

# Happy to ask Happy to tell

Handbook for trainees

Revised March 2012

We are happy to consider requests  
for other languages or formats.  
Please contact 0131 536 5500 or email  
[nhs.healthscotland-alternativeformats@nhs.net](mailto:nhs.healthscotland-alternativeformats@nhs.net)

Published by NHS Health Scotland

**Edinburgh office**

Woodburn House  
Canaan Lane  
Edinburgh EH10 4SG

**Glasgow office**

Elphinstone House  
65 West Regent Street  
Glasgow G2 2AF

© NHS Health Scotland, 2009, 2012

ISBN: 978-1-84485-449-3

All rights reserved. Material contained in this publication may not be reproduced in whole or part without prior permission of NHS Health Scotland (or other copyright owners). While every effort is made to ensure that the information given here is accurate, no legal responsibility is accepted for any errors, omissions or misleading statements.

NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

**Diversity data  
can make a  
difference**

# Contents

1. Introduction – what is this handbook?	page 1
2. Asking patients for the information	page 2
3. Age	page 3
3.1 Introduction – what is age?	page 3
3.2 The question	page 3
3.3 Points to consider	page 4
3.4 Further thinking	page 4
4. Disability	page 5
4.1 Introduction – what is disability?	page 5
4.2 The questions	page 5
4.3 Points to consider	page 6
4.4 Further thinking	page 7
5. Gender	page 8
5.1 Introduction – what is gender and transgender?	page 8
5.2 The question	page 8
5.3 Points to consider	page 9
5.4 Further thinking	page 10
6. Race/ethnicity	page 11
6.1 Introduction – what is ethnicity?	page 11
6.2 The question	page 11
6.3 Points to consider	page 12
6.4 Further thinking	page 13
7. Religion/belief	page 14
7.1 Introduction – what is religion and spirituality?	page 14
7.2 The question	page 14
7.3 Points to consider	page 15
7.4 Further thinking	page 15
8. Sexual orientation	page 16
8.1 Introduction – what is sexual orientation?	page 16
8.2 The question	page 16
8.3 Points to consider	page 17
8.4 Further thinking	page 17
9. Conclusion	page 18
<b>Appendix</b> Equality and diversity monitoring	page 19

# 1. Introduction – what is this handbook?

Thank you for attending training which included the 'Happy to ask, happy to tell' DVD.

Equality and diversity monitoring allows you to understand which groups access your services and enables you to promote equality by targeting services at groups who may encounter barriers using them. This then has the potential to improve the health of the whole population.

We realise that there are a lot of messages and information in the DVD for staff to digest in a very limited time. Therefore we have designed this handbook for NHS staff to refer to.

The handbook is designed to be a quick and handy resource which supports you by giving you the information you need in order to ask patients for their equality and diversity details. It is structured into sections focusing on age, disability, gender (including transgender), race, religion/belief and sexual orientation. Each section includes:

- an introduction
- the question(s) that NHS staff should ask
- points to consider
- further thinking.

In addition, there is an appendix which contains two leaflets explaining why the NHS is monitoring patients for equality and diversity. The first provides an explanation for NHS staff, while the second is intended for patients.

This handbook was revised in March 2012 to include the most up-to-date questions for equality and diversity monitoring.

## 2. Asking patients for the information

Before we consider the recommended specific questions to ask patients, please note the following important guidance which is intended to make the process of collecting equality and diversity data from patients easier for NHS staff:

- You should introduce yourself and explain that you are going to ask the patient a few questions or that there is a form you would like them to complete.
- Before you ask the questions, or give the patient the form, you should explain that you are collecting information from them, which will only be used by the NHS for monitoring and to ensure that all patients are able to access their services.
- You should explain that all patients are being asked these questions, that the information given will remain confidential and that answering the questions is entirely voluntary as patients do not have to answer any questions they do not want to.
- You should be aware that the groups referred to in this handbook are likely to have experienced discrimination and harassment in the past and therefore may be reluctant to answer questions from health professionals.
- You should ask the patient if they need any help in completing the form and provide them with assistance if they require it.

# 3. Age

## 3.1 Introduction – what is age?

This group includes children, adolescents, adults and older people – usually those aged over 65 years. Each age group has different needs and may face different challenges in accessing health services.

## 3.2 The question

While the Community Health Index (CHI) number provides data about a patient’s age, it is best that when you are collecting equality and diversity data from a patient you ask the following question about their age.

