingly widely available, though research suggests that, while many firms have policies for flexible work (often confined to part-time working), they are little used as requests for flexible and part-time work and are widely perceived, particularly in the private sector, as career death. There remains much to do in the UK to change working cultures to enable both women and men to combine work and family responsibilities.

Investigation into the Transformation of Work

This work has been developed further in the EOC's Transformation of Work GFI, begun in late 2005. In its most extensive and innovative investigation to date, the EOC is looking at the changing Great Britain workforce, considering the other drivers of change faced by employers. It concludes that a transformation of work itself is needed to move away from a way of working still largely designed around an outdated mid 20th century lifestyle - sole breadwinner men, with stay at home wife, or a wife who works for "pin money."

Recommendations

Interim recommendations in Spring 2007 to government and business, aiming, amongst other things, to help more women combine work and caring and use their talents to the full, were:

- greater acknowledgement across government that flexibility can reduce leakages of skilled workers and is therefore a key strategy for improving productivity, with targets to reduce skills under usage and support for people to work flexibly through public policy, including adult careers advice and Jobcentre Plus action to match people and flexible work;
- employers to tell their staff about flexible working options, discuss what kind of flexible work they'd like and train their managers to deliver it;
- extension of the current statutory right to ask for flexible working to everyone to help open up that conversation.

The final report in Summer 2007 will include pilot models on new ways of working trialled by volunteer businesses.

Looking at the participation, pay and progression of ethnic minority women in Great Britain

Increasingly EOC research has shown discrimination against women to be complex and multi faceted, with some ethnic minority groups suffering even worse than other women workers. So they began a GFI in October 2005 to look at the participation, pay and progression of ethnic minority women in Great Britain's labour market.

The position of ethnic minority women is often buried within broad generalisations about 'ethnic minorities', yet their experience can be affected by their gender as well as their race. With funding from the European Social Fund, research in England focused particularly on women from the Bangladeshi, Pakistani and Black Caribbean groups. Their research amongst women under 35 of Pakistani, Bangladeshi and Black Caribbean origin, compared with an analogous group of white women, revealed that these ethnic minority women found it harder to find work, were more likely to take a job below the level they were qualified for, (because that was all they could find), and more likely to face questions in job interviews about their plans for marriage and children.

Of those not in work or full time education, a quarter of all the groups said they would like to find paid work. This demonstrates that, certainly for women of younger generations, employers and the economy are losing out on their talents and women are losing out on opportunities to fulfil their potential at work. Meanwhile research with employers in England found that, although the majority support a business case for employing more black and Asian women, a high proportion employ these women in less than the proportion available to work in their local labour market.

Findings of the interim report

The EOC's interim report (September 2006) highlighted that:

- young Pakistani, Bangladeshi and Black Caribbean women are aiming high and achieving great qualifications, with very similar ambitions to white girls. The EOC argued this is an economic and social opportunity for Great Britain that we cannot afford to miss;
- however, the reality they are likely to face in the workplace is very different to that of white girls, with the likelihood of higher unemployment, lower pay, a lower glass ceiling and greater segregation in the workplace - bringing not just personal costs for the women themselves, but also wider economic and social costs for Great Britain;
- some employers are already doing a lot, but a gulf is developing between those who are doing more to recruit young black and Asian women and capitalise on their talents, and those who are not;

- the final report, (published in March 2007), included policy recommendations to government and business designed to close the clear gaps ethnic minority women face in labour market participation, unemployment, progression, pay and segregation. The EOC hopes the CEHR will continue to press government and business to deal with this multiple discrimination.

Challenge to Government and employers from final report:

The final report (published in March 2007) suggested 4 practical policy "packages" to take 4 challenges forward:

- employer engagement package to develop cultural intelligence in the workplace;
- improved careers advice and guidance for young ethnic minority people;
- a New Deal for families (targeting Pakistani and Bangladeshi women outside the labour market) to improve support for working parents and carers;
- a local solutions package – research plus good practice targeting City strategy pilots, local strategic partnerships etc - to ensure joined up policy making.

It also recommended that the new Commission for Equality and Human Rights should audit the position in three years time, using indicators against each of the five employment gaps identified by the EOC, to check on progress.

(iv) Through pressing government in its own programme of work

Pensions

The EOC has worked closely with government to highlight the mismatch of current state pension arrangements with women's lives in the 21st century. It has achieved this through building and maintaining a wide ranging coalition of employer, union and voluntary bodies to help ensure that the government's welcome planned legislative reforms will deliver significantly better pensions for women based on their more varied patterns of work and caring.

Work and Families Act

Similarly, in the welcome Work and Families Act 2006, the EOC worked with government to build support for improvements in paid maternity leave, more flexible work rights and, based on some of the GFI recommendations, to improve knowledge of maternity rights through a new leaflet for pregnant workers and their partners and better advice for employers.

Jobseekers Allowance Regulations

The EOC also negotiated with the government to change the Jobseeker's Allowance Regulations to extend the period before employment had to be started from 48 hours to one week, since they argued 48 hours discriminated against women who were more likely to have caring responsibilities.

Gender equality duty

The Government's new Gender Equality Duty on the public sector came into effect in April 2007. The EOC had campaigned for the introduction of this duty for several years since the 30-year old system of individual rights, enforceable through tribunals, has not resulted in the desired systemic changes to reduce sex discrimination. The gender duty puts a positive requirement on public bodies to take steps to eliminate unlawful sex discrimination and harassment and to promote equality of opportunity between women and men. The duty applies to the policy-making and service delivery functions of the public sector and requires most major public bodies to set and implement specific objectives on gender equality, as well as assessing the gender impact of all new and existing policies and practices.

As the independent statutory body responsible for the promotion and enforcement of this legislation, the EOC is producing statutory and non-statutory guidance for the public sector. Central government will have a key role to play in ensuring that the new duty has the maximum impact on gender equality across Great Britain. The EOC and its successor the Commission on Equality and Human Rights (CEHR) will continue to press the government for high-level strategic leadership that uses this new legislation to achieve national level strategic change. The EOC is also making the case for extending a similar proactive approach on equality to the private sector.

Discrimination Law Review

The EOC is actively inputting to the debate of the Discrimination Law Review (DLR), which aims to harmonise and simplify equality law, including on gender issues. The EOC sees this as a crucial opportunity to close some of the current gaps in equal rights for women, in both the public and private sectors in terms of employment, caring roles and the provision of services. The CEHR is likely to continue to urge a range of improvements in the planned Single Equality Act in the next couple of years.

COMMISSION FOR RACIAL EQUALITY (CRE)

Overview of the work of the CRE

The CRE is charged with three duties under the Race Relations Act 1976 as amended :

- working towards the elimination of racial discrimination;
- promoting equality of opportunity and good race relations between persons of different racial groups generally;
- keeping under review the working of the Act.

Under the Race Relations (Amendment) Act 2000, which came into effect on 2 April 2000, listed public authorities are subject to a general statutory duty to ensure that in carrying out their functions they have due regard to the need to:

- a) eliminate unlawful racial discrimination
- b) promote equality of opportunity and good relations between persons of different racial groups.

These authorities are responsible for ensuring that the duty is an integral part of any function where racial equality is relevant. The Act also gives Ministers the power to impose specific duties on public authorities bound by the general duty. Such listed public authorities will be required to publish the steps they have taken to meet the general duty in a Race Equality Scheme.

Statutory powers

The CRE also has statutory powers under the Race Relations Act 1976. These include powers to:

- advise or assist people with complaints about racial discrimination, harassment or abuse;
- conduct formal investigations of companies and organisations where there is evidence of possible discrimination; if the investigation does find discrimination, the CRE can oblige the organisation to change the way it operates;
- take legal action against racially discriminatory advertisements, and against organisations that attempt to pressurise or instruct others to discriminate — such as employers instructing employment agencies not to send them applicants from ethnic minorities, or companies instructing their workers to discriminate in the way they provide goods or services;
- assist individuals to take judicial review action in order to challenge decisions made by public bodies, including their compliance to the general duty to promote race equality.

Work on domestic violence, forced marriages and trafficking

In relation to women, the CRE has responded, among other things, to Home Office consultations on domestic violence, forced marriages and trafficking since 2003. The following are summaries of their responses:

(i) Domestic violence - Response to the Home Office Consultation Paper 'Safety and Justice': The Government's Response on Domestic Violence (September 2003)

The CRE believes that domestic violence issues have a high relevance for racial equality and in some instances may amount to an abuse of human rights.

The CRE supports Home Office proposals to conduct a full race impact assessment of their proposals policy for dealing with domestic violence. Thereafter we would expect the outcomes of the impact assessment to be embedded in the Government's overall strategy for dealing with domestic violence.

- We have in this response identified key policy areas where we consider further consultation with specialist Non Government Organisations (NGOs), relevant professionals and others should take place. These areas include:
 - the design and delivery of education and awareness campaigns,
 - the adequacy of specialist refuge provision, housing, counselling services, welfare and support systems.
- We consider more targeting on these and other related areas should take place outside this exercise.
- We consider that in addition to providing resources for extra housing accommodation, adequate funding for specialist support service should also be made available.
- We recommend that race equality be embedded in a national strategy for dealing with domestic violence, and, in order to support the effective implementation of the strategy, that joint training sensitive to issues of race and culture, be provided for all relevant statutory agencies and NGOs.
- We consider that training and guidance should be developed to support effective multi-agency working with statutory and specialist NGOs at national and regional level, that is sensitive to race and culture.

