# Health and Care – Legislation and Discrimination

# 1 of 3 – Welcome

Welcome to this session on discrimination and legislation in health and social care.

In this session we will be exploring:

* Discriminatory practices in health and social care
* Discriminatory behaviours and the effects of these
* Anti-discriminatory service provisions
* Key legislation for sex, race and age, people in care and those with a disability

# 2 of 3 – Branch

We will work through this session by going though each of the topics below.

* Discriminatory practices in Health and Social care part 1
* Discriminatory practices in Health and Social care part 2
* Discriminatory behaviours
* The effects of discriminatory behaviours
* Key Legislation for people in care settings
* Key Legislation for disability discrimination
* Key Legislation for discrimination in sex, race and age
* Anti-Discrimination in Service Provision

# 3 of 3 – End

Well done, you have now completed this session on discrimination and legislation in health and social care.

You should now understand:

* Discriminatory practices in health and social care
* Discriminatory behaviours and the effects of these
* Anti-discriminatory service provisions
* Key legislation for sex, race and age, people in care and those with a disability

# 1 of 13 – Discriminatory Practices in Health and Social Care – Part 1

Welcome to this section on Discriminatory Practices in Health and Social Care – Part 1.

In this session we will be exploring:

* Bases of discrimination: culture, disabilities, age and social class

2 of 13 – What does the basis of discrimination mean?

The basis of discrimination refers to the actual cause of discrimination, or the reason why someone is suffering from unfair treatment.

For example, the basis of someone's diversity may be the reason someone is being discriminated against.

3 of 13 – Types of discrimination

As hard as it seems to accept, people working in health and social care have been found to discriminate against people in the past. It does happen, so it is important to understand that discrimination can come from anyone, including those working in and using the services.

Therefore, as a professional, it is essential that you understand the bases and what they refer to:

* Culture
* Age
* Gender
* Disability
* Social class
* Sexuality
* Health status
* Family status
* Cognitive ability

4 of 13 – The different bases of discrimination

There are different bases of discrimination that can take place. You must understand them so that you are able to recognise them anywhere. You will need to complete the following four branches:

* Culture
* Disabilities
* Social class
* Age

Culture 1 of 3 – Culture as a basis of discrimination

Someone's culture is the social group that they are brought up in, so identifies who they are. However, this may change later in life if that person decides that another culture suits them better.

Please visit the website below and watch the video to learn more about culture. Remember to make notes as you will be asked to answer questions later:

[What is culture?](https://www.livescience.com/21478-what-is-culture-definition-of-culture.html)

Culture 2 of 3 – Culture as a basis of discrimination continued

In the health and social care profession you are likely to meet people from many different cultures to your own. This may mean that they have different ideas and opinions to yours, possibly some that you do not understand.

However, it is important that you respect this culture and the differences this may create as this will create a sense of support. Understanding someone else's culture promotes wellbeing and their health and experience within the service.

Furthermore, this is also important to the professional’s own working experience because they will be rewarded for providing this care value base when they see the results that this can bring. This emphasises the importance of respecting culture.

Culture 3 of 3 – Culture – summary

You have now completed this branch on culture as a basis of discrimination.

We have looked at:

* What culture is and how it affects people
* How culture affects professionals working in health and social care
* Why it is important to respect cultural difference

You will now learn about discrimination based on disabilities.

Disabilities 1 of 5 – Disabilities as a basis of discrimination

Caring for people within the health and social care services will mean that you have contact with those who have disabilities. More often than not, individuals with disabilities have different requirements to able bodied people and it is discrimination if you do not provide for them.

Providing for those with disabilities means adhering to the Disability Discrimination Act (DDA). This piece of legislation is also what makes it unlawful to discriminate against someone with a disability.

Disabilities 2 of 5 – What does providing for people with disabilities mean?

The Disability Discrimination Act covers particular requirements from people in specific areas and these include:

* Employment
* Access to goods
* Facilities
* Services of organisations
* Education
* Buying a property
* Renting a property
* Transporting services

It is also essential that the organisation you work for has a policy for disability especially to suit that environment and the people with disabilities that are likely to come into contact with it.

Disabilities 3 of 5 – Disabilities as a basis of discrimination

Discrimination may also be felt by an individual through harassment or victimisation because of

their disability.

**What is harassment?**

Harassment happens when someone treats someone in a way that makes them feel humiliated, offended or degraded.

For example, a disabled woman may be shouted at and called names by her colleagues because her disability stops her from doing particular work activities.

An organisation or employer must show that it has done everything to prevent people who work for them from behaving like that, otherwise the individual could take the organisation or employer to court. If they have, a claim could be made against the harasser.

Disabilities 4 of 5 – Disabilities as a basis of discrimination continued

Discrimination may also be felt by an individual through harassment or victimisation because of

their disability.

**What is victimisation?**

This occurs when someone is treated poorly because they have made a complaint of discrimination. It can also happen to the people who are supporting someone who has made a complaint of discrimination.

For example, an employee has made a complaint of disability discrimination and the employer threatens to fire them unless they withdraw the complaint.

Disabilities 5 of 5 – Disabilities – summary

You have now completed this branch on disability as a basis of discrimination.

We have looked at:

* What caring for people with disabilities means for someone working in health and social care
* The legislation that protects people with disabilities
* The meaning of harassment and victimisation

You will now learn about discrimination based on social class.

Social class 1 of 3 – Social class as a basis of discrimination

Social class looks at the way people are divided into different groups by social factors including:

1. Where we live
2. How much money we make
3. What jobs we have

**Higher classes** normally refer to those individuals with a good income, living in large houses and in better areas.

**Lower classes** normally refer to those individuals with less of an income, living in smaller houses and in the poorest of areas.

Social class 2 of 3 – Social class as a basis of discrimination continued

This inequality between groups of people is also highly evident in the health and social care sector.

For example, the poor are more likely to get cancer than those who are richer. Furthermore, the poor are less likely to survive it (statement by Alan Milburn MP, former Secretary of State for Health).

Healthcare can also be a ‘postcode lottery’ with treatments, services and drugs not always being available to everyone everywhere. However, ‘at the heart of human rights is the belief that everybody should be treated equally and with dignity – no matter what their circumstances’ (Equality and Human Rights Commission).

The problem with this is that, rightly or wrongly, there are not enough resources and funding to give everything to everyone.

Social class 3 of 3 – Social class - summary

You have now completed this branch on social class as a basis of discrimination.

We have looked at:

* What social class is, and how it can be defined
* The inequalities that come with social class

You will now learn about discrimination based on age.

Age 1 of 3 – Age as a basis of discrimination

Age is another factor that can cause discrimination and is the product of someone being treated differently because of their age. This can also be in the form of harassment and individuals being directly victimised because of how old they are.

For example, there have been disagreements over the provision of expensive drugs to patients who are older, with a short life expectancy, where it is thought that the money should go instead to younger people.

£8 billion was spent on healthcare for older people compared to £4.4 billion on children between 2004 – 2005 (according to the NHS).

Age 2 of 3 – Age as a basis of discrimination

You cannot deny a service or drug based on this controversy because it is discrimination. Denying treatment could also lead to legal implications for the health and social care service. Legal advice, time and research should always be completed before decisions like this are made.

There are other terms which come into age discrimination that may be used within health and social care and these include:

**Ageism** (an attitude that leads to the following):

* Age discrimination – all actions and outcomes that can be seen
* Direct age discrimination – when someone treats you worse than another person in a similar situation because of disability
* Indirect age discrimination – the same treatment of individuals of different ages with different needs which means that individuals with particular needs are disadvantaged
* Age differentiated behaviour – the appropriate and fully thought out actions based on the understanding of age difference

Age 3 of 3 – Age as a basis of discrimination – summary

You have now completed this section on age as a basis of discrimination.

We have looked at:

* How people discriminate based on age
* The issues that can arise from age in the health and social care service
* Other terms used within age discrimination

You have now completed the four branches in this session. There will be some quiz questions to test the knowledge you have gained in this session.

5 of 13 – Question 1

What does western culture refer to?

1. England & America
2. France & Europe
3. Europe & America

The correct answer is C, Europe & America.

6 of 13 – Question 2

How many different languages are spoken in America?

1. 30
2. 300
3. 3000

The correct answer is B, 300.

7 of 13 – Question 3

What does eastern culture refer to?

1. Far west Asia & the Indian subcontinent
2. Far east Asia & the Indian subcontinent
3. Europe and East Asia

The correct answer is B, Far east Asia & the Indian subcontinent.

8 of 13 – Question 4

Which language is spoken by most people with Latin culture?

1. Spanish
2. Mexican
3. English

The correct answer is A, Spanish.

9 of 13 – Question 5

Which culture was Judaism, Christianity and Islam born from?

1. The middle east
2. The west
3. The deep south

The correct answer is A, the middle east.

10 of 13 – Question 6

Which culture is essential to all cultures?

1. Asian
2. African
3. American

The correct answer is B, African.

11 of 13 – Question 7

Match the following terms; **Harassment**, **Victimisation** and **Disability discrimination**, to the definitions shown below:

1. Someone is treated poorly because they have made a complaint of discrimination
2. Someone treats you worse than another person in a similar situation because of disability
3. Someone treats someone in a way that makes them feel humiliated, offended or degraded

The correct answers are:

**Harassment** is when someone treats someone in a way that makes them feel humiliated, offended or degraded.

**Victimisation** is when someone is treated poorly because they have made a complaint of discrimination.

**Disability discrimination** is someone treats you worse than another person in a similar situation because of disability.

12 of 13 – Question 8

Match the following terms; **indirect age discrimination** and **age differentiated behaviour**, with the definitions shown below:

1. The appropriate and fully thought out actions based on understanding of age difference
2. The same treatment of individuals of different ages with different needs

The correct answers are:

**Indirect age discrimination** is the same treatment of individuals of different ages with different needs.

**Age differentiated behaviour** is the appropriate and fully thought out actions based on understanding of age difference.

13 of 13 – End

Well done. You have completed this session on Health and Social Care level 3.

In this session we have explored:

* Bases of discrimination: Culture, disabilities, age and social class

If you have any questions about any of these topics, go back through the information in this session or speak to your tutor for more help.

1 of 14 – Discriminatory practices in health and social care – Part 2

Welcome to this section on discriminatory practices in health and social care – Part 2

In this session we will be covering:

* Types of discrimination: gender, sexuality, health status, family status and cognitive ability

2 of 14 – Introduction

**What does the basis of discrimination mean?**

The basis of discrimination refers to the actual cause of discrimination, or the reason why someone is suffering from unfair treatment.

For example, someone’s age may be the cause of the discrimination they are facing.

Unfortunately, as people working in health and social care have been found to discriminate against people in their care before, it is important to be able to recognise this treatment. Discrimination can happen at any time and come from both those working and using the services.

3 of 14 – Bases of discrimination

So that you are able to distinguish discrimination, it is essential that you understand what the different bases of discrimination are:

* Culture
* Age
* Disability
* Social class
* Gender
* Sexuality
* Health status
* Family status
* Cognitive ability

4 of 14 – Understanding bases of discrimination

**Why do you need to understand these bases of discrimination?**

It is important to understand what these are, so that you are able to pick up and support the rights of both clients and colleagues, so that they do not suffer from discrimination.

Furthermore, people who feel comfortable and are accepted are more likely to do well within the services or in the job they are doing in health and social care.

