



Meeting The Needs Of Our Multi-Faith Community

Author Shabana Rafiq



If you have any comments or questions about this document, please contact:

Equality, Diversity and Inclusion Unit
5 Boroughs Partnership NHS Trust
Hollins Park House
Winwick
Warrington
WA2 8WA

Dave Thompson MBE DL
Assistant Director of Inclusion & Partnerships
Tel: 01925 664074
Email: dave.thompson@5bp.nhs.uk

Acknowledgements

The Equality, Diversity and Inclusion Unit would like to acknowledge the work of Ethnicity Online (www.ethnicityonline.net), Diversiton (www.diversiton.com) and BBC World Religions (www.bbc.co.uk/religion). Information from these websites has been referred to throughout this document.

The Unit would also like acknowledge the local community members that continue to contribute towards the implementation of Equality and Diversity.

CONTENTS

	<u>Page</u>
• Introduction	4
• Aims Of The Document	5
• Respecting Diversity In The Workplace- The Employment Equality Religion Or Belief Regulations 2003:	6-12
Overview	7-8
Benefits of Accommodating Faith Needs	8
Applying the Religion and Belief Regulations 2003 in:	
Recruitment	9
Promotion and Training	9
Monitoring	10
Responding to Annual Leave Requests	10-11
Dietary Needs	11
Prayer Needs	11-12
Prayer Areas	12
Uniforms or Dress Code	12
• Guide to the main faiths in the area served by the Trust:	13-67
Buddhism	14-18
Hinduism	19-25
Christianity	26-31
Jehovah's Witnesses	32-35
Islam	36-41
Judaism	42-49
Sikhism	50-55
Romany Gypsies and Irish Travellers	56-60
The Chinese Community	61-67
• How to access face-to-face and telephone interpreters	68-71
• Appendices:	72-82
1. National Census 2001 Tables	73-74
2. Count Me In 2005 & 2006 Key Data	75-77
3. Local & Regional Support Groups	78-81
4. Factors to consider for culturally sensitive in-patient services	82
5. Useful Website Links	83

INTRODUCTION

The 5 Boroughs Partnership NHS Trust serves a community that is rich in its mixture of faiths and cultures. Although these communities may be considered as low in number (see appendix 1a and 1b for 2001 census figures), it is worth noting that they are increasing rapidly; and it is essential that our awareness of them increases accordingly.

As an initial step towards achieving greater awareness, we must develop an understanding of the various religions and beliefs that our staff and service users take comfort from. Faith can be an integral part of a person's identity and it may influence their healthcare or occupational needs. Early recognition of this can help the Trust in meeting any additional requirements.

The Government's response to the *Independent Inquiry Into the Death of David "Rocky" Bennett* highlights these issues. This case relates to an African-Caribbean Rastafarian who died in a medium secure psychiatric unit after being restrained by staff for twenty-five minutes. The response stresses the need to address religious needs appropriately in all service care plans.

This message is at the heart of the annual "Count Me In" Census. The census is designed to obtain robust baseline figures on the ethnicity, faith and language of all persons using mental health and learning disability in-patient services on the 31st March each year. This data should then be fed back into the Trust to help shape the services provided for people with minority needs. (See appendix 2a and 2b for Count Me In data).

The 5 Boroughs Partnership NHS Trust has been proactive in embedding religion and belief equality. It is a commitment which has been incorporated into the Trusts Equality Scheme and Action Plan. The scheme is overseen by the Chief Executive Officer and co-ordinated by the Assistant Director of Inclusion and Partnership. The Equality, Diversity and Inclusion Steering Group monitor and oversee the implementation of the Action Plan, which is reviewed annually.

The Trust is also undertaking Equality Impact Assessments on all its existing and proposed policies and functions in order to assess for adverse impact on any faith groups. If adverse impact is detected, the Trust must put forward recommendations to amend and eliminate the discriminatory practice.

In addition to this, Equality and Diversity Awareness Training is delivered as part of the Trust's annual training programme, which can be accessed through the Education Centre. The session is also incorporated into the Trust's mandatory Induction programme and forms part of the *Essentials for Managers* training package.