- We would recommend that a single statutory definition of domestic violence be adopted, as the definition of domestic violence will inform the legislative and non-legislative measures that will be put in place to give effect to policy and procedures to deal with domestic violence. This will ensure consistency of practice.
- We would support special measures to afford extra protection to witnesses and victims of domestic violence and their families to encourage greater levels of reporting from ethnic minority victims of domestic violence.

(ii) Forced Marriage (December 2005)

The CRE welcomed Government's efforts to tackle the inequalities faced by women subjected to forced marriage, and the development of mechanisms to ensure that no person is subjected to a marriage against their will and the justification of this on cultural grounds.

The CRE recommended that:

- a full race equality impact assessment (REIA) is undertaken of any policy proposals and measures under consideration to ensure that a comprehensive understanding of the extent to which these proposals may have a differential impact on some racial groups is obtained, and to determine whether such an impact can be justified;
- policy approaches which aim to tackle the incidence of forced marriage address the experiences of individuals from a wide range of backgrounds to include those from Europe, East Asia, South Asia, the Middle East, and Africa;
- the introduction of a specific criminal offence of forced marriage may not be the most effective means of dealing with the phenomenon at this time;
- Government adopts a range of measures which tackle the multi-dimensional aspects of the problem, in particular both the cultural and intergenerational aspects which underpin the practice of forced marriage;
- Government also develop strategies that aim to address the root causes of forced marriage, such as poverty, discrimination and gender violence against women;
- Government tackles the issue of forced marriage within the context of a wide range of inequalities which face women, and in particular gender based violence, including domestic violence, and trafficking;
- Government fosters a national and community focused dialogue around the safety and welfare considerations and consequences for young girls forced into early marriage;
- Government provides greater assistance to women and young girls through specific education awareness and support programmes, ensures wider awareness of existing safeguards and promotes joined up working across relevant statutory agencies and organisations;
- Government provide adequate support to individuals that are brought into the UK for the specific purpose of forced marriage, including those who may have been the victims of trafficking;
- Government provides support to community based organisations to enable them to develop effective community based programmes to raise awareness amongst unmarried girls in affected communities and to assist them in resisting forced marriage by raising their understanding of the current measures that can be taken to protect them.

(iii) Tackling Human Trafficking – Consultation on Proposals for a UK Action Plan (April 2006)

The CRE supports the government in its efforts to tackle trafficking in human beings. While prevention and prosecution aspects are of prime importance in combating the crime, we urge the Government that the emphasis should be on protection of the human rights of victims of all forms of trafficking.

In cases when illegal migrants are involved in trafficking, their status should not prevent the authorities from providing proper assistance and support. Human rights of the victims, including protection from racial discrimination should be of primary concern at all stages of dealing with the victims of trafficking.

All the actions taken by the government in order to fight trafficking should be assessed through the prism of good race relations and of promoting integration.

The CRE recommended that:

- a full and thorough Race Equality Impact Assessment (REIA) of all proposed actions to tackle human trafficking must be carried out.¹ A full REIA is not only a legal requirement, but offers a useful framework for ensuring that race equality concerns are built into policymaking;

¹ We would also recommend conducting Gender Impact Assessment (GIA) of all the proposed actions

- we recommend signing, ratification and implementation in UK law of the following instruments:
 - Council's of Europe Convention on Action against trafficking in Human Beings;
 - EU directive on residence permits for third country victims of trafficking;
 - ILO Convention 143 on Migrant Workers and UN Convention on the Protection of Rights of all migrant workers and their families;
- ensure that the action plan considers links between trafficking and migration, as well as related issues such as racism and integration and where necessary includes appropriate policies to tackle these issues;
- we recommend further collaboration with the European Union on its efforts to combat trafficking in the context of its common policy on migration. We welcome and support recent initiatives of the European Parliament to address this issue in a resolution on Forced prostitution in the framework of world sports events²;
- the repeal of:
 - section 2 of the Immigration and Asylum Act 2004;
 - section 19D of the Race Relations Act 1976;
 - section 4(3) of the Race Relations Act;
- the following rights should be legally protected relating to the protection and assistance of victims:
 - a recovery and reflection period of at least thirty days, during which period it will not be possible to enforce any exclusion order;
 - the right to a temporary residency permit either due to the personal circumstances of the victim or to continue criminal investigation of the trafficking;
 - the right to assistance including accommodation, psychological and medical treatment, interpretation services and counselling;
 - the right to free legal assistance;
 - programs aimed at social assistance and social integration of victims;
 - witness protection provisions;
 - legal protection from having documents withheld or destroyed;
 - equal treatment to nationals of the UK in terms of equal pay and conditions of work;
 - the right to participate, join or seek the support of trade unions;
- in relation to training, we agree with Amnesty International UK that more training for immigration staff is required on the identification and referral of victims on their arrival to the UK.³ Police officers should be trained on how to treat victims of trafficking, as they usually are in a very vulnerable state. Training programs aimed at raising awareness among the police staff should be implemented;
- in relation to research, the CRE strongly supports more research being done into the causes and structures of sex and labour trafficking. As the information obtained through the Police Operation Palladin was useful in identifying that not only large international networks are involved in trafficking but also small scale operators (for instance one family exploiting another), more research should be done into small scale trafficking operations;
- a comparative research into policy in relation to victims of trafficking in such countries as Italy and Belgium and the UK should be carried out. Good practice examples should be taken into account.

² http://www.europarl.eu.int/comparl/femm/womensday/2006/600439_en.pdf

³ Amnesty International UK, Submission to the Joint Committee on Human Rights Inquiry into Human Trafficking, Feb 2006;

DISABILITY RIGHTS COMMISSION

The Disability Rights Commission (DRC) was established by the Disability Rights Commission Act 1999 (DRC Act), and started operating in April 2000. Since 2003, the Commission's activity has included the preparation of new Codes of Practice to take account of new rights for disabled people introduced under the amended Disability Discrimination Act 1995 i.e. the DDA 2005; conducting formal investigations into the accessibility of websites; and the health inequalities faced by people with learning difficulties and mental health problems.

The Commission has recently revised its post+16 Code of Practice for duties under part IV of the DDA and the new code was laid in Parliament in January 2007.

It also published its Disability Agenda in February 2007 setting out the priorities for action to significantly improve disabled people's life chances. The Agenda will form part of the DRC's legacy and will help to inform the work of the new Commission for Equality and Human Rights (see main report).

United Nations Convention on the Rights of People with Disabilities.

The UN General Assembly decided in November 2001 to establish an Ad Hoc Committee, open to participation by all Member States and observers to the United Nations, to consider proposals for a "comprehensive and integral convention to promote and protect the rights and dignity of persons with disabilities."

The UK played an active role throughout the negotiations and involved a representative of the disability community as part of the UK Delegation. This enabled NGOs to provide guidance and advice from a disability perspective, inform the delegation about the NGOs' positions and help explain the European Union and United Kingdom position to NGOs from other countries. The UK is currently considering signature and ratification of the Convention.

ARTICLE 2

Women offenders

During 2005, the most common offence for which women were received was theft and handling, and the majority of women coming into prison (74%) received sentences of no more than a year. In 2005, 38% had a sentence length of 3 months or less, 26% were more than 3 months to 6 months, and 9% were over 6 months up to a year.

Foreign nationals

Foreign nationals account for 15% of women prisoners under immediate custodial sentence, 56% of whom are serving sentences for drug exportation/importation, with the largest number coming from Nigeria. The Prison Service recognises that this group have very different resettlement needs to other prisoners and more is being done to help equip them for when they return to their home country.

A small number of prisons in the women's estate specialise in dealing with the issues surrounding the imprisonment of foreign nationals and their subsequent individual needs. Other measures are also in place, for instance, foreign national prisoners are exempt from the restrictions to the private cash allowance for the purposes of making phone calls; they may also be granted limited use of official telephones where there have been no visits in the previous few months.

Reducing the numbers of foreign national prisoners

Every establishment has access to *Language Line*, a 24-hour telephone interpreting service. The *Foreign Prisoners Resource* pack and the *Prisoner Information* book have been translated into a number of different languages. However, the answer to reducing the number of female foreign national prisoners lies not so much in what is done in the UK in terms of sentencing and resettlement work, but in work, in their home countries to deter them from becoming involved in the first place. Hibiscus, a voluntary organisation with links to most women's prisons, works specifically with Jamaican women, supporting sound legal representation for them while on remand, and also working in Jamaica on education and deterrence, partly funded by the Foreign and Commonwealth Office.

Skills and qualifications of women offenders

Offenders generally have significantly lower skills and qualifications than the general public and 71% of women offenders have no qualifications at all. The Government's vision is that offenders should have access to education provision which enables them to gain the skills and qualifications needed to secure and hold down a job and have a positive role in society.

Role of the Social Inclusion and Offenders Unit

The DfES Social Inclusion and Offenders Unit (SIOU) supports delivery of the Government's commitment. There have been significant increases in the funding of offender learning and skills reflecting Government's recognition of the contribution that it can make to reducing re-offending.

In the context of wider offender management reforms, SIOU is responsible, along with Her Majesty's Prison Service (HMPS), National Probation Service (NPS), Youth Justice Board (YJB) and the Learning and Skills Council (LSC) for improving learning and skills provision for offenders in England. This includes offenders in prisons, young offender institutions and, in light of recent changes in the Criminal Justice policy framework, for those supervised in the community.

Offender Learning and Skills Service

The new Offender Learning and Skills Service (OLASS) was introduced in July 2006 to help realise the Government's vision. The Learning & Skills Council (LSC) assumed responsibility for the management of planning, funding, and delivery of the new integrated service across all nine English regions. The new service has the following key features:

- an early intense focus on assessing individual learners' needs;
- production of an Individual Learning Plan setting out how those needs will be met as the offender moves through the criminal justice system in both custody and the community;
- linked more explicitly with mainstream Further Education (FE) provision for post-16 learners.

