Access to Higher Education Unit

This unit forms part of an Access to HE Diploma. If delivering the graded version of this unit, please refer to the Provider Handbook for details on grading descriptors and the application of these across units within your programme.

Unit Title: Equality, Diversity and Inclusion in Health and Social Care

Graded Unit Reference Number: GA33BIO49

Ungraded Unit Reference Number: UA33BIO49

Module: Biology

Level: Three (3)

Credit Value: Three (3)

Minimum Guided Learning Hours: 30

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Understand the key concepts of Equality, Diversity and Inclusion (EDI) in health and social care	1.1 Define the terms *equality*, *diversity*, and *inclusion*, providing examples relevant to healthcare.
	1.2 Explain the concept of *discrimination* and give examples of discriminatory practices in healthcare settings.
	1.3 Analyse the potential effects of discrimination on individuals' health and wellbeing.
2. Understand the legislative and regulatory framework for EDI in healthcare	2.1 Summarise key legislation and regulations that govern EDI in healthcare.
	2.2 Identify and outline the protected characteristics under the Equality Act 2010.
	2.3 Explain the role of regulatory bodies (e.g., CQC) and organisational policies in promoting EDI.
3. Understand how EDI issues are managed in healthcare settings	3.1 Analyse how at least two protected characteristics are supported within NHS practice, including examples of reasonable adjustments and initiatives.

	3.2	Evaluate the impact of failures to uphold EDI principles in healthcare, referencing at least one case study.
	3.3	Explain strategies and improvement plans used by healthcare organisations to promote equality, diversity, and inclusion.

Indicative Content Learners could cover the following: (The information below is provided for guidance only and is not mandatory)	
LO1	AC1.1 **Definitions:** • **Equality:** fairness, equal access to opportunities, equal rights regardless of identity; relates to preventing unfair treatment based on appearance, background, self-identity. • **Diversity:** recognition that each person is unique; range of visible and invisible characteristics (e.g., gender, ethnicity, religion, health, sexuality, education, background). • **Inclusion:** accepting individuals for who they are; removing barriers created by attitudes or prejudice; creating cultures of belonging where differences are valued. • **Application to health care:** ensuring staff embed equality, diversity and inclusive practice in personal values and professional care; organisational responsibilities to uphold inclusive policies. AC1.2 **Discrimination and discriminatory practice:** • **Direct discrimination:** treating someone less favourably because of a protected characteristic (e.g., refusing access for mobility-aid users, inadequate building access). • **Discrimination by association:** disadvantage experienced because someone is connected to a person with a protected characteristic (e.g., a parent of a disabled child). • **Discrimination by perception:** unfair treatment based on an assumption that a person has a particular characteristic. • **Indirect discrimination:** policies or rules applied equally but disadvantaging specific groups (e.g., essential equipment not maintained for disabled service users). • **Harassment:** unwanted conduct creating intimidating or hostile environments. • **Victimisation:** negative treatment of individuals who raise or support complaints. • **Effects on individuals:** anxiety, low confidence, poor health, social withdrawal, stereotyping, and stress-related symptoms. **AC1.3**

	Effects of discrimination on health and wellbeing: • **Physical effects:** stress responses (e.g., rapid heart rate, cold sweats), potential exacerbation of existing conditions. • **Emotional and social effects:** depression, reduced self-esteem, isolation, hostility, or aggression when individuals feel threatened or excluded. • **Impact on identity:** loss of confidence, reduced sense of belonging, negative self-perception. • **Influence on wider society:** breakdown of trust between communities, reinforcement of stereotypes, barriers to accessing care.
LO2	AC2.1 **Key legislation and regulations governing EDI in healthcare:** • **Equality Act 2010:** consolidation of previous discrimination laws; prohibition of less favourable treatment; responsibilities of employers and public service providers**.** • **Human Rights Act 1998:** rights to dignity, freedom from degrading treatment, privacy, liberty, fair treatment, and protection from discrimination. • **Mental Capacity Act 2005:** presumption of capacity, supporting decision-making, best-interest processes, least-restrictive options; supports individuals with conditions such as dementia, brain injury, learning disability. • **Health and Social Care National Occupational Standards:** promote equal opportunities, individual rights, confidentiality. • **CQC regulatory oversight:** ensuring compliance with equality, dignity, safety and human-rights-based care. AC2.2 **Protected characteristics under the Equality Act 2010:** • Age • Disability • Gender reassignment • Marriage and civil partnership • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation **Learner focus:** understanding examples of discriminatory behaviour linked to each characteristic and how these characteristics influence care needs. AC2.3 **Role of organisations in promoting EDI:** • **CQC requirements:** ensuring care providers are safe, effective, caring, responsive and well-led; applying a human-rights-based regulatory approach; monitoring equality compliance. • **NHS Constitution:** rights to access services, receive high-quality care, be treated with dignity and respect, involvement in treatment decisions, confidentiality, and protection from abuse.

	• **Employer policies:** equality and diversity policies, inclusive recruitment, staff training, safeguarding responsibilities. • **Codes of practice:** standards for professional conduct and practice requiring non-discriminatory behaviour.
LO3	AC3.1 **How the NHS manages protected characteristics:** • **Disability:** – Reasonable adjustments (e.g., mobility aids, priority or longer appointments, easy-read information). – Use of Summary Care Records to communicate individual needs, fears, communication preferences, allergies. – Adjustments designed to reduce health inequalities and ensure accessible services. • **Mental health / learning disability:** – Lessons from Winterbourne View: abuse, failure of oversight, importance of safeguarding, advocacy, transparent reporting, strong regulatory intervention. • **Ethnicity and race:** **–** Tailored approaches to health inequalities (e.g., hypertension management in BAME groups). – Ensuring equitable access (e.g., language support, varied communication channels). – Blood donation compatibility considerations across ethnic groups. AC3.2 **Failures to respect protected characteristics – case study analysis:** • Winterbourne View: systemic abuse, lack of safeguarding, organisational and regulatory failure; consequences for residents' safety, dignity, and rights. • **Impact of discrimination and poor EDI practice:** harm to vulnerable individuals, violation of human rights, long-term trauma, public loss of trust, legal consequences for providers. • **Required improvements (Transforming Care):** stronger safeguarding, improved reporting of abuse, better inspections, improved leadership, and enhanced support for people with learning disabilities and autism. AC3.3 **Strategies for improving EDI in healthcare:** • **NHS improvement plans:** setting measurable EDI objectives; addressing bullying and harassment; improving pay-gap equality; fair and inclusive recruitment practices. • **Staff training:** induction for internationally recruited staff, cultural-awareness and anti-discrimination training. • **Addressing health inequalities:** targeted services, community outreach, tailored support for underserved groups. • **Organisational commitments:** promoting respect, inclusive culture, and person-centred care.