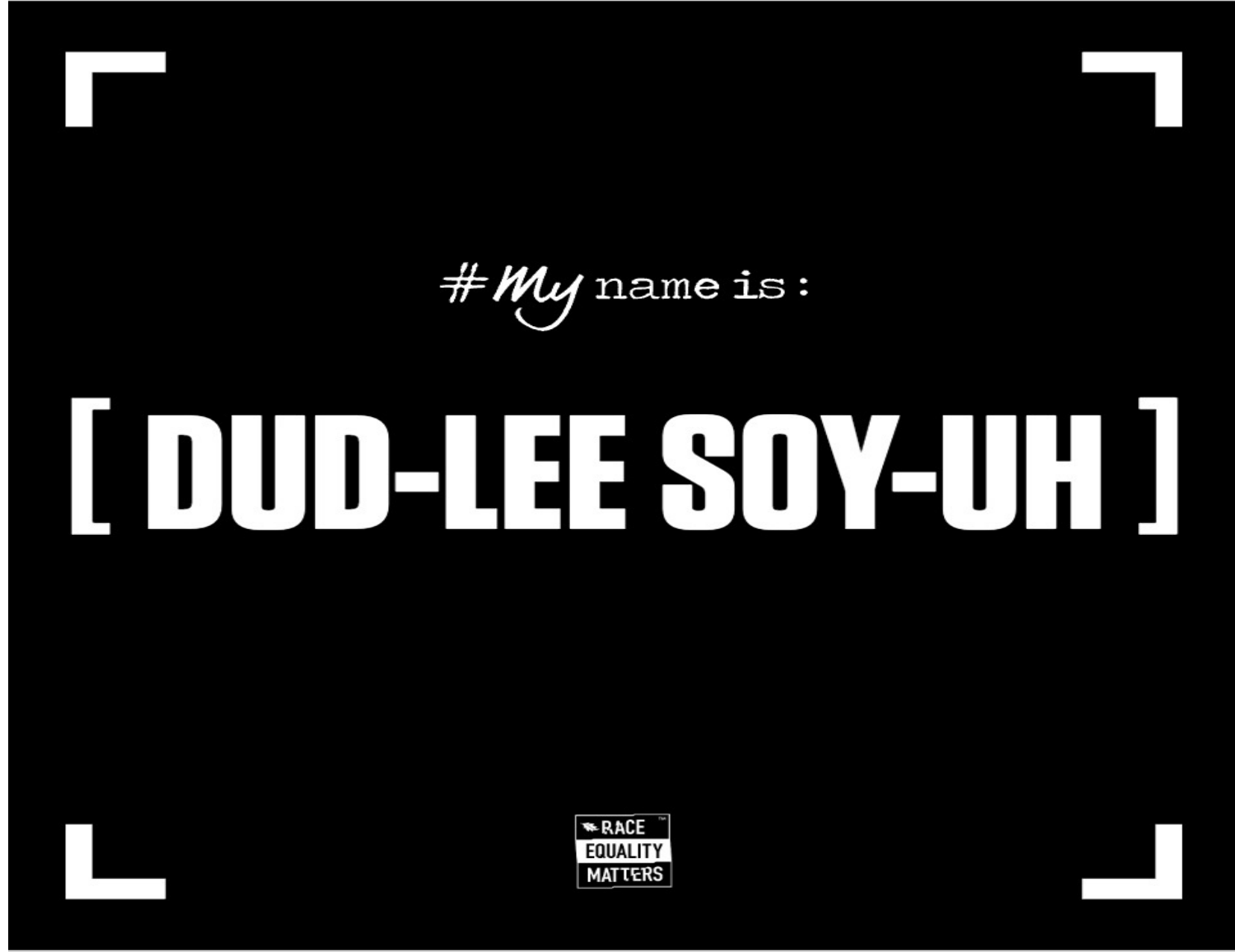


EQUITY DIVERSITY & INCLUSION IN HEALTH AND SOCIAL CARE



Dudley Sawyerr
My pronouns (He, Him)



#*My* name is:

**WHAT IS
YOUR NAME?**

73% of people have had their name mispronounced. Regardless of reason, it's hurtful to those affected. After all, your name is more than just a name. It's part of your heritage, identity and pride.

So Why Equality, Diversity & Inclusion?



- (EDI) is at the core of great people management. EDI is an organisational issue that is becoming ever more important and increasingly complex as we encounter conflict and differing views
 - In health and social care Inclusion and Equality have long been part of the protected characteristics for the people we care for.
- But are we supporting health and social care staff which provides one of the largest diverse workforces in the UK.
 - There is no 'I' in team and a more inclusive workforce means better representation, but it also benefits the sector with retention and recruitment.
- UK health and social care providers have a legal obligation to address inclusion, discrimination and equality in policies and services.

Definitions for diversity and inclusion – what it means you ?

DIVERSITY IS A FACT, EQUALITY IS A CHOICE, FOR ME INCLUSION IS AN ACTION

Inclusive Employers: Inclusion is an overarching culture that encompasses diversity and equality and many other aspects of our working lives.

Diversity is the mix of people.

Inclusion is the culture in which the mix of people can come to work, feel comfortable and confident to be themselves, and delivers your business needs. Inclusion will ensure that everyone feels valued and importantly, adds value.

Diversity & Inclusion is just not about what is said and done, but also about what isn't done, or disregarded, ridiculed, or wilfully neglected

DIVERSITY

EQUITY

INCLUSION

FIDELITY SOCIAL JUSTICE CULTURE RESPECT BELONGING COURAGE TRUST ACCOUNTABILITY WELCOMING VALUED GROWTH CENTERING COMMUNITY WELCOMING TRANSPARENCY INTERACTING ACTIVE FAIRNESS JUSTICE NEEDS DIGNITY POWER OPENNESS TRUST INTERSECTIONALITY COMMUNITY HONESTY DIFFERENCE AFFIRMING IDENTITIES LEADERSHIP INFORMATIVE VALUED PERSPECTIVES FRIENDLINESS SUPPORT SYSTEM SOLIDARITY RECEPTIVENESS CATALYST THRIVING CONSCIOUS COMMUNITY APPRECIATION CARE