What was your age last birthday?	_____ years
Prefer not to answer	
<b>If more detail is required then the recommended question for collecting date of birth is:</b>	
What is your date of birth? (dd/mm/yy)	

### 3.3 Points to consider

The Equality Act 2010 requires that you do not discriminate against people aged over 18 because of their age. However, age-specific services, such as services limited to children, are still lawful as long as the age criteria can be justified.

If data about the age of a patient is collected and monitored it may reveal where particular age groups live – for example it is likely that there are more older people living in rural locations. This information can be used to plan services which meet the needs of these groups.

People perceived to be young and old each face barriers to accessing health services. Barriers faced by older people include poor attitudes from staff, the location of services and not being treated with dignity and respect. It is possible that older people may not wish to disclose their age because they may be afraid of receiving a worse service if it is known they are older. NHS staff may need to reassure older people that monitoring for age will not affect their care.

Similarly young people also cite staff attitudes as being a barrier to health services and it is asserted that young people living particular lifestyles do not disclose these to health practitioners as they are afraid of being judged. Appointment times within school hours and concerns about confidentiality are also barriers. Young people may not disclose their age or other equality and diversity characteristics as they are concerned about being stereotyped.

### 3.4 Further thinking

How does it make you feel when you are using a service and you are not treated with respect by somebody – e.g. a receptionist or member of staff? How does this make you feel? Would you want to use such a service again?

How does it make you feel when you think a service has been designed with a different age group in mind to your own – e.g. you are a teenager and the service is designed for adults? Would you want to use such a service again?

How do you feel when you can identify with your surroundings and with the other people there?



# 4. Disability

## 4.1 Introduction – what is disability?

Disabled people are legally defined as those who have difficulty in performing day-to-day tasks for a period of 12 months or longer because of a physical or mental impairment. This includes people with visible disabilities, such as wheelchair users, as well as those with invisible disabilities such as people with dyslexia. People with certain long-term illnesses which are both visible and invisible, such as cancer, multiple sclerosis (MS), coronary heart disease (CHD) or human immunodeficiency virus (HIV), are also considered disabled from the point of their diagnosis. It should be noted that many people with disabilities are in good health. The challenges experienced in accessing health care can vary depending on the type of impairment patients have. However, the vast majority of disabled people face some kind of barriers in using the health service.

## 4.2 The questions

**1. Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more? (Please put X in ONE box only.)**

Yes

Don't know

No

Prefer not to answer

**2. If yes, does your condition or illness reduce your ability to carry out day-to-day activities? (Please put X in ONE box only.)**

Yes, a lot

Yes, a little

No, not at all

Prefer not to answer

### 3. Does this condition or illness affect you in any of the following areas? (Please X ALL that apply.)

Vision   
(for example blindness or partial sight)

Hearing   
(for example deafness or partial hearing)

Mobility   
(for example walking short distances or climbing stairs)

Dexterity   
(for example lifting or carrying objects, using a keyboard)

Learning, understanding or concentrating

Memory

Mental health

A long-term illness   
(such as diabetes, cancer, HIV, heart disease or epilepsy)

Stamina, breathing or fatigue

Socially or behaviourally   
(for example associated with autism, attention deficit disorder or Asperger's syndrome)

Other – please write in

---

None of the above

Prefer not to answer

## 4.3 Points to consider

The health of disabled people tends to be worse than for the non-disabled population and this is particularly true for people with learning disabilities and mental health problems.

The Disability Discrimination Act 1995, 2005 and the Disability Equality Duty have been subsumed into the Equality Act 2010, which requires you to promote equality between disabled and non-disabled people. To achieve an equitable service you may need to treat disabled people more favourably or make reasonable adjustments to services to make them accessible for disabled people.

### **Disabled people experience many barriers to accessing health services, and these are just a few:**

- inaccessible written communication such as appointment cards not being available in large print or Braille

- inaccessible audible communication such as there being no British Sign Language interpreter or visual displays available
- poor physical access such as there being no ramp or lift
- poor staff attitudes such as not treating people with respect or flexibility.

NHS Boards will need to have a robust evidence base against which to demonstrate progress. This is why collecting and monitoring data from disabled patients is essential.

**Disabled people may not answer the disability question because:**

- they may not consider themselves as disabled despite them having an impairment
- they may be afraid that the information they disclose about their disability will be passed on to others such as Department for Work and Pensions (DWP) benefit departments
- they may not understand the questions.

