



**Equality & Diversity
in Healthcare**






We are cutting down on paper and doing our bit for the environment.

Your course hand-outs and feedback form can be found at the shortened web address below.

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Equality & Diversity

What do we mean by Equality?

Equality:
...is about **creating a fairer society** where everyone participates and has the opportunity to fulfil their potential. Its is backed by legislation designed to address unfair discrimination based on membership of a particular group.

(DoH October 2003)



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What do we mean by Diversity?

Diversity:

...is about the **recognition and valuing of differences** in its broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and the individual, including patients.

(DoH October 2003)



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Why is it so important?

- Because everyone has the right to be treated with respect and dignity
- Because some minority groups have particular health needs (more prevalence)
- Because we seek to close gaps in service outcomes
- Because we have both a moral and legal duty to do so

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Previous Legislation

- The Race Relations Act (1976)
- The Race Relations (Amendment) Act (2000)
- Gender Equality Duty (2007)
- Disability Discrimination Act (1995)
- Sexual Orientation Regulations (2007)
- And more.....

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The main legislation now is.....

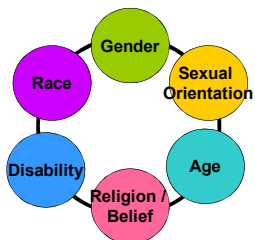
The Equality Act 2010



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What are the Equality strands?



Equality & Diversity RACE



- Gypsies and Travellers who reluctantly resort to living in housing, in the absence of site provision, experience excessively high levels of anxiety and depression. They are frequently victims of racist abuse, threats and discrimination and experience 'cultural trauma'¹⁷
- The scale of health inequality between Gypsy Travellers and the UK general population is large, with reported health problems between twice and five times more prevalent¹⁴
- 64% of health professionals believe that people from ethnic minorities are not well represented at senior levels in their organisation⁹

Equality & Diversity RELIGION



- Some of the issues raised include¹³:
 - Support to practice worship
 - Dietary needs
 - Practices around death and burial/cremation
 - Medical techniques (e.g. blood based treatments)
 - Circumcision
 - Fostering and Adoption
 - Time off for religious observance
 - Clothing & dress

Equality & Diversity SEXUAL ORIENTATION



- Young gay and bisexual men are seven times more likely to have attempted suicide¹
- As many as 30% of young homeless people in urban areas are lesbian, gay, bisexual or transgender¹⁵
- 38% of people in a same sex relationship reported that they had experienced domestic abuse at some time¹⁶
- Studies suggest that up to 25% of health service staff have expressed negative or homophobic attitudes²

Equality & Diversity AGE



- Living alone is likely to be a trigger for the need of housing related support and the number of people over 50 living alone in 2011 was 2.4 million, up 10% since 2001
- 64% of people aged over 65 think that health and social care staff do not always treat older people with dignity⁵
- Three out of four Senior Managers believe age discrimination exists in their local services, and that ageism is endemic⁴
- 14% of young people aged under 25 years old felt discriminated against in the workplace because of their age⁶

Equality & Diversity GENDER



- One of the main reasons for homelessness in 2008/09 was a violent relationship breakdown
- Almost twice as many men as women hold senior positions in the NHS yet 80% of NHS staff are women⁹
- 45% of pregnant women are suffering "unfair treatment" at the hands of their employers across the UK⁷
- More men are overweight than women, but men make up only 25% of patients in primary care weight loss programmes⁸

Equality & Diversity TRANSGENDER



- More than 1 in 3 Trans People have attempted suicide³
- In a recent survey of transgender people in Scotland, 25% of respondents reported that they had to move out of their home due to transphobic reactions of families, flat-mates or neighbours. This often resulted in stays in homeless hostels¹⁸
- 17% of Trans People were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment³

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DISABILITY**



- Four times as many people with learning disabilities die of preventable causes as people in the general population¹¹
- Nearly one in three people with learning disabilities said someone had been rude or offensive to them in the last year
- 35% of deaf and hard of hearing people had been left unclear about their condition because of communication problems with their GP or nurse¹²
- 87% of disabled health professionals felt their disability limited their chances of promotion⁹

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What do we mean by Discrimination?


- Direct Discrimination
- Indirect Discrimination
- Harassment
- Victimisation
- Institutional discrimination

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Why does discrimination usually happen?

- Stereotyping
- Prejudice
- Custom and practice

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Stereotyping

- The way we view others can often be determined by stereotypes that we have gained through our own experience
- Stereotyping is usually insulting and plays on people's fears and jealousies to spread a negative view of differences between people


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Prejudice

In its most unproductive form, stereotyping can lead to "prejudice"

"The tendency to see differences as weaknesses"


THE EYE OF THE STORM

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Prejudice

"Most of our perceptions are formed by associating with people who are similar to us in race, ethnicity, social status, education, lifestyle etc."