The assessment of individual learners' needs will take into account gender, age, ethnicity, disability, personal & vocational goals, and whether they will serve their sentence in custody in the community. The consideration of gender related issues in the assessment will, by definition, ensure that the specific needs of female offenders are recognised.

Information about current and developing policy can be found at www.dfes.gov.uk/offenderlearning.

Resettlement

Key issues for the effective resettlement of women prisoners are family ties, housing, health and drug issues and training and employment. The arrangements for the release of prisoners on temporary licence recognises the needs of primary carers in a number of respects, for example allowing temporary release for sole parents to maintain their relationship with their children.

Addressing criminogenic need among women in prison

Current research into criminogenic risk factors, (ie factors likely to increase the risk of offending) suggests that although there is some overlap between male and female offenders, there are factors solely associated with women. There are also gender specific pathways to offending in which the same factors play a different function. The research suggests that there are static “baseline” factors such as age, and number of previous convictions that are highly predictive of reconviction.

However, there are a number of “dynamic” factors which may act as a trigger for this baseline risk. These include level of emotional and personal functioning, history of abuse and drug use. Research also suggests that interventions for women should adopt an integrated approach that takes into account the interrelationships between these risk factors.

Programmes to address risk factors

A number of accredited programmes have, or are being developed for women that address these identified risk factors. Enhanced Thinking Skills aims to improve a range of cognitive skills that are needed to identify and solve problems. In consultation with non-statutory agencies, CARE (Choices, Actions, Relationships and Emotions) has been developed specifically for women in custody convicted of violent and /or substance-related offences. It addresses a number of personal and circumstantial difficulties known to be linked to self-harm, substance misuse, mental ill-health, violence and re-offending; a Democratic Therapeutic Community for women has been established which provides a group therapy community environment where the women live and work together to explore and change their problem behaviours that underpin their offending behaviour; and Focus on Resettlement, a motivational programme, helps women in the months before their release to take stock of key problems facing them on their release and identify goals and make plans for change.

Abuse and domestic violence

Many women prisoners have experienced abuse or domestic violence, either in childhood, adulthood or both. It is recognised that prison may not be an ideal environment for addressing abuse issues. A range of supportive interventions are available including information and advice, support from external voluntary agencies with specialist knowledge and experience, self-help books, and supportive interventions including one to one support and programmes such as the Freedom programme, (a group work project based on a cognitive behavioural approach), for women who have experienced domestic violence

Introducing prison-based drug interventions

Prison-based drug interventions include the Rehabilitation for Addicted Prisoners Trust (RAPt) 12 Step programme, which offers a medium/high intensity abstinence based programme; the Short Duration Programme, a low intensity programme based on cognitive behaviour therapy offers 20 sessions run over four weeks; a concept therapeutic community offers a community environment where women live and work together to address drug and other related issues; and PASRO (Prison Addressing Substance Related Offending), a low/medium intensity cognitive behavioural programme offering 20 sessions over six weeks.

Meeting the needs of staff working with women in prison

It is generally acknowledged that working with women is different to working with men; and that staff should understand these differences, and be trained in dealing with them.

Staff are prepared for working in women’s prisons in a variety of different ways. Initial training of new entrant prison officers includes consideration of gender specific issues relating to procedures and practices when these are relevant. Local induction training includes consideration of the specific circumstances of individual women’s prisons, including the differential needs of their population.

The Women & Young People’s Group has produced a number of Good Practice Guidelines offering specialist advice and listing provisions and services for women. These include Good Practice Guidelines for supporting women who report they have been abused or experienced domestic violence, published June 2005; A Strategy and Good Practice Guide for the Resettlement of Women Prisoners, published Spring 2006; A strategy for Family and Parental Support in Women’s Prisons, published October 2005; a

general information booklet 'All about Mother and baby Units', published February 2006 and "Working with Women in Prison." for Women Prisoners, published July 2006.

ARTICLE 3

MINORITY ETHNIC WOMEN IN THE UK

There are around 2.3 million ethnic minority women and 2.3 million ethnic minority men in the UK. Ethnic minorities are on average younger than the white population, the difference in average age being particularly large for those people of mixed ethnic origin.

According to the latest Census data, 92% of both men and women in the UK are white. Asian and Asian British women and men form the largest ethnic minority group.

Minority Ethnic Women in the Labour Market (all statistics from *Labour Force Survey 2006*)

Employment rates for ethnic minorities are generally lower than those for whites. However, on recent trends, the ethnic minority employment rate gap is narrowing. Across all ethnic groups, women are less likely to be employed than men.

Employment rates for the population overall for the 2nd quarter of 2006 was 74.4%. In the 2nd quarter of 2006 the employment rates for ethnic minorities (all groups) was 60.6%. For female ethnic minorities the employment rate was 51.4%.

Women are much more likely than men to work part-time and this holds for all ethnic groups. The proportion of ethnic minority women working part-time is slightly lower (apart from Pakistani and Bangladeshi women) than that of white women. This indicates that although their employment rates are lower than those of white women overall, once in employment ethnic minority women are more likely to work full time.

Unemployment rates for women and men from ethnic minorities are generally higher than those for whites. The highest rates are found for Pakistani and Bangladeshi people and African people. In the 2nd quarter of 2006 the unemployment rates for all groups was 3.2%. For all ethnic groups it was 11.2%.

Women are generally more likely than men to work in the public sector. Compared with the all-women average, mixed ethnic women and Indian women (31%) are slightly less likely to do so, whereas black women are more likely.

Self-employment is less common among minority ethnic women than average. Data for the 2nd quarter of 2006 show that self-employment figures for all groups is 8%, for women it is 4% and for minority ethnic women it is 2.8%

Where numbers allow a comparison, findings show that minority ethnic women and men in employment, with the exception of black/black British women and men from mixed ethnic groups, are no less likely than white women to work in higher managerial/professional occupations.

Taken together with the lower employment rates for ethnic minorities, this would indicate that their labour market disadvantage applies mainly to finding work and that once in employment they are as successful as white women in reaching a higher occupational level.

Minority Ethnic Women in Public Life

There are over 882 national bodies across the UK, which have over 21,000 board appointments to them. Around 3,500 vacancies come up every year. At 31 March 2006, 35.6% of all appointments on the boards of non-departmental public bodies, public corporations and health bodies were held by women. At 31 March 2006, 5.6% of public appointments were held by minority ethnic women. (*Agencies and Public Bodies Team, Cabinet Office*). These figures do not include the devolved administrations.

The Office of the Commissioner for Public Appointments has recruited a central list of 22 independent assessors, 13 of them are women, two of whom are minority ethnic women (*Office of the Commissioner for Public Appointments*).

At 31 March 2005, 48.7% of appointments to NHS Trusts were women and 12.3% were from ethnic minorities. 47% of appointments to Primary Care Trusts were women. At 31 March 2005, 39% of NHS Trust and Primary Care Trust chairs were women, 3% were minority ethnic women (*NHS Appointments Commission*).

At 31 March 2006, almost 3,000 public appointments were made by Communities and Local Government. 34.6% were held by women, 6.2% by members of minority ethnic groups and 5.2% by disabled people (*Communities and Local Government*).

In business, only four Directorships in FTSE100 companies are held by women from an ethnic minority background (*Equal Opportunities Commission (2006), Sex and Power who runs Britain? 2006*).

Minority Ethnic Women in Political Life

There are now 126 women MPs, representing 19.5% of all MPs. There are 15 minority ethnic MPs, two of whom are women (*UK Parliament website 2006, www.parliament.uk*).

In 2004, 29.1% of local councillors in England were women, 3.5% of councillors were of minority ethnic origin and 12.4% were disabled councillors. 2.2% of women councillors in England are from ethnic minority groups (*National Census of Local Authority Councillors in England 2004*).

Just over 1% of councillors in Scotland are from black and ethnic minority backgrounds ('*Scotland's Councillors 2003*', by *Convention of Scottish Local Authorities (COSLA) & the Scottish Executive*).

Minority Ethnic Women in the Judiciary

9% of High Court Judges are women, eleven out of a total of 107, of which one is from a minority ethnic background. 21% of District Judges (Magistrates' courts) are women, 33 out of a total of 139, of which 2 is from a minority ethnic background. In England and Wales there is only one ethnic minority women recorded in the senior judiciary, a high court judge. In addition, there are another 42 ethnic minority women at lower levels (*Department for Constitutional Affairs*).

Qualifications

In 2004 people from the Bangladeshi, Black Caribbean and Pakistani groups were less likely than White British people to have a degree (or equivalent). Among women, Bangladeshis and Pakistanis were the least likely to have a degree, 5% and 10% respectively (*www.statistics.gov.uk*).

40% of Pakistani and Bangladeshi women of working age have no qualifications at all, compared to 17% of white women (*Labour Force Survey 2004*).