NHS staff should explain the form to people who may struggle to understand it, such as people with learning disabilities. They should also reassure disabled patients that the information is only being used by the NHS to improve services. NHS staff should never make assumptions about the patient's disability.

## 4.4 Further thinking

How would you feel if you needed to use a service but you struggled to use it because it was not designed to meet your needs – e.g. the meeting rooms are upstairs and you cannot climb stairs? Would you want to use such a service again?

If for any reason you were unable to see or hear or understand information as well as you usually can, how would this make you feel?

How would you feel if a service did not provide you with the support you require to use it, when this support is easily available – e.g. a receptionist knows you are deaf but still shouts your name from far away when it is your appointment time? Would you want to use such a service again?

# 5. Gender

## 5.1 Introduction – what is gender and transgender?

Many people think that gender means sex. However, unlike sex, which relates to an individual's physical characteristics at birth, gender is concerned with a person's self-identity rather than their physical characteristics. Gender includes men, women and transgender people. Transgender or trans are umbrella terms used in the UK to describe people whose gender identity doesn't conform or doesn't match the gender roles or gender expectations assigned to them at birth, and based on their biological sex characteristics.

## 5.2 The question

The following question is recommended when asking patients about their gender.

<b>Are you male or female? (Please put X in ONE box only.)</b>	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Prefer not to answer

No agreed question exists for monitoring transgender status although the Scottish Transgender Alliance have recommended questions.

## 5.3 Points to consider

Monitoring transgender status should only be done when complete anonymity can be guaranteed. The Gender Recognition Act 2004 defines any information relating to a trans person's gender recognition application as 'protected information'.

It is a criminal offence for NHS staff acquiring this protected information in an 'official capacity' to disclose it to a third party without the trans person's consent.

NHS staff therefore must by law ask trans people if they consent to their information being shared for monitoring purposes (unless they can guarantee that the information about the patient will remain anonymous). When seeking consent from trans people you should explain that the information they give is intended to monitor health services and that it will never be used for any other purpose.

Transgender people often face discrimination in accessing health care, whether it concerns being accepted for gender reassignment surgery, or in facing challenges in being recognised as their preferred gender by health professionals. NHS staff should be aware that transgender people are likely to distrust services and will not be comfortable disclosing their transgender status.

The Gender Equality Duty has been subsumed into the Equality Act 2010 and this requires that the NHS recognises the differing needs of men and women and provides equitable services that take into account their differing needs. Additionally, the Equality Act necessitates that you prohibit discrimination in the provision of services to transgender people, irrespective of whether they are undergoing gender reassignment surgery or not. It is anticipated that the Equality Act will introduce a Duty requiring public bodies such as the NHS to promote equality between transgender people and others.

The health and needs of men and women differ and health services need to take account of this. For example, Scottish women have a longer life expectancy and a longer healthy life expectancy than men. Women are more likely to suffer from anxiety and depression whereas men are more likely to commit suicide.

## 5.4 Further thinking

If you are male, how comfortable would you feel using a service if you felt it was mainly designed with women in mind – e.g. a weight loss clinic displaying posters of women? Would you want to use such a service again?

If you are female, how comfortable would you be using a service if you felt it was designed mainly with men in mind? Would you want to use such a service again?

# 6. Race/ethnicity

## 6.1 Introduction – what is ethnicity?

Ethnicity relates to the group that a person belongs to, or is perceived to belong to, due to certain characteristics, such as their race, religion, diet, appearance and language spoken. It is imperative that NHS staff do not make assumptions about a patient's ethnicity.

## 6.2 The question

**What is your ethnic group? (Choose ONE section from A to F then put X in ONE box that best describes your ethnic group or background.)**

### **A White**

- Scottish
- Gypsy/Traveller
- Other white ethnic group, please write in:
- Other British
- Polish
- Irish

### **B Mixed or multiple ethnic groups**

- Any mixed or multiple ethnic groups, please write in:

### **C Asian, Asian Scottish or Asian British**

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write in:

### **D African**

African, African Scottish or African British

Other, please write in:

### **E Caribbean or Black**

Caribbean, Caribbean Scottish  
or Caribbean British

Black, Black Scottish or Black British

Other, please write in:

### **F Other ethnic group**

Arab, Arab Scottish or Arab British

Other, please write in:

Prefer not to answer

## **6.3 Points to consider**

Some service users may be confused or will not understand the choice of ethnic groups available in the above question. NHS staff should not choose the ethnic category for the patient but instead should try to further explain the different options.

