EQUALITIES
AND THE ROLE OF THE LAY REPRESENTATIVE

A Training Day for CHC Members

Programme facilitator: Christine Sheppard
September 2002
Programme Objectives

Aims:

The NHS is now required to demonstrate how it will address racism and progress the equalities agenda as a whole. With the amendment of the Race Relations (Amendment) Act 2000 everyone working within the NHS will need to understand and take action on addressing how institutionalised racism operates within it.

The course aims to:

- Provide an overview on the range of discriminations that operate within society; and the legislation to address this;

- Provide opportunity to consider impact of discrimination on health

- Provide more detailed information about racism specifically and an opportunity to explore how racism operates on an individual and institutional basis;

- Provide information about the impact of the Macpherson report, the Race Relations (Amendment) Act 2000;

- Look at practical and effective ways for lay representatives within the NHS to progress equalities;

Outcomes:

By the end of the day participants should have:

- An understanding of how the discriminations currently operating within society inhibit ‘Equalities’ generally and within the NHS.

- an understanding of racism, its roots, and impact on individuals and institutions

- an outline knowledge of the implications of the Macpherson Report and the requirements of the Race Relations (Amendment) Act 2000.

- shared ideas about: good practice, practical solutions, and putting these into practice with the patient & public involvement structure.
Equalities
& the Role of the Lay Representative in the NHS

Programme
The programme will combine presentations, pair exercises, small group work and plenary discussions.

10.0  Session One- What does ‘Equalities’ mean?
- Welcome and Introductions
- What do you understand by Equal Opportunities
- What do you understand by Diversity?
- Terms and Definitions

Feedback and discussion

11.15 Refreshment break

11.30 Session Two- Inequalities in Health
- The range of ‘oppressions’ in society
- The impact of this on health and the NHS

Feedback and discussion

12 noon Session Three - What is Racism?
- Individual racism
- Institutional racism
- How does it manifest within the NHS?

1.00 Lunch

2.0  Session Four- Equal Opportunities Legislation
Race Relations Amendment Act 2000 & likely impact on NHS

2.30 Session Five- Lay representatives- champion of equalities?
- Your role & experience as a lay representative
- Sharing good practice, practical solutions & putting these into practice
- Next steps- what is needed to sustain the momentum

4.00 Close
Session One- What does ‘Equalities’ mean?

Welcome

Ground rules

Introducing yourself:

- Name
- Name of CHC
- Your ethnic background/heritage
Session One – What does ‘Equalities’ mean?

Terms and Definitions

These terms and definitions are not intended to be prescriptive or definitive, but represent the general views that underpin Equal Opportunities:

PREJUDICE
Attitudes, opinions or thoughts formed beforehand without informed knowledge. These are likely to be defended even in the face of evidence to the contrary.

STEREOTYPES
Applying judgements or attributing qualities or types of behaviour to all members of a group, regardless of whether or not an individual has those qualities or behaves in the manner identified with the group.

DISCRIMINATION
Treating people differently and unfairly because of the group to which they belong, without regard to the qualities or identity of the individual.

INDIRECT DISCRIMINATION
Applying a condition or requirement to the provision of jobs, services, or goods, which adversely affects a particular racial group, sex, or other group, and cannot be justified on any other legitimate grounds. The discrimination may occur whether or not there was an intention to discriminate.

PASSIVE DISCRIMINATION
Passive discrimination occurs when unfair disadvantages befalls individuals or groups as a result of what individuals or organisations omit to do, rather than what they actively or deliberately do.

RACISM
All attitudes, systems and procedures, the effect of which, regardless of the intention, is to create and maintain the power, influence and well-being of white people at the expense of black people.

“Prejudice backed up by power”
“Perpetuation of belief in the superiority of white people”

SEXISM
All attitudes, systems and procedures the effect of which, regardless of the intention, is to create and maintain the power, influence and well-being of men at the expense of women.

HETEROSEXISM
A belief based on the assumptions that the relationships between members of the opposite sexes are always and intrinsically better than gay or lesbian relationships. Gay and lesbian relationships are therefore thought to be “abnormal” and ‘unnatural’.
Session One- What does ‘Equalities’ mean?

HOMOPHOBIA
Fear of closeness with the same sex and an overtly negative attitude or behaviour towards gay men and lesbians. This is often manifested as abuse, aggression or harassment, and rooted in the belief that same sex relationships are intrinsically and always of less value than heterosexual partnerships.