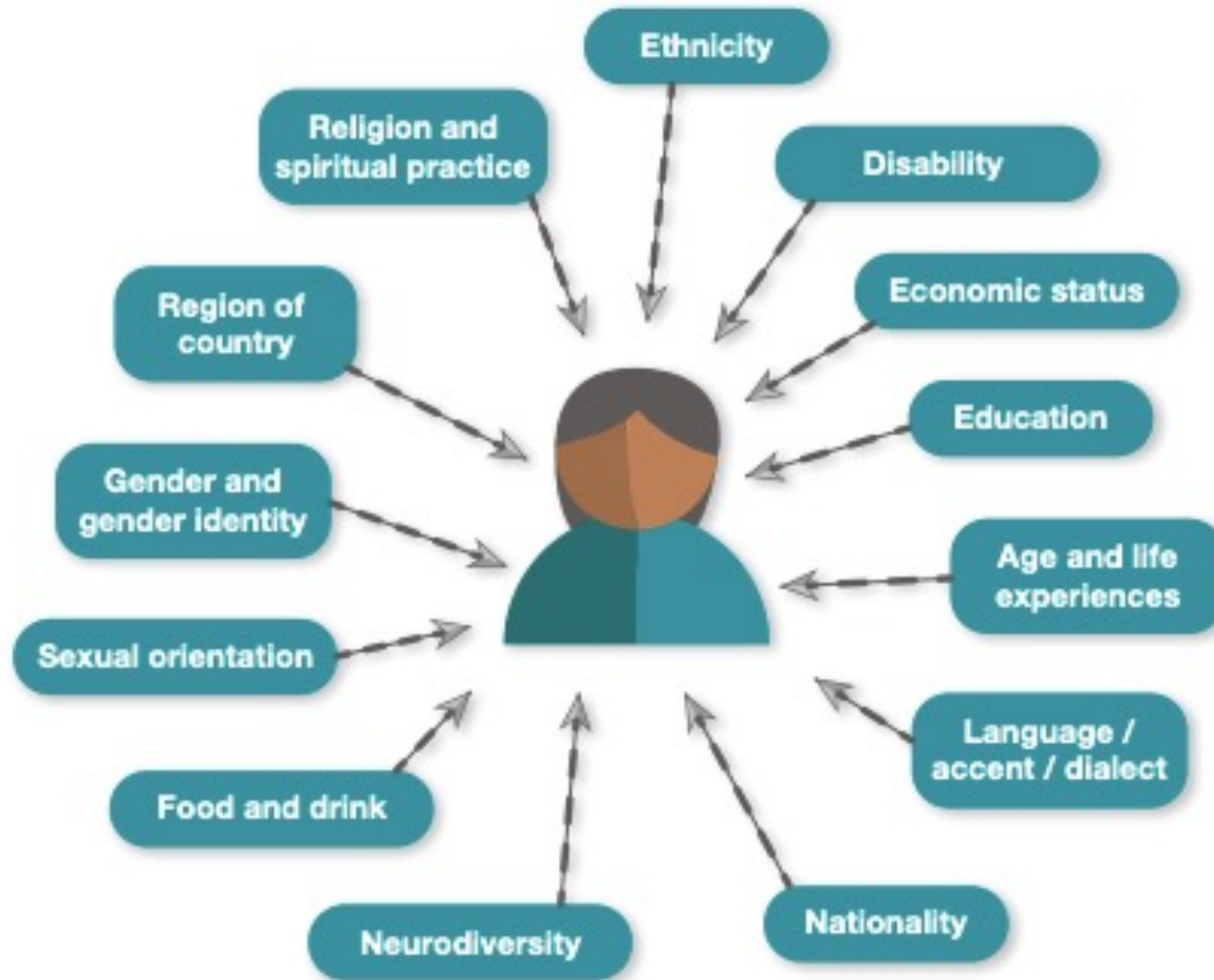
HUMILITY SUPPORT SYSTEM COURAGE CATALYST DIFFERENCE MUTUAL INTERSECTIONAL GROWTH INTERSECTIONALITY CO-CREATION REPRESENT IDENTITIES PERSPECTIVES FAMILY TRANSPARENCY RECEPTIVENESS CONNECTION COLLECTIVE RESPONSIBILITIES ACCOUNTABILITY DIFFERENCE INTERSECTIONALITY RECEPTIVENESS INFORMATIVE EXPERIENCES HONESTY WELCOMING RESPECT FIDELITY AFFIRMING POSITIONALITIES BELONGING EMBODY

There are lots of different characteristics that set individuals apart from each other, such as someone's ethnicity or religion, their gender and sexuality, age or if they have a disability. All these characteristics could lead to varying levels of discrimination and privilege.

CULTURALLY APPROPRIATE CARE

- Culturally appropriate care (also called 'culturally competent care') is sensitive to people's cultural identity or heritage. It means being alert and responsive to beliefs or conventions that might be determined by cultural heritage.
- Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality or religion. Or it might be to do with the person's sexuality or gender identity. Lesbian, gay, bisexual and transgender people have a particular culture. So do Deaf people who use British Sign Language.
- The regulations culturally appropriate care is relevant to are: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:
 - Regulation 9: Person centred care
 - Regulation 10: Dignity and respect
 - Regulation 11: Need for consent

CULTURALLY APPROPRIATE CARE



Reference:

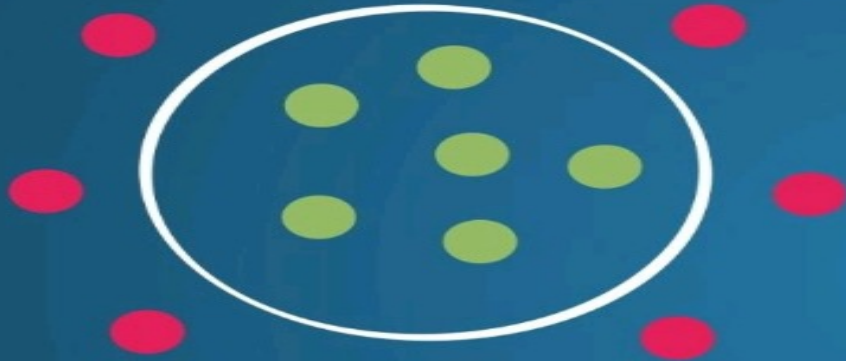
REMEMBER

A lack of cultural competence creates a barrier to effective communication. These are missed opportunities to provide appropriate interventions tailored to the patient's health needs.

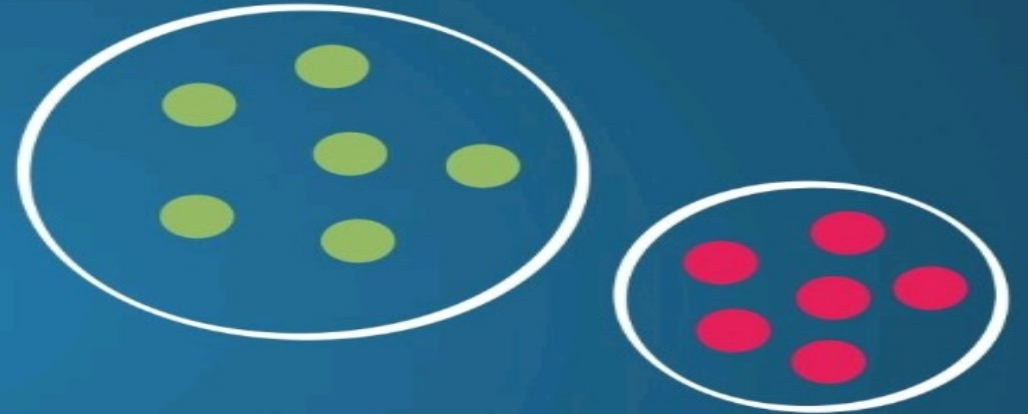
WHAT IS INCLUSION?