The Race Relations Amendment Act 2000 and the Race Equality Duty have been subsumed into the Equality Act 2010, and this requires the NHS to provide equitable services to patients irrespective of race/ethnicity. The legislation also requires the NHS to conduct ethnic monitoring of its patients.

The quality of health varies by ethnic group. For example, people of Chinese origin have about one third of the rate of coronary heart disease mortality as compared to the Scottish population as a whole, whereas South Asians have about 50% excess. The white population has a very high rate of coronary heart disease, but English white people living in Scotland are doing a lot better than the Scots. Ethnic monitoring is therefore required to monitor such health differences to allow health preventions to be targeted at those with the greatest potential for developing ill health.



## 6.4 Further thinking

How would you feel if you had to use a service but couldn't understand what people were saying to you because they were speaking a different language? Would you want to use such a service again?

How would you feel if you were offered food but you couldn't eat anything that you were offered because it is not part of your diet – e.g. hospital food that is meat when you are a vegetarian? Would you want to go to such a place again?

If a service provided interpreters so that you could speak in your own language, provided a range of food and respected your needs how would you feel? Would you want to use such a service again?

# 7. Religion/belief

## 7.1 Introduction – what is religion and spirituality?

Religion can be defined as a community created by a common core of shared beliefs and rituals exercised in their obedience to, or worship of, a supernatural power. Spirituality relates to all aspects of our lives and encompasses our physical, mental and social states.

## 7.2 The question

**What religion, religious denomination or body do you belong to?**  
(Please put X in ONE box only.)

None	
Roman Catholic	
Other Christian	
Muslim	
Buddhist	
Sikh	
Jewish	
Hindu	
Pagan	
Church of Scotland	
Other, please write in:	
Prefer not to answer	

## 7.3 Points to consider

The Equality Act Part 2, 2006 has been subsumed into the Equality Act 2010 which makes it unlawful to discriminate in the provision of goods and services on the grounds of religion. It is anticipated that the Equality Act will introduce a Duty for public sector bodies such as the NHS to promote equality between people who have a faith or beliefs and those who have none.

If you are not monitoring patients by asking about their religion then you will not know if patients have religious or spiritual care needs. If you do not know about a patient's spiritual care needs, then you will not be able to respond to these needs and this may be unlawful.

You need to ask patients if they would like to be visited by the hospital chaplain, as the Data Protection Act 1998 prevents NHS staff from contacting the chaplain without the patient's consent.

## 7.4 Further thinking

How would you feel if something that gives you comfort and reassurance was not available to you, particularly during a time of crisis?

# 8.1 Sexual orientation

## 8.1 Introduction – what is sexual orientation?

Sexual orientation refers to the sex of the person one is romantically attracted to, be it the same sex, the opposite sex or both sexes. In this context we are mainly considering those who are attracted to the same sex or both sexes – that is lesbians, gay men and bisexuals (LGB people). LGB people have faced considerable discrimination from the NHS and consequently may be reluctant to disclose their sexual orientation to health professionals or indeed to use health services.

## 8.2 The question

**Which of the following options best describes how you think of yourself? (Please put X in ONE box only.)**

Heterosexual/straight	
Gay/Lesbian	
Bisexual	
Other	
Prefer not to answer	

## 8.3 Points to consider

The Equality Act (Sexual Orientation) Regulations 2007 has been subsumed into the Equality Act 2010, which means that it is now unlawful to discriminate against LGB people in the provision of goods, facilities or services, such as NHS services. It is anticipated that the Equality Act will introduce a Duty for public sector bodies, such as the NHS, to promote equality between people of different sexual orientations. Therefore it is important for the NHS to monitor patients for sexual orientation in order to demonstrate that LGB people are not facing discrimination in accessing services.

Many LGB people have experienced homophobic attitudes from NHS staff, from lesbians being denied smear tests to same sex partners not being informed about their loved one's care. It is likely therefore that LGB people will be reluctant to give you information about their sexual orientation, so it is necessary for you to be very clear that the NHS is collecting this information to ensure that everybody is receiving an equally good service.

