

How personal beliefs
and value systems
may influence own
anti-discriminatory
prac...



**ASSIGN
BUSTER**

Everyone has their own values, beliefs and preferences. They are essential to making you who you are.

What you believe in, what you see as important and what you see as acceptable or desirable are as much a part of your personality as whether you are shy, outgoing, funny, serious, friendly or reserved. There are several factors that affect everyone's values and beliefs. Although everyone's beliefs are affected to different degrees by a range of factors. These factors can include physical, emotional and social development, environment, relationships, education, religious beliefs and values, cultural background, employment and even socioeconomic circumstances.

In terms of someone's beliefs and values in a health and social care setting, they can play a vital role in the interaction between service users and providers. For instance if a service provider has had a very good education and is very eloquent and the service user that they are dealing with has not, this may have influences on their anti-discriminatory practises. The service providers beliefs may affect how they treat their patient, but can have different degrees of affect depending on the individual. For instance, if the service provider believes that people who are not well educated or particularly eloquent are less than themselves in any way then they are already, subconsciously, discriminating against this service user Again, someone religious beliefs and values can also have affects on how anti-discriminatory practises are implemented. For instance, if a service provider is a very strong and practising Christian, events such as 09/11 or 07/07 terrorist attacks may cause them to have certain stereotypes and beliefs

about Muslim. This Christian service providers beliefs could greatly influence the care they administer to any Muslim service user.

There are two steps to changing ones own beliefs and prejudices. The first is for the health and social care worker to think about their attitudes and accept that some may be based on prejudice. The second step is to seek out accurate information about the area, since prejudice can only flourish with ignorance. People whose work involves caring for others need to be more aware then most as to how their work can be affected by their beliefs. The way in which you respond to people is linked to what you believe in, what you consider important and the things that interest you. You may find you react positively to people who share your values and less warmly to people who have different priorities.

Choosing your friends and meeting with others who share our interest is one of life's joys and pleasures, however the professional relationship you develop with people you care for are another matter. As a professional carer you are required to provide the same quality of care for all, not just for those who you can identify as sharing your views and beliefs. When working in health and social care settings I will refer to the Care Value Base as a code of practise for promoting anti-discriminatory practise. The basic care values are that services should be available to everyone on the basis of need and that they should be delivered in a way that promotes service users rights.

Many people requiring services are members of vulnerable groups and suffer from disadvantaged circumstances. Care services must not exclude or discriminate against any group in society. The way care services are

delivered should empower service users and promote their dignity. This is done by applying the care value base in every aspect of care work. The Care Value Base is centred on the fact that care values aim to help people develop people to their full potential. There are three key areas under the Care Value Base.

The first is, fostering equality and diversity among people, this means understanding assumptions, prejudices, stereotypes and labelling as well as their affects and also understanding the benefits of diversity. The second is, fostering peoples rights and responsibilities, these rights include safety, security, dignity, choice, confidentiality and freedom from discrimination. Other rights include the right to be different and the right to be given effective communication The third and final key area under the Care Value Base is maintaining the confidentiality of information. To do this individuals must know; the security of recording systems, the need and right to confidentiality and how much confidentiality can value and protect a client. They must also know policies, procedures and guidelines as well as boundaries and tensions in maintaining confidentiality.

Care work should empower service users in order to promote peoples rights and responsibilities. This means that workers must recognise the right of people to make decisions about their on lives. Service users should have choices whenever possible. Nothing should be done without their agreement unless the law permits it. Wherever necessary, service users should be provided with the necessary information to complain about infringement of there rights. Workers should respect service users individual and social traits

and their views and beliefs to encourage diversity in people and further equality.

They should challenge discrimination whenever it occurs so as not to let their own personal beliefs and value systems affect their own anti-discriminatory practises. All workers should also know how to get support for service users being discriminated against. Overall, ones own personal beliefs and value systems can have a great deal of influence on ones own anti-discriminatory practise. Whether it be someone's own morals or even someone's stereotypes surrounding people, influences are constant throughout the health and social care profession. If all care workers are open to identify and change heir stereotypes then anti-discriminatory practise can be negatively influenced as little as possible.