5 of 14 – The different types of discrimination

There are different types of discrimination that can take place that you must understand so that you are able to recognise and avoid them when you are dealing with either colleagues or people in your care.

You will now learn more about the types of discrimination in the following four branches:

* Gender
* Sexuality
* Health and family status
* Cognitive ability

Gender 1 of 3 – What is gender?

According to legislation, the Gender Equality Duty 2007, someone cannot be discriminated against because of their gender. This means that organisations, including those in health and social care, cannot unfairly discriminate due to someone's gender.

**So what is gender?**

Gender is simply the state of being male or female and is not the same as sex, which is about biological characteristics such as genitalia and body differences.

Gender is constructed by society and relies on the types of tasks, functions and roles assigned to women and men in public and private life. This can also vary in different societies and cultures.

Gender 2 of 3 – Gender as a basis of discrimination

Some of these constructs (characteristics placed on gender by individuals or organisations) are outdated. This can include the ideas of what work is appropriate for women and what work is appropriate for men.

Some employers may allow or ignore sexual harassment in the workplace and apply rules that put either women or men at a disadvantage.

For example, even though there has been an Equal Pay Act in force in the UK since 1975, women, on average, still earn 19.8% less than men (according to the Office for National Statistics).

Gender 3 of 3 – Gender as a basis of discrimination – summary

Well done. You have now completed this section on gender as a basis of discrimination.

We have looked at:

* What gender means
* The legislation that covers gender discrimination
* Gender discrimination that still exists
* Sex discrimination

You will now learn about discrimination based on sexuality.

Sexuality 1 of 4 – Sexuality as a basis of discrimination

Sexuality as a basis of discrimination is based on the sexual orientation of an individual. It refers to the sex of someone that an individual is attracted to. There are different types of sexual orientation and these include:

* **Heterosexual** – attraction to the opposite sex
* **Gay or lesbian** – attraction to the same sex
* **Bisexual** – attraction to both sexes
* **Pansexual** – attraction to both sexes and other sexual identities, for example those who identify as transgender

Discrimination can include a one time incident or because of a rule or policy based on sexual orientation and it does not have to be deliberate to be unlawful.

Sexuality 2 of 4 – Sexual orientation discrimination

There are four types of sexual orientation discrimination that can occur:

**Direct sexuality discrimination**

Where someone is treated unfairly compared to another person in the same situation just because of their sexual orientation.

For example, during a job interview, a male mentions that he has a boyfriend and the employer decides not to offer him the job, when he is the best candidate they have had or a B&B owner decides not to provide a double bedroom to two females.

Direct discrimination is more obvious than the other types of discrimination, so is normally easier to deal with.

**Indirect sexuality discrimination**

Looks at the discrimination that occurs when an organisation has a policy that applies to everyone but places people of a particular sexual orientation at a disadvantage.

However, objective justification can permit indirect discrimination if the organisation or employer is able to

prove that there is a good reason for the policy.

**Sexuality harassment**

Harassment refers to a situation when someone is made to feel humiliated, offended or degraded.

For example, work colleagues greeting a female worker by the masculine version of her name, even when she has asked them to use her proper name. This type of discrimination can never be justified by saying “it is just banter”, especially if the worker is upset and offended by it.

This type of behaviour outside of the workplace, or if you are harassed or experience offensive treatment due to sexual orientation, can be seen as direct discrimination.

**Sexuality victimisation**

This refers to the ill treatment received because a complaint of sexual orientation related discrimination has been made.

Victimisation can also be as a result of supporting someone who has made a complaint. It could include:

* Criticism
* Blaming
* Excluding
* Ignoring

Sexuality 3 of 4 – Lawful discrimination

There are, however, instances when difference in treatment is lawful. These include:

* When a particular sexual orientation is important for the job and is an occupational requirement
* Treatment by an organisation falls within one of the exceptions that allows individuals to be treated differently because of their sexual orientation
* An organisation with a particular religion or belief excludes people of a specific sexual orientation from membership

The restrictions imposed by religious originations must only be because it complies with the religious doctrine and avoids conflict with the ‘strongly held religious convictions’ of the religion’s followers.

Sexuality 4 of 4 – Sexuality as a basis of discrimination – summary

You have now completed this section on sexuality as a basis of discrimination.

We have looked at:

* Types of sexual orientation
* The different forms of sexual orientation discrimination
* When difference in treatment is lawful

You will now learn about discrimination based on health and family status.

Health and family status 1 of 4 – Health and family status as a basis of discrimination

Health and family status can be a basis of discrimination. Health particularly, is a difficult area as the decisions made regarding an individual’s health need to be assessed, taking into account many considerations. These could include:

* Cost of treatment
* Quality of life after treatment
* Life expectancy after treatment
* Other health issues, for example if someone is overweight and/or has diabetes
* Life expectancy or how old someone is

These decisions are not straightforward and a professional will need to question their own assumptions and prejudices considering each of these factors.

Health and family status 2 of 4 – Health status

If an expensive treatment is considered suitable for a young mother in her 30s, but not for a female in her 70s, this decision would need to be justified, as this could be considered discrimination on the basis of health, age or family status.

Consider whether the idea of a lady in her 70s, with grown up children and a limited life expectancy, being less likely to receive expensive treatment compared to a young mother, is fair or discrimination.

Decisions like these have to be made. However, health professionals must do their best to balance funding and resources with the welfare of their patients.

Health and family status 3 of 4 – Family status

Family status, however, covers different but sometimes connected areas of discrimination

such as:

* Having gay or lesbian parents
* A single parent
* Family with different races
* Having mixed race children
* Parents with different genders
* Families with adopted children

A person is discriminated against on the basis of how they are related to another person and the characteristics that they have. This could include having to care for family members such as children caring for adults and adults caring for children.

Health and family status 4 of 4 – Health and family status - summary

You have now completed this section on health and family status as a basis of discrimination.

We have looked at:

* Health status considerations that need to be made when thinking about treatment and care
* How considering health status can bring about other forms of discrimination
* Scenarios that could lead to health status discrimination
* What family status is and its discrimination types

You will now learn about discrimination based on cognitive ability.

Cognitive ability 1 of 2 – Cognitive ability as a basis of discrimination

It is unlawful to discriminate against anyone on the grounds of cognitive ability, which refers to the way that an individual is able to process thoughts and perform various tasks in learning or problem solving. This is covered in the Disability Discrimination Act 1995. Cognitive disabilities should be recognised just as much as physical disabilities.

Cognitive disabilities can arise from the following:

* Learning disabilities or difficulties
* Education (lack of or quality problems)
* Social class

It can be easy to discriminate against someone with a cognitive disability, especially if questions have not been put forward to eliminate these problems. Professionals must ask about potential issues before deciding on the most appropriate course of treatment of care.

Cognitive ability 2 of 2 – Cognitive ability as a basis of discrimination – summary

You have now completed this section on cognitive ability as a basis of discrimination.

We have looked at:

* What cognitive ability is
* Types of cognitive disability
* The valuing people now initiative and who it helps

You have now learnt about the different types of discrimination. There will now be some quiz questions to test the knowledge you have gained in this session.

6 of 14 – Question 1

What is gender?

1. Having male or female sex organs
2. State of being male or female
3. Tasks, functions and roles assigned to women and men

The correct answer is B, the state of being male or female.

7 of 14 – Question 2

What is sex?

1. Having male or female sex organs
2. State of being male or female
3. Tasks, functions and roles assigned to women and men

The correct answer is A, having male or female sex organs.

8 of 14 – Question 3

What might individuals call themselves if their genetically assigned sex does not conform with their gender identity?

1. Heterosexual
2. Transgender
3. Bisexual

The correct answer is B, transgender.

9 of 14 – Question 4

Which statements refer to lawful treatment?

Choose all that apply:

1. When a sexual orientation is important for the job and is an occupational requirement
2. When strongly held views are held by employees of an organisation
3. When a religious organisation excludes people of a specific sexual orientation from membership
4. When a particular organisation is made up of a majority of one type of sexual orientation

The correct answers are A and C, when a sexual orientation is important for the job and is an occupational requirement and when a religious organisation excludes people of a specific sexual orientation from membership.

10 of 14 – Question 5

Using the following choice of words; **decisions**, **difficult** and **considerations**, fill in the blanks in the sentence below about health and family status:

Assessing health is a **blank** area, as before making **blank** regarding an individual’s health, many different **blank** need to be taken into account.

The correct sentence should read as follows:

Assessing health is a **difficult** area, as before making **decisions** regarding an individual’s health, many different **considerations** need to be taken into account.

11 of 14 – Question 6

Using the following choice of words; **prejudices** and **cost of treatment**, fill in the blanks in the paragraph below about health and family status:

Health assessment should consider issues such as **blank**, expected quality of life after treatment and life expectancy. A professional will need to question their own assumptions and **blank** when they answer all of these considerations.

The correct paragraph should read as follows:

Health assessment should consider issues such as **cost of treatment**, expected quality of life after treatment and life expectancy. A professional will need to question their own assumptions and **prejudices** when they answer all of these considerations.

12 of 14 – Question 7

Match the following terms; **cognitive ability** and **cognitive disability**, with the definitions shown below:

1. The way an individual processes thoughts and perform various tasks
2. Brain injuries, Learning disabilities or difficulties

The correct answers are:

**Cognitive ability** is the way an individual processes thoughts and performs various tasks.

**Cognitive disability** means Brain injuries, Learning disabilities or difficulties.

13 of 14 – End

Well done. You have completed this session for Health and Social Care level 3.

In this session we have covered:

* Types of discrimination: gender, sexuality, health status, family status and cognitive ability

If you have any questions about any of these topics, make a note and speak to your tutor for more help.

1 of 12 – Discriminatory Behaviour

Welcome to this section on Discriminatory Behaviour

In this session we will be covering:

* The types of behaviours that can occur in discriminatory practice

2 of 12 – What is discriminatory behaviour?

Discriminatory behaviour is the means of treating an individual or group of people differently because of a particular characteristic, such as gender, disability or age. This usually results in negative and unfair consequences and reduces opportunities, excludes them from the rest of society and restricts their ability to live the life they would like.

Discrimination has been described as ‘putting prejudices into practice’. People will often take part in discriminatory behaviours because they do not understand something, have already made false judgments, or fear an individual or a group.

3 of 12 – Discrimination in health and social care

Not all occurrences of discrimination are easy to spot. For example, some studies have found that black Americans aren’t given painkillers in the emergency room as often as white Americans (research from the University of Virginia 2016).

The health and social care system could be considered to be discriminatory by the way that it functions in itself, as only pregnant women receive prenatal care and only people in pain get given prescription painkillers. However, these are just two examples of people with different needs having to be treated differently.

4 of 12 – When is discrimination a problem?

Discrimination is a problem when individuals with similar needs get treated differently and therefore have dissimilar outcomes. This happens for a variety of reasons, including financial incentives or social prejudices.

Not all inequalities can be explained by discriminatory behaviour though.

For example, research in America showed that black women with breast cancer tend to die more often than white women, even though breast cancer has been found to affect a higher number of white women (United States cancer statistics 2015).

It could be assumed that the difference in rates were because of social biases. However, researching into biological factors found that white women and black women normally get different forms of breast cancer and that we are better at treating the common cancers of white women.