## 8.4 Further thinking

How would you feel if when using a service, you felt obliged to hide facts about your personal life due to being afraid of the response you may receive from staff – e.g. you refer to the person with you as your friend rather than your partner? Would you want to use such a service again?

How would you feel if you used a service and felt comfortable sharing information about your personal life – e.g. your sexuality – because you believed that staff would respect you? Would you want to use such a service again?

## 9. Conclusion

We hope that this handbook has given you the confidence and information to ask patients for their equality and diversity information. If you are still uncertain about asking patients for this information, please contact your manager or the equality and diversity lead from your NHS Board.

# Equality and diversity monitoring


Equality and diversity monitoring is the process one uses to record, store and analyse information on people's age, disability, gender (including transgender status), ethnic background, religious belief or sexual orientation. The Equality Duties, together with the then Scottish Executive's policy of 'Fair For All', require the NHS to record equality and diversity data for all patients.

This will aid a better understanding of health related to specific groups, promote equality, and help examine and address underlying causes of inequalities in health. It will also play a major role when planning services.

## **Why monitor and what are the benefits?**

When examining services, equality and diversity monitoring will highlight who is using or not using the services. Equality and diversity monitoring can generate knowledge about illnesses experienced by certain groups, which will help NHS Boards to take steps in preventing diseases at an early stage. For example, in Glasgow there is a 6–8% incidence of diabetes in the Asian community.

Monitoring will help make sure your services are fairly targeted and promote equality. The most important issue is that without equality and diversity monitoring you will be unable to see if your equality policies are working, and thus you will not be able to demonstrate progress in promoting equality as required under legislation.



**Staff have raised concerns about how to ask patients for this information. The 'Happy to ask, happy to tell' DVD, training course and this trainee handbook should help staff and give them the confidence to ask patients the equality and diversity information.**



**How do I ask a patient about their disability,  
ethnic background, religion or sexual orientation?  
How do I reassure the patient?**

A simple explanation as to why you are asking the question should reduce these concerns.

- It is important to reassure your patient that the questions you are asking are standard and are directed to all patients regardless of their age, ability, gender, race, religion or sexual orientation.
- You should highlight that the information is for health purposes and not for immigration, welfare benefit checks or for any other reason.
- Patients should be allowed to select the category that they believe is most appropriate to them when answering the questions, and health professionals must not pick the category for them.
- Patients must understand what is being asked of them and the health professional must understand what information is being obtained from their patients. It is therefore important that an interpreter is present when required.
- There should be translated information and alternative formats available for the patient. Note that children should not be used as interpreters.

Further information on any of the above can be accessed by visiting [www.isdscotland.org/Health-Topics/Equality-and-Diversity/Training-Materials](http://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Training-Materials)

## **Sample text for a patient information leaflet**

During your visit to the doctor or nurse you will be asked some health questions. These will include questions about your age, gender, ethnic origin and sexual orientation and whether you have a religious belief or a disability.

The reason we ask for this information is to enable us to:

- monitor our services
- help us to understand health related to specific groups
- promote equality
- help us when planning new services
- better tailor services to meet your needs.

This important information is confidential and is not used by any other organisations.

If you have any questions please ask your doctor or nurse.

**Thank you for your help.**

The 'Happy to ask, happy to tell' DVD and training resources, including this handbook, have been developed through partnership work between NHS Health Scotland and the Information Services Division of NHS National Services Scotland. The project was initiated by the former Diversity Information Implementation Network (with representatives from most NHS Boards). Many colleagues in the NHS and in the voluntary sector have subsequently contributed to the work.

NHS Health Scotland welcomes feedback on the 'Happy to ask, happy to tell' DVD and related resources. During the course of your training, your trainer should have asked you to complete an evaluation form. Planning is underway for a formal evaluation exercise to take place in late 2009.

For further information or discussion on the 'Happy to ask, happy to tell' resource (or diversity monitoring generally), please contact either your local equality lead or the Equality, People and Performance Directorate of NHS Health Scotland on 0141 354 2900 or email [equalitiesandplanning@health.scot.nhs.uk](mailto:equalitiesandplanning@health.scot.nhs.uk) Please use the same telephone or email contacts if you need further copies of the DVD and manual.

This trainee handbook, and other materials and resources, are also available electronically and can be downloaded from [www.isdscotland.org/Health-Topics/Equality-and-Diversity/Training-Materials](http://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Training-Materials)