EXCLUSION



SEPARATION



INTEGRATION



INCLUSION



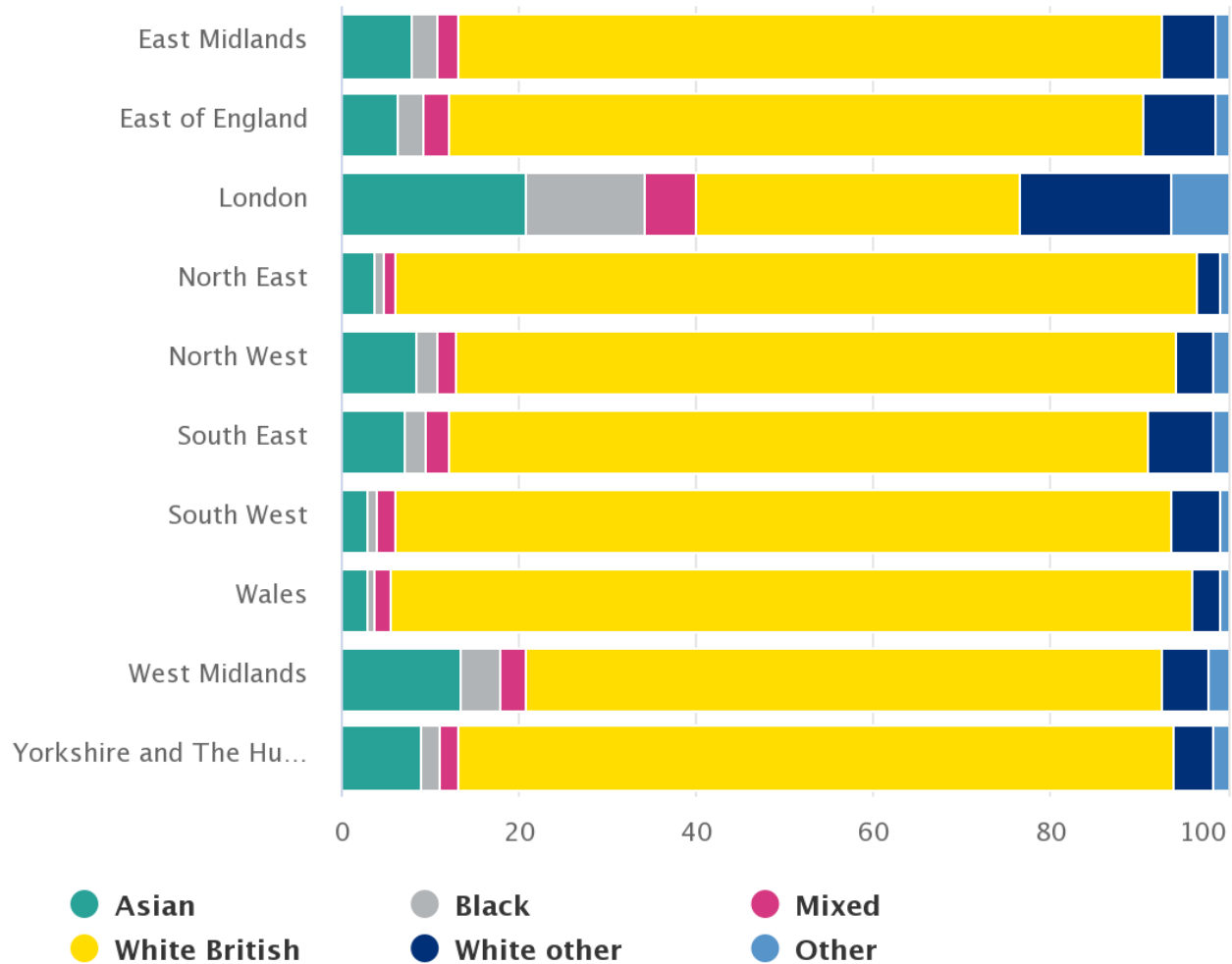


- 23% multi-ethnic
- 82.3% female
- 45 average age
- 1.7% registered disabled

People Care Services

TRAINING, GUIDANCE AND HELP MADE SIMPLE

Title: Areas of England and Wales by ethnicity. Location: England and Wales. Time period: 2021. Source: England and Wales 2021 Census | Ethnicity Facts and Figures GOV.UK



The most ethnically diverse region was London – 46.2% of residents identified with Asian, black, mixed or ‘other’ ethnic groups, and a further 17.0% with white ethnic minorities

London's population identified with a religion other than "Christian", up from 22.6%.

The next most common religious groups in London were "Muslim" (15.0%, up from 12.6% in 2011) and "Hindu" (5.1%, up from 5.0% in 2011).

You are looking at **London**

Use the drop down menus to filter the information shown on this dashboard

Number of filled posts
188,000

Select a sector:

All sectors

Select a service:

All services

Select a job role:

All job roles

This page contains information about filled posts in the **local authority and independent** sectors only

Gender

79%
of the
workforce
were **female**



21%
of the
workforce
were **male**

For more information on this topic,
press here to read the Workforce
Demographics chapter in full:

[Read the chapter](#)