Now that we understand this biological difference between races, it is important to consider this issue when designing clinical trials and allocating research funding.

5 of 12 – Discrimination in health and social care – continued

**So what does this mean for discrimination in the health and social care service?**

The example on the previous slide highlights that whenever we notice unequal decision-making or unequal outcomes, it is important to begin the process of addressing why.

In the example, if funding, energy and resources continued to be spent on treatments that only worked for white people, then the future statistics would be as a result of discriminatory behaviour.

As a professional you will need to notice and recognise unequal decision-making and unequal outcomes and if this is coming from discrimination and inequality.

6 of 12 – Types of discriminatory behaviour

**How do you recognise discriminatory behaviours?**

Understanding the different types of discriminatory behaviours will help you to recognise treatment that is unfair and that requires action.

You will now learn more about discriminatory behaviour types and examples in the following four branches:

* Neglect of rights
* Covert and overt abuse of power
* Prejudice, stereotyping and labelling
* Bullying and abuse

Neglect of rights 1 of 2 – Neglect of rights

To neglect the rights of an individual or person in your care is to disrespect or completely deny the rights that someone is entitled to.

For example, in a childcare setting, a Muslim child does not eat pork because it is against their religion and so it would be classed as an infringement of rights to give that child pork to eat. This would be the case even if there was no other meal choice.

This would be the same if a child was vegetarian, vegan or had other dietary requirements.

This type of discriminatory behaviour should be visible to other colleagues, as they should be aware of a child’s specific needs and requirements.

Neglect of rights 2 of 2 – Neglect of rights – summary

Well done. You have now completed this section on the neglect of rights.

We have looked at:

* How rights are neglected
* Example of right infringement in a childcare setting

You will now learn about covert and overt abuse of power.

Abuse of power 1 of 5 – Covert abuse of power

Covert abuse is not as visible, or as obvious as other types of abuse which makes it hard to identify. It is even more problematic when it happens to young children, the vulnerable or old because their references are limited. In other words, their limited life experience, vulnerabilities and frailty make it difficult for these people to pick up on the abuse.

**What is covert abuse of power?**

Covert abuse includes any behaviour that is unfair or dishonest and is hidden under a role of power. Power and authority are used to manipulate others in order to gain more power and control. The abuser will usually seem approachable and friendly which is why it is difficult to detect by others.

Abuse of power 2 of 5 – Covert abuse of power – continued

**So how do you identify it if it’s not visible?**

Covert abuse of power can sometimes be recognised by observing the person subjected to the abuse. These symptoms may occur in the victim:

* He or she believes they are irrational
* He or she will question their own reality
* He or she can sense that something is not right
* He or she tends to blame themselves for things
* He or she often feels anxious and depressed

Abuse of power 3 of 5 – Covert abuse of power – example

For example, a staff member may be responsible for the distribution of food in a care home for the elderly. All elderly residents have the right to choose their own food however, in covert abuse of power, a staff member may decide to make this choice for them because of a particular disability which makes feeding them more difficult or time consuming. This is taking away their right to individual choice.

The elderly person in this example is likely to feel vulnerable, as they do not have any control over what they eat. They may even doubt what they ordered in the first place.

This discriminatory behaviour can be invisible to other colleagues as the abuser is likely to make the victim feel like the meal choice was their own and not theirs. This is a technique called gaslighting, where people are made to believe that something is their fault even when it is not.

Abuse of power 4 of 5 – Overt abuse of power

**So what is overt abuse of power?**

Overt abuse of power is a visible abuse of power, where abusers may be openly aggressive or physically violent. This can include other behaviours such as name calling and denying attention in a caring role.

For example, an experienced and respected staff member in a care home may be overly rough, or even shout at an elderly person as they aid with their dressing because they do not like them.

This abuse is obvious to the patient, however the elderly patient is unlikely to report it for fear that the staff member’s experience and power will go against them. This may also be the case for a colleague with less experience, however this must always be reported as this is discriminatory behaviour.

Abuse of power 5 of 5 – Covert and overt abuse of power – summary

You have now completed this section on the covert and overt abuse of power.

We have looked at:

* What covert abuse of power is and why it is problematic
* How you identify covert abuse and what symptoms are present in a victim
* What overt abuse is
* Examples of covert and overt abuse of power in a care home setting

You will now learn about prejudice, stereotyping and labelling.

Prejudice, stereotyping and labelling 1 of 3 – The difference between prejudice, stereotyping and labelling

**What is the difference between prejudice, stereotyping and labelling?**

Prejudice, stereotyping and labelling all involve describing or treating people in negative ways. However, they are subtly different:

**Prejudice** is an ill conceived idea about someone or a group of people that is not true and usually comes from someone else's negative ideas. For example, someone has a lot of piercings so must be a criminal.

**Stereotyping** is an assumption made about someone because they are in a particular social group. For example, he is gay so he is feminine or, she is female so she is weak.

**Labelling** is an assumption made about a specific individual that puts them into a social group which includes negative terms such as fat or uneducated.

Prejudice, stereotyping and labelling 2 of 3 – Prejudice, stereotyping and labelling – example

An example of prejudice in a childcare setting would be if a worker decided not to include a child in a selection of activities because they knew that they were in a wheelchair, even though they had no knowledge of their exact capabilities.

Using prejudice, stereotyping and labelling as a way to describe or judge people in the health and social care sector is discriminatory practice and is likely to lead to different levels of care for different people. This can be extremely dangerous as well as unfair.

Prejudice, stereotyping and labelling 3 of 3 – Prejudice, stereotyping and labelling – summary

You have now completed this section on the difference between prejudice, stereotyping and labelling.

We have looked at:

* The differences between prejudice, stereotyping and labelling
* An example of prejudice in a childcare setting

You will now learn about types of bullying and abuse in the final branch.

Bullying and abuse 1 of 5 – Bullying and abuse

Bullying and abuse seem like obvious types of discriminatory practice. However, some of the techniques used may not be so visible.

Bullying uses power or force to intimidate and dominate other people and includes different forms.

Physical abuse is the infliction of visible and physical pain.

Verbal abuse is when someone directs particular language or words at an individual in order to criticise them. Examples include:

* Teasing
* Name-calling
* Inappropriate sexual comments
* Taunting
* Threatening to cause harm

Social bullying involves damaging or hurting someone's reputation or relationships. Examples of social bullying are:

* Leaving someone out on purpose
* Telling others not to be friends with someone
* Spreading rumours about someone
* Embarrassing someone in public

Written bullying involves using language or words (possibly images) to criticise in both paper and electronically transferred formats (for example on social media or in emails).

Bullying and abuse 2 of 5 – Bullying – example

An example of social bullying in a hospital setting would be if a nurse talked to another nurse about a patient in their care, by calling them names or making fun of their condition or capabilities. This may transfer onto the ward where other members of staff become involved.

This is discriminatory behaviour towards someone who is vulnerable and is likely to have an impact on their progress and mental health.

Bullying and abuse 3 of 5 – Abuse

**So what is abuse?**

Abuse is about improper treatment of others in order to gain power or a benefit of some sort. Bullying is a form of abuse. There are many different types of abuse, some are similar to the types of bullying we have already looked at. For example:

* Verbal abuse
* Physical abuse
* Psychological abuse
* Sexual abuse
* Financial abuse

Bullying and abuse 4 of 5 – Abuse – example

An example of financial abuse in a domiciliary care setting (when support is given in a patient’s own home) would be a care worker who takes money from the home of a vulnerable mentally disabled patient. This could be without the person knowing or by using threatening or abusive types of behaviour so that the person does not report it.

Force is not always used in financial abuse, a care worker may manipulate the patient into feeling that they want, or even need to give that person money. This is still discriminatory behaviour towards someone who may not have the capacity to understand the situation or feel that they are not able to do anything about it.

Bullying and abuse 5 of 5 – Bullying and abuse – summary

You have now completed this section on bullying and abuse.

We have looked at:

* What bullying is
* Different types of bullying
* Example of bullying in a hospital setting
* How bullying is part of abusive techniques
* An example of financial abuse in domiciliary care

Well done, you have completed all the branches. There will now be some quiz questions to test the knowledge you have gained in this session.

7 of 12 – Question 1

Considering what you learned about the different types of discriminatory behaviour, please select which discriminatory behaviour can be identified in each of the following examples:

A new care worker is on their first day in a residential home. A few of the residents are Bengali and cannot read English. The new care worker is told that the menu is only available in English as they are unable to write one in Bengali, so the residents just get what they are given because they can’t make a choice.

Which discriminatory behaviour is this?

1. Bullying
2. Covert abuse of power
3. Infringement of rights

The correct answer is C, infringement of rights.

8 of 12 – Question 2

A worker at a hospital was going through appointment letters sent out by a GP, so that the patients could be given dates and times. One of the letters stated that a patient was HIV positive, the worker thought that they were gay and moved their appointment to a time when they would not be in. They wanted to avoid catching HIV.

Which discriminatory behaviour is this?

Choose all that apply:

1. Prejudice
2. Stereotyping
3. Infringement of rights

The correct answers are A and B, prejudice and stereotyping.

9 of 12 – Question 3

In a childcare setting, a new nursery nurse noticed that everyone ignored a bad tempered child with learning difficulties but spent a lot of time and effort with another child who was calmer and did as they were told.

Which discriminatory behaviour is this?

1. Abuse
2. Covert abuse of power
3. Overt abuse of power

The correct answer is A, abuse.

10 of 12 – Question 4

A newly qualified nurse in a care home is under a lot of pressure to get a number of residents up and dressed before 10.30am. The nurse rushes through dressing the most vulnerable and quiet residents and is rough to the point that some of them moan in pain.

Which discriminatory behaviour is this?

Select all that apply:

1. Overt abuse
2. Labelling
3. Abuse

The correct answers are A and C, overt abuse and abuse.

11 of 12 – End

Well done. You have completed this session on Health and Social Care level 3.

In this session we have covered:

* The types of behaviours that can occur in discriminatory practice

If you have any questions about any of these topics, speak to your tutor for more help.

1 of 15 – The Effects of Discriminatory Behaviour

Welcome to this section The Effects of Discriminatory Behaviour

In this session we will be covering:

* The effects of discriminatory practice in health and social care

2 of 15 – What are the effects of discriminatory behaviour?

As you have seen, discriminatory behaviour by professionals can have a very negative effect on people using the services within health and social care.

People working in health and social care must treat all of their patients and clients equally, as unfair treatment is likely to cause higher stress and anxiety levels, which is a real problem when we are trying to make individual’s health and lives better.

Furthermore, clients are less likely to communicate and cooperate with others. At the extreme, ongoing discrimination can lead to violence towards the professional at fault, and others using and working in the service.

In the next two sections are some examples of how people can be made to feel when they are discriminated against.

3 of 15 – The personal effect of discrimination

“When my boss first ridiculed me for being an ‘incompetent girl’ I knew he was wrong and was angry. But as time went on, and he carried on putting me down, I began to lose confidence in myself. A nagging voice at the back of my mind started saying that perhaps he was right. Because I was nervous, I made more mistakes. Over the course of a couple of months I went from being a self-confident person to feeling helpless and worthless.”

A woman suffering from sexual discrimination in the workplace.

4 of 15 – The personal effect of discrimination – continued

“I was forced to retire at 65, when I was perfectly healthy and happy. Since then, my life has gone downhill. I’ve got less money and find it hard to fill my days. I don’t like having to draw my pension – I see people looking at me when I go to collect my money, and am sure they feel I’m a drain on society...

…My daughter actually told me off for standing on a chair to change a lightbulb the other day. I just wish they could see that I’m exactly the same person as I was 20 years ago, not some stereotype of a frail, semi-senile old man.”

A 75 year old male suffering from age discrimination in the workplace and by family.

5 of 15 – The personal effect of discrimination – continued

**What have the two examples shown us?**

The examples have shown us that by applying stereotypes such as old age and being female, whilst not understanding or finding the actual capabilities the individual has, has created a dramatic negative impact on mental health.

Discriminatory behaviour in these cases has caused unhappiness, loss of self-confidence, anxiety and a growing belief that they have actually become these stereotypes. This further ingrains a sense of worthlessness in society and lack of confidence in themselves to do anything about it.

6 of 15 – The effect of discrimination in practice

Discriminatory behaviour damages people, with both mental and physical side effects.

You will now learn more about the negative effects that discriminatory behaviour has on people being cared for in health and social care services. You will need to complete the four branches below:

* Marginalisation
* Low self-esteem and restricted opportunities
* Disempowerment
* Negative behaviour

Marginalisation 1 of 6 – What is marginalisation?

Marginalisation is when someone has been pushed to the edge of a group, so not part of the main group in society. Thinking about the margins of a piece of paper, a person feels that they are on the edge and not in the middle with the majority and mainstream of society.

Marginalisation can make people feel like they are in a secondary position or are less important than others. Individuals or groups can be marginalised on the basis of multiple characteristics of their identity.

Marginalisation 2 of 6 – Who does marginalisation affect?

Marginalisation can affect whole societies as well as classes and communities because of our powerful and dominant need for social order across the globe. Ethnic groups, families or individuals can also be marginalised within more local areas.

Marginalisation also has the ability to increase and decrease throughout someone's lifetime.

For example, the marginalisation of youth may decrease as they become elderly, whilst marginalisation may increase as they become older.

Marginalisation 3 of 6 – Marginalisation in health and social care

**So how does marginalisation affect health and social services?**

Social care services help some of the most disadvantaged people in society which is why non-discriminatory practices are so important. However, there are a number of social groups that have been found to suffer from inequality within this service according to the 2009 editions of the Journal of Social Work.

These groups include:

* Older lesbian women (April 2009)
* Gay men (April 2009)
* Bisexuals (April 2009)
* Transgender people (April 2009)
* Children with HIV/AIDS (November 2009)

Marginalisation 4 of 6 – Marginalisation in health and social care – continued

Marginalisation occurs in both subtle or overt actions in health and social care and these include:

* Using derogatory (disrespectful or critical) language or remarks
* The expectation for an individual to act a certain way based on stereotyping – this includes making assumptions about sexual orientation, religion etc.
* Not allowing for equal access to resources based on the individual being in a particular group
* Not checking an individual’s preferred pronoun (for example: he, she or they)
* Overlooking, condemning or interfering with cultural or religious beliefs and values
* Continued barriers to access and support

The marginalised groups mentioned previously found that services do not offer the personalisation of services that they are entitled to, meaning that they suffered from poor and inadequate treatment.

Marginalisation 5 of 6 – The effect of marginalisation

Marginalisation has been found to have a negative impact on psychological, emotional and physical health.

Effects include:

* Stress
* Sadness
* Self-doubt
* Paranoia
* Powerlessness
* Confusion
* Resentment
* Fear
* Anger
* Depression
* Isolation
* Self-blame
* Frustration
* Feeling invisible or not heard
* Hopelessness
* Anxiety

Marginalisation 6 of 6 – Marginalisation – summary

Well done. You have now completed this branch on marginalisation.

We have looked at:

* What marginalisation is
* How marginalisation affects society and health and social services
* How marginalisation occurs in practice
* The psychological, emotional and physical effects of marginalisation

You will now learn about low self-esteem and restricted opportunities.

Low self-esteem and restricted opportunities 1 of 4 – What is low self-esteem?

People with low self-esteem have a very negative attitude towards their self-identity. This causes them to feel worthless, feel depressed and have anxiety problems. Discrimination often causes people to have low self-esteem.

Those that are particularly vulnerable are likely to already suffer from low self-esteem. It is important that professionals are aware of any existing problems, so that they can build up those suffering with low self-esteem, to make treatment and care more successful.

Professionals must also ensure that those with high self-esteem are not affected by discrimination as this will create further problems and reduce the impact of the health and social care services being offered.

Low self-esteem and restricted opportunities 2 of 4 – Low self-esteem and restricted opportunities

**How does restricting an individual’s opportunities affect low self-esteem?**

To restrict an individual’s opportunities’ is discriminatory behaviour and can also cause low self-esteem. Furthermore, low self-esteem can create a restriction of opportunities through the individual not being able to use health and social care services.

Age discrimination is one of the most common causes of discrimination in the UK which includes the restriction of opportunities. This is often caused by individuals assuming that people cannot perform or participate in certain activities because of age, or that people of a certain age cannot access proper health and social care services because of transport or access limitations.

Low self-esteem and restricted opportunities 3 of 4 – Low self-esteem and restricted opportunities continued

For example, an elderly lady requires an appointment with a physiotherapist but cannot book because she has no internet access and the new system means that this cannot be arranged over the phone. This has restricted her opportunity to get the right help.

More and more appointments are being booked online as it is cheaper and allows for more choice for some patients. It is important that professionals consider how people with limited access can arrange appointments properly and also how they are able to get to the appointment once it has been made.

Low self-esteem and restricted opportunities 4 of 4 – Low self-esteem – summary

You have now completed this branch on low self-esteem & restricted opportunities:

We have looked at:

* What low self-esteem is
* How low self-esteem affects opportunities and vice versa
* How restricting opportunities affects the elderly

You will now learn about disempowerment.

Disempowerment 1 of 4 – What is disempowerment?

Disempowerment is the effect of making an individual or group of people feel less confident or powerful; it refers to a loss of power. This usually happens as a result of another more powerful individual or group of people discriminating against them because of the way the group have been viewed or recognised.

For example, parents with children who have disabilities (mental or physical) often refer to their experiences with getting the right health or social care services as being a fight, which makes it disempowering.

Disempowerment 2 of 4 – The effect of disempowerment

**Why do services within the health and social care service struggle to support children with disabilities?**

You would have thought that children with disabilities should automatically get the resources and services they require, as this is morally right and is discriminative if they do not. However, help and support is limited due to strict budgets that the local authorities have to use.

As the budget has been limited by the government, the costs for health and social care must be reduced and so, resources can only go to those most in need.

However, as people become disempowered by expensive services, the government implemented the Care Act 2014.

Disempowerment 3 of 4 – The Care Act 2014

The Care Act 2014 allows local authorities to charge for care; this can be found within the Care and Support Statutory (CASS) Guidance.

CASS actually looks at people’s financial income and adults who have over £23,250 worth of savings are expected to pay for all care costs with no social care funding. However, people with savings under £14,250 would not be asked to pay towards this care.

This Care Act and its rules was actually set to change in April 2016, which has now been delayed to April 2020.

Disempowerment 4 of 4 – Disempowerment – summary

You have now completed this branch on disempowerment.

We have looked at:

* What disempowerment is
* How disempowerment affects society
* Why disempowerment affects children with disabilities
* The Care Act 2014

You will now learn about negative behaviour.

Negative behaviour 1 of 3 – How does discrimination affect behaviour?

Discriminatory behaviour causes a host of problems from low self-esteem, depression, anxiety and a restriction of opportunities. It is not difficult to see why some individuals become aggressive or take part in criminal behaviours.

Living in poverty and the experience of continued discrimination so that an individual is unable to better their own lives, will create frustration and affect their behaviour. Negative behaviour is often taken out on those in power, these include:

* Police officers
* Health and social care workers
* Teachers

Negative behaviour 2 of 3 – Negative behaviour through discrimination

**What does this mean for health and social care workers?**

For health and social care workers, frustrations from patients or clients maybe directed at them through verbal or physical actions.

This type of behaviour from patients is not tolerated, however it is easy to further discriminate against people who take part in negative or criminal behaviour. It is essential to find out why the verbal or physical attacks have happened and to deal with any discriminatory behaviour that is causing it.

It is also important for professionals to remember that some people may have anger management problems, or that they may have existing issues with alcohol or drugs which may also produce negative behaviour.

Negative behaviour 3 of 3 – Negative behaviour - summary

You have now completed this branch on negative behaviour.

We have looked at:

* How discrimination affects behaviour
* Who can be affected by negative behaviour
* What negative behaviour through discrimination means for health and social care workers
* Other considerations on negative behaviour for professionals

Well done, you have completed all the branches. There will now be some quiz questions to test the knowledge you have gained in this session.

7 of 15 – Question 1

Using the following choice of words; **mainstream**, **edge**, **less**, **popular**, **end** and **more**, fill in the blanks in the sentence below about marginalisation (not all words will be used):

Marginalisation is when someone has been pushed to the **blank** of a group, so not part of the **blank** of society.

The correct sentence should read as follows:

Marginalisation is when someone has been pushed to the **edge** of a group, so not part of the **mainstream** of society.

8 of 15 – Question 2

Using the following choice of words; **popular**, **secondary**, **characteristics**, **important**, **more** and **less**, fill in the blanks in the sentences below about marginalisation (not all words will be used):

Marginalisation can make people feel like they are in a **blank** position and **blank** important than others. Individuals or groups can be marginalised on the basis of multiple **blank** of their identity.

The correct sentences should read as follows:

Marginalisation can make people feel like they are in a **secondary** position and **less** important than others. Individuals or groups can be marginalised on the basis of multiple **characteristics** of their identity.

9 of 15 – Question 3

Read the following statement and decide whether it is true or false.

Marginalisation has the ability to increase and decrease throughout someone's lifetime.

True

False

The correct answer is: True

10 of 15 – Question 4

What is the definition of disempowerment?

1. Making an individual or group of people feel more confident and more powerful
2. Making an individual or group of people feel more confident and less powerful
3. Making an individual or group of people feel less confident and less powerful

The correct answer is C, making an individual or group of people feel less confident and less powerful.

11 of 15 – Question 5

Which act did the government bring in because of disempowerment?

1. The Fair Act 2013
2. The Care Act 2014
3. The Health and Social Care Act 2015

The correct answer is B, The Care Act 2014.

12 of 15 – Question 6

Which negative effect is the following example likely to refer to?

An elderly man needs to book an appointment with a doctor but cannot as he has no computer and appointments cannot be arranged any other way.

This is an example of:

1. Restricted opportunity
2. Marginalisation
3. Negative behaviour

The correct answer is A, restricted opportunity.

13 of 15 – Question 7

Which negative effect is the following example likely to refer to?

The parents of a child with a mental disability describe their experiences with getting the right health or social care services as being a fight.

This is an example of:

1. Marginalisation
2. Disempowerment
3. Negative behaviour

The correct answer is B, disempowerment.

14 of 15 – End

Well done. You have completed this session for Health and Social Care level 3.

In this session we have covered:

* The effects of discriminatory practice in health and social care

If you have any questions about any of these topics, speak to your tutor for more help.

1 of 16 – Key legislation for people in care settings

Welcome to this section on Key legislation for people in care settings

In this session we will be covering:

* Legislation which supports the rights and protection of people being cared for in different settings

2 of 16 – Introduction

**Why is there so much legislation in the social care industry?**

Social care services, the services that cover both care and support, are there to help people who are in need of support due to illness, disability, age or low income.

If you think about the people which need this support, you will realise they are usually the most vulnerable, which is why legislation has been put into place to ensure they are cared for and supported properly.

However, there are many different care and support services in order to cater for those with different needs, so the rules and pieces of legislation are different for all of them, which is why legislation is heavy in this area.

3 of 16 – Nursing homes vs care homes

People are especially vulnerable when staying or living in nursing or residential homes, as they have been assessed not to have the ability to look after themselves at home. This is why the Nursing and Residential Care Homes Regulations 1984 and the Care Standards Act were developed.

**So what is the difference between nursing homes and care homes?**

The Nursing and Residential Care Homes Regulations covers both care homes with nursing and care homes (or residential homes) for adults.

**Nursing homes:**

Nursing homes provide day-to-day care that is supervised by nurses who are on called 24 hours a day. This service is there for those who have illnesses or conditions that require regular medical attention.

4 of 16 – Nursing homes

The nurses in a nursing home environment are qualified and trained to recognise symptoms and changes in condition, so know when and what actions should be taken as well as when to call a doctor or another health professional, for example a physiotherapist or mental health nurse.

A nursing home will provide:

* Specialist beds
* Equipment for moving people
* Care for people who are diagnosed with dementia
* Trained care staff
* On duty mental health nurses (or RMNs)

It is important to note that all nursing homes provide different levels of care, so the nearest nursing home to a patient may not be appropriate for them.

5 of 16 – Care homes

Care homes provide 24 hour care by staff who are care assistants and are normally qualified to NVQ level 2 or 3. Places are provided for those who need help with day-to-day tasks but do not need the assistance of qualified nurses. For example, for tasks such as the following:

* Washing
* Dressing
* Toileting
* Mobility
* Help with eating and drinking

6 of 16 – Care homes continued

Care homes may also provide social activities for their residents. For example, games, singing and bringing in visitors or animals to entertain them.

Each resident will have a specific care plan and if they do require medical care then these are usually uncomplicated and performed by a district nurse who comes into the care home.

7 of 16 – Legislation supporting rights

The Nursing and Residential Care Homes Regulations 1984 has now been replaced completely by the Care Standards Act 2000, so protection now covers vulnerable individuals in care settings such as domiciliary (care in the home), fostering and family care as a collective.

You will now learn more about the legislation that covers the rights and protection of people in these different care settings. You will need to complete all three of these branches:

* Care Standards Act 2000
* Care Act 2014
* Data Protection Act 2018

Care Standards Act 2000 1 of 4 – What is the Care Standards Act 2000

In April 2002 legislation regulating residential and nursing homes, the Nursing and Residential Care Homes Regulations 1984, with connected regulations, were replaced by the Care Standards Act or CSA.

The CSA is a broad ranging piece of legislation and attempts to control the whole area of care, in every form and regulates those who provide it in all settings.

The CSA continues to cover the previously regulated services such as residential care homes for adults, nursing homes and children's homes so that they are still registered and inspected. However, the powers of registration and inspection have been removed by local units and given to a national public authority called the Commission for Social Care Inspection.

Care Standards Act 2000 2 of 4 – What was added to the Care Standards Act?

**What has been added to the Care Standards Act 2000?**

Previously unregulated care services were brought into the regulations, these include:

* Domiciliary care providers
* Independent fostering agencies
* Residential family centres
* Boarding schools

This is in addition to the other areas which includes residential care homes, nursing agencies, day care settings, childminding and day care for children under 12, nursing homes and independent healthcare units.

Care Standards Act 2000 3 of 4 – What was added to the Care Standards Act? Continued

Other additions include:

* Wording that allowed owners to change standards because terms such as adequate, sufficient and suitable are too broad
* The power to introduce minimum care standards
* Councils register social care workers and regulate training
* Domiciliary care and any organisation arranging for people in their own homes to receive care is now required to be registered

**What are the aims of the Care Standards Act 2000?**

The aim of the act was to ensure that the care of vulnerable people, in the various supported housing types are properly regulated and to improve care standards and add consistency to the services that are provided in them.

Care Standards Act 2000 4 of 4 – Care Standards Act 2000 – summary

Well done. You have now completed this branch on the Care Standards Act 2000.

We have looked at:

* What is the Care Standards Act 2000 and where it has come from
* What has been added to the act
* What and who it now regulates
* What the aims of the Care Standards Act 2000 are

You will now learn about the Care Act 2014.

Care Act 2014 1 of 5 – What is the Care Act 2014?

The Care Act 2014, is the most significant reform of care and support in more than 60 years. The act puts people and their carers in control of the care and support that they receive.

The Care Act 2014 combines many existing pieces of legislation and has been created to make it easier for the public to understand why and how things happen in a certain way.

Furthermore, the act changes the way that support is arranged and its purpose is to give a greater control and influence to those in need of support.

The Care Act 2014 sets out England's local authorities’ duties when assessing an individuals needs and eligibility for care and support. This includes carers who will also need support.

Care Act 2014 2 of 5 – What are the main elements of the act?

The main elements or key principles of the act look at the way that health and social care professionals should work with their clients, this includes:

* Understanding that the client knows best
* Consideration of all client views, wishes, feelings and beliefs
* The clients well-being, reducing their need for care and support and reducing the need for care and support in the future, should be the main priority
* All decisions made should take into account all circumstances
* The well-being of the client should be balanced with any involved family and friends
* Professionals should always work to protect their clients and other people from abuse and neglect
* Professionals should ensure that any actions used to support and protect clients should affect their rights and freedom as little as possible

Care Act 2014 3 of 5 – How the act gives more control to those who need support

The act provides more control and fairness through the following developments in the act:

* Set criteria, or rules, which help people to understand when they should get support and how authorities must conduct assessments
* New equal rights given to the carers so that they too have access to assessment and get support
* The provision of clear information and advice so that people can make informed choices and understand their choices and rights
* Giving people their own allocated personal budgets to spend on the care that suits their needs
* Providing access to people that can speak on someone's behalf when dealing with professionals

Care Act 2014 4 of 5 – Protecting the vulnerable

Greater emphasis has been put in areas such as protecting vulnerable people against abuse and neglect and developing preventative action so that people in care are likely to get healthier and need less support.

Furthermore, in order that the act is followed, tougher penalties have been put in place to deal with those that do not provide care and support to a high standard.

Care Act 2014 5 of 5 – Care Act 2014 – summary

You have now completed this branch on the Care Act 2014.

We have looked at:

* What the Care Act of 2014 is
* What the main elements of the act are
* How the act gives more control to those who need support

You will now learn about the Data Protection Act 2018.

Data Protection Act 2018 1 of 5 – The Data Protection Act 2018 and GDPR

The Data Protection Act 1998 has been replaced by the Data Protection Act 2018 and now also includes the General Data Protection Regulation (GDPR).

This new piece of legislation protects everyone and controls the way that personal information is used by organisations.

Data Protection Act 2018 2 of 5 – Data protection principles

Everyone responsible for using personal data inside and outside of health and social care settings has to follow strict rules called Data Protection Principles. These include the following actions for information:

* That it is used fairly, lawfully and honestly
* That it is used only for specified and explicit purposes
* That it is used in a way that is relevant and limited to only what is necessary
* That it is always accurate and kept up-to-date (if necessary)
* That it is kept for no longer than is necessary
* That it is handled in a way that uses the appropriate security, including protection against unlawful or unauthorised editing, access, loss, destruction or damage

Data Protection Act 2018 3 of 5 – Legal protection

There is stronger legal protection for more sensitive information that includes elements such as race, ethnic background, political opinions, religious beliefs, trade union membership, genetics, biometrics (used for identification), health, sex life or orientation.

Furthermore, there are safeguards in place for personal data relating to criminal convictions and offences.

Data Protection Act 2018 4 of 5 – Data Protection Act 2018

Under the Data Protection Act 2018, patients have the right to find out what information organisations have about them. This includes the following rights:

* To know how their data is being used
* How to access personal data
* To have incorrect data changed
* To have data removed
* To stop or restrict the processing of data
* To allow for data portability – to get and reuse your data for different services
* To object to how data is processed in certain circumstances

An organisation must provide a copy of the data they hold on someone, within 1 month at most after the request, unless the request is complex or amongst a number of other requests.

Data Protection Act 2018 5 of 5 – Data Protection Act 2018 – summary

You have now completed this branch on Data Protection Act 2018.

We have looked at:

* What the actions for using information include
* What elements are most heavily protected by the act
* What rights patients have to their information under the act

Well done, you have completed all the branches. There will now be some quiz questions to test the knowledge you have gained in this session.

8 of 16 – Question 1

Categorise the list by either; **nursing home** or **care home**, depending on where you would find the following:

Care for people who are diagnosed with dementia

Help with washing and dressing

On duty mental health nurses

24 hour qualified care staff

24 hour nursing care

The organisation of social activities

Specialist beds

Help with eating and drinking

The correct answers are shown in the table below:

|  |  |
| --- | --- |
| Nursing home | Care home |
| Care for people who are diagnosed with dementia | Help with eating and drinking |
| On duty mental health nurses | The organisation of social activities |
| 24 hour nursing care | 24 hour qualified care staff |
| Specialist beds | Help with washing and dressing |

9 of 16 – Question 2

What did the Care Standards Act 2000 replace?

1. Care Act 2014
2. Nursing and Residential Care Homes Regulations 1984
3. Data Protection Act 1998

The correct answer is B, Nursing and Residential Care Homes Regulations 1984.

10 of 16 – Question 3

What is the aim of the Care Standards Act 2002?

1. To control the way personal information is used by organisations
2. To put people and their carers in control of the care and support that they receive
3. To regulate improved care standards and consistency of vulnerable people in the various supported housing

The correct answer is C, to regulate improved care standards and consistency of vulnerable people in the various supported housing.

11 of 16 – Question 4

Using the following choice of words; **training**, **registered** and **minimum care standards**, fill in the blanks in the sentence below:

The Care Standards Act 2002 introduced the power to **blank**, for councils register social care workers and regulate their **blank** and for any organisation arranging for people in their own homes to receive care, to be **blank**.

The correct sentence should read as follows:

The Care Standards Act 2002 introduced the power to **minimum care standards**, for councils register social care workers and regulate their **training** and for any organisation arranging for people in their own homes to receive care, to be **registered**.

12 of 16 – Question 5

Using the following choice of words; **rules**, **rights** and **information and advice**, fill in the blanks in the paragraph below:

The Care Act 2014 provides more control to those who need the support, by the implementation of new **blank** so they understand when they should get support. This includes providing clear **blank** so that people can make informed choices and understand their choices and their **blank**.

The correct paragraph should be as follows:

The Care Act 2014 provides more control to those who need the support, by the implementation of new **rules** so they understand when they should get support. This includes providing clear **information and advice** so that people can make informed choices and understand their choices and their **rights**.

13 of 16 – Question 6

Who now has equal rights under the Care Act 2014?

1. Carers
2. Residents
3. Nurses

The correct answer is A, carers.

14 of 16 – Question 7

What is the name given to the strict rules that must be followed by people responsible for using personal data?

