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# PLAYING THE LONG GAME TO ACHIEVE EQUALITY FOR ALL

Donna Kemp, lecturer, University of Huddersfield

**T**he Equality Act is not new, it has been in place since 2010 and served to simplify, strengthen and merge nine pieces of legislation. The Act has an overall aim of protecting individuals from unfair treatment and to progress equality of opportunity for all.

This special themed edition of *Mental Health Nursing* focuses on the experiences, challenges and celebrations of people living with 'protected characteristics' as described within the Act, these are: age; disability; gender reassignment; race; religion or belief; sex; sexual orientation; marriage and civil partnership; and pregnancy and maternity.

The Act outlines seven types of discrimination: direct (where someone is treated less favourably than another because of a protected characteristic), associative (discrimination against someone who is associated with an individual who has a protected characteristic), perception (where someone is discriminated against because they are perceived as possessing one or more of the characteristics), indirect (where policies and procedures disadvantage a person with a particular protected characteristic), harassment (where someone's behaviour is found to be offensive by the person receiving it) and victimisation (where someone is treated badly because they have made or supported a complaint under the Equality Act).

How effective has this policy been in ensuring equality of opportunity for all? Are we in a position where policy is no longer needed to ensure people are treated fairly?

There has been progress but there is still a long way to go. As mental health professionals we need to apply the law in relation to our colleagues as well as



to the people that access our services.

As employees we are required to complete mandatory training in equality and diversity, and this serves to guide us against making decisions and behaving in a way that is contrary to the legislation, yet people continue to experience discrimination.

Doing the training is not enough – it does not in itself equate to change in behaviour. This is a long game. It will take time to get to where we need to be – where our workforce is representative of the communities served; where people from BME communities are not over-represented in mental health data; where there is no pay gap between men and women; and where services are accessible and welcoming to all.

Doing the right thing starts at the point of recruitment to nurse training, where applicants are shortlisted according to criteria and interviewed based on values.

At the University of Huddersfield, the interview includes a series of 1:1 interviews hosted by services users/carers, practice partners and academics. This brings a range of perspectives that ultimately contribute to an overall decision. Ahead of this are a number of activities aimed at widening participation – and focusing on the long game. ■



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