

Diversity college essay



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However the similar standard of service needs to be modified on the basis of the Individuals need and not the need of the service. An equal opportunities approach requires that individuals are not treated differently merely on the basis of irrelevant criteria such as age, race, disability, gender or sexuality. A recent example of this was when a Senior Care Support Worker went out to complete an assessment with a gay couple who wanted to sign up to the service as one partner had dementia.

The couple had entered a Civil Partnership which means that their relationship is legally recognized and they must be treated the same as married couples on a wide range of legal matters.

On our assessment paperwork we only have ‘ live in partner’ or ‘ spouse’ to describe the relationship between couples and the CSCW rang me to ask which description should she use as the couple “ weren’t really married”. I explained that actually by being Civil Partners they were ‘ married’ and that their relationship had legal standing and they should be classed as ‘ spouses’ rather than ‘ live in partners’.

I ensured that it was noted in the Care Plan that they were Civil Partners so that there was no misunderstanding by any staff member. The couple were pleased that we had recognized and acknowledged their relationship as they have met a lot of misunderstanding and discrimination from other service providers in the past. There has been a huge improvement in discrimination issues since the introduction of anti-discriminatory legislation such as the Sex Discrimination Act 1975, Equal Pay Act 1970, Race Relations Act 1976, Disability Discrimination Act 1995 and the Equality

Act 2006.

In recent years there has been a change in approach to equality which is focusing much more positively on celebrating difference and diversity rather than seeing Inequality as a barrier to be overcome. To promote this way of thinking the whole Team recently attended a days training with a trainer who has a very positive and inspiring approach to equality and diversity. The content of the training session was specifically designed to address some issues that had arisen within the Team over recent months.

This included: making people aware of how their personal pinions should not be imposed on other individuals particularly in a way that causes hurt or distress personal opinions are Just that and should not be made to seem Like the opinions of the service people should acknowledge and respect the and that choice should be respected The training session went very well and everyone commented on how they had all learnt something new about equality and diversity although they had all been on previous training sessions and that the way in which the training had been designed and delivered had been excellent.

Balancing individual rights and professional duty of care Capacity and Informed Choice A recent emergency that we had illustrated the dilemma that sometimes arises when people's capacity to make decisions is questioned and our duty of care is put to the test. Recently an elderly gentleman, who cares for his wife who has had a stroke, was taken ill with a suspected heart attack at breakfast time on a Thursday morning. The

attending paramedic rang the emergency line to ask for someone to go out to be with the wife while they took the gentleman to hospital.

The on-call Care Manager checked the detail of the care plan and emergency plan in the database and arranged for a Senior Care Support Worker to go out to the home immediately as the gentleman was refusing to go to hospital until somebody got there as he didn't want to leave his wife alone.

The CSCW managed to get there within twenty minutes and the gentleman went off to hospital to undergo tests. The lady had mobility problems and needed support to prepare meals and with using the bathroom. She was worried about her husband and was concerned how she would manage without him.

The CSCW stayed with the lady preparing meals and giving support. The Care Manager contacted the couple's son who lives in Manchester to let him know what was happening. He was in touch with the hospital and his mother throughout the day and by early evening it became apparent that his father was going to be admitted to hospital for a few days.

The Care Manager spoke with the son and his mother about the support that CERES would provide overnight and the following day (Friday) until the son could get down from Manchester at the weekend.

The Care Manager offered for CERES staff to stay with the lady overnight but she was adamant that she would be fine to be left alone once she had been helped to bed as long as she could have someone to help her get up the next morning. The CSCW that had been with the lady during the day was replaced

by a different member of staff at 5. Pm and that staff member stayed with the lady until 10.

Pm and then left after helping the lady safely to bed and securing the property. Another member of staff attended the following morning at 8. Am lady. During the morning the lady was able to speak to her husband on the phone ND after lunch a family friend came and took her to visit her husband in hospital. The friend was able to then stay with the lady until her son arrived later that evening.

The lady and her son were very grateful for the support that CERES had provided over the two days. The father was kept in hospital until the following Tuesday but the son was able to stay with his parents for the week so that his father had time to recover.

After we have attended an emergency we send out a Quality Assurance Questionnaire so that we get feedback on how we have performed and to highlight NY concerns or complaints. When we received the completed questionnaire from this particular gentleman he said that he and his wife were very grateful and happy with the support she had received but that he was very concerned that no one had stayed with his wife overnight. On reading this I asked another Care Manager not involved to look in detail at the emergency and the response that had been made.

Her findings were that: The gentleman was very concerned for his wife while he was in hospital and that he would have been happier if someone had been with his wife overnight on the Thursday The on-call Care Manager had offered for a CSCW to stay with the lady overnight but she had been quite

adamant that once she was safely in bed she didn't want or need someone to stay with her. The on-call Care Manager had spoken to the son about someone stopping with his mother and he had said that it was up to his mother to make the decision and he would explain that to his father. The on-call Care Manager made the judgment that the lady had full capacity to make the decision and her wishes had to be complied with and any risk was managed as the lady was safely in bed. The lady was very happy with the support she had received and she said her husband was a "right worry guts". I spoke to the gentleman and explained that we did understand his concern but we had to respect his wife's wishes and she had been adamant that she didn't want anyone stopping overnight.

The gentleman accepted the reasons for not staying overnight and he said that he was just being overprotective and didn't like to think of her on her own without him. I took the opportunity to assure him that should the situation happen again we would be there to provide whatever support his wife needed but we would have to be guided by her as to her wishes. He thanked me again for the support and said that should he need to call us he wouldn't hesitate in doing so.

I have received other feedback from Caregivers that have also questioned the response that has been made in emergency situations. We have had an emergency where the Caregiver had requested someone to go out to the home but when staff got there the cared for person was reluctant to accept the support so they just carried out a safety check and then left but phone contact was maintained with the cared for person until the return of the Caregiver.

In this sort of situation the Judgment of the responding member of staff with discussion with the Care Manager has to be the deciding factor about the level of support provided. If there are any concerns about someone being of care to ensure the safety of our service users.