SEXUAL HARASSMENT
Unwanted and inappropriate attention, of a hostile or sexual nature, which the victim believes to be motivated by their gender. This includes language, behaviour and a hostile working environment.

RACIAL HARASSMENT
Violence which may be verbal or physical and which includes attacks on property as well as on the person, suffered by individuals or groups because of their colour, race, nationality or ethnic or national origins, when the victim believes that the perpetrator was acting on racial grounds.

DISABILITY
A disability is one aspect of a person’s identity and is defined within the Disability Discrimination Act 1995 as “has a physical or mental impairment which has a substantial or long-term adverse effect on a person’s ability to carry out normal day to day activities.”

Notes:
Session Two- Inequalities in Health

INEQUALITIES IN HEALTH:

It seems that ‘oppression’ makes people ill. Oppression “being the systematic mistreatment of a group of people by the society and/or by another group of people who serve as agents of the society (e.g. a particular institution) with the mistreatment encouraged or enforced by the society and its culture.”

Pair exercise: Think about what this looks like and what groups in our society are discriminated against in any way, for example disabled people, old people:

- Who else?
- How can the mistreatment/discrimination affect health?

Feedback and notes here:
Session Two – Inequalities in Health

Ethnic Diversity in the UK

- BME communities form 6% of UK’s population
- 90% live in major cities in the UK (50% in London)
- Over 150 languages spoken by over 40 different ethnic communities
- 85% of the BME population is under the age of 40
- BME communities are spread unevenly in UK

People’s Experiences of using health services (London examples)

- **GPs are gatekeepers**: e.g. in Islington 38% of refugees encountered problems registering with GPs; in one London survey, GPs felt that responding to the needs of refugees and asylum seekers creates a burden on resources.

Basic communication is a key barrier:

- 43% of respondents in Haringey and 53% of Brent and Harrow stated they needed an interpreter when seeing their GP

- **Poor access to information and knowledge about services**

- **Inappropriate health promotion information** e.g. descriptions of redness on skin, pink rashes not helpful

- **Negative/racist staff attitudes**

- **Stigmas of mental illness, HIV, and sexually transmitted diseases** often delay and prevent people in London using services

- **Responding to religious and cultural and linguistic needs** is often poor

- **Complaints are not easy to make for BME communities**
Session Two- Inequalities in health

Key national targets and measures are:

- Life expectancy – (75.2 years for males, 80.1 years for females.)
- Infant mortality rates (deaths in the first year)
  Relative gap between social classes has been widening nationally
- Child poverty
- Smoking
- Teenage pregnancy
- Material deprivation

Questions for us to ask are who are the communities that are most adversely affected by the above?

Diseases & Conditions that disproportionately affect Minority Ethnic Groups

- Diabetes
- Cardiac health
- Hypertension
- Haemoglobinopathies (sickle cell & thalassemia)
- Respiratory illness
- Mental illness
- HIV/AIDS
- Tropical diseases

Discussion

Notes:
Session Three- What is Racism?

"WHAT IS RACISM?"

Groups of humans have been oppressed in a variety of ways throughout much of human history. Racism, one form of oppression, has existed for many centuries. It shapes and perpetuates the inequalities of our societies and has become a part of our societal institutions.

Racism affects everybody. Racism is an integral part of our societies. It is not just an aberration of a small collection of people. For racism to end policies must change, racist behaviour must stop, the injustices from racism need to be redressed, and all people need to recover from the damage done to them by racism.

Oxford dictionary definitions:

**Race:** large group of people with common ancestry and inherited physical characteristics

**Racism:** belief in the superiority of a particular “race” Antagonism towards other “races”

Increasingly “race” is more widely understood as applying to one “race” only- the human race. The differences between various ethnic groups are superficial and slight as compared to the huge number of similarities.
Session Three- What is Racism?

INDIVIDUAL RACISM

Because our society and institutions are so historically steeped in racism it is difficult for ‘white’ people to notice what racism is and how it has affected our minds. Most of the misinformation about ethnic groups different from our own came during our childhoods when we were trying to make sense of the world we lived in. Racism was and is very confusing.

Pair Exercise

Try this exercise with another person:
Respect confidentiality.
Take turns to listen to each other without interruption or comment whilst you consider:

What is your earliest memory of first noticing that there were people in the world with a different skin colour to you?

Consider what other things we can do as individuals:

- Listen to and learn from what black people tell us about racism and how it operates
- Look at who your friends are, notice how separated you may be from black people. Make friends with people from different cultures
- Do not defend your position when challenged about racism.
- Learn about other cultures
- What else?
INSTITUTIONALISED RACISM

A definition:

"The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people."

