Health and Social Care – Equality and Diversity

1 of 2 - Welcome

Welcome to this session on equality and diversity in health and social care.

In this session we will be exploring:

* Introduction to equality, diversity and rights
* Groups, stereotyping and labelling
* Protected characteristics
* Promoting equality and diversity rights in a health and social care setting
* Equality and rights in the social care setting

2 of 2 – End

Well done, you have completed this session on equality and diversity in health and social care.

You should now understand:

* Introduction to equality, diversity and rights
* Groups, stereotyping and labelling
* Protected characteristics
* Promoting equality and diversity rights in a health and social care setting
* Equality – nights in the social care setting

1 of 13 – Introduction to Equality, Diversity & Rights

Welcome to this session for Health and Social Care Level 3.

In this session we will be exploring:

The key concepts in equality, diversity and rights in health and social care

2 of 13 – Introduction

**What are equality, diversity and rights?**

The health and social care sector recognises the need to treat everyone equally, and therefore equality, diversity and rights affect all those working in the sector as well as those who use health and social care services.

It is important that these terms, equality, diversity and rights, are at the very core of everything that is done.

3 of 13 – Introduction to equality, diversity and rights

Equality, diversity and rights ensure that everyone is treated the same, regardless of the following:

* Gender
* Sexuality
* Ethnicity
* Language
* Race
* Age
* Sexual orientation
* Background
* Beliefs
* Disability
* Education
* Skin colour

4 of 13 – Introduction to equality, diversity and rights continued

**So what if someone is being treated differently than others?**

If someone is being treated unfairly, it is important that this treatment is challenged and the person being mistreated is helped.

It is essential that any mistreatment is recognised and the person doing it is identified.

5 of 13 – The meaning of equality, diversity and rights

**What do the terms equality, diversity and rights mean?**

Equality, diversity and rights will have different effects on your career and an impact on the people you care for as they mean different things. For example:

**Equality**

Equality looks at how everyone should be treated in the same way. This means that every individual should have the same rights, status or opportunities.

**Laws**

Laws have been put in place to ensure that this happens and organisations have to write and adhere to equality policies (guidelines that tell an organisation what to do in a particular situation) which outlines what they must do and how they should do this, so that everyone is treated equally.

6 of 13 – The meaning of equality, diversity and rights continued

**Rights**

Rights are about the legal entitlement that individuals have. For example, a person has the right to live in any part of society without being intimidated or abused because they have a different gender, race, skin colour, set of beliefs, culture or sexuality.

**Diversity**

Diversity looks at the respect and acceptance of individuals who are different. It means understanding that everyone is unique in some way and that this is valued. By embracing diversity and making sure that individual’s differences are recognised, supported and celebrated, the people that you care for will feel valued. This will help to create a positive and caring atmosphere.

7 of 13 – The benefits of diversity

As well as developing a positive environment for care, embracing and understanding diversity brings many benefits to many areas.

You will now learn more about the benefits of diversity and the need to understand it. You will need to complete all five of these branches:

* Diversity in Britain
* Diversity discrimination
* Social and cultural benefits
* Social cohesion
* Economic benefits

Diversity in Britain 1 of 3 – Diversity across Britain

Britain’s society includes a huge variety of people with different backgrounds and these individuals live and work all over the country. The first wave of immigration came from Russia and Poland in the 1800s, see the table below:

|  |  |
| --- | --- |
| Time | Group of immigrants |
| 1800s | Russian and Polish Jews from Rural Ireland |
| 1948-1950s | Caribbean people came in to rebuild post-war Britain |
| 1950s-1960s | Asians from India, Pakistan & Bangladesh |
| 1970 | East African-Asians and Vietnamese |
| 1980s | Eastern European refugees from war states such as old Yugoslavia |

Diversity in Britain 2 of 3 – Diversity across Britain continued

The largest immigrant populations are in London, with other large groups in industrial areas such as Yorkshire, the Midlands and the South East. Here are some statistics about the British population:

* 6.5% of the British population consists of ethnic minorities (people with different nationalities, cultures and traditions compared to the main population of a country)
* 53,074,000 – White, which includes Irish, Polish, Italians, etc.
* 930,000 – Indian
* 663,000 – Pakistani
* 268,000 – Bangladeshi
* 209,000 - Other Asian, which includes Vietnamese, Malaysian, Thai, etc.
* 137,000 – Chinese
* 424,000 – others, which includes those who did not feel that they fit into any of the above

**So what does this mean?**

The diversity of the population means that those working in health and social care are likely to be from a diverse background, which creates different thinking, behaviours and beliefs. This will bring benefits to Britain and it should be valued.

Diversity in Britain 3 of 3 – Diversity in Britain – summary

You have now completed this branch on diversity in Britain.

We have looked at:

* The diversity of people living and working all over the country
* The immigration waves in Britain since the 1800s
* The value of diversity for health and social care

You will now learn about diversity discrimination.

Diversity discrimination 1 of 2 – Why discrimination happens

**Why does diversity discrimination happen?**

Diversity is not always valued or seen for the benefits that it brings, which is when discrimination can happen. This is normally as a result of inexperience or not understanding an individual from a different background. People can often fear something that they do not know.

These people may use **health and social care services**, so it is important to make sure that this misunderstanding and fear does not cause them to discriminate against anyone else.

However, it is essential that if this does happen that they are dealt with fairly, which can be difficult. This is why Britain has laws, so that people have rights, making it easier to deal with these issues equally and consistently.

Diversity discrimination 2 of 2 – Diversity discrimination – summary

Well done. You have now completed this branch on diversity discrimination.

We have looked at:

* How discrimination is born through inexperience and lack of understanding
* Why it important to deal with discrimination in the health and social care sector quickly

You will now learn about social and cultural benefits.

Social and cultural benefits 1 of 6 – Diversity in art

The social and cultural benefits of diversity can be seen in the art sector. For example, films can provide an accessible and easily understandable way of educating people about a particular culture. Other art mediums could provide the following:

**Museums and galleries** – show artwork from around the world from the past and present which helps to give an insight into different cultures and ways of producing art.

**Plays and performance** – provide an experience of culture and belief systems through music, dance and drama.

Someone working in the health and social care sector can use art as another method to educate themselves about diversity.

Social and cultural benefits 2 of 6 – Diversity in diet

**Diversity is also present in foods**; the types of food we eat and the way they are prepared vary. Having a multicultural society means that we are able to enjoy new foods and have a better variety. **Chow mein**, a Chinese dish, was voted as the favourite dish in Britain in a recent survey. Other food diversity facts for Britain include:

* Indian and Chinese food accounted for 70% of food choices (consumer survey by Mintel)
* Mexican food is very popular with stir fries considered as healthy options
* Only 6% (of 1000), said they never ate ethnic foods

It is also interesting to point out that food choices are also linked to social class. Those individuals with the highest income are more likely to eat 5 portions of fruit or vegetables compared to those with the lowest incomes (food survey by the British Heart Foundation).

Social and cultural benefits 3 of 6 – Diversity in diet continued

However, understanding diversity in diet isn’t just important for enjoying a variety of food but because it may be affected by an individual’s religious beliefs. For example, Halal (lawful or permitted) meat, which is meat that is prepared in a particular way, is required by someone who follows a Muslim belief.

Collecting information on food is also required in the health and social care sector because planning diets is often involved in the industry, for example working in a care home or hospital. People in these settings are likely to have diabetes or a need to avoid foods like nuts or dairy.

Asking people about their likes and dislikes, and what they can and cannot eat and drink is considered part of respecting an individual’s diversity.

Social and cultural benefits 4 of 6 – Diversity in education

As the diversity of the British population has grown, the educational curriculum has widened in terms of its exploration of difficult cultures. Schools and colleges offer education in different cultures and languages.

Diverse Britain has also meant that these individuals have been educated and trained through the system which has created the following effects:

* Reached management positions
* Making positive changes to diversity within organisations
* Developed a requirement for equality, diversity and rights training in health and social care
* Laws put in place to ensure equality, diversity and rights training for staff
* Equal opportunities framework developed to ensure induction and in service training in the workforce

Social and cultural benefits 5 of 6 – Diversity in language

Learning languages can be beneficial to those working in the health and social care sector as this may allow them to work in other countries.

Learning languages is an important skill and many online services have been provided to allow people to learn and access them more easily. This also includes sign language for the hearing impaired.