To aid the implementation of religion and belief equality further, the Trust has engaged with local community members and purchased multi-faith resource sets. These sets contain the main texts and religious materials for the major faith groups in the area. They have been distributed to each Borough (see page 18) and we hope that they act as a source of comfort and information to both our service users and staff.

AIMS OF THE DOCUMENT

This document has been developed to address three specific issues:

- To aid the implementation of the Employment Equality Religion and Belief Regulations 2003. By raising awareness of the Regulations, staff members should become more informed about their rights and responsibilities. This contributes to a working environment that acknowledges and accommodates varying faith needs.
- To raise staff awareness on the major faith groups that exist in the areas served by the Trust. This document includes background information on each of the main faiths, alongside factors to consider when serving someone from that faith. The document is intended to be used as a source of reference as and when needs arise.

It is important to bear in mind when reading the various faith sections that every individual is unique, and that the way they interpret or practice their faith is also unique. Minority communities have changed dramatically over the decades and we cannot assume that old traditions are maintained by everyone. Service users should still be asked about their individual requirements as this document is merely intended as an informative and practical guide, not a rigid set of instructions.

The areas covered for each faith include-

- Background information
- Holy Days and Festivals
- Holy books and acts of faith
- Hospital stay
- Diet
- Care of the dying and death customs
- What the Trust provides & how to access it

In addition to the sections on faith, there are two further sections covering Romany Gypsies and Irish Travellers and the Chinese community, as these groups tend to be defined by their cultural norms rather than their religious beliefs.

- To increase awareness on the importance of using interpreting services. This document includes the protocol for accessing face to face and telephone interpreters. The Trust has invested a lot of time and effort in establishing these procedures. They will hopefully reduce the current practice of relying on unqualified family members to interpret confidential information.

Overall, the Trust believes that it must treat every individual respect and be prepared to accommodate varying, and sometimes unfamiliar, needs. This will contribute to the Trust achieving its commitment in providing a service that meets the needs all the communities it serves.

Respecting Diversity In The Workplace-

The Employment Equality Religion Or Belief Regulations 2003



RESPECTING DIVERSITY IN THE WORKPLACE- THE EMPLOYMENT EQUALITY RELIGION OR BELIEF REGULATIONS 2003

In the Regulations, religion or belief is defined as “any religion, religious belief, or similar philosophical belief”

An Overview of the Religion or Belief Regulations 2003

The Religion or Belief Regulations are part of the Governments commitment to implement the principle of equal treatment in the workplace. The Regulations ensure that employers can no longer be discriminated against due to their actual or perceived religion in all aspects of employment including recruitment, terms and conditions, promotions, transfers, dismissals and training. This includes all four forms of discrimination:

- Direct Discrimination. This means that a person cannot be treated less favourably because of their religion or belief. It includes being denied employment or being given adverse terms and conditions on this basis.
- Indirect Discrimination. This occurs where a person applies a criterion, provision or practice equally, but people of a particular religion or belief are disadvantaged because they are not able or less able to satisfy it. This will be unlawful unless it can be objectively justified as a proportionate means of achieving a legitimate aim.
- Victimisation. This is when detrimental treatment of a person occurs because they have made or intend to make a complaint or allegation. This also applies where someone is victimised because they have given evidence or intend to act as a witness in relation to a complaint.
- Harassment. This is unwanted conduct that violates a person’s dignity or creates an environment that is intimidating, hostile, degrading or humiliating. This includes the telling of religious jokes, the use of offensive slang in respect of religion or the mocking other faiths.

If discrimination does occur, an organisation may be liable and may be ordered to pay compensation for the discriminatory behaviour of its employees unless it can show that it really had taken reasonable steps to prevent such behaviour, for example through the content of its company policies and supporting induction, training and development programmes.

The Regulations do permit discrimination in very limited circumstances where a genuine occupational requirement exists. In these cases, the organisation must be able to demonstrate that there is evidence to justify why they can only accept someone of a particular religion or belief.

The Regulations allow for positive action to be used to '*prevent or compensate for disadvantage linked to a person's religion or belief.*' Positive action may be used therefore, to attract job applicants from minority communities or to encourage people from different religions and beliefs to apply for training and development opportunities.

