

## **Coalition for Collaborative Care - Equality Monitoring Form**

### **Why we need this information and why we are asking for it.**

The C4CC programme is committed to promoting equality of opportunity to ensure that everyone has the chance to participate fully in the activities and membership of the C4CC co-production group..

Equality data and other evidence can help NHS organisations to better understand whether or not they are commissioning and providing quality services, and recruiting, developing and retaining people in ways that are appropriate to the needs and circumstances of all populations.

To make sure that we are fulfilling our commitments, we ask all our members to provide information about themselves so that we can monitor our progress and improve our membership profile from an equalities perspective – ensuring that no group or community is left out as part of the progress we make.

The characteristics given protection under the Equality Act 2010 include information about Age, Disability, Gender Reassignment, Race, Religion and Belief, Sex, Sexual Orientation.

There are three fundamental principles when collecting equality or other personal information from individuals:

1. Individuals have a right not to disclose the information. However, they should be informed of the possible impact on their health and care if they choose not to declare.
2. It is up to the individual to describe who they are as they see it, having been clearly informed of the options. If the individual chooses not to answer a question, then it should be recorded as that, rather than an assumption being made by the one recording the data.
3. Individuals should be informed of how their information will be stored, who will have access to it, and how it will be used.

Just to confirm we will not share the confidential details included in this form, but we may use anonymised statistics and data you have provided to have discussions about how to improve the diversity and spread of our membership. No information will be published or used in any way which allows any individual to be identified.

Please tick the relevant box	
<b>Sex:</b>	Male
	Female
<b>Are you married /in a civil partnership</b>	Yes                      No
	Prefer not to say
<p><b>What is your ethnicity?</b></p> <p>Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong.</p> <p><b><u>White</u></b>  English    Welsh    Scottish    Northern Irish</p> <p>Irish    Gypsy or Irish Traveller    Other White background</p> <p><b><u>Mixed/multiple ethnic groups</u></b></p> <p>White and Black Caribbean    White and Black African</p> <p>White and Asian    Any other mixed background</p> <p><b><u>Asian/Asian British</u></b></p> <p>Indian    Pakistani</p> <p>Bangladeshi    Chinese  Any other Asian background</p> <p><b><u>Black/ African/ Caribbean/ Black British</u></b></p> <p>African    Caribbean</p> <p>Any other Black/African/Caribbean background</p> <p><b><u>Other ethnic group</u></b></p> <p>Arab    Any other ethnic group</p> <p><b><i>Prefer not to say</i></b></p>	

<p><b>Do you consider yourself to be disabled?</b></p> <p>Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any issues problems related to old age)</p>	<p>Yes, limited a lot</p> <p>Yes, limited a little</p> <p>No</p> <p>Prefer not to say</p> <p>If ticked "Yes" to the above, please indicate your disability:</p> <p>Vision (e.g. due to blindness or partial sight)</p> <p>Hearing (e.g. due to deafness or partial hearing)</p> <p>Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects</p> <p>Learning or concentrating or remembering</p> <p>Mental Health</p> <p>Stamina or breathing difficulty</p> <p>Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)</p> <p>Other impairment</p>
<p><b>Which of the following options best describes your sexual orientation?</b></p>	<p><b>Heterosexual / straight</b></p> <p><b>Lesbian / Gay woman</b></p> <p><b>Gay man</b></p> <p><b>Bisexual</b></p>

	<p><b>Other</b></p> <p><b>Prefer not to say</b></p>
<p><b>What is your religion or belief?</b></p>	<p>No religion Buddhist Christian Hindu Jewish Muslim Sikh Any other religion Prefer not to say</p>
<p><b>Do you look after, or give any help or support to family members, friends, neighbours or others because of either:</b></p>	<ul style="list-style-type: none"> <li>• Long-term physical or mental ill-health / disability</li> <li>• Problems related to old age</li> </ul> <p>Yes</p> <p>No</p> <p>Prefer not to say</p>

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