**Why is language so important?**

Not everyone knows or understands English, which creates a problem when you are trying to care for them. Learning a language other than English in the health and social care sector will make you more attractive to employers and is often highly sought after. In fact, interpretation is a new career in the health sector.

Social and cultural benefits 6 of 6 – Social and cultural benefits – summary

Well done. You have now completed this branch on the social and cultural benefits of diversity.

We have looked at:

* How the arts give an insight into diversity
* How diversity can be seen in the foods that we choose to eat
* How a diverse range of people are moving through education
* Why learning another language is important

You will now learn about social cohesion.

Social cohesion 1 of 2 – Social cohesion

**Social cohesion**, or **community cohesion,** is a term given when social groups stick together. Forming groups and belonging to a community is a natural human behaviour and is done because it often creates a feeling of **safety and understanding** in that environment.

Social cohesion can be formed in times of crisis such as the Big Freeze in December 2009, where complete strangers helped each other to get through the ice conditions. Social cohesion is created when individuals have a common link and bond through culture, ethnicity or going through something unusual together.

**So why is social cohesion beneficial?**

Cohesion is beneficial for health and social care teams so that they can work together efficiently. Developing a bond and respecting people as individuals is important to achieve this, and allows others to use the services provided, properly.

Social cohesion 2 of 2 – Social cohesion – summary

Well done. You have now completed this branch on social cohesion.

We have looked at:

* Why social cohesion occurs
* How social cohesion can be beneficial in times of crisis
* Why social cohesion is important for those working in the health and social care sector

You will now learn about economic benefits of diversity.

Economic benefits 1 of 3 – Economic benefits of diversity

Diversity also benefits the economy of Britain. This can be seen in the variety of products offered in the following areas:

* Clothes
* Food
* Shops – big stores, small/independent and online

Importing and exporting different goods allow products to be brought in and out of the country easily. For the health and social care industry this means variety in the following:

* New technology
* Equipment
* Software

We all benefit from the products and money that comes in and out of the country through having a diverse community of people.

Economic benefits 2 of 3 – Economic benefits of diversity continued

Benefits from diversity can also be seen in economic areas such as:

**Employment**

As the individuals that use the health and social care services are likely to be diverse, it is important that the workforce is also diverse. This ensures that customers are comfortable and able to get the personal care they require and other workers have the ability to ask questions and learn from each other directly.

**Expertise**

A workforce containing a wide range of diversity is likely to bring many different skills, experience and ideas to the health and social care sector.

**The Race Relations Act 2000** has helped develop diverse workforces by promoting race equality, equality of opportunity and good race relations in public bodies (health and social care service).

Economic benefits 3 of 3 – Economic benefits – summary

Well done. You have now completed this branch on the economic benefits of diversity.

We have looked at:

* How diversity can be seen in the produce that we buy
* How diversity has expanded importing and exporting
* Why it is important for the health and social care sector to include a diverse workforce
* How diversity has enriched expertise

You have now learnt about five benefits of diversity. There will now be some quiz questions to test the knowledge you have gained in this session.

8 of 13 – Question 1

Using the following choice of words; **Equality**, **Laws**, **quality policies**, **same** and **rights**, fill in the blanks in the two paragraphs below:

**Blank** looks at how everyone should be treated in the **blank** way. This means that every individual should have the same **blank**, status or opportunities.

**Blank** have been put in place to ensure that people are treated equally and that organisations have to write and adhere to **blank**.

The correct paragraphs should read as follows:

**Equality** looks at how everyone should be treated in the **same** way. This means that every individual should have the same **rights**, status or opportunities.

**Laws** have been put in place to ensure that people are treated equally and that organisations have to write and adhere to **equality policies**.

9 of 13 – Question 2

Using the following choice of words; **abused**, **legal entitlement**, **different**, **valued** and **any**, fill in the blanks in the two paragraphs below:

Rights are about an individual’s **blank** and states that a person has the right to live in **blank** part of society without being intimidated or **blank** because they are different.

Diversity looks at the respect and acceptance of individuals who are **blank**. It means understanding that everyone is unique in some way and that this is **blank**.

The correct paragraphs should read as follows:

Rights are about an individual’s **legal entitlement** and states that a person has the right to live in **any** part of society without being intimidated or **abused** because they are different.

Diversity looks at the respect and acceptance of individuals who are **different**. It means understanding that everyone is unique in some way and that this is **valued**.

10 of 13 – Question 3

Why does diversity discrimination often happen?

Choose all that apply:

1. Experience
2. Rudeness
3. Misunderstanding
4. Fear

The correct answers are C and D, misunderstanding and fear.

11 of 13 – Question 4

Which ethnic minority foods are said to be most popular in Britain?

1. Chinese
2. Mexican
3. Fruit and vegetables

The correct answer is A, Chinese food.

12 of 13 – End

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

In this session, you have looked at:

* The key concepts in equality, diversity and rights in health and social care

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

1 of 11 – Groups, Stereotyping and Labelling

Welcome to this session for Health and Social Care Level 3.

In this session we will be exploring:

* How we put people into groups
* The importance of understanding your own thoughts and processes as a professional

2 of 11 – Introduction

**Why is it important to have an awareness of your own thoughts?**

Understanding how you think about things is a good skill, as this will allow you to identify the assumptions that you have made and remove these from your professional life. In order to do this it is important to recognise what stereotyping is and how this forms into labels and prejudice, so that you can assess your thoughts and understand why you have them.

We all have negative thoughts, this does not make us bad people, its what you do with them that matters.

Tip: Write or reflect on your own thoughts so that you become more aware of them and hopefully why you have them. This may take time and should be a continual process.

3 of 11 – How we think about people

As a professional working in the health and social care service, it is important that you understand how you think about people and the terms that are used with these thoughts, so that they can be both avoided and recognised in others.

In this session you will learn more about the different types of discrimination. You will need to complete all three of these branches:

* Why we put people into groups
* Stereotyping, labelling and other discriminatory behaviour
* Groups likely to be discriminated against

Why we put people into groups 1 of 4 – How we think about people

**Why do we put people into groups?**

We put ourselves into groups due to this helping us to understand who we are. Social identity is one theory by Henri Tajfels (1979), that explains our need to belong to groups so that we can form a social identity (how we feel we are seen by others).

For example, Tajfel proposed that people who felt that they belong to groups such as a family or football teams etc., gained a source of pride and confidence and in doing so, a sense of belonging.

Tajfel also explains that in order to increase this lovely feeling, we increase the status of the group.

Why we put people into groups 2 of 4 – How we think about people continued

**So how do we increase the status of a group that we belong to?**

According to Tajfel, methods of increasing the importance of a group can be enhanced by holding highly positive views, for example ‘England is the best!’

However, other methods of group enhancement often leads to discrimination and holding prejudice views against the out groups (the groups we do not belong to). For example, ‘the Americans are a bunch of losers!’

Tajfel discusses that this creates an in-group (the groups we belong to), ‘us’, and out-group, ‘them’, mentality. We divide ourselves and others into groups and this often defines the views we have of them.

Why we put people into groups 3 of 4 – How we think about people continued

Henri Tajfel also proposed that we put people into groups because it is a part of our natural tendency to do so. In other words, we put people into categories and groups because our brains are wired this way.

Furthermore, it is easier for us to think of people like this as it makes their information less complicated for our brains to store.

Tajfel further explains that we tend to do this by exaggerating the **‘differences between the groups’** and the **‘similarities in the same group’**. This causes us to view ourselves as being very different from others (out-groups) and overly similar to those in the same group.

Why we put people into groups 4 of 4 – Grouping people – summary

You have now learnt about this section on why we put people into groups.

We have looked at:

* How we put people into groups for social identity
* How and why we increase the status of our groups
* How increased status and extreme group views leads to discriminatory behaviour

You will now learn about stereotyping, labelling and other discriminatory behaviour.

Discriminatory behaviour 1 of 7 – Stereotyping

Stereotyping is the way that someone creates an image or set of characteristics for someone, assuming that they may behave in a particular way. Stereotyping is discriminatory and dangerous because it makes people think things that are not true. Examples include:

* All people that are overweight are lazy and eat all day
* All female mechanics are lesbian
* All homeless people don’t want to work

Stereotyping is normally picked up at a young age as it is a learnt behaviour from adults.

As a professional in the health and social care service, stereotyping is dangerous and illegal as it could end up with someone being harmed.