Ethnicity

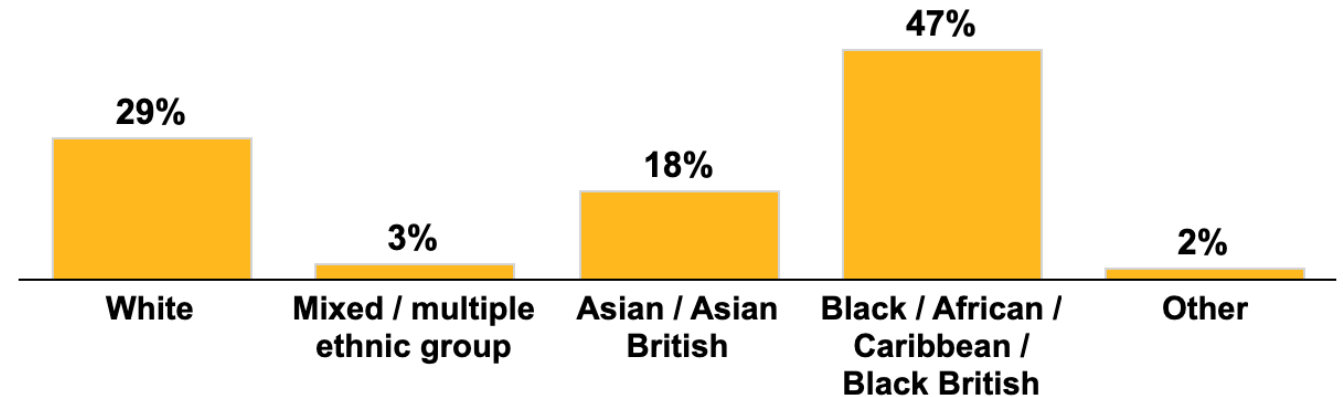
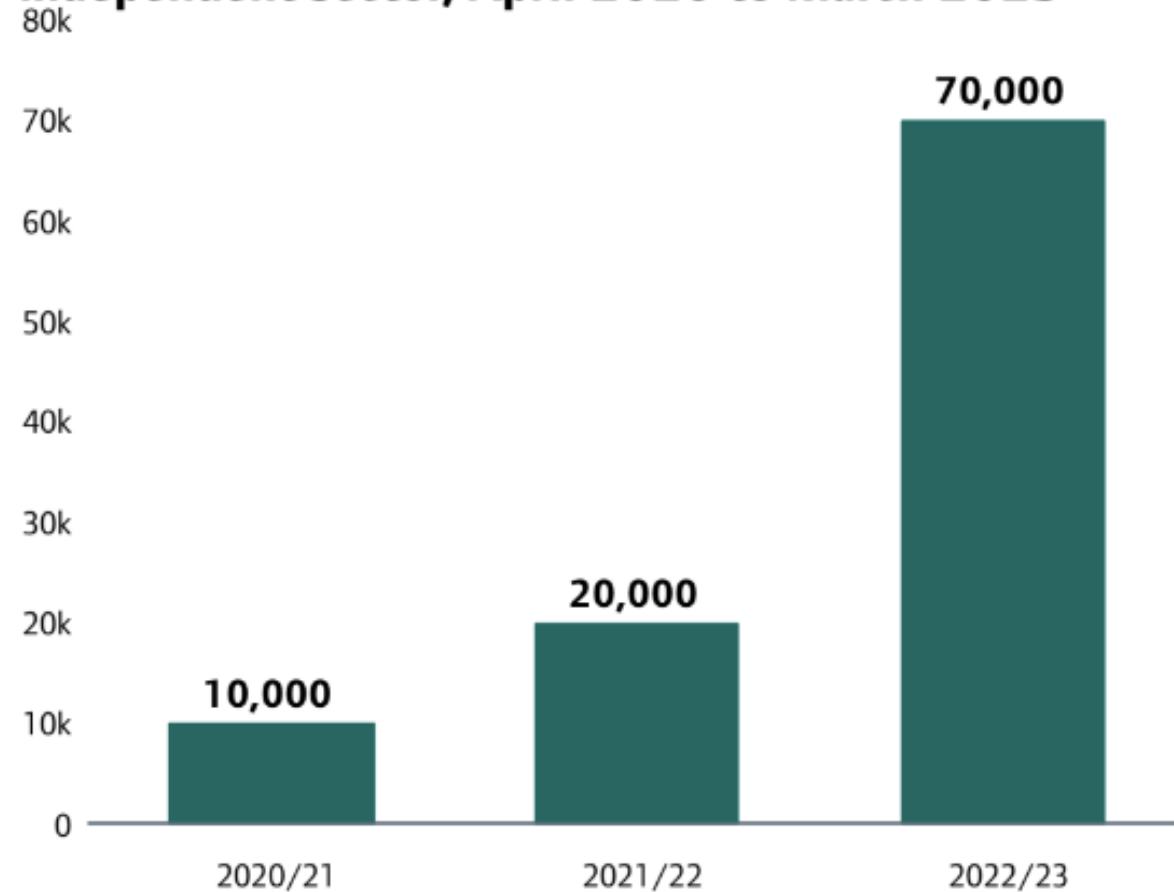


Figure 19: Estimated number of people arriving in the UK that start direct care roles in the adult social care independent sector, April 2020 to March 2023



Source: [Skills for Care estimates](#)

Note: Skills For Care defines the 'independent sector' as any service that is not run by the local authority, so includes private, not for profit and charities etc.

The most common countries of birth for these workers were India, Nigeria, and Zimbabwe.

ETHNIC HEALTH INEQUALITIES IN THE UK.

ETHNIC HEALTH INEQUALITIES IN THE UK



BLACK WOMEN ARE

4x MORE LIKELY THAN WHITE

women to **DIE** in **PREGNANCY** or childbirth in the UK.

Ref: <https://bit.ly/3ihDwcN>



SOUTH ASIAN & BLACK PEOPLE ARE

2-4x MORE LIKELY TO DEVELOP

Type 2 diabetes than white people.

Ref: <https://bit.ly/3ulDy88>



IN BRITAIN, SOUTH ASIANS HAVE A

40% HIGHER DEATH RATE

from **CHD** than the general population.

Ref: <https://bit.ly/3iifo9V>



IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO

3x

more likely to **DEVELOP PROSTATE CANCER** than white men of the same age.

Ref: <https://bit.ly/39KWqEs>



ACROSS THE COUNTRY, FEWER THAN

5% OF BLOOD DONORS

are from **BLACK AND MINORITY ETHNIC** communities.

Ref: <https://bit.ly/3ulg17r>



BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO

2x

the mortality risk from **COVID-19** than people from a **WHITE BRITISH BACKGROUND**.

Ref: <https://bit.ly/3EzS20d>



BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER

8x

more likely to be subjected to **COMMUNITY TREATMENT ORDERS** than White people.

Ref: <https://bit.ly/3zK5ijL>



ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE

10 YEARS

LOWER FOR **BANGLADESHI MEN** living in England compared to their White British counterparts.

Ref: <https://bit.ly/3urjmlt>



24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019,

were caused by **CARDIOVASCULAR DISEASE** in Black and minority ethnic groups.

Ref: <https://bit.ly/3CyZ22P>



CONSENT RATES FOR ORGAN DONATION ARE AT

42%

for Black and minority ethnic communities and **71% FOR WHITE ELIGIBLE DONORS**.

Ref: <https://bit.ly/3ogH3fm>

LEGAL RIGHTS

The Equality
Act 2010

Human Rights
Act 1998

Mental
Capacity Act
2005

Care Act 2014

Health and
Social Care Act
2012

WHAT THE LAW SAYS



Since 2010, the Equality Act has provided the legal framework for protecting individuals from unfair treatment.



It's also important to be aware that, as an employer, they could be found vicariously liable for actions of your employees which breach the Equality Act – regardless of whether they were aware of them.



The employer, must ensure that their processes and policies comply with the Equality Act. Failure to do so can raise a claim of unlawful discrimination, which could result in then and the organisation being summoned to an employment tribunal.



To fully protect your employees and business from discrimination, it is critical to understand the Equality Act as well as ensuring that their workplace culture is actively inclusive.

Equality Act 2010

- It is against the law to discriminate against someone because of: at least one of these protected characteristics?
- [age](#)
- [disability](#)
- [gender reassignment](#)
- [marriage and civil partnership](#)
- [pregnancy and maternity](#)
- [race](#)
- [religion or belief](#)
- [sex](#)
- [sexual orientation](#)
- These are called protected characteristics.
- **You are protected under the [Equality Act 2010](#) from these types of discrimination.**

Equality Act 2010

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- [sex](#)
- [sexual orientation](#)
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Care home failed to meet woman's cultural needs - Ombudsman

28th November 2023

HEALTH

LOCAL GOVERNMENT



SANDWELL Council has apologised after a woman suffered significant hair, diet and skin problems when a nursing home the local authority placed her in failed to meet her cultural needs.

Despite this the family reported further concerns to the council, including that the woman's hair was damaged because of neglect. The home's own care notes indicated that hair oil and moisturiser were only applied on 29 days during the woman's 20-month stay – just four per cent of the time she was there.

The Ombudsman's report found the care plan developed for the woman by the council failed to take account of her individual rights in line with the requirements of the Equalities Act. It also found the council did not do enough to establish the woman's cultural needs when formalising her care plan. The report said had the home done so, it is likely the facility would not have accepted her placement.

Maximum, Median and Average Awards for Unfair Dismissal and Discrimination 2022/23

	Maximum Award	Median Award	Average Award
Unfair dismissal	£184,200	£6,201	£11,914
Race Discrimination	£452,474	£11,400	£23,070
Sex Discrimination	£995,128	£11,177	£37,607
Disability Discrimination	£1,767,869	£15,634	£45,435
Religion & Belief Discrimination	£92,039	£9,239	£19,332
Age Discrimination	£84,723	£5,675	£14,210
Sexual Orientation Discrimination	£82,168	£26,247	£31,623

- The maximum award is £452,474 for a race discrimination case and it was £228,117 the year before.
- The highest area of discrimination award was for a disability discrimination case.

Employment Tribunal and Employment Appeal Tribunal Tables 2022 to 2023

Balancing Rights and Risk

3.4 Explain how issues of individual capacity may affect informed choice

Rights v Risks

Balancing Rights, Needs and Risks will always be a challenging process for workers. Positive Risk Assessment and Risk management is essential in safeguarding Adults in both promoting and protecting their Human Rights.

Get to know the MCA Code!



safeguarding adults board

wakefield council working for you

1. Assume capacity
2. Provide all available information
3. Respect the right to make an unwise decision
4. If a decision needs to be made for the person it must be in their best interest
5. Use the least restrictive method

VALUES AND BELIEFS

Everybody's values and beliefs influence the decisions they make. They may become especially important for someone who lacks capacity to make a decision because of a progressive illness such as dementia, for example. Evidence of a person's beliefs and values can be found in things like their:

- cultural background
- religious beliefs
- political convictions
- past behaviour or habits



Values

Beliefs

What do LGBTQ and LGBTQIA+ mean?





Sir Ian McKellen calls for older LGBT inclusivity

**45% of LGBT people using social care
said they had experienced prejudice**

Source: Commission for Social Care Inspection,
survey Putting People First

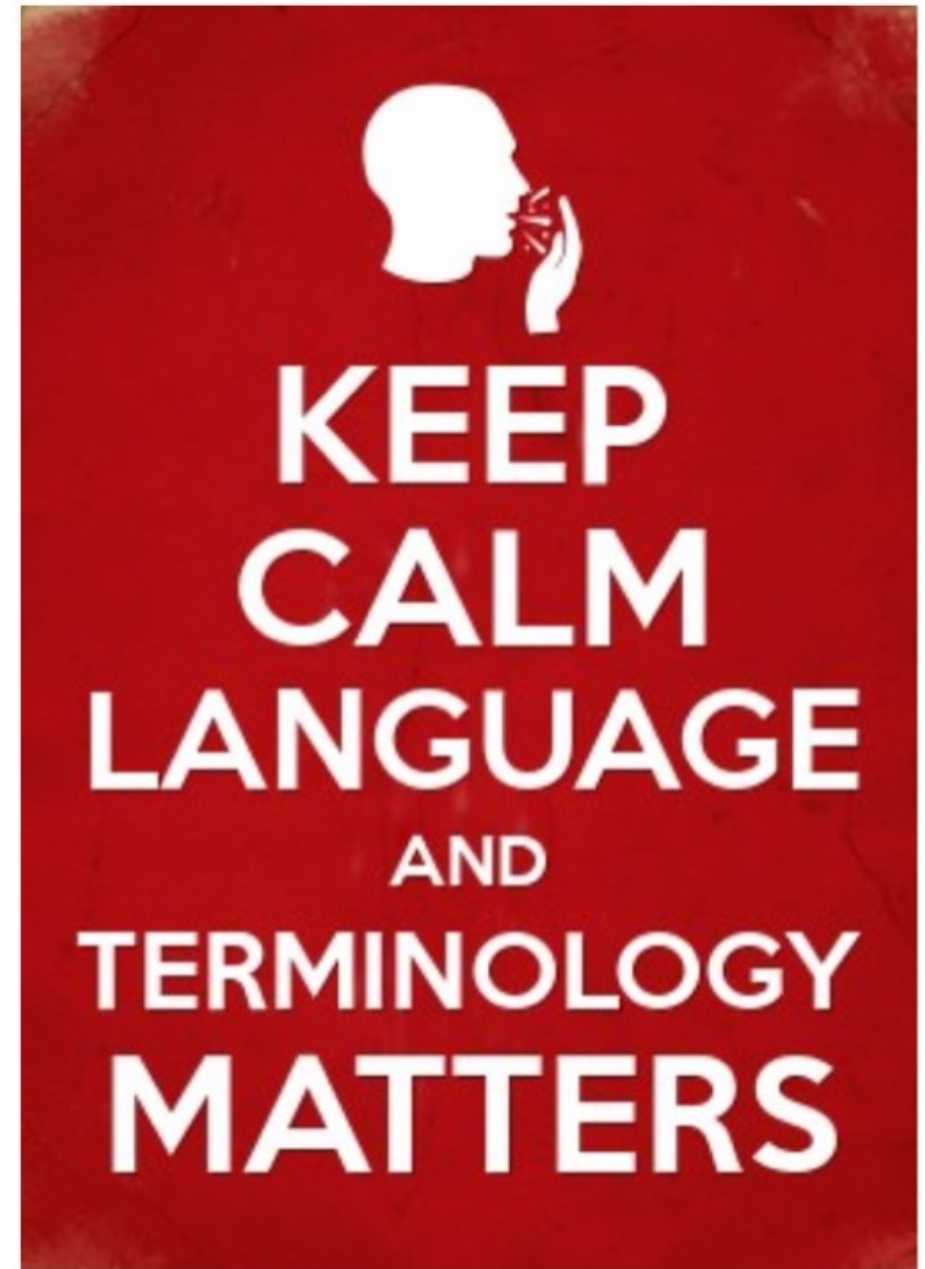
LGBT+

- Homosexuality was illegal till 1967 so many people lived in fear of being caught, losing their jobs and even their families.
- Being lesbian, gay, bisexual or trans is about more than your sex life or whether you are in a relationship or not.
- It shapes the way you have experienced life, your interests, likes, dislikes, humour, family, friendships and attitudes. It might also inform the books you read, films you watch and music you enjoy.

[safe_to_be_me.pdf \(ageuk.org.uk\)](https://www.ageuk.org.uk/safe_to_be_me.pdf)



LANGUAGE AND TERMINOLOGY



What terminology?

Terminology around race, ethnicity and sexuality evolves continuously. It is important that you learn about preferred terminology used in your organisation and with the individuals you support. It is also important to remain actively conscious of changes.

The best advice when working in a person-centered way is to **ask** the person which terms, they prefer...

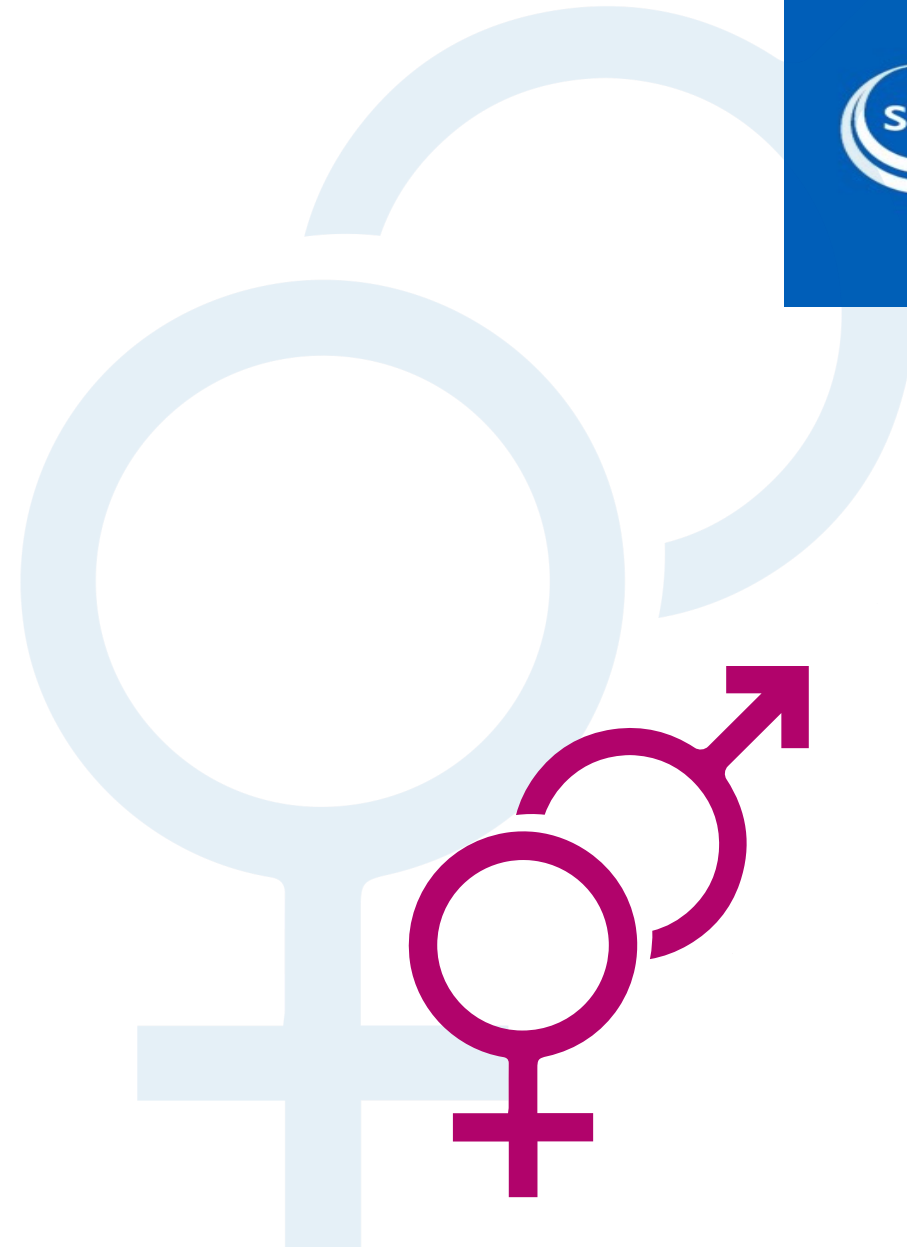


PRONOUNS



“He” or “She”?

- Using the appropriate pronouns when talking to someone who is transgender works on the basis of respect for the individual.
- Generally the name the person chooses to use indicates their gender preference. So, a transgender person called Steve would be referred to as "he", while another called Rachel would be "she".
- If you are unsure, it's best to ask the person politely how they wish to be known.
- This is especially so if you suspect someone identifies as non-binary, in which case a neutral term like "they" may be more appropriate.







That's not okay with me.




I find that offensive.




Hold on. I need to process what you said.



I didn't realize you think that.



I'm not comfortable with that.



I'm sorry, what?




Help me understand your thinking.



That's not funny.



We don't say things like that here.



What you just said is harmful.

@sylviaduckworth

[Key questions and quality statements](#)

[Safe](#)

[Effective](#)

[Assessing needs](#)

[Delivering evidence-based care and treatment](#)

[How staff, teams and services work together](#)

[Supporting people to live healthier lives](#)

[Monitoring and improving outcomes](#)

[Consent to care and treatment](#)

[Caring](#)

[Responsive](#)

[Well-led](#)

How staff, teams and services work together

We expect providers, commissioners and system leaders live up to this statement:

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

What this quality statement means

- Staff have access to the information they need to appropriately assess, plan and deliver people's care, treatment and support.
- Plans for transition, referral and discharge consider people's individual needs, circumstances, ongoing care arrangements and expected outcomes.
- When people are due to move between services, all necessary staff, teams and services are involved in assessing their needs to maintain continuity of care.
- Information is shared between teams and services to ensure continuity of care, for example when clinical tasks are delegated or when people are referred between services.
- When people receive care from a range of different staff, teams or services, it is co-ordinated effectively. All relevant staff, teams and services are involved in assessing, planning and delivering people's care and treatment and staff work collaboratively to understand and meet people's needs.

<https://www.cqc.org.uk/assessment/quality-statements/caring/treating-people-individuals>

- Treating people as individuals
- We expect providers, commissioners and system leaders live up to this statement:
- We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.
- **What this quality statement means**
- People's individual needs and preferences are understood and these are reflected in their care, treatment and support.
- People's personal, cultural, social and religious needs are understood and met.
- Staff treat people as individuals, considering any relevant protected equality characteristics.
- People's communication needs are met to enable them to engage in their care, treatment and support to maximise their experience and outcomes.
- **I statements**
- [I statements](#) reflect what people have said matters to them.
- I am treated with respect and dignity.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- I am supported to manage my health in a way that makes sense to me.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.
- **Subtopics this quality statement covers**
- Personal, cultural, social and religious needs
- Supporting communication and choice

[Key questions and quality statements](#)

[Safe](#)

[Effective](#)

[Caring](#)

[Kindness, compassion and dignity](#)

[Treating people as individuals](#)

[Independence, choice and control](#)

[Responding to people's immediate needs](#)

[Workforce wellbeing and enablement](#)

[Responsive](#)

[Well-led](#)

Workforce wellbeing and enablement

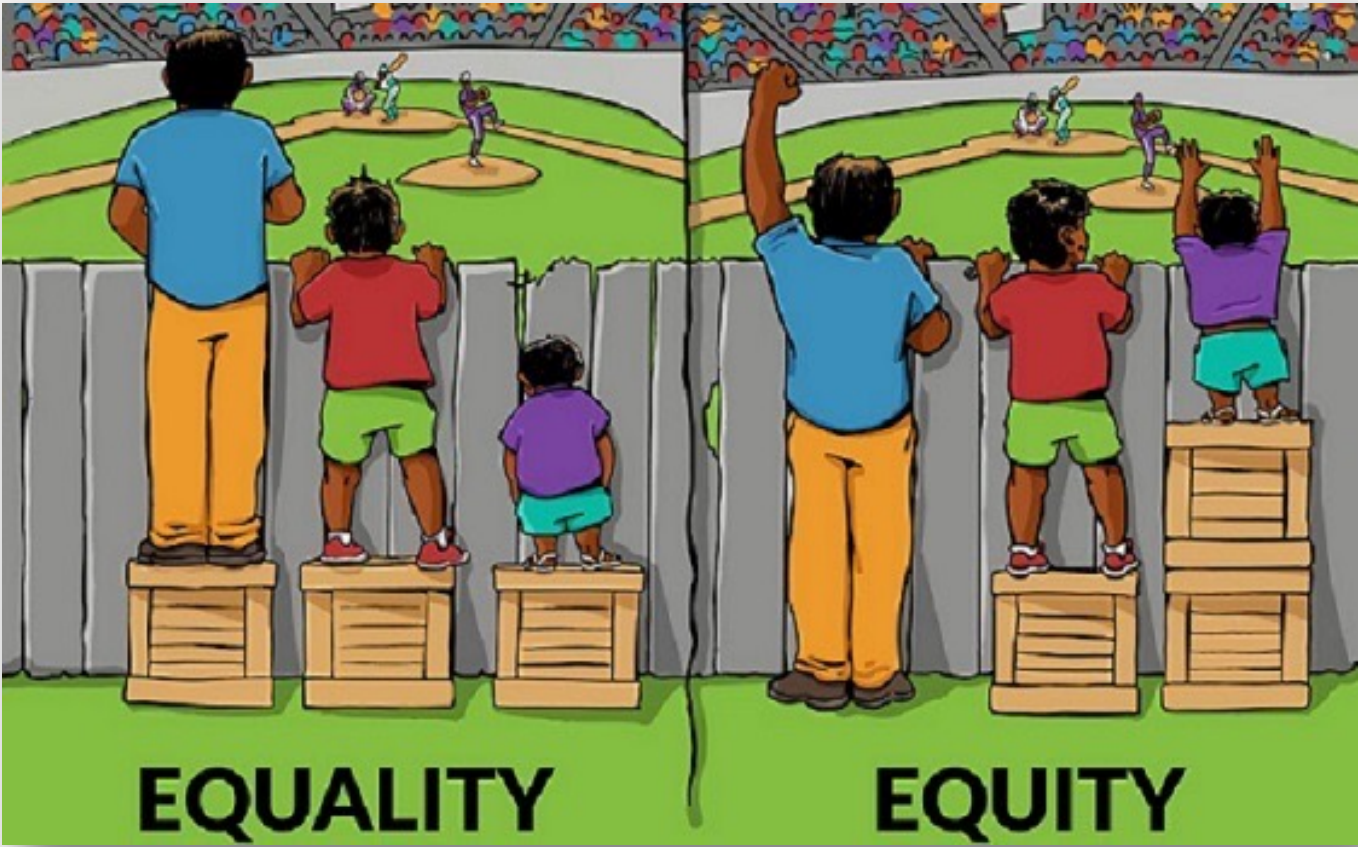
We expect providers, commissioners and system leaders live up to this statement:

We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

What this quality statement means

- People receive safe, effective and person-centred care as the provider recognises and meets the wellbeing needs of staff. These include the necessary resource and facilities for safe working, such as regular breaks and rest areas.
- People benefit from staff who have regular opportunities to provide feedback, raise concerns and suggest ways to improve the service or staff experiences. If necessary, leaders provide a timely and considered response.
- People's experience of a service is driven by a culture that normalises good wellbeing through inclusivity, active listening, and open conversations. This enables staff to do their job well and to be well.
- Staff are supported if they are struggling at work. This has a positive impact on the care they deliver to people.
- Staff have easy access to personalised support that recognises the diversity of a workforce with proactive and reactive measures.
- People are supported by staff who feel valued by their leaders and their colleagues. They have a sense of belonging and the ability to contribute to decision making.