1. Data Protection Act
2. Data Protection Guidelines
3. Data Protection Principles

The correct answer is C, Data Protection Principles.

15 of 16 – End

Well done. You have completed this session for Health and Social Care level 3.

In this session we have covered:

* The types of behaviours that can occur in discriminatory practice

If you have any questions about any of these topics, speak to your tutor for more help.

1 of 11 – Key legislation for disability discrimination

Welcome to this section on Key legislation for disability discrimination

In this session we will be covering:

* Legislation which supports the rights and protection of people with disabilities

2 of 11 – Discrimination legislation

Discrimination acts have introduced laws to help protect people from discrimination and harassment because of who they are and this includes disability.

There are many different pieces of legislation which deal with discrimination. As a professional working in health and social care, you need to be aware of them.

You will need to complete the four branches below:

* Disability Discrimination Act (DDA) 1995
* The Definition of Disability
* Disability Discrimination Act (DDA) 2005
* Equality Act 2010 In Relation To Disability

DDA 1995 1 of 5 – Disability Discrimination Act (DDA) 1995

**What is the Disability Discrimination Act (DDA) 1995?**

The Disability Discrimination Act came into effect in 1995. The laws ban disability discrimination in the following areas:

* Employers against people who are seeking employment with disabilities
* Employees with disabilities
* Service providers against service users with disabilities

The act places a duty on employers and those working in health and social care services, to make reasonable changes for people with disabilities. These adjustments should help people with disabilities to overcome barriers they may face, in getting and staying in employment, and in accessing and using goods and services.

DDA 1995 2 of 5 – Main points of the Disability Discrimination Act

**What are the main points of the Disability Discrimination Act (DDA) 1995?**

The main points covered by the DDA are:

* Employment and access to employment
* Access to and the use of goods, facilities and services
* Access to public buildings, shops and leisure facilities
* Access to healthcare, housing and transport
* Other functions carried out by public bodies, for example policing and issuing licences
* Membership of private clubs and their facilities

DDA 1995 3 of 5 – How the DDA affects health and social care

**How does the Disability Discrimination Act (DDA) 1995 affect health and social care?**

The DDA states that it is unlawful for health and social services, such as GP surgeries, dental surgeries and hospitals, to discriminate against people with disabilities who want or need to use those services.

This includes failing to make reasonable adjustments and provide support where needed through devices such as; sign language interpreters, hearing loops and publications in different formats.

**So what is a hearing loop used for?**

A hearing loop, or audio induction loop, is a special type of sound system that is used by people with hearing aids. The hearing loop provides a magnetic and wireless signal that can be picked up by a hearing aid.

DDA 1995 4 of 5 – Hearing loops

Watch the video below to see what a Hearing loop does and why they are important:

[What is a Hearing Loop?](https://www.youtube.com/embed/E47-_Yo9-1Q?autoplay=1&rel=0&start=0&modestbranding=1&showinfo=0&theme=light&fs=0&probably_logged_in=0)

DDA 1995 5 of 5 – Disability Discrimination Act (DDA) 1995 – summary

You have now completed this branch on the Disability Discrimination Act (DDA) 1995.

We have looked at:

* What the Disability Discrimination Act (DDA) 1995 is
* What the main points of the Disability Discrimination Act (DDA) 1995 were
* How the Disability Discrimination Act (DDA) 1995 affected health and social care
* What a hearing loop is used for

You will now read about the definition of disability.

Definition of disability 1 of 5 – Disability definition

Under the law, the terms **disability** and **disabled person** have specific definitions and an individual will only benefit from the DDA (disability discrimination act) law, if they satisfy them.

Not all people who are injured, have an impairment or are ill, will qualify.

**So what impairments definitely qualify as a disability?**

Impairments that qualify as a disability include:

* Cancer
* Multiple sclerosis
* HIV
* Severe disfigurement - not including tattoos and piercings
* Blindness by certification
* Sight impairments declared by a consultant ophthalmologist for example, severely sight impaired, sight impaired or partially sighted

It is important to note that these are automatically treated as a disability regardless of how long a person has had the condition or how serious it is.

Definition of disability 2 of 5 – What about other impairments?

All other impairments require an assessment and there is no list that specifies whether any other impairment is or is not a qualifying disability.

The assessment will look at the length of time and severity of an impairment, and how it affects a person’s life from day to day.

Definition of disability 3 of 5 – Assessment

The assessment to indicate a disability will normally include:

* A physical or mental impairment which has significant and long-term negative effects on the individual’s ability to carry out normal day-to-day activities
* For the impairment to be considered long term, there needs to be significant negative effects which have continued for, or are likely to last for, at least 12 months
* Normal day-to-day activities are defined as the things that people generally do on a daily basis, for example, walking to a local shop, shopping, doing the housework, making a cup of tea or speaking on a telephone

Definition of disability 4 of 5 – Impairments which are not qualifying disabilities

There are a number of impairments which are ruled by the law, not to be qualifying disabilities.

For example:

* Visual impairments that are corrected by wearing glasses or contact lenses
* An addiction to drugs (excluding prescribed medication)
* An addiction to setting fires (pyromania)
* Asthma

You must remember that the definition of disability also applies to mental health impairments and learning difficulties.

Definition of disability 5 of 5 – The definition of disability – summary

You have now completed this branch on the definition of disability.

We have looked at:

* What a disability is defined as
* Which impairments are defined as a qualifying disability
* How other impairments are assessed
* Impairments that have been ruled not to qualify as disabilities

You will now learn about the Disability Discrimination Act (DDA) 2005.

DDA 2005 1 of 3 – What is the Disability Discrimination Act (DDA) 2005?

The DDA 2005 updated the DDA 1995 which included a number of important considerations that applied specifically to the public sector. These are:

* Protection for people who have HIV, multiple sclerosis and cancer from the day of diagnosis rather than when it began to affect day-to-day activities (even if a person shows no symptoms)
* Mental illness was required to be clinically well-recognised, this was changed and now a person needs to show this disability through an assessment
* Provisions that made it unlawful for someone to create and/or publish a discriminatory advertisement for job applications, training or other relevant benefit

DDA 2005 2 of 3 – Promoting disability equality

The DDA 2005 also included the requirement for public bodies to promote disability equality by doing the following:

* Creating action plans to show how they are fulfilling their duties
* Reviewing the progress that they are making annually
* Making reasonable changes to make premises user-friendly, for example, providing ramps, lifts, wide doorways, etc.

The DDA was finally repealed and replaced by the Equality Act 2010.

DDA 2005 3 of 3 – Disability Discrimination Act (DDA) 2005 – summary

Well done. You have now completed this branch on the Disability Discrimination Act (DDA) 2005.

We have looked at:

* How the Disability Discrimination Act (DDA) 2005 updated DDA 1995
* The new considerations that applied to the public sector
* What public bodies are required to do to promote disability equality

You will now learn about the Equality Act 2010.

Equality Act 2010 1 of 5 – What is the Equality Act 2010?

The DDA 2005 has been repealed and replaced by the Equality Act 2010 which continues to state that someone must not suffer discrimination on the basis of a disability. The act is broad and covers other types of discrimination including age, sex etc.

There are some types of physical and mental conditions which could be treated as a disability under the Equality Act. However, this would depend on an assessment of how they affect daily life.

Examples include:

* Sight or hearing problems
* Autism spectrum disorders
* Brain injuries
* Progressive conditions for example, motor neurone disease, muscular dystrophy and dementia
* Conditions that affect organs for example, heart disease, asthma and strokes
* Learning disabilities
* Conditions that can vary over time for example, osteoarthritis, or fibromyalgia
* Mental health conditions for example, depression, schizophrenia, bipolar affective disorders, eating disorders and obsessive compulsive disorder

Equality Act 2010 2 of 5 – What are the main points of the Equality Act 2010?

The main points of the Equality Act, in relation to disability, includes the definition of the four different types of disability discrimination. These are: direct discrimination, indirect discrimination, harassment and victimisation.

The Equality Act enforces the rule that ‘a person is disabled if they have a physical or mental impairment which has a substantially adverse and long-term effect on their ability to carry out normal day-to-day activities’.

The act also states how this relates to work activities such as using a computer, interacting with colleagues, following instructions, carrying everyday objects and driving.

The act provides disabled people with protection from discrimination in a range of areas such as employment. This includes an employer not making reasonable adjustments for a disabled job applicant or employee, which is one of the most common types of disability discrimination.

Equality Act 2010 3 of 5 – Equality Act 2010 in relation to disability

So what should a professional in health and social care do to ensure they have covered reasonable adjustments when treating someone in their care? The following are examples of rules which could be put in place to prevent disability discrimination within health and social care services:

* Providing information in Braille or large format print
* The installation of automatic doors, ramps or accessible toilet facilities
* Providing longer appointments or at a time where there are fewer people around and extra time and care can be spent explaining things
* Changing the way appointments are made for example online or phone booking could be difficult depending on the disability

Equality Act 2010 4 of 5 – Effects of the Equality Act 2010

The legislation in the Equality Act 2010 applies to everyone, including those who provide health and social care services to the public and when employing people to run and conduct these services.

If an employee or someone using a service feels they been discriminated against because of a disability, they will be able to bring a claim to an employment tribunal or through a human rights claim.

Equality Act 2010 5 of 5 – Equality Act 2010 – summary

Well done. You have now completed this branch on the Equality Act 2010.

We have looked at:

* How the Equality Act 2010 updated the DDA 2005
* The main points of the Equality Act
* The reasonable adjustments that should be considered in health and social care settings
* How the Equality Act 2010 affects people working in the health and social care sector

Well done, you have completed the four branches. There will now be some quiz questions to test the knowledge you have gained in this session.

3 of 11 – Question 1

Using the following choice of words; **seeking employment**, **service users** and **disabilities**, fill in the blanks in the sentence below:

The first disability act banned discrimination in the area of employers against people who are **blank** with disabilities, employees with **blank** and service providers against **blank** with disabilities.

The correct sentence should read as follows:

The first disability act banned discrimination in the area of employers against people who are **seeking employment** with disabilities, employees with **disabilities** and service providers against **service users** with disabilities.

4 of 11 – Question 2

Read the following statement and decide whether it is true or false.

The Disability Discrimination Act (DDA) 1995 places a duty on employers and those working in health and social care services, to make reasonable changes for people with disabilities.

True

False

The correct answer is: True

5 of 11 – Question 3

How many people are affected by hearing loss in the UK?

1. 1 in 3
2. 1 in 6
3. 2 in 5

The correct answer is B, 1 in 6.

6 of 11 – Question 4

What does a hearing loop do to sound?

1. Amplifies sound
2. Removes sound completely
3. Cuts out background noise

The correct answer is C, cuts out background noise.

7 of 11 – Question 5

Which of the following are considered a disability on diagnosis under legislation?

Choose all that apply:

1. Cancer
2. Hayfever
3. Multiple sclerosis
4. Asthma
5. HIV
6. Blindness by certification

The correct answers are A, C, E and F, cancer, multiple sclerosis, HIV and blindness by certification.

8 of 11 – Question 6

What time frame is considered as long term under legislation?

1. At least 12 months
2. At least 18 months
3. At least 24 months

The correct answer is A, at least 12 months.

9 of 11 – Question 7

Select the four different types of discrimination which are defined in the Equality Act 2010?