Discriminatory behaviour 2 of 7 – Labelling

Labelling is much like stereotyping. However, whereas stereotyping affects groups of people, labelling is about attaching a label to an individual. Labelling is also a process of putting an individual into a group, or stereotype. Examples of labelling include:

* Fat
* Uneducated
* Weak
* Mean

Labelling is something that we all do, sometimes without realising.

However, it is what we do with it that counts. Learning to control labelling, especially when we first meet someone is an important skill for a professional in the health and social care sector to learn. Labelling people can affect the way that we treat someone which is damaging and disrespectful.

Discriminatory behaviour 3 of 7 – Prejudice

Prejudice is a belief or judgment made about someone without knowing or understanding the facts. However, when you meet this person you will normally find out that they are nice, interesting and friendly.

For example, you may have negative thoughts about someone in a hoodie, or an individual with lots of tattoos and piercings even though you have never spoken to them.

It is important to remember that everyone is unique and that you cannot make judgments in health and social care, especially when you haven't met that person. This again can interfere with the way that you treat that person which could be unfair.

Discriminatory behaviour 4 of 7 – Racism

Racism is the abuse of people because of their race (shared physical or social qualities from a group). This comes in many forms including:

* Being left out of promotion benefits at work
* Being called names based on race
* Assumptions based on colour or race
* Outright hatred to a group or person of a certain race or colour

Racism can affect anyone. However, recent research shows that black and Asian minority workers receive lower pay than white workers and that they are less likely to work in higher positions in organisations.

Discriminatory behaviour 5 of 7 – Sexism

Sexism is the abuse of people based on their gender. Women usually suffer the most discrimination, however this type of discriminatory behaviour can affect men too.

Sexism covers a wide range of negative behaviours and includes:

* Unequal pay between men and women doing the same job and with the same qualifications
* Women not getting jobs even though they are just as qualified as men
* Working conditions being different – treatment, types of work activities, etc.
* The ability to be promoted being unequal
* Healthcare opinions given based on gender

Discriminatory behaviour 6 of 7 – Homophobia

As the ‘phobia’ part of homophobia is based on fear, this is the fear of someone who is sexually attracted to someone of their own sex. This also covers hatred.

This fear is often born through a lack of understanding and can lead to discrimination and the enhancement of heterosexuals (people attracted to the opposite sex).

Homophobia is a big problem around the world today, with some countries fighting against the right for people of the same sex to be married. This is because heterosexuals have been seen as the only socially acceptable group for so long and there is a fear that removing this will break down the structure of society.

It is important that health and social care professionals think about their views on homosexuals and how this could affect their work and how they support people, so that this can be controlled.

Discriminatory behaviour 7 of 7 – Stereotyping – summary

You have now completed this section on stereotyping, labelling and other discriminatory behaviour.

We have looked at:

* What stereotyping is and why it is dangerous
* What labelling is and why it needs to be controlled
* How prejudice occurs
* What racism is and what forms it can come in
* How homophobia forms and what we consider to be socially acceptable

You will now learn about the groups that are likely to be discriminated against.

Groups likely to be discriminated against 1 of 6 – Groups likely to be discriminated against

There are other groups that are likely to be discriminated against and it is important that anyone working in the health and social care sector is aware of these. They include:

**Disadvantaged**

Disadvantaged is usually used when talking about someone with a poor background. However, this term may also be used to explain a person’s difference depending on the labelling, stereotyping or prejudices they receive. Being poor also has other impacts on an individual’s life such as:

* Living in poor conditions
* Less education
* Poor diet
* Less paid work

All of these factors tend to keep families locked in poverty.

Groups likely to be discriminated against 2 of 6 – Disadvantaged groups

Poor families living in poor areas will normally have less access to services compared to those living in affluent (having more money or wealth) areas.

Even though the government is lawfully bound to improve this, these areas still exist. It is important that in health and social care however, no one is treated differently because of their background or where they live. Everyone has the right to the same treatment and care.

Groups likely to be discriminated against 3 of 6 – Beliefs

Beliefs can cover many things, religious or otherwise, and can be really powerful and have an influence on the way that people behave and the way they treat others. Examples in a health and social care setting include:

* A client may believe that smoking will not give them lung cancer, or that they were more likely to ‘get hit by a bus tomorrow’ (that is statistically 1 in 8000 compared to getting cancer which is actually 1 in 5)
* Looking after a Jehovah’s witness that does not believe in blood transfusions, even though it could save their son – decisions like these can be taken away from parents in this case as this affects a child’s right to life
* Treating someone with diabetes that does not believe they have it and does not control their diet

These are difficult situations to deal with but everyone must be treated with respect regardless of their beliefs.

Groups likely to be discriminated against 4 of 6 – Values

Values come from your experiences and the environment around you. This can be both positive and negative and impact on the way we see ourselves in society. For example, someone may become vegan because they think animal welfare is important.

Values have a big influence on the way we live and sometimes this impacts our psychology. For example, an individual may have no value for their own life and become physically and/or mentally unwell. People like this will often need a lot of help from both health and social care services.

Groups likely to be discriminated against 5 of 6 – Vulnerability

There are people that are vulnerable and more likely to be discriminated against because it’s easy to do. These vulnerabilities can be found in age or mental state.

As a professional it is vital that these groups of people are helped and supported as they are unable to help themselves. This includes people such as the following:

* The frail
* The old
* Those with diabetes

Vulnerable groups such as these are given the flu vaccine in the winter months and you should ensure that their care is continued when they leave your care.

Groups likely to be discriminated against 6 of 6 – Group discrimination – summary

You have now completed this section on groups likely to be discriminated against. We looked at:

* How having a disadvantaged background can affect access to services
* Different types of beliefs and how these affect people
* How having a belief can make working in the health and social care sector a challenge
* How personal values can affect the way someone interacts with services
* How vulnerabilities can make it easier to discriminate against people

You have now learnt about how we think about people. There will now be some quiz questions to test the knowledge you have gained in this session.

4 of 11 – Question 1

Match the following types of discriminatory behaviour; **prejudice**, **labelling** and **stereotype**, with the statements shown below:

1. All gay men like Madonna
2. He has tattoos, he won’t be educated
3. She is fat

The correct answers are shown below:

“He has tattoos, he won’t be educated” is an example of **prejudice**.

“She is fat” is an example of **labelling**.

“All gay men like Madonna” is an example of a **stereotype**.

5 of 11 – Question 2

Why should you not use stereotypes when working in the health and social care services?

1. It can confuse people
2. It is illegal
3. It can cause harm to the client

The correct answer is C, it can cause harm to the client.

6 of 11 – Question 3

Which of these is the abuse of people because of their shared physical or societal qualities from a group?

1. Homophobia
2. Racism
3. Sexism

The correct answer is B, racism.

7 of 11 – Question 4

Which of these is the abuse of people because of their gender?

1. Homophobia
2. Racism
3. Sexism

The correct answer is C, sexism.

8 of 11 – Question 5

Where do values come from?

1. Your environment
2. Politicians
3. Celebrities

The correct answer is A, your environment.

9 of 11 – Question 6

Which group of people is likely to be vulnerable and given the flu vaccine?

1. People who are old
2. Vegetarians
3. People with mental health problems

The correct answer is A, people who are old.

10 of 11 – End

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

In this session we have covered:

* How we put people into groups
* The importance of understanding your own thoughts and processes as a professional

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

1 of 12 – Protected Characteristics

Welcome to this session for Health & Social Care Level 3.

In this session we will be covering:

* The role of the protected characteristics within age, disability, gender reassignment, marriage & civil partnership and pregnancy & maternity

2 of 12 – Introduction

**What are protected characteristics?**

The protected characteristics are groups of people that were defined by the early discrimination acts, such as the Sex Discrimination Act 1975, Race Relations Act 1976 and the Disability Discrimination Act 1995. These groups continue within the Equality Act 2010, which came into force on the 1st October 2010.

People in these groups are normally the most vulnerable in society and those who are most likely to be discriminated against.

3 of 12 – Protected characteristics

Treating someone unfairly because of who they are, specifically those with a protected characteristic, could be classed as unlawful discrimination. It is unprofessional and must be reported if you think this is happening.

There are 9 protected groups of people under the Equality Act, 5 of which are shown below:

* Age
* Disability
* Gender reassignment
* Marriage and civil partnership
* Pregnancy and maternity

You will now learn about each of these protected characteristics.

Age 1 of 4 – Age discrimination

Age is a protected characteristic and the Equality Act 2010 states it is unlawful to discriminate on the basis of age. It is unlawful under all four different types of discrimination including direct, indirect, harassment and victimisation.

**What is meant by age?**

Discrimination could be felt by someone of a particular age or because of being in an age group.

For example, if someone is 26 years old they could belong to the following different age groups:

* 26 year olds
* Under 30’s
* Over 20’s
* Young adults

Age 2 of 4 – When can it occur?

If someone is 75 years old, they could belong to the following different age groups:

* 75 year olds
* Over 70’s
* Pensioners
* Senior citizens

Age discrimination can also happen when someone is with or knows someone of a particular age; this is called discrimination by association.

Furthermore, age discrimination can occur because someone thinks that someone is in a certain age group when they are not; this is called discrimination by perception.

Age 3 of 4 – Exceptions

**What are the exceptions?**

There are some exceptions, such as: students are not protected from age discrimination at school and there could be specific rules based on age that are important to adhere to.

It is important to note that age is the only protected characteristic that allows employers to justify direct discrimination.

Age 4 of 4 – Summary

Well done. You have now completed this branch on the age protected characteristic under the Equality Act 2010.

We have looked at:

* What is meant by the term age
* Other ways that discrimination can occur
* What exceptions there are where discrimination could be lawful

You will now learn about the protected characteristic disability.

Disability 1 of 4 – Disability discrimination

If someone has a disability, they may be classed as having a protected characteristic and the Equality Act 2010 states it is unlawful to discriminate on the basis of disability. It is unlawful under all the four different types of discrimination including direct, indirect, harassment and victimisation.

**What is meant by disability?**

Disability covers both physical and mental conditions that are assessed to have a long-term impact on someone’s life.

Some conditions will be treated as a disability automatically. Conditions such as cancer, multiple sclerosis and HIV are considered disabilities as soon as they are diagnosed under the Equality Act 2010. Other conditions will need to be assessed before they can be regarded as a disability.

Disability 2 of 4 – Adjustments

**What happens after conditions are classed as a disability?**

Once a person has been officially acknowledged as having a disability, the Equality Act 2010 puts a duty on their employer to make reasonable adjustments to help them overcome the problems and disadvantages that come from having that condition or impairment.

For example, an employer may provide supportive screen aids on computers to aid people with visual impairments.

**What about learning difficulties?**

Learning difficulties may also be assessed as an impairment under the Equality Act 2010, for example dyslexia, dyspraxia, and autistic spectrum disorders.

Disability 3 of 4 – The EHRC

The Equality and Human Rights Commission (EHRC) has responsibility for the promotion and enforcement of equality and non-discrimination laws in England, Scotland and Wales. The EHRC protects the rights of all of the protected characteristics.

Please watch the short video clip below on how disability discrimination was defeated through the support and funding of the EHRC:

[Defeating Disability Discrimination – Doug Palley V FirstGroup](https://www.youtube.com/embed/DGha3KveVek?autoplay=1&rel=0&start=0&modestbranding=1&showinfo=0&theme=light&fs=0&probably_logged_in=0)

Disability 4 of 4 – Summary

Well done. You have now completed this branch on the disability protected characteristic under the Equality Act 2010.

We have looked at:

* What is meant by disability
* What an employer is required to do after impairments are considered a disability
* How learning difficulties are applied to this protected characteristic
* What responsibilities the Equality and Human Rights Commission has

You will now learn about gender reassignment.

Gender Reassignment 1 of 4 – Gender reassignment

Transsexual people are classed as having a protected characteristic and the Equality Act 2010 states it is unlawful to discriminate on the basis of gender reassignment. It is unlawful under all the four different types of discrimination including direct, indirect, harassment and victimisation.

**What is meant by gender reassignment?**

The Equality Act 2010 states that treating someone unfairly because of gender reassignment (changing their gender) is discrimination because they are a transsexual person.

Gender Reassignment 2 of 4 – Who is a transsexual person?

**So who is a transsexual person?**

A transsexual person is someone who is one or more of the following:

* Has had a gender reassignment
* Is having medical treatment to reassign their gender
* Has started the medical process but then decided to stop it
* Has decided to take the identity of their chosen gender without undergoing a medical gender reassignment
* Decides to dress as their chosen gender – whether all the time or only occasionally

It is important to note that going through gender reassignment does not always include medical treatment or supervision.

Gender Reassignment 3 of 4 – Types of discrimination

Gender reassignment is part of the Sickness Absence policy, which employers must have, under the Equality Act 2010. This means people undergoing gender reassignment and requiring time off work for this reason, cannot be discriminated against by their employer.

Discrimination can also happen because of being with, or knowing someone who is/has gone through gender reassignment; this is called discrimination by association. Furthermore, discrimination can occur because someone thinks a person is a transsexual when they are not; this is called **discrimination by perception**.

Gender Reassignment 4 of 4 – Summary

Well done. You have now completed this branch on the gender reassignment protected characteristic under the Equality Act 2010.

We have looked at:

* What is meant by the term gender reassignment
* What it means to be a transsexual
* How this protected characteristic affects the Sickness Absence Policy
* Other ways that discrimination can occur

You will now learn about marriage and civil partnership.

Marriage and civil partnership 1 of 3 – Marriage & civil partnership

People who are married, or are in a civil partnership, are classed as having a protected characteristic and the Equality Act 2010 states that it is unlawful to discriminate against anyone in this group. It is unlawful under all the four different types of discrimination including direct, indirect, harassment and victimisation.

**What is meant by marriage and civil partnership?**

**Marriage** is a legal union of two people under UK law. The marriage is still under UK law if it took place outside of the UK, and includes same sex couples (same sex marriage is, however, illegal in Northern Ireland). **Civil partnership** is a registration under the Civil Partnership Act 2004 and, like marriage, includes civil partnerships which take place outside of the UK.

Marriage and civil partnership 2 of 3 – When is this a protected characteristic?

**When is this a valid protected characteristic?**

This is only considered a protected characteristic whilst at work but not outside the workplace.

**Who is protection not given to?**

There are a few exceptions as only people who are married or in a civil partnership are protected. For example, protection is not given to those who are:

* Single
* Engaged
* Divorced or in a civil partnership that has been dissolved
* Living with someone as a couple
* Widowed

Marriage and civil partnership 3 of 3 – Summary

Well done. You have now completed this branch on the marriage and civil partnership protected characteristic under the Equality Act 2010.

We have looked at:

* What is meant by the terms marriage and civil partnership
* When marriage and civil partnership is considered as a protected characteristic
* Who protection is not given to

You will now learn about pregnancy and maternity.

Pregnancy and maternity 1 of 4 – Pregnancy & maternity

Pregnancy and maternity is a protected characteristic and the Equality Act 2010 states that it is unlawful to discriminate on this basis. It is unlawful under all the four different types of discrimination including direct, indirect, harassment and victimisation.

**What is meant by pregnancy and maternity?**

**Pregnancy** is the condition of being pregnant. **Maternity** relates to the period after birth and when taking any maternity leave, even when not in work-based context, a woman is protected against maternity discrimination for 26 weeks after birth. The 26 week maternity protection is given to those who have a baby who is stillborn, as long as they were pregnant for at least 24 weeks.

Pregnancy and maternity 2 of 4 – Breastfeeding

**Additional protection under breastfeeding**

Additional protection is given to those who are breastfeeding a baby beyond 26 weeks old. Being treated unfairly because of breastfeeding is called direct sex discrimination under the Equality Act 2010.

**What is protected under the pregnancy and maternity characteristic at work?**

Someone is protected from discrimination under the following conditions if **they are pregnant** or **widowed**.

Pregnancy and maternity 3 of 4 – When does the protection start?

**When does the protection start?**

Protection starts when someone becomes pregnant, this is called a protected period. This **protected period** finishes when maternity leave ends or when that person returns to work.

However, if there is no right to maternity leave because the person is not employed, this will end 2 weeks after the baby was born.

**What are the exceptions?**

There are some exceptions that normally fall under health and safety reasons such as: a dentist refusing to x-ray the mouth of someone who is pregnant because this could be dangerous for the unborn baby.

Pregnancy and maternity 4 of 4 – Summary

Well done. You have now completed this branch on the pregnancy and maternity protected characteristic under the Equality Act 2010.

We have looked at:

* What is meant by the terms pregnancy and maternity
* The additional protection given to those who are breastfeeding
* What exceptions there are where discrimination could be lawful

You have completed all five branches. There will now be some questions to test the knowledge you have gained during this session.

4 of 12 – Question 1

Who is allowed to use direct discrimination against the protected characteristic of age?

1. Health and social services
2. Employers
3. Service providers

The correct answer is B, employers.

5 of 12 – Question 2

What is an employer’s duty to do once one of their employees is classed as having a disability?

1. Make reasonable adjustments to help them overcome the problems and disadvantages that come from having that impairment
2. Provide more holiday to help them overcome the problems and disadvantages that come from having that impairment
3. Give them a higher wage to help them overcome the problems and disadvantages that come from having that impairment

The correct answer is A, make reasonable adjustments to help them overcome the problems and disadvantages that come from having that impairment.

6 of 12 – Question 3

Considering the video you watched earlier about disability as a protected characteristic, what was the case, which went to court, about?

1. People with disabilities and their right to go to court
2. People with disabilities and their right to use wheelchairs in public spaces
3. People with disabilities and their right to travel

The correct answer is C, people with disabilities and their right to travel.

7 of 12 – Question 4

Decide whether the following statement is true or false.

A transsexual protected under the gender reassignment characteristic is someone who is having treatment to change their gender.

True

False

The correct answer is: False

8 of 12 – Question 5

Using the following choice of phrases; **gender reassignment**, **Sickness Absence Policy** and **time off**, fill in the blanks in the paragraph below:

Gender reassignment is now part of the **blank** which an employer must have under the Equality Act 2010. This means that employers cannot discriminate against someone who is undergoing **blank** and requires **blank** work.

The correct paragraph should read as follows:

Gender reassignment is now part of the **Sickness Absence Policy** which an employer must have under the Equality Act 2010. This means that employers cannot discriminate against someone who is undergoing **gender reassignment** and requires **time off** work.

9 of 12 – Question 6

Who is protected by the marriage and civil partnership protected characteristic?

Choose all that apply:

1. Single
2. In a civil partnership
3. Divorced
4. Married
5. Living with someone as a couple
6. Widowed

The correct answers are B and D, in a civil partnership and married.

10 of 12 – Question 7

How long is a woman protected against maternity discrimination?

1. 26 days
2. 26 weeks
3. 26 months

The correct answer is B, 26 weeks.

11 of 12 – End

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

In this session, we have explored:

* The role of the protected characteristics: age, disability, gender reassignment, marriage & civil partnership and pregnancy & maternity

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

1 of 11 – Protected Characteristics Part 2

Welcome to this session for Health & Social Care Level 3.

In this session we will be exploring:

* The role of the protected characteristics in relation to race, religion & belief, sex and sexual orientation

2 of 11 – Introduction

**What are protected characteristics?**

The protected characteristics are groups of people that were defined by the early discrimination acts, such as the Sex Discrimination Act 1975, Race Relations Act 1976 and the Disability Discrimination Act 1995. These groups continue within the Equality Act 2010, which came into force on the 1st October 2010.

People in these groups are normally the most vulnerable in society and those who are most likely to be discriminated against.

3 of 11 – Protected characteristics

Treating someone unfairly because of who they are, specifically those with a protected characteristic, could be classed as unlawful discrimination. It is unprofessional and must be reported if you think this is happening.

There are 9 protected groups of people under the Equality Act, 4 of which are shown below:

* Race
* Religion or Belief
* Sex
* Sexual orientation

You will now learn about each of these protected characteristics.

Race 1 of 5 – Race discrimination

Race is a protected characteristic and the Equality Act 2010 states it is unlawful to discriminate on the basis of race. It is unlawful under all the four different types of discrimination including direct, indirect, harassment and victimisation.

**What is meant by race?**

Race refers to a group of people defined by the following aspects:

* Colour of your skin
* Nationality (citizenship) – the nation that someone currently belongs to and what is printed on a passport, for example American, British etc.
* National origins – the nation that someone is connected with or was born into which may not be the same as their nationality
* Ethnic origin – the shared history and cultural traditions, for example, language, religion, geographical location etc.

Race 2 of 5 – Race examples

An example of this is someone could have national Polish origins but be living in Britain with a British passport.

Race also covers ethnic and racial groups. This is a group of people who share the same protected characteristic of ethnicity or race.

**So what is a racial group?**

A racial group is normally made up of two or more specific racial groups, such as:

* Black Britons
* British Sikhs
* British Asians
* British Jews
* Romany Gypsies
* Irish Travellers

Race 3 of 5 – Discrimination by association

There are many different aspects of race and someone could experience discrimination because of one or more elements of their race. For example, someone born in Britain to Indian parents could be discriminated against because they are a British citizen, or because of their Indian national origin.

Race discrimination can also happen because of being with, or knowing someone, that belongs to a certain racial group; this is called **discrimination by association.**

Race 4 of 5 – Discrimination by perception

Furthermore, race discrimination can occur because someone believes another person is part of a racial group when they are not; this is called **discrimination by perception.**

**What are the exceptions?**

There are some exceptions when race discrimination is lawful, such as when belonging to a particular race is essential for a job. This is called **occupational requirement**.

**What is occupational requirement according to the Equality Act 2010?**

Occupational requirement is where having a protected characteristic is a requirement for a job. Some positions can be kept for people with a specific protected characteristic.

For example, it is legal to advertise for a South Asian woman for the role of support worker working with female South Asian refugees in a domestic violence advice service. However, the organisation must justify the need for occupational requirement.

Race 5 of 5 – Summary

Well done. You have now completed this branch on the protected characteristic of race under the Equality Act 2010.

We have looked at:

* What is meant by the term race
* What a racial group is
* Other ways in which discrimination can occur
* What exceptions there are where discrimination could be lawful under occupational requirement

You will now learn about religions and beliefs.

Religion & Belief 1 of 4 – Religion and beliefs

Someone with a particular religion or belief will probably be classed as having a protected characteristic and the Equality Act 2010 states it is unlawful to discriminate for this reason. It is unlawful under all the four different types of discrimination including direct, indirect, harassment and victimisation.

**What is meant by religion or belief?**

**Religion** is the belief or worship of a being with power and will normally have particular behaviours, practices, texts, ethics, places of worship and laws. These could include:

* Islam
* Christianity
* Sikhism
* Judaism
* Paganism
* Hinduism

**Religion** also covers belonging to a specific denomination or sect within a religion, such as:

* Protestants, Methodists or Jehovah’s Witnesses – in Christianity
* Sunnis or Shi'as – in Islam
* Orthodox or Reform Judaism

Religion & Belief 2 of 4 – Beliefs

It is important to note that the courts will decide what is and what isn’t a religion. but protection is also given to those without a religion. In other words, you are protected if you do not believe in anything too.

**Beliefs** encompasses a range of different systems including religion and philosophy (a theory or study of knowledge).

**Religious beliefs** arethe beliefs in a religion’s main elements of faith, **for example, that Jesus is the Son of God in Christianity**. It also covers beliefs which exist within a religion that are not necessarily shared by everybody within that religion, **for example the belief that a woman should cover her head within Islam.**

**Philosophical belief** covers non-religious beliefs such as humanism, secularism and atheism. Something is a philosophical belief if it is believed in strongly and if it supports a way of human life or behaviour.

Religion & Belief 3 of 4 – What isn’t protected?

The courts state that political beliefs, scientific beliefs, or supporting football teams, are not philosophical beliefs. The belief must be acceptable in a democratic society and not conflict with the fundamental rights of others.

Religion & Belief 4 of 4 – Summary

Well done. You have now completed this branch on the protected characteristic of religion and belief under the Equality Act 2010.

We have looked at:

* What is meant by the term religion & belief
* What religion includes under the law
* What belief includes under the law
* What is not considered as a philosophical belief

You will now learn about sex discrimination.

Sex 1 of 3 – Sex discrimination

Sex is a protected characteristic and the Equality Act 2010 states that it is unlawful to discriminate on the basis of sex. It is unlawful under all the four different types of discrimination including direct, indirect, harassment and victimisation.

**What is meant by sex?**

Sex applies to someone's biological characteristics of being a man or woman; this also includes all ages, so girls or boys.

People who are suffering from discrimination because of being transgender, or changing sex, are not covered by the sex protected characteristic. This is protected under gender reassignment.

Sex 2 of 3 – Who does this protect?

**What else does this protected characteristic cover?**

Pregnancy and maternity does slightly overlap with the sex protected characteristic. For example, unfair treatment due to breastfeeding or because of having a baby, which is outside of the protected period (pregnancy to the end of maternity) is protected by this characteristic. Furthermore, postnatal depression is also covered by this characteristic.