ARTICLE 5 – WOMEN IN SCIENCE ENGINEERING AND TECHNOLOGY

Female representation in Higher Education for 2004/05	
Subject Area	Female Representation
Subjects allied to medicine	82.7%
Veterinary science	72.3%
Biological sciences	64.1%
Agriculture & related subjects	59.5%
Medicine & dentistry	57.6%
Physical sciences	41%
Mathematical sciences	38.2%
Architecture, building & planning Architecture	31.1%
Computer science	24%
Engineering & technology	15.4%

Source: Higher Education Statistics Agency

ARTICLE 7 – WOMEN IN PUBLIC LIFE

7.1 Public appointments held by women in the UK between 1992 and 2006

	1992	1997	2001	2006
Total number of public appointments	41,011	38,083	29,499	21,103
Number of appointments held by women	10,701 (26%)	12,010 (32%)	9,940 (34%)	7,484 (35.5%)

Source: Public Bodies, Cabinet Office

7.2 Public appointments held by ethnic minority women in the UK between 1992 and 2006

	1992	1997	2001	2006
Appointments held by people from ethnic minority backgrounds	802 (2%)	1,377 (3.6%)	1,411 (4.8%)	1,251 (5.9%)
Number held by ethnic minority women	158 (20%)	430 (31%)	539 (38%)	489 (39%)

Source: Public Bodies, Cabinet Office

ARTICLE 8 – WOMEN’S ROLE IN DEFENCE

Representation of women in the UK Armed Forces as at April 2003-April 2006

Year	Royal Navy			Army			Royal Air Force		
	%	Numbers	Total personnel	%	Numbers	Total Personnel	%	Numbers	Total Personnel
April 2003	8.8	3,690	41,550	7.3	8,290	112,130	11.1	5,930	53,240
April 2004	9.1	3,730	40,880	7.4	8,410	112,750	11.6	6,240	53,390
April 2005	9.2	3,690	39,940	7.5	8,210	109,290	12.0	6,260	51,870
April 2006	9.3	3,680	39,390	7.5	8,180	107,730	12.3	6,010	48,730
Mean/Total	9.1	14,790	161,760	7.4	33,090	441,900	11.5	24,440	207,230

Source: Defence Analytical Services Agency

Total Strength of UK Regular Forces by Gender¹

	Total	OFFICERS		OTHER RANKS	
		Total	Females	Total	Females
All Services					
1 April 2003	206,920	33,150	3,350 (10.1%)	173,760	14,560 (8.37%)
1 April 2004	207,020	33,450	3,520 (10.5%)	173,570	14,870 (9.3%)
1 April 2005	201,100	33,000	3,600 (10.9%)	168,090	14,560 (8.6%)
1 April 2006	195,850	32,700	3,680 (11.2%)	163,150	14,190 (8.6%)
Naval Service					
1 April 2003	41,550	7,800	610 (7.8%)	33,750	3,080 (9.1%)
1 April 2004	40,880	7,770	640 (8.2%)	33,120	3,090 (9.3%)
1 April 2005	39,940	7,730	660 (8.5%)	32,210	3,030 (9.4%)
1 April 2006	39,390	7,660	680 (8.8%)	31,730	3,000 (9.4%)
Army					
1 April 2003	112,130	14,400	1,470 (10.2%)	97,720	6,820 (6.9%)
1 April 2004	112,750	14,720	1,520 (10.3%)	98,030	6,890 (7.0%)
1 April 2005	109,290	14,660	1,550 (10.5%)	94,630	6,660 (7.0%)
1 April 2006	107,730	14,730	1,590 (10.7%)	93,000	6,590 (7.0%)
RAF					
1 April 2003	53,240	10,950	1,270 (11.5%)	42,290	4,660 (11.0%)
1 April 2004	53,390	10,960	1,360 (12.4%)	42,430	4,880 (11.5%)
1 April 2005	51,870	10,620	1,390 (13.0%)	41,250	4,870 (11.8%)
1 April 2006	48,730	10,310	1,410 (13.6%)	38,420	4,600 (11.9%)

¹ UK Regular Forces include Nursing services and excludes Full Time Reserve Service personnel, Gurkhas, the Home Service battalions of the Royal Irish Regiment and mobilised reservists. It includes trained and untrained personnel.

Intake* from Civilian Life to UK Regular Forces by Gender**

	Total	OFFICERS		OTHER RANKS	
		Total	Females	Total	Females
All Services					
1 April 2003	26,350	1,850	380 (20.5%)	24,500	2,890 (11.7%)
1 April 2004	23,540	1,800	350 (19.4%)	21,730	2,370 (10.9%)
1 April 2005	17,590	1,450	300 (20.6%)	16,140	1,600 (9.9%)
1 April 2006	18,150	1,520	290 (19.0%)	16,630	1,450 (8.7%)
Naval Services					
1 April 2003	5,220	420	70	4,800	730 (15.2%)
1 April 2004	4,120	340	(16.6%)	3,780	530 (14.0%)
1 April 2005	3,690	370	50	3,320	390 (11.7%)
1 April 2006	3,940	370	(14.7%)	3,570	410 (11.4%)
			60		
			(16.2%)		
			50		
			(13.5%)		
Army					
1 April 2003	16,690	980	200	15,710	1,370 (8.7%)
1 April 2004	15,260	940	(20.4%)	14,310	1,110 (7.7%)
1 April 2005	11,720	790	160	10,940	770 (7.0%)
1 April 2006	12,730	820	(17.0%)	11,910	850 (7.1%)
			140		
			(17.7%)		
			140		
			(17.0%)		
Royal Air Force					
1 April 2003	4,450	460	110	3,990	790 (19.7%)
1 April 2004	4,160	520	(23.9%)	3,640	730 (20.0%)
1 April 2005	2,180	290	140	1,880	440 (23.4%)
1 April 2006	1,480	330	(26.9%)	1,150	190 (16.5%)
			100		
			(34.5%)		
			100		
			(30.3%)		

* Figures show all intake to UK Regular Forces including re-enlistments and rejoined reservists.

** UK Regular Forces includes Nursing services and excludes Full Time Reserve Service personnel, Gurkhas, the Home Service battalions of the Royal Irish Regiment and mobilised reservists. It includes trained and untrained personnel.

Due to the rounding methods used, totals may not always equal the sum of the parts. When rounding to the nearest 10, numbers ending in 5 have been rounded to the nearest multiple of 20 to prevent systematic bias.

ARTICLE 9 - NATIONALITY

Asylum Policy Instruction on gender issues (API)

The UK has taken steps to eliminate discrimination against women in the asylum determination process. The traditional model of refugees as political dissidents seeking protection from their own national authorities can be unhelpful in the determination of modern refugee cases. In particular, it does not reflect the experience of many women asylum seekers who may, for example, fear persecution for social reasons in which the state authorities are complicit rather than directly involved. Furthermore, those considering applications for asylum need to be aware that men and women from the same country may have very different social roles and cultural attitudes, which will affect the way in which they present their claims.

The Asylum Instruction *Gender issues in the asylum claim* was first published in 2004 following discussion of such issues among stakeholders inside and outside the Home Office. Those considering applications for asylum in the UK have a range of guidance available to them, but the instruction on gender provides them with advice on the additional considerations they should have in mind when assessing claims for asylum that could include gender related issues. It also tells them how to take gender issues into account when looking at the experience of persecution and the possibility of state protection, covering a wide variety of abuses including gender-based discrimination, female genital mutilation, domestic violence and rape. The instructions are published and decisions can be challenged in the courts if they do not conform to them.

ARTICLE 10 – EDUCATION

10.1 Examination achievements of pupils in their last year of compulsory education in the UK, 2000/01 and 2004/05

Percentage with:	GIRLS		BOYS	
	2000/01	2004/05	2000/01	2004/05
5 or more GCSE grades A*-C ¹	56.5	62.1	45.7	52.1
1-4 GCSE grades A*-C ¹	23.6	21.4	24.6	22.8
GCSE grades D-G ^{1,2} only	15.5	14.2	23.1	21.4
No graded results	4.4	2.3	6.5	3.7
Total pupils (=100%) (Thousands)	357.6	373.5	372.1	385.5

Education and Training Statistics for the UK 2006, DfES

1 And Standard Grade/NQ equivalent in Scotland. In 1999/00 new National Qualifications (NQ) were introduced in Scotland.

2 No grades above D and at least one in the D-G range.

10.2 Higher Education Students by mode and gender (all levels, rounded to nearest thousand and by %) between 1970/71 and 2004/05

	Full-time		Part-time		Total	
	Men	Women	Men	Women	Men	Women
1970/71	274	182	142	23	416	205
	(60%)	(40%)	(86%)	(14%)	(67%)	(33%)
1980/81	318	217	207	85	524	303
	(59%)	(41%)	(71%)	(29%)	(63%)	(37%)
1990/91	394	352	242	184	637	536
	(53%)	(47%)	(57%)	(43%)	(54%)	(46%)
2000/01	592	683	342	444	934	1,127
	(46%)	(54%)	(43%)	(57%)	(45%)	(55%)
2004/05	662	795	407	631	1,068	1,426
	(45%)	(55%)	(39%)	(61%)	(43%)	(57%)

Source: Education Statistics for the UK and Education and Training Statistics for the UK, DfES

10.3 Women as a proportion of all students in full and part-time higher education courses in the UK: 1990/91 and 2004/05 (in %)

Subject group ¹	1990/91	2004/05
Medicine & Dentistry	46%	58%
Allied Medicine	75%	83%
Engineering & Technology ²	12%	18%
Other Science ³	36%	45%
Social Studies	53%	62%
Business Studies ⁴	48%	54%
Education ⁵	71%	74%
Other Arts ⁶	61%	62%
Other subjects & unknown ⁷	56%	61%

Source: Education Statistics for the UK 1992 and Education and Training Statistics for the UK 2006, DfES

- 1 The number of enrolments by subject for 1990/91 and 2004/05 are not strictly comparable as they are based upon different coding frames and different methods of allocating students to subjects of study. As such the figures give in the table are proportions only, rather than numbers.
- 2 Includes Architecture, Building and Planning.
- 3 Includes Biological Sciences, Veterinary Science, Agriculture and related, Physical Sciences, Mathematical and Computing Sciences.
- 4 Includes Mass Communications & Documentation.
- 5 Includes Initial Teaching Training (ITT) and In Service Education and Training (INSET)
- 6 Includes Languages, Historical and Philosophical Studies and Creative Arts & Design.
- 7 Includes combined and general categories

10.4 Numbers of men and women gaining higher education qualifications in UK undergraduate and postgraduate courses. (In thousands)

Year	Women	Men	% Women
1980/81	78	144	35%
1985/86	103	158	39%
1990/91	152	185	45%
1995/96	229	217	51%
2000/01	264	206	56%
2004/05	367	266	58%

Source: Education Statistics for the UK and Education and Training Statistics for the UK, DfES; Higher Education Statistics Agency

ARTICLE 12

Sickle cell anaemia and Thalassaemia

The *NHS Plan* set out the Government's commitment to introduce by 2004 a new and effective screening programme for women and children including a new national linked antenatal and neonatal programme for haemoglobinopathies (HbO) including sickle cell disease. Significant progress has been made in antenatal screening, HbO, Down's syndrome screening and foetal anomaly screening.