1. Harassment
2. Indirect discrimination
3. Verbal discrimination
4. Victimisation
5. Direct discrimination

The correct answers are A, B, D and E, harassment, indirect discrimination, victimisation and direct discrimination.

10 of 11 – End

Well done. You have completed this session for Health and Social Care level 3.

In this session we have covered:

* Legislation which supports the rights and protection of people with disabilities

If you have any questions about any of these topics, speak to your tutor for more help.

1 of 12 – Key legislation for discrimination in sex, race & age

Welcome to this section Key legislation for discrimination in sex, race & age

In this session we will be covering:

* Legislation that supports the rights and protection of people’s sex, race and age

2 of 12 – What are discrimination acts?

Discrimination acts have introduced laws to help protect people from discrimination and harassment because of who they are, and this includes sex, race and age.

3 of 12 – Discrimination legislation

There are many different pieces of legislation which deal with discrimination. As a professional working in health and social care, you need to be aware of them.

You will now learn more about discrimination legislation. You will need to complete all of three of these branches:

* Sex Discrimination Act 1975
* Race Relations Act 2002
* Age Discrimination Act 2006

Sex Discrimination Act 1975 1 of 6 – What is the Sex Discrimination Act 1975?

Sex discrimination has frequently occurred in the past, particularly in the workplace and mainly towards women, for example men only statements in advertising was a common occurrence in job adverts.

The Sex Discrimination Act 1975 allows for equality between men and women.

The Sex Discrimination Act was implemented to make it unlawful to discriminate on the basis of whether a person is male or female and was introduced in 1975.

Sex Discrimination Act 1975 2 of 6 – The Equal Opportunities Commission (EOC)

The act also established the creation of the independent public body, the Equal Opportunities Commission (EOC), who work towards the removal of discrimination and the promotion of equality of opportunity between sexes.

The EOC also reviewed the progress of the Sex Discrimination Act and the Equal Pay Act 1970. These duties have now been taken over by the Equality and Human Rights Commission (EHRC).

**So where is the legislation now?**

Similar to the Race Relations Act 1976 and the Disability Discrimination Act 1995, the Equality Act 2010 has repealed and replaced these acts.

Sex Discrimination Act 1975 3 of 6 – The Equality Act 2010, in relation to sex discrimination

The Equality Act 2010 states that you must not be discriminated against because of the following elements:

* You are (or are not) a particular sex
* An individual thinks you are the opposite sex (discrimination by perception)
* You are connected to an individual of a particular sex (discrimination by association)

The Equality Act defines that sex can mean:

* Either male or female
* Groups of people for example, men, boys, women or girls

Sex Discrimination Act 1975 4 of 6 – How does the Equality Act 2010 protect both sexes?

People are protected against sex discrimination in the Equality Act 2010 in the following areas:

* At work
* When using public services (health and social care)
* When using public transport
* When joining a club or association
* Contacting public bodies, for example a local council

People are protected against the four different types of discrimination including, indirect sexual discrimination, direct sexual discrimination, sexual harassment and sexual victimisation.

Sex Discrimination Act 1975 5 of 6 – Exceptions

The regulations also prohibit discrimination on the grounds of pregnancy and maternity leave. For example, pregnant women cannot be refused services or care because they are pregnant or breastfeeding.

**Are there any exceptions that may affect health and social care professionals?**

There may be some situations where a professional can lawfully discriminate based on sex.

For example, wards in hospitals are often contain a single sex because of the need for dressing and undressing patients.

Single sex services can be offered by an organisation as long as they can justify why they need to do this.

Sex Discrimination Act 1975 6 of 6 – Sex Discrimination Act 1975 – summary

You have now completed this section on the Sex Discrimination Act 1975.

We have looked at:

* What the Sex Discrimination Act 1975 is and how it came about
* How the legislation has changed
* What the main points of the Equality Act 2010 in relation to sex discrimination are
* How the Equality Act defines what sex can mean
* When it is lawful for health and social care professionals to discriminate based on sex

You will now learn about the Race Relations Act 2002.

Race Relations Act 2002 1 of 5 – What is the Race Relations Act 2002?

An influx of migrants came to the UK after World War II in the 1950’s and the use of colour prejudice became part of daily life. Black families and people were being targeted by attacks of violence

and racially motivated riots began to take place in London. So the first Race Relations Act in

1965 was developed to address these issues.

The Race Relations Act 2002 promotes race equality and ensures that no one is discriminated against on the basis of their race.

Race Relations Act 2002 2 of 5 – Main points of the Race Relations Act 2002

**What are the main points of the Race Relations Act 2002?**

There are a number of points that the Race Relations Act 2002 brought into force and these are:

* Racial discrimination is unacceptable in all public authorities and in those functions run by the private sector
* Public bodies have a duty to promote race equality so that they cannot choose to not participate in this activity
* Good relations must be promoted between people of different racial groups

Race Relations Act 2002 3 of 5 – Race relations – video

**So where is race discrimination legislation now?**

As with the Sex Discrimination Act 1975 and the Disability Discrimination Act 1995, Race Relations Act 1976 has been repealed and replaced with the Equality Act 2010.

Please watch the video below to learn more about the Equality Act 2010 in relation to race discrimination:

[What is race discrimination?](https://www.youtube.com/embed/NFhPNz_PaZ0?autoplay=1&rel=0&start=0&modestbranding=1&showinfo=0&theme=light&fs=0&probably_logged_in=0)

Race Relations Act 2002 4 of 5 – Exceptions

A difference in treatment may be lawful in some situations. For example, belonging to a particular race maybe essential for a test in a healthcare setting where a particular ethnic minority are susceptible to a condition or disease.

An organisation may also be taking positive action to develop services for people in a racial group that is currently disadvantaged by treatments or that service, so they may understand why.

Race Relations Act 2002 5 of 5 – Race Relations Act 2002 – summary

You have now completed this branch on the Race Relations Act 2002.

We have looked at:

* What the Race Relations Act 2002 is and how it came about
* What the main points of the Race Relations Act 2002 are
* How the legislation has changed
* When it is lawful for health and social care professionals to discriminate based on race

You will now learn about the Age Discrimination Act 2006.

Age Discrimination Act 2006 1 of 6 – Age Discrimination Act 2006

Age discrimination, or ageism, is the discrimination of an individual or group of people on the basis of age. The word ageism came about to describe the discrimination felt by seniors (the old or elderly).

Old people often have limited mobility and are more susceptible to diseases and injuries than younger adults and these results of aging often make seniors vulnerable to stereotyping and reduced opportunities.

Younger adults can also suffer from age discrimination based on the stereotype that they are too young or inexperienced. The Age Discrimination Act 2006 was created to make discrimination and stereotyping unlawful.

Age Discrimination Act 2006 2 of 6 – What is the Age Discrimination Act 2006?

The Age Discrimination Act 2006 ensures that no one is discriminated against on the basis of their age, especially in employment. All discrimination on the grounds of age are covered within the regulations, not just discrimination against elderly workers.

The act refers to all employers, training providers (private and public), trade unions, professional organisations and employer organisations.

Age Discrimination Act 2006 3 of 6 – What does the act cover?

The Age Discrimination Act 2006 regulates the following:

* Recruitment – advertisements, interviewing and selecting
* Terms and conditions of employment
* Promotions
* Transfers – moving from one job to another, or to different locations
* Dismissals
* Training

It is important to note that this act does NOT cover the provision of goods and services, like the race and sex discrimination provisions.

Age Discrimination Act 2006 4 of 6 – Main points of the Age Discrimination Act 2006

The main points of the Age Discrimination Act 2006 are:

* It is illegal to discriminate directly and indirectly unless it can be fully justified
* Employers could be held responsible for the acts of other employees who discriminate - if the discrimination takes place in the workplace or a time and place associated with the workplace
* Upper age limits on unfair dismissal and redundancy were removed
* Compulsory retirement below 65 is unlawful unless it can be fully justified
* Employees will have the right to request to work beyond 65 or any other retirement age set by the organisation – although an employer can refuse

**So where is age discrimination legislation now?**

The Age Discrimination Act 2006 has been repealed and replaced with the Equality Act 2010.

Age Discrimination Act 2006 5 of 6 – The Equality Act 2010 in relation to age discrimination

The Equality Act 2010 states that people are protected against the four different types of discrimination including; indirect discrimination, direct discrimination, harassment and victimisation.

The Equality Act 2010 now applies to places which provide goods or services and employment matters. For example, shops, hotels, GP surgeries and hospitals.

**Are there any exceptions that may affect health and social care professionals?**

Age discrimination may be lawful under some circumstances.

An employer could put an upper age limit on a job where very high levels of physical fitness are required and could not be fulfilled by someone older. For example, a builder or physical trainer.

Age Discrimination Act 2006 6 of 6 – Age Discrimination Act 2006 – summary

Well done. You have now completed this branch on the Age Discrimination Act 2006.

We have looked at:

* What the Age Discrimination Act 2006 is, how it came about and who it refers to
* What the main points of the Age Discrimination Act 2006 are
* How the legislation has changed
* What the main points of the Equality Act 2010, in relation to sex discrimination, are
* When it is lawful for health and social care professionals to discriminate based on age

Well done, you have completed all the branches on discrimination legislation. There will now be some quiz questions to test the knowledge you have gained in this session.

4 of 12 – Question 1

What independent public body did the Sex Discrimination Act 1975 produce in order to remove discrimination and promote the equality of opportunity between the sexes?

1. Equality Act 2010
2. Equality and Human Rights Commission (EHRC)
3. Equal Opportunities Commission (EOC)

The correct answer is C, Equal Opportunities Commission (EOC).

5 of 12 – Question 2

How does the Equality Act define sex?

Choose all that apply:

1. Boys or girls
2. Male or female
3. Men or women

The correct answers are ALL of the above, boys or girls, male or female and men or women.

6 of 12 – Question 3

When was the first Race Relation Act developed?

1. 1965
2. 1975
3. 1985

The correct answer is C, 1985.

7 of 12 – Question 4

Using the following choice of words; **promote race quality**, **good relations**, **fairly treated** and **monitor**, fill in the blanks in the paragraph below:

The Race Relations Act 2000 states that public bodies have a duty to **blank** and maintain **blank** between people of different racial groups. Organisations should **blank** in their workforce to ensure that ethnic minorities are **blank**.

The correct paragraph should read as follows:

The Race Relations Act 2000 states that public bodies have a duty to **monitor** and maintain **good relations** between people of different racial groups. Organisations should **promote race equality** in their workforce to ensure that ethnic minorities are **fairly treated**.

8 of 12 – Question 5

How many aspects of race can be discriminated against?

1. One
2. Two
3. Three or more

The correct answer is C, three or more.

9 of 12 – Question 6

Read the following statement and decide whether it is true or false.

The Age Discrimination Act 2006 covered the employment, training and provision of goods and services.

True

False

The correct answer is: False

10 of 12 – Question 7

Read the following statement and decide whether it is true or false.

As with other types of discrimination (sex and race), age discrimination may be lawful under some circumstances.

True

False

The correct answer is: True

11 of 12 – End

Well done. You have completed this session for Health and Social Care level 3.

In this session we have covered:

* Legislation that supports the rights and protection of people’s sex, race and age

If you have any questions about any of these topics, speak to your tutor for more help.

1 of 11 – Anti-discrimination in service provision

Welcome to this section on Anti-discrimination in service provision

In this session we will be covering how anti-discrimination practices are promoted throughout service provision.

