



*Better
Together*

Good Practice Toolkit

Equality and Diversity

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Communicating with Disabled People

General advice for working with disabled people:

- Focus on the person, not the disability.
- If you would usually shake hands then shake hands with the disabled person
- Treat adults as adults.
- Address disabled people by their first names only if extending the same familiarity to all others.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?"
- Ask questions if you're unsure what to do.
- Offer information in an accessible format suitable for the patient e.g. Braille, CD, large print and pictorial explanations, this can be arranged by contacting Patient Information, Governance Department telephone 0151 706 2266.
- Ask the patient how they would like to be communicated with.

For more detailed advice and guidance on working with disabled people visit the toolkit on the staff hub: <http://rl-faq.nhs.sitekit.net/Equality%20and%20Diversity/disability-toolkit-guidance.nfm>

Communicating with a Wheelchair User

- When talking to a wheelchair user, try to ensure your eyes are at the same level.
- Talk directly to the wheelchair user and not their carer (if they have one).
- Respect the wheelchair as part of the patients' personal space.
- Always ask the person if they would like some assistance, if you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.

Communicating with Blind or Visually Impaired People

- When you first meet a blind or visually impaired person or enter a room, introduce yourself.
- A person who is blind or partially sighted may not be aware of your approach; speak before you touch them in any way.
- Offer assistance; if required to lead the person, offer your arm for them to grip. Keep your guided arm straight and warn them of obstacles.
- Guide Dogs can accompany patient to appointments, do not feed or give attention to the Guide Dog when it is working.
- Be descriptive in instructions e.g. take a seat two steps to the left and two steps back rather than saying things like "take a seat over there", "go over there", "wait by that bed".
- Keep a magnifying glass around for people who have a visual impairment to use to read if required.
- Tell people where the important things are like toilets, call buttons and drinks.

Communicating with a person with mental-ill health

Mental health problems include depression, anxiety, social anxiety, obsessive compulsive disorder, addiction to drugs and alcohol, personality disorders, Anorexia Nervosa and Schizophrenia.

- Speak clearly and at your usual pace, and volume & check understanding.
- Use clear, concise language.
- Engage the person by asking for opinions.
- Relax and stay calm.
- Keep your tone of voice positive and friendly.
- Minimise distractions.
- Listen and make standard eye contact.
- Paraphrase and check understanding: "If I understand you correctly...", "Is that what you are saying?"
- Watch out for contradictory messages between verbal and non-verbal communication.
- Look for common ground.
- Stick to present issues. Keep text concise.

Communicating with a person who has an autistic spectrum disorder (ASD)

- Offer the first or last appointment of the day as waiting in busy hospital areas can increase stress levels.
- If an appointment is likely to be delayed, consider allowing the patient to leave the hospital all together and return at a later stated time.
- Use simple language and shorter sentences.
- Avoid statements like "It will only hurt for a minute" as a person with an ASD may take everything literally and expect this to be the case.
- Avoid sarcasm, irony or the use of metaphors as they may not be understood.
- Check they have understood what you have said.
- Ask for the information you require as they may not be forthcoming with information.
- Always warn a person with an ASD before you touch them and explain what you are doing and why, enlist the help of parent/carer if they are possible.
- Be aware that a person with ASD may not make eye contact with you.
- A non-verbal person may understand what you have said.
- A person with an ASD may find it difficult to understand another person's perspective.
- A person with an ASD may not understand personal space. They may invade your personal space or need more personal space.
- Some people with an ASD may be extremely sensitive to light and emergency lights and machines emitting a high-pitched 'whistle' sound can be agonising to a person with an ASD, in this scenario a person with ASD may flap their hands, rock or flick fingers as this helps them stimulate sensation or to deal with stress.
- Be aware that people with an ASD may have a very high pain threshold and may have an unusual response to pain, this can include laughter, humming or removal of clothes.
- If taking blood or giving an injection use a local anaesthetic to numb the site and try to divert their attention elsewhere.
- Try to allocate a key person to look after the patient and limit the number of staff caring for the person, as predictability helps them understand.

Communicating with Lesbian, Gay and Bi-sexual people

- Good communication with Lesbian, Gay and Bi-sexual (LGB) people encourages them to be involved in their own healthcare and promotes better health outcomes.
- Use language that respects LGB people and acknowledges same-sex relationships; ask patients if their partner will be attending.

Do not assume people are heterosexual.

- Let the person tell you the gender of their partner.
- Ensure all paperwork – such as leaflets, admission and consent forms – uses language and images that are inclusive of LGB families.

Communicating with older people

- Be courteous and ask how the person wishes to be addressed.
- Always treat older people with dignity and respect as you would any other person.
- Speak directly to the older person and not the person they are with (such as a carer or companion).
- Use plain English and avoid jargon and acronyms.
- Sit at same level, i.e. eye to eye, when speaking to people.
- Be aware of any barriers to communication, e.g. language, hearing, dementia, other specific needs.
- Speak clearly at your usual pace, tone and volume.
- Give the person time to absorb information.
- Be patient.

Communicating with younger people

- Explain your service's policy on confidentiality at the start of every consultation.
- Listen to the person (not the adult with them).
- Wait for the person to open up. It's essential to build trust with a younger patient if you're to achieve a positive relationship.
- Offer the opportunity to bring a friend into the consultation room.
- Ensure they have the opportunity to ask questions.
- Thank them for coming and reinforce that you would be pleased to see them again.
- Ask questions and don't assume.
- Explain why you're giving them particular leaflets and ensure they are appropriate for their age.
- Encourage but don't pressure them to come back.
- Be professional rather than trying to act cool as this can alienate the young person.
- Use vocabulary that can be understood, calm tone, clear body language.
- Get down to their level.
- Keep it simple.
- Give clear choices.
- Give time to respond.

Communicating with Trans people

A transvestite is someone who cross- dresses. A person who is trans-gender does not identify as the gender they were born with. A trans-sexual is transitioning or has transitioned to another gender. An inter-sex person may have both male and female biological characteristics.

- Use the name and the title that the person who is transitioning deems correct (Mr, Mrs, Miss or Ms).
- Be aware that Trans people may be gay, lesbian, a-sexual, bi-sexual or straight.
- Trans patients should be accommodated on the ward and use the toilets appropriate to the gender in which they are now living and presenting.
- If you are in doubt as to how to refer to a patient (male or female), ask them discretely and sensitively how they wished to be referred to.

If a patient discloses their Trans status treat this in the strictest confidence as is it illegal to disclose a Trans person status to others without their permission.

Communicating with black and minority ethnic groups

- Treat people as individuals.
- Do not assume because of how someone looks or dresses that they won't speak English.
- Be aware that there is a higher prevalence of diabetes, smoking, heart attacks, cancer and mental health problems in particular ethnic groups and lower levels of screening and access to healthcare.

Communicating with a patient with English as a second language

- Use short sentences and plain English.
- If someone does not understand what you are saying, do not just keep repeating it; try saying it in a different way.
- Consider translating basic information into the top 5 languages requested at the Trust.
- Consider if an interpreter is needed. Read the Interpreting and Translation policy., we do not recommend using family members/friends as interpreters.
- During the appointment, speak directly to the patient.
- Allocate more time for appointments.

Religious Requirements

- Different religions have different requirements. It is important to ensure that you ask the patient what their requirements are. Some considerations are below, this is not an exhaustive list and staff should refer to the relevant Trust Nursing Policies.

Diet

- In some religions diet can include abstaining from alcohol, including alcohol used in cooking and drugs. Some religions restrict eating meat, certain meats, salts and shellfish.
- Fasting is requirement in some times of the year. Pregnant women and patient with health needs or health problems are excused from fasting.
- Dairy produce is acceptable in most religions but sometimes is forbidden if it is not free from animal fat.

- Some religions prohibit food that contains blood, as is the consumption of animals that have been strangled. It can be forbidden to eat meat and milk products together.

Dress/Modesty

- A time of peace and quiet may be requested for meditation and a side room is appreciated.
- Head touching, pointing with feet or attracting people with one-finger gestures also can cause offence.
- In some religions men are required to cover the body and women may wish to cover the whole body except for face, hands and feet.

Dying

- A visit from a religious figure may be requested e.g., Chaplin, Rabbi, Clergy.
- Some religions may prefer to die at home.

Death

- Sometimes the body should be undisturbed for as long as possible to allow the spirit to leave the body in the correct way.
- Embalming can be forbidden.
- A female body should sometimes only be handled by female staff.
- It is sometimes important to wear disposable gloves, close the eyes and straighten the limbs.
- In some religions the body should not be washed but wrapped in a plain sheet.

Post Mortem

- Some religions prefer the body to remain in-violate, unless a post mortem is required by law.
- Post mortems can be forbidden unless ordered by the coroner.
- A representative may request to be present.
- Sometimes it is imperative that any organs taken out must be put back.
- Many post mortems are now avoided by making use of the MRI scans.

Funeral

- Cremation is not always permitted.
- Burial sometimes may need to be near the place of death e.g. maximum 1 hour's journey away.
- Cremation can be preferred, but is a matter for family choice.
- Some religions require that the body is always buried and sometimes within 24 hours of the time of death.

Organ donation/Blood transfusion

- In some religions organ donations can be forbidden.
- Some people may carry donor cards and next of kin may give permission to obtain organs.
- In a few religions, transfusions of whole blood, packed red cells, white cells, plasma and platelets are all unacceptable.

Know your rights, know your responsibilities...

Expect Respect!



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