Progress is as follows:

The commitment covers three different programmes:

- (i) neonatal screening for sickle cell disease;
- (ii) antenatal screening for sickle cell disease; and
- (iii) antenatal screening for thalassaemia. At present this commitment relates only to England.

The development of a national programme will ensure that all newborns and all expectant women at high risk of sickle cell and thalassaemia will be offered screening tests. Until now, provision has been patchy and of variable quality and effectiveness - only a relatively small number of those at risk have been screened within the timescale to make effective choices about pregnancy, in a small number of locations.

The programme has now implemented screening for all newborns. As a result, 100% of newborn babies are now offered screening for sickle cell. Antenatal screening is expected to be implemented in 2006/07. In 2004-05, approximately 240 screen-positive affected babies were identified with sickle cell (about 85% of these African) from 380,000 babies across England.

Down's syndrome screening

Guidance for health professionals on more accurate tests for Down's syndrome screening was published by the Department of Health in November 2003. The guidance complements and supports NHS implementation of the National Institute for Clinical Excellence guideline *Antenatal Care: Routine Care for the Healthy Pregnant Woman* published in October 2003. The guidance provides a suggested timeframe for progress to April 2007. Already almost all units provide some form of Down's syndrome screening to women of all ages.

The guidance will benefit pregnant women by helping to ensure that they receive a high standard of antenatal screening, are well informed during pregnancy and are supported to make an informed choice by health professionals. There are currently variations in ante-natal screening practice. The UK national screening committee is taking steps to ensure there are effective programmes for women to reduce inequalities and improve standards.

The test is offered between 10 and 20 weeks.

Its objectives are:

- to ensure all pregnant women have access to a Down's Syndrome screening programme which is uniform, equitable, safe and adheres to national guidance;
- to enable women and their families to make informed choices concerning their pregnancy outcome.

Fetal anomaly screening

The objectives of this programme are to:

- ensure that all women in England are offered an ultrasound scan between 18 and 20 weeks of pregnancy;
- ensure clinically effective and cost effective scanning is promoted;
- provide uniform patient information, assess machinery, develop audit and monitoring systems, develop quality assurance mechanisms and standards.

In 2006, a total of £12m capital funding was allocated to the National Health Service for the purchase of ultrasound machinery. The new up to date machines will improve the availability of high quality ultrasound scans for pregnant women using better equipment, with enhanced imaging and more accurate screening in line with technological advances.

Breastfeeding

A range of new and existing activities are being undertaken to promote breastfeeding:

- the new Healthy Start scheme, which promotes breastfeeding, provides, for the first time, equal benefits to both breastfeeding and bottle feeding mothers;
- the target to increase breastfeeding initiation rates by 2% age points per annum for the period 2003-2006 has been carried forward into local delivery plans for the period up to 2008. Quarterly data is still being collected and published;
- a review of UK infant formula and follow on formula regulations is being undertaken following the approval of the Recast EU Directive on infant formula and follow on formula;
- the Government has adopted World Health Organisation recommendations on exclusive breastfeeding for the first 6 months of an infant's life in May 2003. This is strengthened through recommendations to introduce complementary feeding from 6 months.

National Breastfeeding Awareness Weeks are still held annually. Work to promote breastfeeding during the week is being taken forward collaboratively with key stakeholders.

National Service Framework for Coronary Heart Disease

Cardiovascular Disease (CVD) is still the main cause of death in the UK, responsible for 38% of all deaths. One in five men and one in six women die from coronary heart disease (16%). Premature mortality (death before the age of 75) from CVD accounts for 34% of premature deaths. 22% of men and 12% of women in this group die from Coronary Heart Disease (CHD).

Women are likely to underestimate their risk of heart disease. Pre-menopausal women are less at risk, so women tend to present later than men, though when they do so there is very little difference in assessment, diagnosis and treatment. Continuing work on the overall inequalities agenda, work to implement gender equality, and work to develop primary prevention of CVD will all have a part to play in addressing these continuing challenges. Mechanisms to do so will include continuing investment in the voluntary sector and work through the clinical networks which underpin CHD service development at local level.

Diabetes

The Government recognises the gender based differences of this disease and has developed policies that take these into account. The *National Service Framework for Diabetes Standards* was published in December 2001, the delivery strategy was developed in 2002 and implementation began in April 2003.

As part of the National Service Framework the Government has committed to ensuring that risks during pregnancy for women with diabetes are minimised. Health care professionals are expected to follow guidelines which put a series of checks in place to enable women with diabetes to have healthier pregnancies including support to achieve blood sugar control; kidney, eye and blood pressure checks; scans before 14 weeks and 16 to 24 weeks; and regular measurement of the baby.

Older women and osteoporosis

Women are particularly affected by osteoporosis because of the loss of oestrogen following the menopause – one in three women as opposed to one in 12 men over 50 develop the disease.

To support the implementation of the Government's National Service Framework (NSF) for Older People, the National Institute for Clinical Excellence (NICE) published clinical guidelines on prevention, management and treatment of osteoporosis in 2004 and its technology appraisal: *The clinical effectiveness of technologies for the secondary prevention of osteoporotic fractures in postmenopausal women* was published in 2005. Others in preparation will cover the clinical effectiveness of technologies associated with primary prevention, and secondary prevention of osteoporosis and NICE are also working on comprehensive guidelines on the assessment of future risk of osteoporosis and the prevention of fractures in individuals at high risk.

The Department is also undertaking trials on pre-retirement health checks. Osteoporosis has been included in the latest batch of trials. Pre-retirement is a good time to raise people's awareness of osteoporosis and press the need for preventative measures.

Getting rid of mixed-sex wards

Recognising that mixed-sex wards can be embarrassing for women (particularly older women), the Government set a target to eliminate mixed-sex accommodation in 95% of NHS Trusts by the end of 2002. This target has been exceeded to provide good standards of privacy and dignity, ensuring single-sex sleeping accommodation and robust operational policies, which protect patients' privacy, and dignity in 99% of NHS trusts.

Contraception

Approximately 4 million people use contraception services each year. In 2005/06 1.2 million women and 103,000 men made about 2.6 million attendances at National Health Service community contraception clinics. Of these the proportion aged under 16 has grown over the last 10 years (1995/96 to 2005/06) from just over 5% to nearly 7%. The peak age group for clinic attendance was 16-19. An estimated 22% of women in this age group visited a clinic during 2005/, (6 based on the rate per 100 population). The equivalent figure for 15 year olds and under is just under 9%. Figures for both age groups remain unchanged from 2004/05.

For women using contraception aged between 16-49, around a quarter use the pill with very little change over the last 10 years. Female sterilisations have fallen from just over 52,000 in 1994-5 to about 20,100 in 2004-5 (latest data), a fall of 18% from the previous year. This figure has fallen every year since 1998. Long Acting Reversible Contraception accounted for almost 20% of primary method of contraception. A summary of contraception statistics (2003-2005) is detailed below

Summary statistics on contraception 2003 to 2005

	2003	2004	2005
Survey data¹ : women aged 16-49	%	%	%
using contraceptive pill	25	25	24
using male condoms	23	22	21
using at least one non-surgical method of contraception	52	53	53
sterilised	11	10	10
using emergency contraception at least once in the last year	6	7	5
Community Contraception Clinic data² (millions)			
attendances (millions)	2.6	2.6	2.6
women attenders (millions)	1.2	1.2	1.2
women attenders using contraceptive pill (millions)	0.4	0.4	0.4
women attenders using male condom (millions)	0.3	0.2	0.2
Community Contraception Clinic data² (thousands)			
women attenders aged under 16 (thousands)	91	82	83
male attenders (thousands)	104	99	103
Oral contraceptive prescription items dispensed in the community³ (millions)			
prescriptions	7.1	7.1	7.2
estimated number of women	2.5
Emergency contraception⁴ (millions)			
dispensed in the community	0.37	0.34	0.32
dispensed at clinics	0.19	0.18	0.17
Sterilisation and vasectomy⁵ (thousands)			
female sterilisations	24.6	20.1	..
reversals of sterilisation	0.4	0.4	..
vasectomies - total	35.5	30.4	..
- hospital in-patients	0.8	0.6	..
- hospital day cases	25.4	21.5	..
- outpatients and community clinics	8.9	8.2	8.2
reversals of vasectomy	0.7	0.5	..