The Steven Lawrence Inquiry Report

The Institutions that are established to protect and inform their citizenry such as the government, the police, the criminal justice system, the media, educational institutions often end up being agents of racism.

The Steven Lawrence Inquiry report published in February 1999 highlighted this fact and brought about the biggest watershed in race relations policy and legislation in recent years.

The Inquiry accepted the submissions by the Commission for Racial Equality’s (CRE’s) that institutional racism exists not only in the Metropolitan and other police services but also in all other institutions.

"The Macpherson Report challenges us all, not just the police service....to tackle discrimination wherever it is found....It places a responsibility on each of us. We must make racial equality a reality."

Jack Straw, Home Secretary

Institutionalised Racism in the Met defined by 4 key areas:

- At the murder scene, in communicating with the Lawrence family, by continuing to defend their position, by inappropriate language.

- Disparity of Stop and Search – disproportionate numbers of black men

- Racist crime massively under-reported

- All 25,000 police officers – no training on racism
Session Three – What is Racism?

Consider the following:

**How does institutional racism currently operate within the NHS?**

Feedback and discussion
Session Four- Equal Opportunities Legislation

In Britain, discrimination is illegal on the following grounds:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Act</th>
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<tbody>
<tr>
<td>RACE</td>
<td>Race Relations Act 1976</td>
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<td>Race Relations (Amendment) Act 2000</td>
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<tr>
<td>COLOUR</td>
<td>as above</td>
</tr>
<tr>
<td>NATIONALITY</td>
<td>as above</td>
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<td>ETHNIC OR NATIONAL ORIGIN</td>
<td>as above</td>
</tr>
<tr>
<td>GENDER</td>
<td>Sex Discrimination Act (1975)</td>
</tr>
<tr>
<td>MARITAL STATUS</td>
<td>Sex Discrimination Act (1975)</td>
</tr>
<tr>
<td>DISABILITY</td>
<td>Disability Discrimination Act (1995)</td>
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</tbody>
</table>

This applies in the areas of Employment practice and polices; provision of goods and services.

**Direct and indirect discrimination:**

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<thead>
<tr>
<th>Direct</th>
<th>Indirect</th>
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<tr>
<td>Active</td>
<td>Passive</td>
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<td>Conscious</td>
<td>Unconscious</td>
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<td>Intentional</td>
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<td>Overt</td>
<td>Covert</td>
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There follows a brief description of the relevant Acts:

**Sex Discrimination Acts 1975 & 1986**

This Act makes it unlawful to discriminate against a person, directly and indirectly, on the grounds of sex and/or marriage. The Act covers the entire area of sex discrimination in employment; including those areas relating to recruitment, advertising, selection, promotion or training.
Session Four- Equal Opportunities legislation

Direct sex discrimination occurs where a person of one sex is treated less favourably, on the grounds of sex, than a person of the other sex would be in the same or not materially different circumstances.

An example of direct discrimination would be for a selection panel to reject an adequately qualified female candidate for a vacant management position in preference to a less qualified and experienced man.

Indirect sex discrimination occurs where a requirement or condition is applied equally to both men and women. Such a requirement or condition results in indirect discrimination where the proportion of one sex who can comply with it is much smaller than the proportion of the other sex that cannot comply with it.

An example would be to include requirements or conditions in the person specification which women or men would be less likely to meet, e.g. height restrictions.

Marriage discrimination is the discrimination that arises when a married person is treated less favourably than a single person of the same sex. Section 3 of the SDA defines and makes direct and indirect marriage discrimination unlawful.

Notes:
Race Relations Act 1976 & Race Relations (Amendment) Act 2000

The Race Relations Act forbids racial discrimination in employment. It makes it unlawful to discriminate against a person, directly or indirectly, on the grounds of race.

The Act covers the entire area of racial discrimination in employment including those areas relating to recruitment, advertising, selection, promotion and training. The Commission for Racial Equality (CRE) was established under this Act and it is the central body which has been given the overall task of providing guidance to individuals and employers on eliminating racial discrimination, promoting equal opportunities and good race relations and reviewing the operation of the Act.

Direct racial discrimination consists of treating a person on racial grounds less favourably than others are or would be treated in the same or similar circumstances. Racial grounds include race, colour, nationality - including citizenship - ethnic or national origins.

An example of direct race discrimination would include a panel that appoints a less experienced and qualified white applicant to a post while it fails to consider the application of a better qualified and more experienced black candidate.