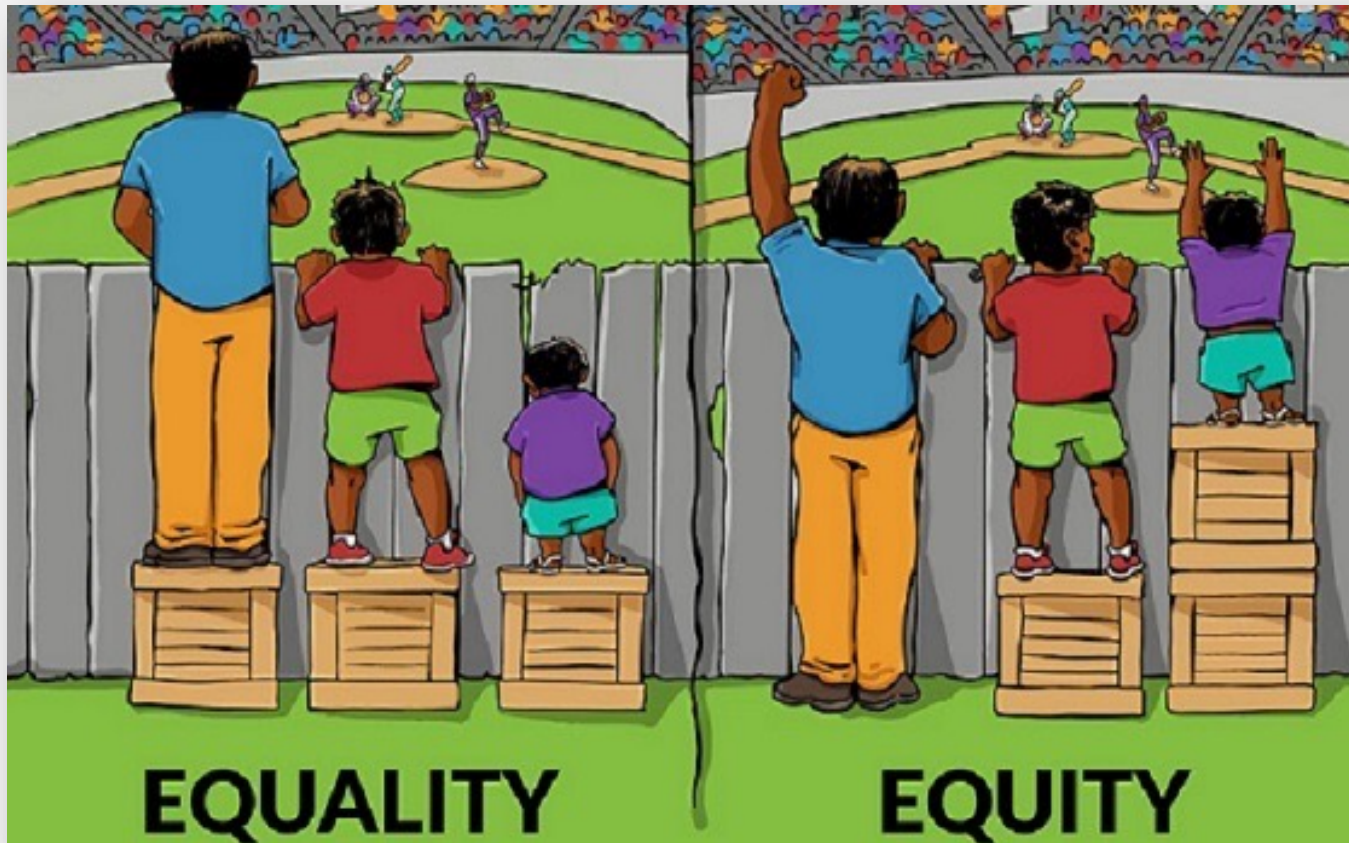
WHAT DO THEY MEAN FOR YOU?



social-change.co.uk/blog/2019-03-29-equality-and-equity

08/03/2024

WHAT DO THEY MEAN FOR YOU?



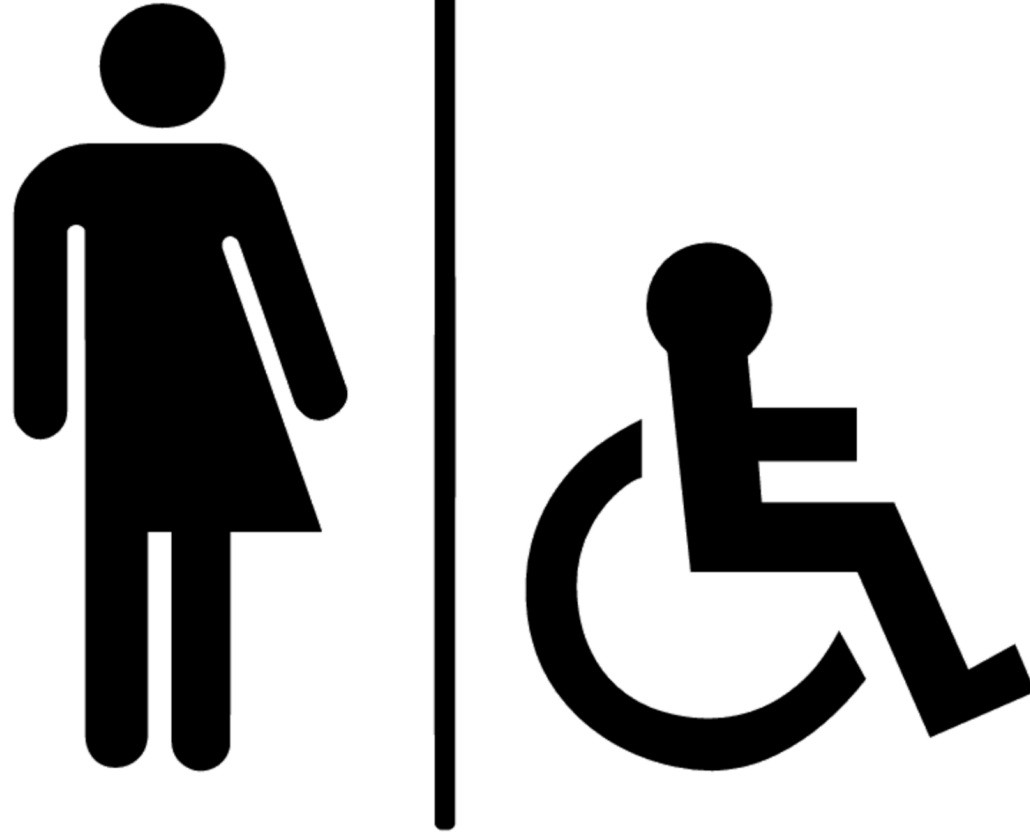
social-change.co.uk/blog/2019-03-29-equality-and-equity

13/03/2024

HERE ARE SOME SUGGESTIONS FOR IMPROVING CULTURAL COMPETENCE AT THE INSTITUTIONAL LEVEL:

- Hire a diverse staff that's representative of the cultural diversity of the patient population.
- Ethnic matching of staff and client may help the client feel safe and understood.
- Create standards of practice that encourage staff to develop culturally adapted interventions or offer patients interventions drawn from their own cultural tradition as part of the care plan.
- Possibly refer to other sources that are safe and align with the patient's cultural practices.
- Inclusive practices – for example; nutrition guidelines that consider food cultures, including one-pot meals, stews, colours and texture which are similar to cultural dietary patterns.

CREATING AN INCLUSIVE CULTURE



INCLUSIVE

10 Benefits of Workplace Diversity!



I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.



Maya Angelou



Thank you!

**PLEASE GET INTOUCH
FOR FURTHER SUPPORT**

Dudley Sawyerr
dudley@peoplecareservices.com