Discrimination can also happen because of being with or knowing someone who is or has gone through gender reassignment; this is called discrimination by association. Furthermore, discrimination can occur because someone thinks a person is a transsexual when they are not; this is called **discrimination by perception.**

Sex 3 of 3 – Summary

Well done. You have now completed this branch on the protected characteristic of sex under the Equality Act 2010.

We have looked at:

* What is meant by the term sex
* How the protected characteristic overlaps with others
* What exceptions there are where discrimination could be lawful

You will now learn about discrimination based on sexual orientation.

Sexual orientation 1 of 4 – What is sexual orientation?

Someone's sexual orientation is a protected characteristic and the Equality Act 2010 states that it is unlawful to discriminate on the basis of this. It is unlawful under all the four different types of discrimination including direct, indirect, harassment and victimisation.

Sexual orientation is when you’re sexually attracted in the following ways:

* To your own sex – gay or lesbian
* People of the opposite sex – heterosexual
* People of both sexes – bisexual

Sexual orientation discrimination also can happen because of being with or knowing someone that has a specific sexual orientation; this is called **discrimination by association**.

Sexual orientation 2 of 4 – Sexual orientation discrimination

Furthermore, sexual orientation discrimination can also occur because someone thinks that someone has a particular sexual orientation when they do not; this is called **discrimination by perception.**

**What are the exceptions?**

There are some exceptions where discrimination based on sexual orientation may be lawful, for example, through occupational requirement or if an organisation is taking positive action to encourage gay, lesbian or bisexual people to take part in an activity or role.

Sexual orientation 3 of 4 – Positive action

**What is positive action under the Equality Act 2010?**

Positive action can be taken in the workplace which is used to encourage people from groups that share a protected characteristic. These groups normally also share the following:

* Have different needs
* Have a past record of disadvantage
* Have a record of low participation

For example, this can be used to help people sharing a particular protected characteristic to apply for a job or to be developed for promotion. Positive action may include work experience, mentoring or training.

Sexual orientation 4 of 4 – Summary

Well done. You have now completed this branch on the protected characteristic of sexual orientation under the Equality Act 2010.

We have looked at:

* What is meant by the term sexual orientation
* What exceptions there are where discrimination could be lawful
* What positive action is and why it is used

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

4 of 11 – Question 1

Who decides what is a religion or a belief?

1. The person who is religious or has that belief
2. The minister of that religion or belief
3. The courts

The correct answer is C, the Courts.

5 of 11 – Question 2

Using the following choice of words and phrases; **philosophy**, **main elements of faith** and **not shared**, fill in the blanks in the paragraph below:

Beliefs include a range of different systems including religion and **blank**. Religious beliefs are the beliefs in a religion’s **blank**, like Mary is Jesus’ mother in Christianity. It also covers beliefs within a religion that are **blank** by everybody in that religion.

The correct paragraph should read as follows:

Beliefs include a range of different systems including religion and **philosophy**. Religious beliefs are the beliefs in a religion’s **main elements of faith**, like Mary is Jesus’ mother in Christianity. It also covers beliefs within a religion that are **not shared** by everybody in that religion.

6 of 11 – Question 3

Using the following choice of words and phrases; **strongly**, **non-religious** and **human life**, fill in the blanks in the paragraph below:

Philosophical belief covers **blank** beliefs such as humanism, secularism and atheism. Something is a philosophical belief if it is believed in **blank** and enough to where it supports a way of **blank** or behaviour.

The correct paragraph should read as follows:

Philosophical belief covers **non-religious** beliefs such as humanism, secularism and atheism. Something is a philosophical belief if it is believed in **strongly** and enough to where it supports a way of **human life** or behaviour.

7 of 11 – Question 4

Decide whether the following statement is true or false.

People who are suffering from discrimination because of being transgender are covered by the sex protected characteristic.

True

False

The correct answer is: False

8 of 11 – Question 5

Which other protected characteristic overlaps with the protected characteristic of sex?

1. Sexual orientation
2. Pregnancy and maternity
3. Religion & belief

The correct answer is B, pregnancy and maternity.

9 of 11 – Question 6

Which form of discrimination does this refer to?

‘A person suffers from unfair treatment because they have coffee with their friend who is gay’

1. Discrimination by association
2. Discrimination by perception

The correct answer is A, discrimination by association.

10 of 11 – End

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

In this session, we have explored:

* The role of the protected characteristics, race, religion & belief, sex and sexual orientation

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

1 of 9 – Promoting Equality, Diversity & Rights in the Health & Social Care Setting

Welcome to this session on Health and Social Care Level 3.

In this session, we will be exploring:

* How professionals can promote equality, diversity and rights in health and social care settings

2 of 9 – Why do we need to promote equality, diversity and rights?

Professionals need to promote equality, diversity and rights in health and social care settings, as

this is the only way to ensure that everyone has access to the support and care they need, regardless of their circumstances.

Staff have a responsibility to promote equality and diversity. They are key components in delivering a good quality of care and this should mean encouraging and promoting these values all of the time.

3 of 9 – Promoting diversity, equality and rights in health & social care settings

Equality, diversity and individual rights should be an integral part of service planning and everyday duties in health and social care settings, for example, residential care, day care or nursing care, etc.

You will now learn more about how professionals can promote equality, diversity and individual rights in health and social care settings. You will need to complete both of these branches:

* Staff training and the importance of confidentiality
* Individual rights in detail

Staff training and confidentiality 1 of 6 – Staff training and confidentiality

In order to properly promote equality, diversity and individual rights, professionals need to ensure that their understanding of practices and legislation is up to date. This can be done by attending development and training events which will also help with new ideas, technology and procedures.

Sources of training can be accessed in the following ways:

* The internet
* Television
* Mentoring
* Journals and magazines
* Work shadowing
* Distance learning
* Courses and in-house training

Staff training and confidentiality 2 of 6 – Promoting equality, diversity and individual rights

A part of promoting equality, diversity and individual rights is to keep in line with the seven principles of care. The recording, storing and sharing of information refers to the ‘maintaining of confidentiality of information’ and is also covered in law.

Health and social care professionals must maintain client’s confidentiality at all times in order to respect equality and an individual’s rights.

**What is confidentiality?**

Confidentiality refers to all of the information that is collected about a person when using health and social care services. These records can be collected in different ways and in different formats, for example paper-based, computer-based files, etc.

Staff training and confidentiality 3 of 6 – Handling and storing information

When ‘handling’ any information from someone you must do the following:

* Respect that person’s wishes and privacy
* Ensure that you follow organisational procedure and guidance
* Comply with the requirement of the law

When ‘storing’ any information from someone you must do the following:

* Only collect the information that is required
* Use data only for the purpose it is needed
* Keep all records safe and store them properly
* Follow organisational procedures and guidelines

Staff training and confidentiality 4 of 6 – Managing records

Legally, and for the promotion of equality, diversity and individual rights, it is important to handle and collect confidential information in the right way. However, it does take time and effort.

The management of these records does create implications for the staff that are required to deal with these records. For example:

* Where can the vast amount of paper-based records be stored safely and securely?
* Who should and shouldn’t have access to them?
* How can they be kept secure?
* How long are they required to be stored for?
* What type of information needs to be recorded and stored?
* How often do these records need to be updated or looked at?

Staff training and confidentiality 5 of 6 – Digital format records

Some record types create other issues that need to be thought about. Computer based files help with storage space problems, however they are often held on more complex systems and there is a large access risk.

The following implications should be addressed for files that are kept in a digital format:

* Who should and shouldn’t have access to passwords?
* How often should passwords be changed?
* What should happen if the system fails?
* How should staff be trained to use the systems and how often should this be done?
* What happens when staff members leave?

Staff training and confidentiality 6 of 6 – Staff training and confidentiality – summary

Well done. You have now completed this branch on staff training and the importance of confidentiality.

We have looked at:

* Why staff training is important for promoting equality, diversity and individual rights
* The vast ways that staff training can be accessed
* What confidentiality means
* How information should be handled and stored
* The implications of handling and storing information in paper-based and computer-based formats

You will now learn about individual rights in more detail.

