

The potential effects of discrimination essay sample



**ASSIGN
BUSTER**

There are lots of potential effects related to discrimination. It includes things like disempowerment, low self-esteem and self-identity and also marginalisation. I am now going to explain these effects and connect them with a case study. Disempowerment is when a person or group of people may be made to feel less powerful or confident. Some people may try to fight against the discrimination causing an argument but many people do not and they lose the will to fight against it. As a result of this type of discrimination, they may then become depressed and feel devalued as well as disempowered. This could lead to health issues and may lead to them taking tablets which would make them more depressed because it makes them think they have a medical condition. Low self-esteem and self-identity is when discrimination can lead to people losing their self-worth or self-esteem. Some vulnerable people may already have low self-esteem before using a health and social care setting. This could be due to bullying or other types of discrimination such as racism, sexism, ageism etc. A person may have a negative self-identity. This can lead to a feeling of worthlessness and depression.

They may become withdrawn and isolate themselves within their home to make them feel like they are alone and that no one is there for them too. Marginalisation is when people may feel they are not part of the main group in society and may feel like they are left out. This can happen when people in the group feel that they are 'different' because of the person they are. It could be due to their race, religion, age, language, sex etc. All of these things can lead to restricted opportunities and may lead to them not using the health and social care provision. They may begin to feel that they cannot

access services and this could lead to them not receiving the health care they need. If they are not treated with the care, it may lead to a poorer health.

It can lead to them experiencing loss of their individual rights and they may feel they cannot complain because of self-esteem. This means they do not trust health and social care workers and organisations to be looking after and supporting them. All types of discrimination can also lead to negative behaviour and can partly cause aggression or crime; even living in poverty and experiencing discrimination can affect an individual's behaviour as well. Due to the negligence they may take out their frustration on the care providers or others in the society which would make them in the wrong and after being investigated this may or may not change because of the client's self-esteem or pressure levels. As well as taking it out on the care providers, they are also able to take it out on health and social care professionals.

Bethan Jenkins

' A retired teacher, Betty (65 years old), was diagnosed with Dementia. She lived at home with her husband Arthur (70 years old) who had been caring for her for several years. When she was diagnosed, No information was given to the couple. They had no relatives that they could rely on around them for support. Betty had a fall a few weeks after her diagnoses. It took a fall and an admission to hospital for the health and social care team to realise they were struggling. Finally, workers involved Betty and Arthur fully in giving information about Betty's condition and possible sources of help e. g. meals on wheels, luncheon club, day care etc. This enabled Betty to be fully

included in as plan of care which enabled her to develop fully in the things she is still able to do such as go shopping with Arthur.

However, it avoids activities which are dangerous such as driving a car'. This gave Arthur feelings of powerlessness, a dislike of dependency and a fear of losing independence. A whole range of negative emotions were experienced in the initial recognition of the need to accept help. Arthur felt that by accepting the help, he was letting his wife down by not being able to manage alone. After Betty's fall, she had full inclusion in the care plan after Arthur had accepted that he couldn't manage alone. This had positive and psychological outcomes. Arthur's inclusion made him able to say what support he needed and he would have been feeling much better about it after talking to the health and social care staff. The care plan and decision making gave the couple choice and independence, making Arthur feel better in himself.