1. Source: 2003 to 2004 - Omnibus Survey (ONS) ; all figures are for Great Britain
 2. Source: The Information Centre KT31 return (data are for 12 months commencing 1 April).
 3. Source: IC-PRES Prescription cost analysis.
 4. Source: Community - prescription based data. Clinics - KT31 data.
 5. Source: Vasectomies at outpatient and community clinics: from KT31; all other data from Hospital Episode Statistics, grossed for both coverage and unknown / invalid clinical data except 2001 and 2003 which are ungrossed. A further 5,000 sterilisations and 1,000 vasectomies, not included in the above table, were performed as a secondary operation (see table 10). 2004-05 data is the latest available
- © 2006 Data prior to 2004 re-used with the permission of The Department of Health.
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The number of men attending clinics has increased by 40% over the last ten years, from 72,000 in 1995/96 to 103,000 in 2005/06. The number of men choosing vasectomy has fallen steadily from about 11,000 (18% of all men attending) in 1994/95 to 8,180 (6%) in 2005/06.

Improving access to, and persuading people of the benefits of using condoms to avoid the risk of sexually transmitted infections (STIs) or unplanned pregnancies is one of the key aims of the Governments White Paper *Choosing Health: making healthy choices easier*.

Young Women and Access to Sexual and Reproductive Health Services

In July 2004, the Department of Health published Best Practice Guidance For Doctors And Other Health Professionals On The Provision Of Advice And Treatment To Young People Under 16 On Contraception, Sexual And Reproductive Health.

This guidance sets out the principles of good practice for health professionals who see under 16s requesting advice and treatment for contraception or other sexual health matter without involving parents. This was recently tested in a Judicial Review (January 2006) and was upheld as lawful. This judgement confirmed that guidance is fully in line with the law. The guidance also stresses that confidentiality is not absolute. Where a health professional believes that there is a risk to the health, safety or welfare of a young person which is so serious as to outweigh the young person's right to privacy, the case should be referred through local child protection procedures for appropriate action to be taken.

HIV Diagnoses in women

The increase in diagnoses acquired heterosexually has been greater among women than men. In 1996, women infected through heterosexual contact accounted for 18% of all new diagnoses and 57% of all diagnoses among heterosexuals; in 2005 the figures were 35% and 63% respectively. This represented more than a five-fold increase in diagnoses among heterosexual women, compared to a four-fold increase in heterosexual men.

The increase in new diagnoses among heterosexuals has been largely due to increased numbers of individuals arriving in the UK from countries with high HIV prevalence and in addition for women, increased HIV detection following the introduction of routine antenatal testing.

HIV Health Promotion

In line with the *National Strategy for Sexual Health and HIV* (2001), the Department of Health has strengthened its targeted HIV health promotion for African communities, including women, through its funding of the Non Governmental Organisation, the African HIV Policy Network. This has included publicity materials on the benefits of HIV testing (*It's better to know*) in English, French, Arabic and other African languages, plus more recently a condom awareness campaign which included specific materials for women. New work for 2006/07 includes assertiveness training for young African women.

International work on HIV and AIDS

The Department for International Development (DFID) is a major supporter of the Joint United Nations Programme on HIV and AIDS (UNAIDS), the Global Coalition on Women and AIDS and civil society organisations such as the International HIV/ AIDS Alliance, Action Aid and Womankind. Recognising that the impact of HIV and AIDS disproportionately affects women, both in terms of infection rates and caring burdens, DFID has committed £80 million to The UN Fund for Population Activities (UNFPA) for the period 2004-2007 to support its HIV prevention, sexual and reproductive health work with women.

In South Africa, DFID part funded a three-year randomised trial completed in March 2005, which combined microfinance for women with gender and HIV education. Results published in November 2006

showed that this approach contributed to a 55% drop in the incidence of intimate partner violence, a key factor in HIV transmission, among a group of poor South African women. In Bangladesh DFID supports an outreach programme that empowers sex workers and their children to demand their rights for basic health and HIV services. It also raises awareness of the discrimination they face among civil society, local government and other service providers. The programme started in April 2004 and runs for 5 years.

Chlamydia screening

The public health White Paper, *Choosing Health; making healthy choices easier* published in 2004, established a new programme over three years, to modernise and transform sexual health services. It made chlamydia screening a priority area. It targets sexually active men and women under 25 years of age to make them aware of chlamydia and its effects, and to provide access to services providing screening, prevention and treatment to reduce their risk of infection or onward transmission. £80 million has been invested to make this happen.

Between 1st April 2003 and 31st March 2006 over 180,000 screens had been undertaken outside of Genito-Urinary Medicine (GUM) clinics. Overall positivity was 10.4% in women and 10.7% in men.

Smoking among women and men

In 2005, 25% of men and 23% of women over the age of 16 smoked compared with 44% of men and 36% of women in 1978 (General Household Survey). National Health Service (NHS) Stop Smoking Services are now well established across England and are producing encouraging results, particularly among women.

Number of people setting a quit date through NHS Stop Smoking Services (formerly Smoking Cessation Services) - April 2005-March 2006

	Total	Males	Females
Total number setting a quit date	603,174	261,879	341,295
People who had successfully quit at four week follow up (self-report)	329,854	146,060	183,794

Source: *The Information Centre, Lifestyle Statistics. 'Statistics on NHS Stop Smoking Services in England, April 2005 to March 2006.*

The latest statistics on the success of the NHS Stop Smoking Services, published in October 2006 for the period April 2005–March 2006 show that, in England, during this period:

- 131,072 people (74,208 female) set a quit date through the stop smoking services;
- 65,522 people (36,287 female) had successfully given up at the 4 week follow up stage quit (based on self report), 55% of those setting a quit date;
- 4,043 pregnant women set a quit date through the stop smoking services;
- 2,025 had successfully given up at the 4 week follow up stage quit (based on self report), 50% of those setting a quit date.

In 2005-2006, overall, 57% of people accessing the NHS Stop Smoking Services were women.

The Government has continued to tackle smoking - it has banned almost all tobacco advertising, sponsorship and promotion in 2003. The smoke-free provisions of the Health Act 2006 will be implemented at 6am on Sunday 1 July 2007. This strategy has helped reduce smoking rates in women in England from 26% in 1998 to 23% in 2005, lower than the smoking rate for all adults in England, which is 24%.

Prevalence of cigarette smoking by sex and age: persons aged 16 and over, in England, 2005

	16-19	20-24	25-34	35-49	50-59	60 and over	Total
Men	23%	34%	34%	29%	25%	14%	25%
Women	26%	30%	29%	26%	23%	13%	23%

Source: Office of National Statistics (ONS): Results from the 2005 General Household Survey

Prevalence of cigarette smoking by sex and socio-economic group: persons aged 16 and over, in England 2000

	ALL(%)	MEN (%)	WOMEN (%)
NON-MANUAL TOTAL	19	19	10
MANUAL TOTAL	29	31	28
ALL	24	25	22

Source: ONS: Results from the 2005 General Household Survey

Smoking among pregnant women

The Government has been actively engaged in reducing smoking among pregnant women. Government initiatives to tackle this problem include establishing a pregnancy help-line offering a call-back facility to provide extra support to pregnant smokers wishing to give up; an education campaign targeting pregnant smokers and their partners; a Smoking in Pregnancy initiative to employ champions to co-ordinate services for pregnant smokers at a local level, including investing £6 million to pump-prime the Smoking in Pregnancy initiative, between 2001-2003. A target for the NHS has been set to deliver a one percentage point reduction per year in the proportion of women continuing to smoke throughout pregnancy, focussing especially on smokers from disadvantaged groups.

Prevalence of smoking in pregnancy, England 2000 and 2005, by mother's socio-economic group

	Percentage who smoked before or during pregnancy		Percentage who smoked throughout pregnancy	
	2000	2005	2000	2005
Managerial & professional	22	19	7	7
Intermediate occupations	29	30	13	12
Routine and manual	46	48	28	29
Never worked	48	33	34	23
Unclassified	38	31	21	17
All mothers	35	32	19	17

Source: Infant Feeding Survey 2005

Statistics from the Infant Feeding Survey

As a result of that pump priming investment money (see para above), latest statistics from the Infant Feeding Survey 2005 show that the number of women who smoke throughout pregnancy has fallen to 17% in 2005 down from 19% in 2000. The Government has met the target to reduce the number of women smoking throughout pregnancy to 18% by 2005, and are on track to achieve the target of reducing the number of women smoking throughout pregnancy to 15% by 2010.

Smoking among children

The Government announced its intention to raise the minimum age of sale for tobacco from 16 years to 18 years and has powers under the Health Act 2006 to do so. The Government will also bring in powers to impose orders on retailers who repeatedly flout the under-age sale law to prohibit them from selling tobacco for up to a year.

Prevalence of use of tobacco products by ethnic minorities

Whilst smoking rates are low among Bangladeshi, Indian and Pakistani women, smoking is, in relative terms, higher among African Caribbean women and chewing tobacco is more common among Bangladeshi women. The Department of Health is working with these communities to explore ways of

reducing smoking prevalence rates and associated health inequalities. Other Government actions included: media campaign targeting relevant ethnic minorities with dedicated help-lines offering counselling and support; as well as support for local initiatives to increase awareness of the risks associated with smoking and, if appropriate to the audience, tobacco chewing.