Indirect racial discrimination involves applying a requirement or condition which, although applied equally to all persons of all racial groups, has a disproportionately adverse effect on a particular group and cannot be justifiable on any grounds other than racial grounds. Another example would be to ask for qualification levels that are above the minimum needed to carry out the duties of the post.

Race Relations (Amendment) Act 2000

The Act came into force on 2 April 2001 and amends the Race Relations Act 1976 in the following ways.

Prohibits discrimination by any public authority in carrying out its functions. Imposes a general duty on all public authorities to promote racial equality and avoid discrimination. This duty applies to all NHS Trusts and Strategic Health Authorities and they are required to do so whatever the size of their local ethnic minority populations. Race equality is extremely relevant to the planning, delivery and monitoring of patient-centred health care. Health
organisations can model good practice locally and lead the way by integrating the promotion of race equality into their mainstream activities. This will have a great effect on the lives of service users, their families and the well-being of staff and will influence partnership organisations and the community at large.

Requires public bodies to be proactive with promoting race relations

A specific duty to produce a Race Equality Scheme (by 31 May 2002) which should set out how the organisation will comply with the Act in promoting race equality. The Scheme should assess the organisation’s functions and policies; monitor any adverse impact its policies may have on race relations.

Public access to information and services- each organisation must publish its assessments and make information about its services accessible to the public.

Staff training- in order to implement the general and specific duties staff will need training.

The CRE has issued statutory Codes of Practice to advise authorities on the Act. It has power to serve Compliance Notices on authorities that are deemed not to have complied with the Act., and a court order requiring compliance can be served on any non-compliant authority.

Impact on the NHS:

This Act applies to all NHS Trusts, Primary Care Trusts, Health Authorities. Means that the NHS is subject to legal challenge for non-compliance NHS is now required to deal with institutional racism and has an opportunity to mainstream race equality.
Equal Pay Act (1970)

This Act makes it unlawful for employers to discriminate between men and women with regards to pay and other terms of employment.

The Equal Pay Act requires an employer to give equal treatment in respect of pay and other terms of the contract of employment, to men and women doing the same or broadly the same work, or work which is given similar value under job evaluation.

The Disability Discrimination Act (1995)

The legislation applies equally to those who become disabled in the course of employment, and to job applicants.

All employers of 20 or more people are legally liable for discriminating against disabled persons in recruitment, promotion training, working conditions and dismissal.

Employers will be able to justify less favourable treatment of a disabled person in specified circumstances, such as lack of suitability. This defence will be subject to a new duty on the employer to make reasonable adjustments to working conditions or to the physical working environment where that would help to overcome the practical effects of a disability.

The quota scheme (employers with more than 20 employees had to have 3% of their workforce as registered disabled people) to be replaced.

Industrial tribunals hear complaints about discrimination by reason of disability and will be able to award unlimited compensation.

Discrimination is also prohibited against a disabled person in relation to the provision of goods, facilities and services.

The Protection from Harassment Act (1997)

Harassment can be defined as unwanted attention which is offensive to the recipient and which may involve an element of coercion. It is about unwanted behaviour that is not solicited, that is personally offensive and
Session Four- Equal Opportunities legislation

fails to recognise or respect the rights of others. Harassment frequently involves the abuse of power.

This Act makes harassment a criminal offence, and the victim of harassment will be able to bring claims against the harasser.

Ageism

At present there is no legislation or commission responsible for addressing ageism. The National Service Framework (NSF) for Older People recognises ageism within the NHS and in society, and its first standard is to require NHS Trusts to review their policies to screen out ageism.

Employers can take action to end ageism at work by:

- Have a clear policy on ageism
- Monitor the age composition of the workforce
- Check that employment conditions do not include unnecessary age-related criteria
- End age limits in recruitment advertising
- Match the age profile of workforce with service users
- Break down the assumptions that subordinates must be younger than those to whom they report.
- Make sure older employees are not excluded from training and development programmes.
- Change the self-perception of both younger and older employees.
Session Five- Lay Representatives- champion of equalities?

In small groups consider the CHC and your role within it:

- What is the CHC’s role now in progressing the equalities’ agenda—within the CHC—membership, work plans, language, access etc

- What changes would you like to see to progress equalities as part of the new Patient & Public Involvement system that is to replace CHCs in 2003.

- Think about one action you can take personally.

- What help do you think people need to sustain progress?

Feedback and discussion

Notes for future action: