



April 2019



The tip cards are **colour coded**.

-  1. People who are Physically Disabled
-  2. Blind and Visually Impaired People
-  3. People with a Learning Disability
-  4. People with Mental Health Difficulties
-  5. Lesbian, Gay and Bi-sexual People
-  6. Trans People
-  7. Older People
-  8. Young People
-  9. Black/Minority Ethnic People
-  10. Faith & Religion
-  11. Autistic Spectrum Disorder (ASD)
-  12. Asylum Seekers and Refugees
-  13. Deaf People (BSL users)
-  14. Hearing Impaired People
-  15. Deafblind People
-  16. Gypsy Travellers
-  17. People with money worries

Introduction



The way we communicate has a huge impact on how our services are perceived. How welcome a person feels affects their use of services and ultimately their health.

The language we use, whether verbal or written, should give a clear message that we value diversity and respect individual differences.

Derogatory language and other discriminatory behaviour violates equalities legislation and is not tolerated in NHS GGC.

Produced in response to staff requests, this leaflet covers just a few key tips for communicating with various groups of people. For further information go to **www.equality.scot.nhs.uk** or call the Equality & Human Rights Team on **0141 201 4560**.





What to do if you witness or experience discrimination

The communities we work in and the diverse patients we care for have a right to expect compassion, dignity and respect from healthcare professionals.

Our workforce of 38,000 people is also a diverse community where there is a zero tolerance of discrimination or prejudice from colleagues or patients on the basis of age, sex, race, religion, disability, sexual orientation, gender identity or social class.



If you witness or experience discrimination or prejudice:

- Tell the person responsible to stop the particular behaviour or action that is causing the difficulty as soon as you can and record it on Datix
- If you feel unable to do this, you should record it on Datix and report it to your line manager as soon as possible.

NHSGGC has a Dignity at Work Policy which you can find on HR Connect for more information.

If the incident is a Hate Crime you should report it on Datix and it will be investigated.

A Hate Crime is a crime committed against a person or property that is motivated by 'malice or ill-will towards an identifiable social group'. The issues covered by this law are race, religion, sexual orientation, transgender identity and disability.



1. People who are Physically Disabled

If you use outdated language, people may think you don't know or understand their needs.

Do say

Disabled people

Don't say

The disabled, people with a disability, crippled, handicapped

Focus on the person, not the impairment, and always treat adults as adults.

If you offer assistance, wait until the offer is accepted and then listen for instructions. Don't be afraid to ask questions when you're unsure what to do.



1. People who are Physically Disabled

Do say

Wheelchair user

Don't say

Wheelchair bound

For those who use wheelchairs -

- Try to ensure your eyes are at the same level
- Communicate with the service user directly and not with their carer
- Don't lean on the wheelchair
- Always ask if assistance is needed

Be aware that not all physical disabilities are visible. Ask people how you can meet their individual needs.



2. Blind and Visually Impaired People

People with a visual impairment will vary in the extent of sight loss they experience.

- When you meet a Blind person, introduce yourself. If you leave and come back, state your name and who you are again, even if you've only been away for a short time.
- Offer assistance, but don't assume it's required. To lead the person, offer your arm to grip at the elbow and warn of any obstacles.
- A Guide Dog can accompany patients to appointments. Please do not feed or give attention to the dog while it's working. See the Assistance Dog Policy for more information.



2. Blind and Visually Impaired People

- Take the time to explain where things are, such as the toilets, call button and drinks.
- If medication is prescribed, explain how, why and when it should be taken and any possible side effects.
- Written information can be provided in Braille, large print and audio. This can be arranged through the 'Clear to All' accessible information lead for your area. Go to the Clear to All page on Staffnet for details.
- Bear in mind that fewer than 1% of visually impaired people use Braille. For the majority of people, audio or electronic version (which can then be read on a computer using assisted technology) are preferred.



3. People with a Learning Disability

Do say

Person with a Learning Disability

Don't say

Mentally handicapped or mentally retarded

- Use language that is clear and simple. Avoid jargon.
- Be specific, e.g. instead of saying “Please use the waiting area in reception” say “Please sit on the chair in the hospital reception and wait for the nurse”.
- Allow more time for explanations and make sure that the patient understands. Information repeated back to you does not mean a patient has understood. Try asking to explain in their own words.
- Speak to the person, not the support worker - even if a person is non-verbal.



3. People with a Learning Disability

- Seek permission from patient before asking carers for information.
- Ensure staff know the person may need someone to stay with them overnight, even if they are an adult.
- Written information can be provided in Braille, large print and audio. This can be arranged through the 'Clear to All' accessible information lead for your area. Go to the Clear to All page on Staffnet for details.
- Identify stress triggers and try to avoid them. Use information from family /carers to interpret non verbal signs.
- Be alert to sudden behaviour change indicating distress or pain. Communication difficulties are often misinterpreted as challenging behaviour.
- Prepare the patient for procedures/interventions. Explain and allow for questions. Some people may require visits to observe equipment, environment and personnel beforehand.



4. People with Mental Health Difficulties

Do say

Mental health problem

Don't say

Mental condition or mental disorder

- Provide extra time to give you both time to explain and understand what is needed.
- Speak clearly and slowly, avoiding jargon. Engage the person in the process by asking opinions.
- Relax and stay calm, keeping your tone of voice positive and friendly. Listen and make eye contact (unless this is threatening).



4. People with Mental Health Difficulties

- Try to minimise distractions and be aware of contradictions between the person's verbal and non-verbal communication.
- Don't assume - clarify by asking questions - and avoid criticism or blame.



5. Lesbian, Gay and Bi-sexual People

Making assumptions about someone's sexual orientation can make them feel excluded.

Say

Partner

They

Emergency contact

Instead of

husband or wife

he or she

next-of-kin

Don't ask 'Are you gay, lesbian or bi-sexual?'

Do ask 'How would you describe your sexual orientation?'





6. Trans People

Trans people are people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant.

Being Trans is not

- a sexual orientation (lesbian, gay, bi)
- a lifestyle choice



6. Trans People

Trans people are legally entitled to have their new gender recognised.

Always address the person by their new name and use the correct pronouns. Ensure that their name is recorded in their patient record. However, you should not record the person as Trans. This may risk disclosure of the person's birth gender to third parties without the express permission of the patient and is against the law.

If there is any doubt about someone's gender, listen to how they identify themselves and accept the identity of the person as they present themselves to you.



7. Older People

- Always speak directly to an older person, rather than to the carer or companion they are with. Use plain English and avoid jargon.
- Be aware of any communication issues, such as hearing or dementia. Speak clearly, but don't patronise by speaking too slowly or shouting.
- Remember that while an older person may be capable of understanding the information, they may need a little more time to absorb it.
- See the person, not their age and remember that older people are diverse in terms of their sexuality, ability, ethnicity etc.
- Create opportunities to speak privately with an older person to check that they feel safe from harm from their carer or any other person.





8. Young People

- Explain your service's policy on confidentiality to a young person at the start of every consultation.
- Listen to the young person and not the adult with them.
- Use plain language and ensure that they have the opportunity to ask questions.
- Don't swamp young people with written information and ensure that the information given is age-appropriate.
- Create opportunities for young people to speak with you privately to check that they feel safe from harm and bullying.





9. Black/Minority Ethnic People

Do not assume because of a person's appearance that they won't speak perfect English. If English is the patient's second language, use short, simple sentences and avoid jargon.

All written information can and should be provided in alternative languages. Cards which can help you identify a person's language are also available.

Written information can be provided in the appropriate language either written or on audio – for those who don't read the language they speak. This can be arranged through the 'Clear to All' accessible information lead for your area. Go to the Clear to All page on Staffnet for details.

NHSGGC has a responsibility to provide interpreters for patients attending any of our healthcare services. As the service provider it is up to you to arrange this. However, the provision of interpreting support is paid for centrally by NHSGGC, not by your service.



9. Black/Minority Ethnic People

Check if your patient would prefer their interpreter to be male or female. Where this is possible this should be considered. Family members/friends should not be used as interpreters. We are not insured for unregistered interpreters.

Where possible all short appointments (under 40 minutes) should use **telephone interpreting**. This applies to all short appointments unless the patient is a child or has additional vulnerabilities. You can access telephone interpreting by calling or using the app. You will need your 6-digit department code. You will also need your password to use the app. If you do not know these go to HR Connect/ Interpreting.

Telephone - call **0800 004 2000**

Mobile App - Download the **Capita LiveLINK** Client App free from your app store

To book a **Face to Face Interpreter**

email: interpretingservice@ggc.scot.nhs.uk

For same day/next day requests and cancellations or out of hours call **0141 347 8811**.



10. Faith & Religion

Customs and cultures vary hugely, as do personal beliefs. The views of the individual or family concerned should always be sought and respected.

- Don't assume that you know what a person believes or requires - always ask.
- Prayer facilities should be available for all.
- Ensure that any communication needs are met, in terms of providing an interpreter, information in the appropriate language etc.

When specific guidance is required on spiritual care, contact the Chaplaincy Service via the switchboard or consult the NHSGGC's Culture, Religion & Language Guide available at www.equality.scot.nhs.uk





11. Autistic Spectrum Disorder (ASD)

- Try to give an Autistic Person the first or last appointment of the day. This may help reduce stress levels caused by busy environments and the impact on the person's ability to process information.
- For the same reason, where possible offer a quiet, less brightly lit space for the person to wait.
- Do not assume if someone is non verbal that they do not understand what is being said. Be clear in the language you use and check their understanding.
- Not all Autistic people will make eye contact.
- Autistic People may take things literally. If you say, "This will only hurt for a minute" then an Autistic person may well expect this to be the case.
- Autistic People may not realise when sarcasm, irony or metaphors are used.



11. Autistic Spectrum Disorder (ASD)

- Always explain what you are doing and why. Let the person know beforehand if you are going to touch them.
- If an Autistic Person has a carer, enlist their support but do not talk over the Autistic Person.
- Autistic People can be over or under sensitive to light, sounds and smells. They can also have an unusual response to pain. Over-stimulation of an Autistic Person's senses may lead to reactions such as laughing, humming, hand flapping or rocking. A previously vocal person can also shutdown and become less able to communicate. Do not try to stop an Autistic Person's reactions.
- Where possible, offer the opportunity for a pre visit and/ or increased information to enable an Autistic Person to reduce their anxiety levels about the whole experience. It may also aid your understanding of what they require.



12. Asylum Seekers and Refugees

An asylum seeker is a person who has submitted an application for Asylum in the UK home Office. **A refugee** is a person whose application had been accepted and is allowed to remain in the UK.

- Both asylum seekers (whether their application is pending or unsuccessful) and refugees are entitled to use our services.
- Remember that they represent a wide range of countries, languages and religions.
- Take time to explain the process/patient pathway - someone coming from another country is unlikely to understand how the NHS works.
- Be aware of any language and communication issues and ensure the patient's needs are met (see over).
- For more information and advice you can contact : **Asylum Health Bridging Team on 0141 558 8720.**

Written information can and should be provided in alternative languages. Cards which can help you identify a person's language are also available. Go to the **Clear to All** page on Staffnet for details.



12. Asylum Seekers and Refugees

NHSGGC has a responsibility to provide interpreters for patients attending any of our healthcare services. As the service provider it is up to you to arrange this. However, the provision of interpreting support is paid for centrally by NHSGGC, not by your service.

Check if your patient would prefer their interpreter to be male or female. Family members/friends should not be used as interpreters.

Where possible all short appointments (under 40 minutes) should use **telephone interpreting**. You can access telephone interpreting by calling or using the app. You will need your 6-digit department code. You will also need your password to use the app.

If you do not know these go to HR Connect/ Interpreting.

Telephone - call **0800 004 2000**

Mobile App - Download the **Capita LiveLINK Client** App free from your app store

To book a Face to Face Interpreter

email: interpretingservice@ggc.scot.nhs.uk . For same day/next day requests and cancellations or out of hours call 0141 347 8811.



13. Deaf People (BSL users)

Do say

Deaf, profoundly Deaf,
Deaf without speech

Don't say

Deaf and dumb

Just because someone is wearing a hearing aid does not mean they can hear you. People who are hearing impaired vary in the extent of hearing loss they experience. Some Deaf people have British Sign Language as their first language.

- Do not shout.
- Do not assume you can communicate with pen and paper.
- Ensure you have the person's attention before you speak by touching their shoulder.
- Lip reading, gesture or any other form of communication is not enough for a clinical intervention. You must always book an interpreter.

By law, we must provide British Sign Language interpreters for our Deaf patients - both at health appointments and when they are in hospital.



13. Deaf People (BSL users)

Friends, family members or staff with BSL skills should not be used as interpreters.

To book a British Sign Language (BSL) Interpreter
email: interpretingservice@ggc.scot.nhs.uk

For same day/next day requests or out of hours call **0141 347 8811**

Check with your patients what method of communication works for them while waiting for an interpreter to arrive, or during hospital stays when an interpreter is not always present. This may include lip reading, writing things down, or online interpreting. The BSL online interpreting service allows you to communicate with your Deaf patients 24/7. For more information on how to access this, go to HR Connect/ Interpreting.

Some patients may also have the Interpreter Now app on their smart phone, which can be used to contact an online interpreter.



14. Hearing Impaired People

Do say

Hearing impaired or person with hearing loss

Just because someone is wearing a hearing aid does not mean they can hear you. People who are hearing impaired vary in the extent of hearing loss they experience.

- Do not shout.
- Ensure you have the person's attention before you speak.
- Move away from background noise and speak clearly and directly to them. Don't turn away or cover your mouth while speaking.
- Check if you have been understood
- Do not call someone's name and walk away in a busy clinic, they may not hear you



14. Hearing Impaired People

If a loop system is being used, check it is working and ensure the patient switches their hearing aid to the **T** position.

Some interventions require hearing aides to be removed, e.g. taking temperature, x rays. Always remember to allow the person to put the hearing aid back in before giving information.

Help the patient keep the hearing aids safe in wards when they have been removed.



15. Deafblind People

Do say

Deafblind

Dual Sensory Impaired

Don't say

Deaf

Blind

Deaf and Dumb

Deafblind is a term used to describe someone who has a dual sensory impairment. This means that they will have both a visual impairment and a hearing impairment. All Deafblind people are different. Each person will experience various levels of sight or hearing impairment.

- A Deafblind person may be accompanied to their appointment by a Guide Communicator
- If the patient requires a Deafblind Guide/Communicator, contact Deafblind Scotland on 0141 777 7774.



15. Deafblind People

- If the patient requires a Deafblind Guide Communicator, contact Deafblind Scotland on 0141 777 7774.
- When you meet a Deafblind patient, talk to the person directly - not to the Guide or anyone else who may be with them.
- Some patients may have sufficient sight and prefer to use a British Sign Language interpreter to help with their communication. It is the responsibility of the NHS service that is providing the consultation to book a BSL interpreter. If an interpreter is required, contact the NHSGGC interpreting service on 0141 347 8811.



15. Deafblind People

- Information can be provided in a number of accessible formats that suit the needs of the patient. This might include written information in large print, audio or Braille - always ask the person what their preference is. Translations can be arranged through the Accessible Information Policy lead for your area. Go to the **Clear to All** page on Staffnet for details.
- Take the time to explain where things are, such as the toilets, call button and drinks.
- If medication is prescribed, explain how, why and when it should be taken and any possible side effects. Make sure the patient is satisfied that they understand all the information you have given them.





16. Gypsy Travellers

Gypsy Travellers are not all the same group - there are many distinct Traveller communities.

- Travellers have the same rights to access health care, education and housing as the non-travelling community.
- Travellers often live in houses but still identify as being part of the Gypsy/Traveller community.
- Ask the person if they would like to be referred to as Gypsy Traveller or what they would like to be called.
- Be aware of heightened privacy issues, e.g. ask if there is anything that would make people more comfortable.



16. Gypsy Travellers

- Be conscious of possible literacy difficulties. Be ready to offer help in a sensitive way.
- Gypsy with a capital 'G', Traveller with a capital 'T'.



17. People with money worries

Money worries can impact negatively on people's physical and mental health and their recovery from illness.

Any one of your patients may be worrying about money and may benefit from some advice.

You can ask -

“Do you have any money or debt worries?”

“Would you like to speak with an advisor to discuss money worries or help you to claim any benefits that you may be entitled to?”

Simple referral routes to money advice services are available in the Health Improvement Directory

<http://infodir.nhsggc.org.uk>

Just click 'money advice' in the topics list.