Prevalence of use of tobacco products by ethnic minorities

	Black Caribbean	Black African	Indian	Pakistani	Bangladeshi	Chinese	Irish	General population
MEN								
Cigarettes	25	21	20	29	40	21	30	24
Chewing tobacco	c		4	2	9	c	c	c
WOMEN								
Cigarettes	24	10	5	5	2	8	26	23
Chewing tobacco	c		1	1	16	C	c	c

Source: *Headline results: Health Survey for England 2004*

c - Use of chewing tobacco products was only asked of South Asian groups

* - Use of any tobacco products also includes cigars and pipes]

National Programme on Gender Equality and Women’s Mental Health (GE&WMH)

The priorities for this programme for 2006/07 were developed from an analysis of progress in implementing *Women Into the Mainstream* (see below) in partnership with the regional leads and following discussion with senior personnel within National Institute for Mental Health in England (NIMHE) and Care Services Improvement Partnership (CSIP). Six key priorities were identified for 2006/07:

Priority area	Key outcome	Key Strategic Alliance to deliver the outcome
Gender sensitivity in mental health services <ul style="list-style-type: none"> • Safety in acute inpatient wards • Day services 	Improvements in sexual safety and experience of acute in-patient care. Developing appropriate day service provision	National Patient Safety Agency (NPSA) Healthcare Commission Primary Care Trust
Improving choice and access to psychological services	More choice and increased access to psychological therapies	Improving Access to Psychological Therapy Demonstration sites; Regional Development Centre pilots
Developing the provision of perinatal mental health support	Improved support for women experiencing perinatal mental health problems	Department of Health women & children services National Institute of Clinical Excellence
Black & Asian women	Increased attention and understanding of needs of women from black and minority ethnic communities	Delivering Race Equality programme
Prevention of violence & abuse	Increasing access to appropriate support for women who have experienced violence and abuse	Department of Health Victims of Violence & Abuse Prevention programme
Women in the criminal justice system	Improving access to mental health care for women who offend	Home Office/Prison Service Baroness Corston Review

Progress on each of the priorities is as follows:

Safety in acute inpatient services

The National Patient Safety Agency (NPSA) report "*With safety in mind: mental health services and patient safety*" was published in July 2006. The report contained a section on sexual safety that reported over 100 identified incidents of varying degrees of severity and contained the comment that there is a likely under-reporting. This work followed the Kerr-Haslam report in July 2005 and together they indicate that sexual safety is still a significant concern for women in mental health services, particularly inpatient settings. In November 2006 Professor Louis Appleby announced £30m capital monies to be made available next spring for improvements to inpatient areas.

Member of the Sexual Safety Group

The Gender Equality and Women's Mental Health (GE&WMH) programme is a member of the Department of Health (DH) Sexual Safety group set up in response to the findings of the NPSA report. The group membership covers learning disability and older people as well as mental health experts. The group will set standards for trusts to achieve, including training, operational policy, incident reporting and governance, plus key messages for commissioners. The group will also set criteria for the capital bids.

The programme has reviewed the Healthcare Commission Acute Inpatient Service Review draft assessment framework and had the opportunity to input specific questions in relation to sexual safety prior to issue for consultation.

Day services

Commissioning guidance on women-only day services: "*Supporting Women Into the Mainstream*" was published in February 2006. This guidance was commissioned to support the implementation of the NHS target for Primary Care Trusts (PCTs) in relation to women-only day centres.

A national conference to launch the guidance was held jointly with the National Social Inclusion Programme (NSIP) in November 2006 and a joint implementation plan agreed with NSIP. The focus is on working with day services leads both regionally and nationally to support the redesign of day services and ensuring that equalities is built into this redesign activity.

Choice and psychological therapies

The programme has established links with the Improving Access to Psychological Therapies programme and has developed proposals for specific initiatives to ensure that priority areas for women and men are addressed within this programme. The proposals cover areas such as perinatal mental health and the health and criminal justice system where it is clear that access to appropriate psychological therapy is currently problematic and has the potential to divert women, in particular, from other services. A proposal has also been developed to improve access to therapeutic help for women and men, who experience childhood sexual abuse. These proposals have the potential to attract seed money (in other words, funds for new projects) and contribute to the business case to the Treasury and all have made the case on the basis of health and economic gain.

In relation to choice, the Individual Budget pilot sites for mental health and self-directed support are clearly significant. The national Gender Equality and Women's Mental Health programme is working with the lead for self-directed support to explore the possibilities in relation to the women's mental health agenda. A national think tank has been convened to identify and work up proposals in relation to women leaving secure care, where appropriate levels of support is acknowledged to be a difficulty.

Perinatal mental health

The programme has made a formal presentation to maternity services within the Department of Health and there is clear support for the development of an expert group that brings together mental health and maternity services expertise, to improve the quality of provision in relation to perinatal mental health. This will support the implementation of the National Institute of Clinical Excellence (NICE) guideline on antenatal and postnatal mental health, published in February 2007 (<http://www.nice.org.uk/guidance/CG45>)

The national programme is working in partnership with the NICE implementation support team on the development of implementation tools that will be published alongside the guideline. The infrastructure of regional networks has enabled positive practice and examples of care pathways and protocols to be identified and used in the development of these tools.

Black and Asian women

The Gender Equality and Women's Mental Health programme convened a joint meeting in September 2006 between national and regional leads for race and gender equality. A joint action plan was agreed:

- to scope the extent of current activity specifically relating to Black and Minority Ethnic (BME) women;
- to draft and submit to Care Services Improvement Partnership (CSIP) Board a statement on equalities for inclusion within Memorandum of Understanding;
- to prioritise advocacy as the number one area for joint development and raise as a method of delivering White Paper: Our health, our care, our say¹ deliverables;
- to develop coherent gender and race equality agendas and activities;
- to ensure gender impact assessment of Collaboration Project of Victims of Violence and Abuse Prevention Programme;
- to progress a joint approach to perinatal mental health.

Prevention of Violence and Abuse

The demonstration 'Collaboration Project' is led by the Victims of Violence and Abuse Prevention Programme. The objective is to acknowledge and address the links between violence and abuse and mental ill health in the delivery of mental health services in acute inpatient and community based settings. This will be achieved by training selected staff in pilot trusts to raise issues of the experience of violence and abuse routinely and consistently in assessments and, subsequent to disclosures, to provide appropriate care, support and treatment to survivors. The project commenced in earnest in September 2006 and will conclude in June 2008.

Women in the criminal justice system

The needs of women in the criminal justice system was considered through a House of Lords Review led by Baroness Corston. The Gender Equality and Women's Mental Health programme, (a member of the review group), gave expert presentations and input to discussions on pertinent mental health factors.

The programme has worked closely with the Home Office Women's Policy Team, Health and Offender Partnerships, Care Services Improvement Partnership (CSIP), Health and Social Care in Criminal Justice. The programme has developed bids to support non custodial disposals in appropriate circumstances and these have been submitted to above partners for professional and funding consideration.

Public Sector Gender Equality Duty

The Gender Equality and Women's Mental Health programme presented a paper to CSIP Board outlining the scope of actions required, agreed a meeting with the Department for Health's Equalities Unit, facilitated a mental health workshop at a national conference focussed on preparing for the Public Sector Duty and organised seminars during the winter of 2006/07 to support regional implementation within mental health services.

The programme presented to the National Mental Health Partnership (NMHP) in May 2006 on the progress of delivery of "*Into the Mainstream*" (see above) and the preparation for Public Sector Gender Equality Duty. The NMHP proposed that an audit of activity within member trusts should be undertaken. The results were analysed by the GE & WMH national leads and reported to the NMHP Executive Group in November 2006. The findings were reasonably encouraging in relation to implementation of *Into the Mainstream*, although specific developments such as perinatal mental health were patchy. Awareness and readiness for Public Sector Gender Equality Duty was low. As a result the National Mental Health Partnership has agreed to fund a national conference in Spring 2007 on women's mental health.

Care Programme Approach

The consultation document Reviewing the Care Programme Approach is to be subject to an Equality Impact Assessment. This will focus on both race and gender and is in line with Government policy that any change in policy or review of policy requires an equality impact assessment.

Teenage Conceptions and Pregnancy Levels – England

Under-16 and Under 18 Conceptions, England, 1998-2004

12.1 Under 18 Conceptions

Under 16 Conceptions

	Total Conceptions	Conception Rate*	% change since baseline	Total Conceptions	Conception Rate**	% change since baseline
1998	41,089	47		7,855	8.8	
1999	39,247	45.8		7,408	8.2	
2000	38,699	43.8		7,620	8.3	
2001	38,461	42.5		7,407	8.0	
2002	39,350	42.6		7,395	7.9	
2003	39,553	42.1		7,558	7.9	
2004	39,545	41.5	-11.1%	7,179	7.5	-15.2%

*per thousand women aged 15-17

**per thousand women aged 13-15

Teenage Conception and Pregnancy Levels

Under 16 and under 18 Conceptions, Wales, 1992-2004

Year	Number		Rate	
	Under 16	Under 18	Under 16 (a)	Under 18 (b)
1992	470	2,387	9.5	48.0
1993	465	2,307	8.9	47.5
1994	505	2,297	9.3	46.4
1995	567	2,509	10.3	48.0
1996	644	2,932	11.7	53.5
1997	564	2,895	10.4	52.2
1998	597	3,030	10.8	55.0
1999	537	2,781	9.6	51.1
2000	495	2,649	8.8	48.0
2001	496	2,529	8.7	45.5
2002	480	2,601	8.3	45.9
2003	466	2,609	8.1	45.7
2004	434	2,605	7.5	45.1

(a) Rate per 1,000 female residents aged 13-15

(b) Rate per 1,000 female residents aged 15-17

Source: Office for National Statistics

In 2004 there were 434 conceptions to under 16s in Wales, 27% fewer than in 1998 (597) whilst there were 2,605 conceptions to under 18s, 14 % fewer than in 1998 (3,030). In 2004 the under 16 conception rate was 7.5 per 1,000 females aged 13-15, down from 10.8 in 1998 whilst the under 18 conception rate was 45.1 per 1,000 females aged 15-17, down from 55.0 in 1998.

Please note that conceptions are estimates derived by combining information from birth registrations and notifications of legal abortions. They do not include miscarriages or illegal abortions.

