

# [National initiatives: promoting anti-discriminatory practice essay](https://assignbuster.com/national-initiatives-promoting-anti-discriminatory-practice-essay/)

The NMC is a regulatory body for nurses and midwives, in order for them to be able to practise in the UK they must be registered with the NMC. This also requires them to meet standards and follow the code of conduct. The NMC promotes anti-discriminatory practice because if any nurse or midwife falls short of the code of conduct they are investigated by the council. The code of conduct was revised and improved recently to make it easier to understand and follow, making it more effective.

The standards have pretty much stayed the same, however they have been summarised into four statements; prioritise people, practise effectively, preserve safety and promote professionalism and trust. Prioritise people means putting the care and safety of the patient first, they should be your main concern. This covers treating people with kindness, respect and compassion, delivering the basics of care effectively, avoiding making assumptions and recognising diversity and individual choice.

Ensuring any treatment or assistance of care is delivered without delay and people’s human rights are upheld. This statement of the code of conduct and its standards promotes anti-discriminatory practice because upholding people’s human rights means challenging discriminatory practice when you see it, showing people kindness, respect and compassion and delivering high quality care doesn’t just apply to certain service users, it applies to all regardless of social class, age, gender, sexual orientation, religion, culture, race, gender reassignment…etc.

Practise effectively means being able to communicate with patients effectively, trying to break down language barriers where it is possible, using language and terms that your patients can understand and making sure they are understanding you. Using non-verbal language as well as verbal to have a better ability to communicate effectively with service users of different cultures. This promotes anti-discriminatory practice by welcoming and facilitating diversity.

For example; an English speaking service user and a Polish speaking service user both have the same health problem. The Polish speaking service user shouldn’t have less access to healthcare than the English speaking service user just because of the language barrier, if it isn’t possible to communicate effectively with the Polish speaking service in order to understand his problem and provide the help he needs then steps need to be taken in order to not discriminate and lessen his equality of healthcare.

A translator may be needed. Preserving safety means acting within your knowledge, skills and competency always, asking for assistance from qualified professionals where necessary and being aware of and taking the steps to reduce any potential for harm associated with your practice. This helps promote anti-discriminatory practice because harm to your practice could come from discriminatory practice happening and not being challenged.

This links in with the last statement promoting professionalism and trust because that means upholding the reputation of your profession, and if you or your colleagues are engaging in discriminatory practice it brings the whole profession down. Being professional means keeping to the code of conduct and the standards set in it, being aware of how your behaviour affects others and how it influences them and keeping to the laws of the country which includes the Equality Act, Race Relations Act, Disability Discrimination Act…etc. If for any reason a nurse or midwife acts against the code of conduct they are investigated.

The NMC carrying out these investigations promotes anti-discriminatory practice because it challenges it when it does occur, and it shows that there is no place for it in either profession as engaging in anti-discriminatory practice can get you struck-off the register, preventing you from working as a nurse or midwife. Health and Care Professions Council (HCPC) The HCPC is a regulating body that regulates health, psychological and social work professionals. It regulates arts therapists, biomedical scientists, dietitians, hearing aid dispensers, paramedics, physiotherapists, psychologists, social workers and many more professions.

Like the NMC the HCPC is set up to protect the public and has standards too, it also requires every profession it regulates to be registered before they can practise and it takes action against those that don’t meet the standards. The HCPC set standards for your character, your health, your proficiency, conduct, performance and ethics, continuing professional development, education and training, standards for prescribing and separate standards for podiatric surgery. The standards set for your character include checking for any criminal convictions and having a character reference when you register.

This promotes anti-discriminatory practice because it is taking steps to ensure that the people providing health and social care are the type of people who service users want providing their care. The standards set for conduct, performance and ethics include acting in the best interests of service users, keeping up high standards of personal conduct, communicating properly and effectively, behaving with honesty and integrity and ensuring that your behaviour does not damage the public’s confidence in you or your profession.

The standards for conduct, performance and ethics promote anti-discriminatory practice by doing the same as the NMC and investigating instances where professionals fall short of the standards set, including engaging in discriminatory practice. The Equality Act 2010 The Equality Act aims to outlaw discrimination by taking all the separate previous legislation on discrimination and putting it under one law, so that it becomes like a one stop shop for tackling discrimination.

This Act outlines the ‘ protected characteristics’ which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender and sexual orientation. This Act helps to promote anti-discriminatory practice by giving victims of discrimination a legal basis, and one where it is easier to prosecute because this one law covers all discrimination, even recognising depression as a disability where it has previously not been.

