

## **Further Guidance on completing equality data questions**

### **Question 1: What best describes your gender?**

For this question we are asking you to tell us about your gender identity and there are a number of options to choose your answer from. Please select one of these options if you feel it describes your gender identity.

If none of the provided options are a reflection of your gender, then you can use the 'self-describe' option. When you choose the 'self-describe' option from the list provided this will allow you to describe your gender in the text box provided.

### **Question 4: What is your sexual orientation?**

For this question we are asking you to tell us about your sexual orientation and there are a number of options to choose your answer from. Please select one of these options if you feel it best describes your sexual orientation.

If none of the provided options are a reflection of your gender, then you can use the 'self-describe' option. When you choose the 'self-describe' option from the list provided this will allow you to describe your sexual orientation in the text box provided.

### **Question 5: Do you have any caring responsibilities?**

This question is asking whether you are a carer and what caring responsibilities you have. A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.<sup>1</sup>

If you are a carer, please choose which option best describes your caring responsibilities. There is also an option to choose from if you are not a carer or if you are a secondary carer.

### **Question 6: Do you have a disability?**

This question asks you to provide information about whether you have a disability and asks you to choose an option that describes your impairment/condition.

The first part of the questions is asking you if you have a disability. One of the options included is 'unknow.' Please note that this is included as it is the default option if you chose not to answer the question.

As defined in the Equality Act (2010), a person is considered to have a disability 'if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities':

- 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed;

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<sup>1</sup> This definition is from NHS England (<https://www.england.nhs.uk/commissioning/comm-carers/carers/>)

- 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection

If you disclose that you have an impairment/condition on the MyView portal this information will not be shared with your line manager. Therefore, it is important that if you require workplace support and/or reasonable adjustments to be put in place that you discuss this with your line manager. Even if you do not require any reasonable adjustments at this time, you may want to consider raising this with your manager so if any support is needed in the future, you can work together on this.

The purpose of collecting this data is for demographic data collection only. If you have already informed or had a discussion with your line manager about your impairment/condition, providing this information on MyView will help us with the collection of this data. However, your line manager cannot update this information on your behalf.

On the portal we have not included examples of the impairments/conditions in the listed options. The descriptions below may help as a guide to help you in selecting an option. However, these options are not limited to what we have included below.

- A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- Blind/ serious visual impairment
- Deaf/ serious hearing impairment
- General learning disability (such as Down's syndrome)
- A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- A mental health condition, such as depression, schizophrenia or anxiety disorder
- Other disability/impairment/condition (select if your impairment/condition is not listed)
- A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
- A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- Two or more impairments and/or disabling medical conditions