ARTICLE 13 – SOCIAL AND ECONOMIC BENEFITS

The Government set up the Pensions Commission in 2002 to look at ways of reforming the pensions system, following which the Government introduced the Pensions Bill.

Improving State Pension coverage

The Government believes that pension reform will improve State Pension coverage in a number of ways. It will introduce a simplified single contribution condition for those reaching State Pension age from 2010 based on reducing the number of qualifying years needed for a full basic State Pension to 30, and where the current first contribution condition and 25% de minimis rule⁴ no longer apply. It will make it easier for parents and carers to build State Pension entitlement by replacing Home Responsibilities Protection with weekly credits; it will provide more flexible crediting arrangements which will increase the number of low earners, carers and long-term disabled people with State Second Pension entitlement; and introduce a new carer's credit for those caring for 20 hours or more a week for someone who is severely disabled. Currently around 1.9 million carers (over 90% of them women) and about 6.2 million low earners (around 60% of them women) are gaining from the introduction of State Second Pension.

More women to benefit from the reforms

As a result of these reforms, about three quarters of women reaching State Pension age in 2010 will be entitled to a full basic State Pension in 2010, as opposed to 30% currently. Without these reforms, only about half of women reaching State Pension age in 2010 would be entitled to a full basic State Pension. By 2025 over 90% of women (and men) reaching State Pension age will be entitled to a full basic State Pension - almost half a million extra women.

Improved crediting arrangements will mean that about a million more people will accrue State Second Pension and approximately 90% of them will be women. About 120,000 more people could gain a credit for the basic State Pension in 2010 through the new carer's credit, including around 85,000 women. Around 180,000 more people could accrue entitlement to State Second Pension in 2010 through the new carer's credit, including around 110,000 women. Around 40,000 people in 2010 could benefit from the removal of the first contribution condition and the 25% de minimis rule, rising to around three quarters of a million in 2025. Pension reform will provide a more solid base on which to build individual private saving. The basic State Pension will be uprated in line with earnings providing more generous pensions. State Second Pension will become a simpler flat-rated additional State Pension.

Women will increasingly benefit from the earnings uprating of the basic State Pension as coverage improves. By 2050 the amount of the basic State Pension will more than double in real terms compared with the amount it would have been under current policies. Under the reforms, anyone with a good working or caring life (of around 43 years) will be entitled to a State Pension of around £135 per week (in 2005/06 earnings terms). This figure is well above the amount of the standard minimum guarantee in Pension Credit of £109.60 a week (in 2005/06). Someone working and caring for 30 years will still build entitlement to a State Pension just above the level of the standard minimum guarantee.

Women still benefiting from introduction of Pension Credit

Pension Credit is a key part of the Government's strategy for combating pensioner poverty. Women are at present more likely than men to be eligible for it, and higher levels apply to certain groups of pensioners, such as carers and the severely disabled. Pension Credit also rewards pensioners aged 65 and over who have modest savings and income. Provided their income is above a threshold, (currently £87.30 for a single person, £139.60 for a couple), they are able to earn a savings credit of up to £19.05 (£25.26 for couples).

Reduced complexity

The design of the scheme reduced the complexity attached to previous income-related schemes. There are more generous rules on the treatment of capital, the exclusion that existed under the old scheme if a person or couple had more than £12,000 capital was abolished and most people aged 65 or over need to report fewer changes in their circumstances – increases in second pensions and in savings do not need to be reported at all for periods of up to five years. There was a nation-wide marketing campaign to promote Pension Credit, and all pensioners received direct mail advising them about the scheme and how to apply.

⁴ The first contribution condition is that a person must have actually paid Class 1 contributions on earnings of at least 52 times the weekly lower earnings limit for one tax year (or paid 50 flat-rate National Insurance contributions at any time before 6 April 1975). Under the de minimis rule someone must have at least a quarter of the number of qualifying years for a full basic State Pension to receive any basic State Pension at all. This is generally the equivalent of 10 years for women (11 for men)

Minimum guarantee increases in line with earnings

The standard minimum guarantee in Pension Credit will continue to increase in line with earnings for the long term which will secure the gains made in tackling pensioner poverty. Without reform over 75% of pensioners would be entitled to Pension Credit by 2050 compared with around 30% of pensioners under the reforms. Under the reforms, by 2020 around 12% of pensioner households will be entitled to the guarantee credit only, reducing to around 9% of households in 2030 and around 6% in 2050. About half of those eligible for Pension Credit in 2050 will be entitled to higher rates than the standard minimum guarantee because they have additional needs, for example due to severe disability or caring responsibilities. Around two thirds of those eligible for Pension Credit by 2050 will be single women. However the majority of women and men reaching State Pension age by this time will be entitled to state pensions in excess of the standard minimum guarantee, with women gaining State Pension entitlement from both paid work and caring contributions.

Looking at overall outcomes from the reforms

Overall, the reforms will help to reduce the gender pension gap in state pension outcomes. Women reaching State Pension age currently receive, on average, less than 80% of the State Pension that men receive. In 2050 women reaching State Pension age are on average projected to be entitled to nearly 95% of men's average State Pension. For a median earning woman with a full work history, State Pension outcomes will be virtually identical to that of a median earning man.

The reforms also help narrow the gender gap in overall pension outcomes (state and private). At present a median full-time female employee earns around 80% of a median full-time male employee and this continues into retirement. At present they can expect a similar gap in their total pension income on reaching State Pension age. Post-reform, both male and female median earners would receive more in pension income than they do currently. Women could then expect to receive nearly 90% of the total pension of their male counterpart. The gap also narrows considerably when women with different working histories are compared to a median male earner. This narrowing is mainly driven by the effect of the state pension reforms. In 2050, state pension outcomes for comparable men and women will be very similar. Both men and women will benefit from the effects of personal accounts and the employer contribution.

Black and ethnic minority women

The Government's state pensions reforms will ensure social contributions such as caring and parenting are rewarded through the State Pension alongside paid contributions. Some ethnic minority women stand to gain from these changes, although analysis of the impact of reform on the basis of ethnic minority group is limited. About 2 % of current pensioners are from ethnic minority groups, so data from sample surveys, (such as the Family Resources Survey), do not allow detailed analysis. Administrative data, for example tax and contribution records, do not contain data on ethnicity.

Modelling of future trends depends heavily on the assumptions about ethnic minority employment rates and participation. For example there is no good evidence on past life expectancy trends by ethnicity so it is not possible to reliably assess whether the raising of State Pension age would have a disproportionate impact on people from different ethnic backgrounds. However the Office for National Statistics has this year set up a National Centre for Demography that should in future improve the evidence base. It has already published population estimates by ethnic group on an experimental basis.

Women holding stakeholder pensions

Figures for 2003/04 tax year show that around 36% of stakeholder pension policies are held by women.

Continuing to provide winter fuel payments

Winter Fuel Payments, an annual lump sum paid to help eligible older people throughout Great Britain and Northern Ireland towards their winter fuel bills, were increased to £200 for each eligible household from winter 2000-01. They were further increased by an extra £100 for households with people aged 80 and over from winter 2003-04. During winter 2005-06, around 8 million households benefited. Of the 11.5 million payments made, over 6.3 million went to women.

Providing support for carers

The number of people entitled to Carers Allowance (CA) has risen from 445,230 in August 1999 to 785,270 in May 2006 (68% of them women) - an increase of 76%. Female entitlement to CA rose in the same period from 328,910 to 538,450, an increase of 63%. At May 2006 410,000 people received the carer premium in Income Support or the carers additional amount in Pension Credit. CA expenditure now stands in excess of £1bn having risen from £400m in 1991/92. Since 1996/97 expenditure has grown at an average of 3% per year and this rate of growth is forecast to continue.

ARTICLE 15

15.1 Men and women in the judiciary in England and Wales, 2004 and 2006

	2004 (as at 01/04/04)			2006 (as at 01/04/06)		
	Total	Women	% Women	Total	Women	% Women
Lords of Appeal in Ordinary	12	1	8.3%	12	1	8.3%
Heads of Division (excl Ld Chancellor)	4	1	25.0%	3	0	0.0%
Lord Justices of Appeal	37	2	5.4%	37	3	8.1%
High Court Judges	105	8	7.6%	108	11	10.2%
Circuit Judges	610	58	9.5%	631	71	11.3%
Recorders	1396	185	13.3%	1401	199	14.2%
District Judges (incl Family Division)	433	82	18.9%	449	99	22.0%
Deputy District Judges (incl Family Division)	801	183	22.8%	840	229	27.3%
District Judges (Magistrates' Courts)	104	20	19.2%	134	31	23.1%
Deputy District Judges (Magistrates' Courts)	173	40	23.1%	158	34	21.5%
All	3675	580	15.8%	3773	678	18.0%

Annual Diversity Statistics www.judiciary.gov.uk

Further information on judicial appointments can be found in the judicial appointments annual reports at www.dca.gov.uk and at www.judicialappointments.gov.uk

ARTICLE 15
15.2 Table of Legal Aid Certificates issued

Calendar year 2005	Female			Male		
	P*	R**	O***	P*	R**	O***
Combined family	35	3	9	10	11	2
Domestic violence	13361	387	687	829	2609	263
Financial provision	14162	1508	1217	3452	2166	478
Mediation	1995	318	1740	796	124	777
Other family	363	94	44	290	51	36
Other public law - children	1412	1294	2448	658	828	1961
Private law - children	8916	11815	3957	13244	2595	3341
Special Children Act	248	7388	6388	294	6080	6174
Total	40,492	22807	16490	19573	14464	13032

* Plaintiff
 ** Respondent
 *** Other