Individual rights in detail 1 of 10 – Individual rights in detail

Individual rights are an important part of the seven principles of care that a professional should uphold, especially principles such as **‘promoting and supporting individuals’ rights to dignity, independence, empowerment, choice and safety’** and **‘acknowledging individuals’ personal beliefs and identity and respecting diversity’**. These rights in more detail include:

**Being respected**

Being respected is a basic human right for all individuals, so it is vital that professionals working in health and social care positions show a responsibility for respecting all of the people in their care.

Even if a person’s choice of treatment does not reflect the choice you would make for any reason, you must respect this decision as it preserves a person’s right to dignity, their beliefs, choices and privacy.

Individual rights in detail 2 of 10 – Demonstrating respect

Situations where you feel a person would benefit from taking a different course of action than the one they have chosen, can be very frustrating. However, you must respect an individual’s choice. Demonstrating respect as a professional should be done by doing the following:

* Being patient
* Listening and communicating well with the individual
* Not being judgmental
* Accepting choices

**Treating people equally and avoiding discrimination**

Health and social care services and settings will contain a wide range of people. Professionals should make sure that they do not discriminate against anyone.

Individual rights in detail 3 of 10 – Individual rights in detail explained

**Being treated as an individual:**

By recognising and understanding that people are all unique and valuing this difference, a professional will be able to treat people as individuals. This will create a better level of care.

**Being treated in a dignified way:**

Every individual has the right to be treated in a calm and serious way, preserving both their dignity (state of being worthy and treated with respect) and their sense of self-worth. It is important to remember that some individuals in health and social care settings will be at their most vulnerable.

**Being allowed privacy:**

Privacy is another basic human right, however this may be more difficult if people are prone to hurting themselves or others.

Individual rights in detail 4 of 10 – Expected rights

However, all individuals have the right to expect:

* Treatment and care to be kept private
* That information will not be passed onto people who do not have authorisation (the right of confidentiality)
* That dignity will continue throughout all procedures required

Privacy can be difficult in places that are busy such as hospitals and small centres, but this must be achieved by planning and forward thinking.

**Being protected from danger and harm**

Everyone is required to be kept safe, both people using the services and those that work in the setting.

In order to make sure that this happens, health and safety policies must be in place that define the actions, rules and regulations that should be followed to keep everyone safe and healthy.

Individual rights in detail 5 of 10 – Access to information

This right is in relation to the Freedom of Information Act and the Data Protection Act, which states that all individuals have the right to see their own health records and other information that may be kept about them.

Professionals responsible for someone's health records are also responsible for the following:

* Keeping records in order and up to date
* Being able to locate and find information quickly
* Ensuring that colleagues are able to find this information quickly and easily
* Keeping that individual safe and secure

Individual rights in detail 6 of 10 – Communication

An individual will have a language that they prefer to communicate in because they understand more of it.

For example, think about how you would feel if you were ill in hospital and none of the staff could speak your language. How would you communicate your problems properly?

How would you understand what they were trying to tell you or what was wrong and what treatment they wanted to give you?

Remember, you may even pick up that there is something serious going on from their body language.

This is why it is extremely important that the preferred language and method of communication is used so that communication is successful for both staff and individuals.

However, getting the right form of communication may require the use of interpreters or translators which can be both expensive and time consuming for health and social care resources.

Individual rights in detail 7 of 10 – What are resources?

Resources refer to the supply of money, staff, materials and other goods needed to supply health and social care services to every individual that needs them. Getting a good balance from health and social resources can be difficult. The resources available are often too small to cope with everything that these services need to run properly.

Individual rights in detail 8 of 10 – Deciding what resources to use or spend money on

Under the Discrimination Act, there is a rule which discusses ‘making reasonable adjustments’ that means that where possible, an adjustment must be made to help someone.

In the case of supplying a translator for someone in hospital with serious injuries, this would be considered as a ‘reasonable adjustment’. If the hospital decided not to provide a means of communication, the patient could take them to court.

There are a number of ways that a hospital can support communication in other languages, including the following:

* Employing staff that can speak different languages
* Employing staff that speak the local language
* Providing tools such as images, symbols, Braille or leaflets in different languages
* Asking the patient for family members that can act as an interpreter
* Buying in temporary interpreters or translators

Individual rights in detail 9 of 10 – More individual rights

**Having a choice that is respected and accounted for**

This right looks at informing people of their choices and then respecting the choice that they make with the information, regardless of whether you agree with them (works closely with being respected).

**Receiving care that meets individual’s needs**

This right includes all of the rights that go before, ensuring that all care is suited to that individual.

Individual rights in detail 10 of 10 – Individual rights – summary

Well done. You have now completed this branch on individual rights.

We have looked at:

* Individual rights and what they provide
* How the Freedom of Information Act and the Data Protection Act relate to allowing access to information
* What resources are and how they affect health and social care settings
* How the Discrimination Act helps to define what resources should be used

You have now learnt about promoting diversity, equality and rights in settings. There will now be some quiz questions to test the knowledge you have gained in this session.

4 of 9 – Question 1

How can you demonstrate respect as a professional?

Choose all that apply:

1. Being patient
2. Listening and communicating well with the individual
3. Telling a person why they might be making the wrong decision
4. Accepting choice

The correct answers are A, B and D, being patient, listening and communicating well with the individual and accepting choice.

5 of 9 – Question 2

When may the right to be allowed privacy pose a problem?

1. If a room is too small
2. If that person may hurt themselves
3. If there is too little time to treat someone

The correct answer is B, if a person may hurt themselves.

6 of 9 – Question 3

Using the following choice of words; **resources** and **expensive**, fill in the blanks in the sentence below about individual rights in relation to being able to communicate using a preferred language or method of communication:

Getting the right form of communication can be both **blank** and time consuming for health and social care **blank**.

The correct sentence should read as follows:

Getting the right form of communication can be both **expensive** and time consuming for health and social care **resources**.

7 of 9 – Question 4

Which rule helps staff to make decisions on which resources to choose?

1. Making reasonable adjustments
2. Making resources available
3. Making adjustments available

The correct answer is A, making reasonable adjustments.

8 of 9 – End

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

In this session, you have looked at:

* How professionals can promote equality, diversity and rights in health and social care settings

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

1 of 11 – Equality & Rights in the social care setting

Welcome to this session for Health and Social Care Level 3.

In this session we will be covering:

* Equality, diversity and rights in health and social care settings

2 of 11 – Introduction

**What are the main types of health and social care setting?**

There are a wide variety of health and social care settings. They include all of the services provided for those that need support with health problems.

However, there are four main types of health and social care settings where diversity, equality and rights are important. These include residential care, day care, nursing care and domiciliary care.

3 of 11 – Promoting equality and rights in settings

Whilst working in these settings it is essential that you have a good understanding of the key concepts used in health and social care. Professionals working in this role must be ‘active’ in the way that they promote equality and the rights of people in their care.

You will now learn more about the different types of setting and how professionals actively promote equality and individual rights. You will need to complete these four branches:

* What services health and social care settings provide
* The seven principles of care value base
* Promoting choices, well-being and anti-discriminatory practice
* Empowering individuals

Services provided 1 of 7 – Health and social care settings

It is important to understand equality, diversity and rights in the following key health and social care settings. However, these all provide different services that you need to be aware of.

In this branch we will look over the different services to see who they are for, and what they can do.

Services provided 2 of 7 – Residential care

Residential care refers to support homes for those people who need to leave their own homes and require safety, security and support all of the time.

People who require this care may not be able to look after themselves, for example, they may not be able to wash or clean themselves. They may also struggle to live on their own but not need nursing care. Residential care also includes the following services:

* Personal care, for example brushing hair, bathing and dressing
* Medication, for example making sure the residents take the right medicines at the right times
* Arranging health visits from professionals, for example doctors or nurses
* Helping to ensure as much independence as possible

Residential care settings may also provide support for people with conditions such as Alzheimer's or people with physical frailties (those with weaknesses, decreased energy and muscle loss).

Services provided 3 of 7 – Day care

Day care supports people that require care on a daily basis outside of a residential home. They can continue to live in their own homes, which helps people to retain their own independence. However, it means they can access care to maintain good health.

Day care may include the following services:

* Physiotherapy (helps to restore movement of the muscles)
* Occupational therapy (helping people to find ways to complete daily activities after a physical or mental illness)
* Organising visits to local community day care to ensure social interaction
* Organising visits to see health care professionals at hospitals for any necessary treatment

It is also possible for people in day care to access services from carers which help with personal care. Each individual will be assessed to see what type of services they require, and their needs will be met on an individual basis.