2 of 11 – Introduction

**What is service provision?**

Service provision covers a wide range of activities in health and social care; it refers to the way that money, staff, equipment and treatments are put together in order to deliver the health and social care services.

Service provision also looks at how these services are given to individuals, as they should always put these individuals at the heart of what they do.

3 of 11 – Service provision

In order to ensure that individuals are at the heart of service provision, there are a number of factors that the health and social care sector needs to ensure, that their professionals and workers adhere to.

You will now learn more about how professionals can make sure that individuals are at the centre of service provision. You will need to complete all three of these branches:

* Active support
* Support with expressing needs
* Empowering individuals

Active Support 1 of 6 – What is active support?

Active support refers to providing effective and continued help whilst taking beliefs, culture and preferences into consideration when making decisions in health and social care settings.

All workers and professionals must ensure that they help with the following so that an individual is always at the heart of service provision:

* Reading for example, helping an individual to read a food menu so that they can make a proper choice
* Socialising for example, supporting an individual to get to a social event/place or by supporting them with a social activity
* Personal care for example, helping with brushing hair or getting dressed

Active support 2 of 6 – What is active support – continued

When considering active support, a professional, whilst supporting with reading, socialising and personal care should remember that an individual may have specific requirements.

For example, when helping someone to read a menu it will also be important to know if they have dietary needs. A vegetarian does not eat meat, so vegetarian menu options should be available and pointed out to the individual.

So that individuals are properly put at the heart of service provision, everyone in any health and social care setting should be treated with care and sensitivity throughout all of their daily activities.

Active support 3 of 6 – Providing active support

Active support is a vital part of the values of care practice, which have been developed on the basis of the 4 ethical principles of justice, autonomy, beneficence, and non-maleficence.

Active support includes:

* Advice and guidance for rights
* Medical advice and care planning information
* Physical support - dressing and other personal care
* Social support
* Mental health support

Active support 4 of 6 – Mental health support

**What is required for mental health support?**

Mental health support may include a range of activities, as individuals may have one or a number of mental health issues that they will need support with. In fact, one in six people are affected by mental health problems in the UK.

It is important that these individuals are treated with sensitivity and thoughtfulness as mental health can cause a number of barriers for tasks that other people may consider simple.

For example, someone with no physical disabilities but who has depression, may find it difficult to get out of bed in the morning. They will need support, understanding and encouragement to ensure that they complete this task.

Active support 5 of 6 – Mental health support – continued

Mental health can come in various forms and may change in complexity over even short periods of time. It is therefore important that when someone is identified as having a mental health problem, that the correct support is allocated to them.

Mental health support may include help from several teams, for example:

* **Social workers** — help people to solve and cope with problems in everyday lives
* **Community mental health nurses** — help individuals with mental health problems who live in the community
* **Occupational therapists** — help ill, injured or disabled people to learn to cope with and complete everyday activities
* **Psychiatrists** — diagnose and treat people with mental, emotional or behavioural disorders and provide medication and support
* **Psychologists** — diagnose and treat people with mental, emotional or behavioural disorders and provide behavioural treatment
* **Community support workers** — support day-to-day activities to those who live in the community
* **Counsellors**

Active support 6 of 6 – Active support – summary

Well done. You have now completed this section on providing active support so that the individual is always at the heart of service provision.

We have looked at:

* What active support is and what this means for professionals working in health and social care settings
* What support activities may need to be done in order to provide active support
* What is required for mental health support
* What teams are used to support individuals with mental health problems

You will now learn about support with expressing needs.

Support with expression 1 of 5 – Support with expressing needs

**What is meant by supporting with expressing needs?**

To support an individual with expressing their needs and preferences, professionals are required to organise the appropriate communication support for an individual. A professional must always ask themselves ‘how can someone who is ill or has difficulties or differences with communication, express themselves?’

In order to answer this question and organise appropriate communication support, the professional may need to bring in the following people:

* British sign language (BSL) interpreters
* Deaf-blind interpreters
* Lip speakers
* Note taker
* Speech to text reporters

Support with expression 2 of 5 – Language interpreters

Professionals may also be required to find language interpreters if an individual does not speak the local language spoken within the health and social care services. This is called someone with Limited English Proficiency (LEP).

**Where can interpreters be found?**

Interpreters can be found through using employees, friends or relatives. However, health and social care providers will also use qualified, experienced and security vetted interpreters from a Language Service Provider (LSP).

Support with expression 3 of 5 – Friends and family member for interpretation

**What are the issues with using friends and family members for interpretation?**

When using friends or family members it is important to consider that it may prevent an individual from being completely honest and stop them from providing sensitive information regarding their health or an experience.

Furthermore, friends or family members may feel like they need to try to protect the individual or themselves and communicate different information back to the professional.

For example, someone may have religious or cultural reasons why they cannot repeat exactly what has been said by the individual they are interpreting for.

Support with expression 4 of 5 – Friends and family member for interpretation – continued

Friends or family members may not want the individual to go to hospital or have a particular procedure. They may not want to discuss how the individual’s injuries or experiences actually happened due to incidents of violence or abuse.

It is essential that an individual can fully express their needs and preferences and that they are fully aware of what is happening to them.

Support with expression 5 of 5 – Support with expression – summary

Well done. You have completed this section on support with expressing needs so that the individual is always at the heart of service provision.

We have looked at:

* What is meant by supporting with expressing needs
* The different types of communication support
* Where interpreters can be found
* What the issues are with using friends and family members for interpretation

You will now learn about empowering individuals.

Empowerment and promoting rights 1 of 6 – Empowering individuals

**Why is empowering individuals important?**

Empowering individuals whilst they are using health and social care services is important because it will give them the power of control over the service and the decisions that they make.

By ensuring that an individual understands what needs to be done and explaining their care, they are more likely to make informed decisions that better their life or condition.

Empowerment and promoting rights 2 of 6 – How to empower individuals

**How do you empower individuals?**

Empowering an individual and putting an individual at the heart of service provision is done in the following ways:

* Giving clear and understandable information on what is happening or could happen
* Allowing no one else to take over the decision making apart from the individual using the services - this includes professionals

Empowering individuals helps them to make choices for themselves, which promotes well-being and better conditions for the service to help that individual.

It is also important to note that the decisions that are made may not always be the choices that a professional would want. However, it is essential that all decisions are respected, as this is a right.

Empowerment and promoting rights 3 of 6 – How professionals promote individual’s rights

An individual using health and social care services has the right to make their own decisions. This ensures that the individual is in the centre of the service provision. Therefore, it is important that an individual understands their rights and professionals promote them along with choices and their well-being.

**How do you promote an individual’s rights?**

An individual’s rights can be promoted by professionals in many ways which includes the following:

* Offering help with language or communication
* Understanding the law and what rights people have
* Ensuring the law is implemented in the services
* Providing information about rights or pointing individuals in the right direction for information

Empowerment and promoting rights 4 of 6 – How professionals promote individual’s rights – continued

It is also important that information is provided in a way that can be used by individuals with particular needs such as:

* **Braille** – for those who are blind or have sight difficulties
* **Large text versions** – for those who have sight difficulties
* **Picture formats** – for those who have reading and sight difficulties

A qualified translator must be used if it is required.

These are all important steps to ensure that individuals using a service, feel that they are valued. Along with care and attention, this promotes well-being, although balancing individual’s rights with others must also be considered.

Empowerment and promoting rights 5 of 6 – Balancing individual’s rights with the rights of others

**Why is it important to balance individual’s rights with the rights of others?**

It is important to balance an individual’s rights with the rights of others because there will be times when these conflict.

Laws and rights have times when they conflict with one another. For example, individuals have the right to freedom. However, this can be removed under the Mental Health Act if they were assessed to be a danger to themselves or others.

Balancing rights can often be a difficult task but can be achieved by organisation, negotiation and communication skills. Ensuring that the best outcome for the individual is at the heart of all of the decisions that are made is the best way to do this.

Empowerment and promoting rights 6 of 6 – Empowerment and promoting rights – summary

Well done. You have completed this section on empowering individuals and promoting rights so that the individual is always at the heart of service provision.

We have looked at:

* Why empowering individuals is important in health and social care
* How professionals empower individuals
* How professionals promote individual’s rights
* Why it is important to balance individual’s rights with the rights of others

You have now learnt about how anti-discrimination practices are promoted throughout service provision.

There will now be some quiz questions to test the knowledge you have gained in this session.

4 of 11 – Question 1

Considering what you have learnt about active support provision, please determine whether the following statement is true or false:

Active support refers to providing effective and continued help whilst taking beliefs, culture and preferences into consideration when making decisions in health and social care settings.

True

False

The correct answer is: True

5 of 11 – Question 2

Match the following roles involved with mental health support; **Social workers**, **Community mental health nurses**, **Occupational therapists**, **Psychiatrists** and **Psychologists**, with their descriptions shown below:

1. diagnose and treat people with mental, emotional or behavioural disorders and provide medication and support
2. diagnose and treat people with mental, emotional or behavioural disorders and provide behavioural treatment
3. help ill, injured or disabled people to learn to cope with and complete everyday activities
4. help people to solve and cope with problems in everyday lives
5. help individuals with mental health problems who live in the community

The correct answers are:

**Social workers** help people to solve and cope with problems in everyday lives

**Community mental health nurses** help individuals with mental health problems who live in the community

**Occupational therapists** help ill, injured or disabled people to learn to cope with and complete everyday activities

**Psychiatrists** diagnose and treat people with mental, emotional or behavioural disorders and provide medication and support

**Psychologists** diagnose and treat people with mental, emotional or behavioural disorders and provide behavioural treatment

6 of 11 – Question 3

Considering what you have learnt about providing active support, please answer the following question:

What may you need to provide for individuals who are not able to talk or defend themselves?

1. Braille
2. Interpreter
3. Advocate

The correct answer is C, advocate.

7 of 11 – Question 4

Considering what you have learnt about support with expression, please answer the following question:

Where should a professional find an interpreter for an individual using a service?

1. Through their personal friends
2. Through their relatives
3. A language service provider

The correct answer is C, a language service provider.

8 of 11 – Question 5

Considering what you have learnt about empowering individuals and promoting rights, please answer the following question:

Why is empowering individuals important?

1. It gives them control over the service and the decisions that they make
2. It provides them more rights and choice over more services
3. It makes them feel better about themselves

The correct answer is A, it gives them control over the service and the decisions that they make.

9 of 11 – Question 6

Using the following choice of words; **promote**, **right**, **centre**, **well-being** and **decisions**, fill in the blanks in the paragraph below about empowering individuals and promoting rights:

An individual using health and social care services has the **blank** to make their own **blank**. This ensures that the individual is in the **blank** of the service provision. Therefore, it is important that an individual understands their rights and professionals **blank** them along with choices and their **blank**.

The correct paragraph should read as follows:

An individual using health and social care services has the **right** to make their own **decisions**. This ensures that the individual is in the **centre** of the service provision. Therefore, it is important that an individual understands their rights and professionals **promote** them along with choices and their **well-being**.

10 of 11 – End

Well done. You have completed this session for Health and Social Care Level 3.

In this session we have covered how anti-discrimination practices are promoted throughout service provision.

If you are unsure about anything covered so far, go back over the content in this session or talk to your tutor.