The way in which this Act promotes anti-discriminatory practice in a health and social care setting is because it places a duty on hospital trusts and other public bodies to prevent discrimination and promote equal opportunity. By outlining protected characteristics, it outlines those more likely to experience discrimination at the same time, meaning they are more vulnerable to discriminatory practice.

This allows for policies and procedures to be put in place, specific training around the protected characteristics and how health and social care professionals can uphold their human rights and promote anti-discriminatory practice in accordance with their codes of conduct and standards. It requires those with protected characteristics to be considered when policies and decisions are being made.

For example; Plymouth Hospital NHS Trust has a ‘ Trust Policy’ in place that sets out the ways in which the Trust will contribute to promoting equality and prevent unlawful discrimination. The policy states what the Trust will not tolerate; direct and indirect discrimination, victimisation, harassment and bullying. The policy also states that the Trust will provide learning and development in equality and diversity for all employees and that every new employee will take part in an induction programme around equality, diversity and human rights and that there will be annual training for the hospital’s entire workforce.

In regards to the delivery of high quality care and services the policy states that the trust will meet all requirements of legislation around equality and ensure that it’s services are non-discriminatory by working with the local community to ensure the public know what health services are available to them and ask for their views on how to improve health inequalities.

This policy promotes anti-discriminatory practice by taking steps to make sure everybody has access to the healthcare that the Trust provides by reaching out to the community, it promotes anti-discriminatory practice by educating and training its employees on protected characteristics, discriminatory behaviour and the promotion of equality. This all comes from the Equality Act who puts these duties on the Trust to meet the legislations requirements. Race Relations Act 2000

The Race Relations Act puts a duty on public authorities to act on the need to eliminate unlawful discrimination, to promote equality of opportunity and promote good relations between people of different racial groups. It emphasises the importance of taking racial bullying, harassment and discrimination seriously. Before the Equality Act brought all discrimination legislation under one law the Race Relations Act along with other legislation were brought into policies separately.

For example; West Hertfordshire Hospitals NHS Trust’s Equal Opportunities Policy references all discrimination related policies and states that in relation to the Race Relation Act the Trust will aim to eliminate unlawful racial discrimination whilst promoting good race relations between people of different racial groups. It states how employees of the Trust will support this legislation and meet its requirements by putting a responsibility on them to not harass, abuse, intimidate or discriminate against service users or colleagues on the basis of race or any other basis.

That employees must report any incidences of discrimination immediately and that any reports will be dealt with by the Trust very seriously. This Act promotes anti-discriminatory practice by making it hospital policy to challenge any discriminatory practice and by making sure all employees understand the seriousness of discrimination.

Without this legislation, service users who are treated differently because of their race, who don’t have equal access to healthcare wouldn’t have the legal protection this Act affords them, and incidents of this type of discrimination could go on unnoticed or undealt with or reported incidents wouldn’t have serious enough consequences that would deter or contribute towards eliminating racial discrimination.

The Care Standards Act encourages anti-discriminatory practice by setting requirements for service providers to take account of religious, racial, cultural and linguistic needs of service users. This Act established a regulatory body called National Care Standards Commission that regulates care services, this Act also made provisions so that a list of people deemed not suitable to work with vulnerable adults could be kept to prevent them from working in settings such as hospitals, care homes, nurseries…etc.

The Care Standards Act sets out national minimum standards that settings like residential care homes for children and elderly people and foster homes…etc must meet and the National Care Standards Commission regulate these settings to make sure they are meeting the standards. This helps to promote anti-discriminatory practice by recognising that different settings require different methods of care but still need the same levels of equality of opportunity and are not excluded from legislation that may seem to be healthcare specific.

By setting standards directly relevant to the settings and having a regulatory body especially for these settings means that discriminatory practice is discouraged and the service users of these services have the same protections under the law that everybody else does. For example; people living in nursing homes have specific needs and healthcare requirements and these needs can make them more vulnerable to discrimination, neglect and bad practice.

How the Care Standards Act has helped try to eliminate discriminatory practice in nursing homes is by making a regulatory body, that inspects the nursing home making sure they are meeting the national minimum standards for providing high quality care. Advocacy Policy An advocacy policy is a set of guidelines for a specific organisation, such as the NHS, that is adapted to suit the organisation and what they do.

This policy set outs that where a service user or patient cannot speak for themselves, which could be for various reasons such as due to a physical or mental illness preventing them, learning difficulties or being a young child, that they can either choose someone to be an advocate for them or have someone appointed. An advocate speaks on behalf of a person, getting across their care decisions, what they want to happen and can complain on their behalf.