Services provided 4 of 7 – Nursing care

Nursing care supports those people with illnesses or specific health problems. Nursing covers a wide range of needs, from those who have just had a heart attack, to those having babies. Nursing care provides services for all ages and treatments, for example:

* Great Ormond Street Hospital for treating very sick children
* Mental health nurses based in hospitals for mental health problems
* GP practices for people in the community that are ill

Services provided 5 of 7 – Nursing care – continued

There are also specialist nursing roles, these include:

* Practice nurses – working with GPs to look after those in the community
* Health visitors – supporting families with babies and small children
* Occupational health nurses
* Midwives
* School nurses – visiting schools in an area to support young people, children and their families with physical and mental health issues
* Mental health nurses
* Paediatric nurses – working specifically with babies and children

Services provided 6 of 7 – Domiciliary care

Domiciliary care is for both health and social care that takes place in the home. There are a range of situations where this may be chosen by the patient, for example:

* Giving birth at home
* Health visitors checking on people that have just left hospital
* A meal service for people struggling to cook due to an illness or disability
* Someone who is terminally ill and wishing to die at home

All of these care types include an assessment so that the services provided meet the needs of the individual.

Services provided 7 of 7 – Health and social care settings – summary

You have now completed this section on the services that different types of health and social care settings provide.

We have looked at:

* What residential care is, who and how it supports people
* What day care is, who it supports and the types of services it can include
* What nursing care is, who it supports and the specialist nursing care roles there are
* What domiciliary care is and the types of people it supports

We will now look at the seven principles.

The seven principles 1 of 3 – The seven principles of care values

The principles help health and social care professionals put individuals at the centre of provision and form a value base. They are all as equal as each other and should be a part of every relationship including both clients and colleagues.

The seven principles are as follows:

1. Promoting effective communication and relationships
2. Promoting anti-discriminatory practice (including policies and codes of practice)
3. Maintaining confidentiality of information
4. Promoting and supporting individuals’ rights to dignity, independence, empowerment, choice and safety
5. Acknowledging individuals’ personal beliefs and identity and respecting diversity
6. Protecting individuals from abuse and harm
7. Providing individualised (personal) care

The seven principles 2 of 3 – Barriers to communication

These principles can be broken down into the key concepts, which are:

* Inclusivity
* Choice
* Access
* Participation
* Trust
* Respect
* Confidentiality
* Safety
* Honesty and openness

The seven principles 3 of 3 – Seven principles – summary

You have now completed this section on the seven principles of care values.

We have looked at:

* Why professionals use the seven principles
* What the seven principles are
* How the seven principles can be broken down into key concepts

We will now look at how the principles are promoted.

Promoting the principles 1 of 4 – Promoting choices and well-being

By following the seven principles of care values in your work, you will be already promoting individuals’ rights and choices.

It is important that the principles are followed every day because it also enhances the feeling of well-being and has a positive impact on a person’s sense of control over their own lives. This is essential considering that individuals are likely to be feeling at their most vulnerable.

Furthermore, sticking to these principles will illustrate that you are using an ‘anti-discrimination practice’.

Promoting the principles 2 of 4 – How do you demonstrate anti-discrimination practice?

Anti-discriminatory practice must also be shown by being active. This means that you may be required to challenge others who discriminate including people using services and colleagues.

This can be difficult, however it is important to keep your care value base to ensure that you are not discriminating yourself.

Promoting the principles 3 of 4 – Promoting choices and well-being continued

In order to promote anti-discriminatory practice in health and social care organisations, you should:

* Abide by codes of practice
* Ensure that policies are being used and followed
* Take part in all staff training
* Use the complaints procedure if needed
* Follow any legislation which supports anti-discriminatory practice

It is important that you report to someone that you trust if you cannot challenge the discrimination yourself, as this will be challenging the anti-discriminatory practice.

Promoting the principles 4 of 4 – Choices – summary

You have now completed this section on promoting choices, well-being and anti-discriminatory practice.

We have looked at:

* How you promote choices and well-being
* How to show that you are using anti-discrimination practice
* How to be active in anti-discrimination practice

We will now look at empowering individuals.

Empowering individuals 1 of 4 – What is empowerment?

Empowerment is the way that someone has control over tasks or over their lives. As a health and social care professional it is vital that you empower people to be able to take control of their own lives. This is also part of the promoting individual rights, choices and well-being.

Empowerment can be achieved by doing the following:

* Being patient
* Providing support and encouragement
* Dealing with issues and anxieties, for example some clients may feel that health and social care services are too controlling and may rebel against the help given

Some more vulnerable people may struggle to see that they are capable of controlling their own health which is why support is so important in this role.

Empowering individuals 2 of 4 – What is independence?

Empowering people can be achieved by helping them to regain or maintain their independence.

Independence is ensuring that people are able to control their lives without someone else telling them what to do.

This can be shown by the way that you help your client to do things rather than by telling them to do things. Just as in the same way that you work ‘with’ an individual, you do not work for ‘them’.

Helping people to become independent is empowerment.

Empowering individuals 3 of 4 – Interdependence

It is also essential that staff feel empowered in their work. Encouraging staff to promote individual rights, choices and well-being is a good method of empowering them.

Independence is ensuring that people are able to control their lives without someone else telling them what to do.

**What is interdependence?**

Interdependence is the state of working for a team where one persons’ role is just as important as everyone else's.

Working in a team, normally multi-disciplinary, means that everyone relies on each other to provide different expertise in order to complete a whole service for someone in their care. This ensures that everyone carries out their job role properly and staff will be empowered by their separate and collective responsibility.

Empowering individuals 4 of 4 – Empowering individuals – summary

You have now completed this section on empowering individuals.

We have looked at:

* What empowerment is and why it is important
* How empowerment can be achieved by professionals
* What independence is
* How independence empowers staff

You have now learnt about promoting equality and rights in different settings. There will now be some quiz questions to test the knowledge you have gained in this session.

4 of 11 – Question 1

Match the following health and care settings; **residential care**, **day care**, **nursing care** and **domiciliary care**, with the descriptions of people who are likely to need the services below:

1. For people who require care services during the day
2. For people who need to leave their own homes and require safety, security and support all of them time
3. For people requiring both health and social care in their own home
4. For people with illnesses or specific health problems

The correct answers are:

**Residential care** is for people who need to leave their own homes and require safety, security and support all of them time.

**Day care** is for people who require care services during the day.

**Nursing care** is for people with illnesses or specific health problems.

**Domiciliary care** is for people requiring both health and social care in their own home.

5 of 11 – Question 2

What are the key concepts based on the seven principles?

Choose all that apply:

1. Inclusivity
2. Access
3. Giving
4. Trust
5. Control
6. Respect
7. Confidentiality
8. Charity
9. Safety
10. Choice

The correct answers are A, B, D, F, G, I and J, inclusivity, access, trust, respect, confidentiality, safety and choice.

6 of 11 – Question 3

Using the following choice of words; **individual rights and choices** and **seven principles**, fill in the blanks in the sentence about choice and well-being below:

By following the **blank** care values in your work, you will be promoting **blank**.

The correct sentence should read as follows:

By following the **seven principles** care values in your work, you will be promoting **individual rights and choices**.

7 of 11 – Question 4

Using the following choice of words; **control** and **well-being**, fill in the blanks in the sentence below about choice and well-being:

It is important that the seven principles are followed every day because it enhances **blank** and has a positive impact on a person’s sense of **blank** over their lives.

The correct sentence should read as follows:

It is important that the seven principles are followed every day because it enhances **well-being** and has a positive impact on a person’s sense of **control** over their lives.

8 of 11 – Question 5

Using the following choice of words; **control** and **empower**, fill in the blanks in the paragraph below:

Empowerment is the way that someone has **blank** over tasks or over their lives. As a health and social care professional it is vital that you **blank** people to be able to take control of their own lives.

The correct paragraph should read as follows:

Empowerment is the way that someone has **control** over tasks or over their lives. As a health and social care professional it is vital that you **empower** people to be able to take control of their own lives.

9 of 11 – Question 6

Using the following choice of words; **encouragement** and **patient**, fill in the blanks in the sentence below:

Empowerment can be achieved by being **blank**, providing support and **blank** and dealing with issues and anxieties of a client.

The correct sentence should read as follows:

Empowerment can be achieved by being **patient**, providing support and **encouragement** and dealing with issues and anxieties of a client.

10 of 11 – End

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

In this session we have covered:

* Equality, diversity and rights in health and social care settings

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