Workforce America, Loden & Rosener (1991)

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Making judgements

- How does society treat this group?
- What assumptions and attitudes lie behind their treatment?
- When we start to make judgements about individuals based on our views about their culture, gender, race, lifestyle, age etc. rather than on their unique abilities, or personality or character, then we are in danger of acting in a discriminatory way

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How can we manage our responsibilities?

Equality Impact Assessments 

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Equality Impact Assessments

What are they?

- A tool for identifying the potential impact of an organisation's policies, services and functions on its service users and staff, and then taking action to address any impact.



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Equality Impact Assessments



Why do them?

- To remove any unfairness and disadvantage
- To ensure equality issues are mainstreamed
- To engage with key stakeholders
- To comply with legal duties
- More transparency in relation to policies and services
- More proactive approach to the promotion of equality throughout an organisation.

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Equality Impact Assessments



Why do them.....



- One of CQC's principles is to promote equality and diversity and human rights
- They developed a human rights approach to regulation
- Looks at a set of human rights principles – fairness, respect, equality, dignity, autonomy, right to life and rights for staff – in relation to the five key questions they ask.

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Equality Impact Assessments



BUT!

- They are not an end in themselves – they should be an integral part of policy and service development and review, not a one-off or separate exercise
- They are not just about addressing discrimination or adverse impact; they should also positively promote equal opportunities, improved access, participation in public life and good relations

Equality & Diversity
Equality Impact Assessments



BUT.....

- The time and effort involved should be in proportion to the relevance of the policy or service to equality
- A good EIA will be based on good evidence
- Lack of data is never an excuse for not assessing impact – some data will almost always be available and where data isn't available it must be actively gathered
- EIAs should always include an action plan
- Unless your policy or service is already perfect for equality, an EIA should lead to policy or service change

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Practicalities

What might we need to consider in our workplace?



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Race: Some things to think about...

Do your staff members know how to access an interpreter?

Do your staff know how to get information in different languages and formats?

Have your staff had training on the needs of people from different BME groups?

Do you routinely record a person's ethnic background?

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Disability: Some things to think about...

Do your staff members know how to access a BSL interpreter?

Are your services physically accessible to people with mobility problems or who use a wheelchair?

Does your printed information take account of communication needs of people with various disabilities and is it easy to understand?

Do staff know how to identify and deal with bullying?

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Gender: Some things to think about...

Do you offer a choice in the gender of person who works with an individual?

Does the gender profile of your service users/staff match up with what you would expect?

If your service is for men and women, do you routinely monitor the uptake of your service with gender breakdown and take appropriate action?

How are staff made aware of the needs of trans people?

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Religion/Belief: Some things to think about...

Does the service identify any specific dietary or needs of service users?


Do you ask about someone's religion or belief and record this?

How do you support people to practice their religion/belief?

Have you taken into account different religious needs when deciding on the opening times of the service?

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Age: Some things to think about...
If your service is for all ages, does the age profile of the people who use your service match up with what you would expect in the population as a whole?
Do any eligibility criteria for your service discriminate against older or younger people without just cause?
Does your workforce have diversity in its age profile?

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Sexual Orientation: Some things to think about...
When working with people, do you make it easy for someone to talk about their sexuality if it is relevant, or do you assume that they are heterosexual?
Have your staff had any training on identifying and addressing homophobic abuse and bullying?
Do people (staff and service users) feel comfortable disclosing their sexual orientation?

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Policy


How do we communicate our approach to equality and diversity?

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Publish your Equality Policy/Scheme

- To set out your commitment to promoting equality and diversity in your services and employment practices
- To set out what you plan to do to further promote equality and diversity



Equality & Diversity and YOU 

- Equal opportunities impose **rights** and **responsibilities** for every member of staff. This means that no-one will be discriminated against nor harassed.
- Every member of staff has an obligation to ensure fair and dignified treatment
- Everyone must act fairly within the work policies and the law

Equality & Diversity and YOU 

- Failure to do so may lead to disciplinary action
- Treat others with dignity and respect
- Avoid offensive language
- Staff are encouraged to make clear to their colleagues if conduct or comments are offensive to them
- Discourage offensive behaviour by others

**Equality & Diversity
and YOU**



- Support colleagues who are being bullied/harassed or discriminated
- Alert management to any incidents of bullying, harassment or discrimination
- Look for issues with individuals, or groups of patients who do not access, or find accessing your services difficult
- Be on the lookout for physical difficulties with access that arise.

**Equality & Diversity
and YOU**




- Think ahead, plan and be proactive
- Report any issues earlier
- Challenge things that are unacceptable



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Any Questions?




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References 

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