A family member or friend can be an advocate, however, sometimes this can be problematic when they use their position as advocate for selfish reasons or to their own benefit rather than carrying out the wishes of the person they are advocating for. http://www. elizabethdolefoundation. org/wp-content/uploads/2015/03/advocate. jpg Advocacy policies help to challenge discrimination when a patient or service user feels too intimidated or anxious, are too ill or otherwise unable to complain about poor care, discrimination they have experienced or abuse, their advocate can do this for them.

This would challenge discrimination that may have otherwise gone undealt with. Complaints Policy Complaints policies promote anti-discriminatory practice by giving service users a reliable way to report incidences of discrimination. They allow service users, patients their family members or friends to complain about poor care, discrimination or bad practice.

They promote anti-discriminatory practice by ensuring that all complaints are investigated, none can be ignored and the person who made the complaint should be told of the end result of the investigation, e. g. f bad practice or discrimination was found to have happened, what consequences there were for the person who was responsible for it. There must be a time frame for when complaints should be dealt with for example, all complaints must be dealt with within 10 days of the complaint being made, and the person making the complaint should be made aware of the time frame. This is to ensure that the complaint is dealt with because if the person making the complaint doesn’t hear anything back within the time frame they can contact the relevant people to make sure it hasn’t been forgotten about or ignored.

Image result for Complaints Policy The way to make a complaint should be made so that people that all service users can use the method. For example, there is a NHS Complaints Advocacy service that those who feel they can’t complain themselves for reasons such as illness, learning difficulties, visual or hearing impairment can use who will make the complaint on their behalf. This promotes anti-discriminatory practice by allowing those who wouldn’t be able to make a complaint on their own still make a complaint.

Putting the Service User at the Centre of Care Provision Patient centred care takes the service user’s needs and preferences into account, it means they are treated as an individual. This promotes anti-discriminatory practice because if every patient was treated the same, religious beliefs, preferences and cultures would go unacknowledged and not respected which would infringe upon their human rights. Identifying and Challenging Discriminatory Practice

To identify and challenge discriminatory practice it is important to understand the effects of discrimination because it can sometimes be easier to see the effects experiencing discrimination can have on a person than seeing the discrimination happen first hand. The effects of discrimination are marginalisation, low self-esteem, restricted opportunities and disempowerment. These effects occur when somebody has been discriminated against in one of the following ways; by way of covert or overt abuse of power, had their rights infringed upon, abuse or bullying, prejudice, stereotyping or labelling.

A way in which NHS hospitals try to identify and challenge discrimination is via their equality and diversity guidelines which are given or made available to all employees of the hospital, as well as training provided, it outlines and defines the different types of discrimination and the legislation behind them. It also states what their responsibilities are as employees to identify and challenge discrimination. It mentions that employees have a responsibility to make sure patients are treated fairly on the basis of need, and not discriminated against on the basis of any of the protected characteristics.

It also states that patients must be treated with respect to their religion, beliefs, culture, gender, sexual orientation or ability and that religious and cultural needs must be met where possible. For example, a Jewish patient can only eat kosher food, it is not acceptable to give them anything else and this religious need must be met otherwise the patient experiences discrimination. In order for an employee of a hospital to identify this potential for discrimination they must have at least a basic knowledge of the religious and cultural needs of the diverse population of their service users.

Training is provided for all employees on diversity, equality and individual rights and this is how ant-discriminatory practice is promoted in a hospital setting. Challenging discriminatory practice is a mandatory responsibility as a health and social care professional, there are disciplinary actions if you allow discriminatory practice to happen without challenging it or reporting it. Making it mandatory to report or challenge discrimination makes colleagues less likely to stick up for each other because there are disciplinary actions for allowing it to happen. Recognising and Respecting Patients Beliefs, Values and Culture

An example of how hospitals promote anti-discriminatory practice is by educating their employees on recognising religious beliefs, culture and values. For instance, Greater Manchester West Mental Health NHS Foundation Trust have a multi-faith handbook that can be found on their website that is available to both service users and employees. It is a handbook that gives a compact explanation of each religion and the requirements of that religion such as prayer times and how arrangements must be made in order for service users to continue to practice their religions, this also includes dietary and food preparation requirements.

Dietary and food preparation requirements are not just specific to religious requirements, the values and beliefs of a vegan or vegetarian are equally as important as a Jewish person’s requirement for Kosher food or a Muslim’s requirement for Halal food, also people who eat gluten-free because they have an allergy to gluten. Actively supporting the religious beliefs and values of service users promotes anti-discriminatory practice because it means acknowledging and respecting that person’s religion rather than ignoring how important it is to them and not supporting them in their practise of it.