Benefits of Accommodating Minority Faith Needs

Applying equal treatment and accommodating the faith needs of staff members is not only a legislative necessity, but it will also bring an abundance of benefits to the 5 Boroughs Partnership. This includes:

Enhancing the Trust's reputation as an equal opportunities employer



This attracts a higher overall level of interest in job vacancies as well as attracting candidates from non-traditional labour pools



A higher level of interest increases the potential to establish a representative workforce who can deliver improved, informed customer care responsive to diverse service user needs



This leads to attaining the ultimate objective of reduced health inequalities

As well as the above, by applying the Regulations, the Trust would maintain:

- Positive productive working relationships and cooperation
- Motivated employees who feel valued and are loyal to the Trust
- A high return on investment in training and development activity
- Development of a wide inventory of skills and experience
- More diversity, new ideas, different perspectives, creativity, innovation...
- Staff willing and happy to provide cover on days when majority of people wish to be absent, for example Christmas
- High staff retention / low staff turnover
- Reduced absenteeism / sickness absence
- Reduction in time consuming negative activities, complaints, arguments, grievances etc.

Applying The Religion and Belief Regulations 2003

Recruitment

Vacancies should be advertised widely and creatively in order to avoid limiting the diversity of applicants.

It is important to be clear about the skills and abilities required for the post and to identify those that are necessary and those that are desirable. It is against these skills and abilities that selection decisions should be made. Applying selection criteria which are not genuinely needed for the job should be avoided and may disadvantage people because of their religion or belief.

If a genuine religious occupational requirement exists, i.e. for a Chaplain serving a Christian population to be Christian, the Trust must make this clear in the advertisement and explain why it is necessary in the information sent to candidates.

It is important to be flexible when scheduling interviews in order to avoid significant religious times or festivals, for example Friday afternoons for Muslims. This can be easily addressed by simply stating on the letter that appointments can be rearranged and by inviting candidates to make any special needs known in advance of the selection process.

The selection process should only concentrate on assessing the skills and competencies required for the job, without asking personal questions which may imply potential discrimination. The only issue that needs to be addressed is if the candidate has the skills and competencies needed. Any personal information that is volunteered should not be inappropriately considered in the decision-making process.

To reduce discrimination in the procedure, all members of the interview panel should have attended the 5 Boroughs Equality And Diversity Training Session.

Promotion and Training

It is important that opportunities for promotion and training are communicated in a way that ensures they are known to all staff who could possibly have interest in them.

All internal references, formal and informal, should be fair and non-discriminatory. As with external recruitment, the emphasis should be on the skills or competencies needed to perform the job.

The timing of training events should not adversely impact on someone because of their faith, and notification of special dietary requirements should be requested beforehand.

Monitoring

Monitoring racial background is a statutory requirement in the public sector and most people are willing to provide their religious belief alongside this information. Although this may seem intrusive, monitoring religious beliefs has many benefits for the Trust:

- It can help us to make sure our Equality and Diversity policy is working and to assess whether recruitment and training policies are reaching a wide audience reflecting the local community.
- Our understanding of employees' needs will develop by getting to know the practices, festivals etc. of different religions and beliefs.
- It can help us to monitor the application of our policies, performance appraisal schemes, grievance and disciplinary procedures, staff turnover and so on, and to identify disproportionate impact on people from specific religions of beliefs.

Staff should be told why a question around religion or belief is included in equality and diversity monitoring processes and be assured of confidentiality and anonymity. It should be explained that the Trust wishes to collect information that will enable it to respond as positively as possible to the varied needs of all its employees.

Information about religion or belief should not, however, be sought at interviews where it is irrelevant to the decision-making process unless it is appropriate to the duties of the post.

Responding to Annual Leave Requests

Managers should fully consider whether their criteria for deciding who should and should not be granted leave might indirectly discriminate against people of different faiths.

Employers are well used to organising time off around well know Christian celebrations and festivals such as Christmas and Easter. Many religions or beliefs have their own special festival or spiritual observance days and are likely to request annual leave in order that they can celebrate or attend ceremonies.

It may be that there are circumstances where it is difficult to agree to a particular request. This may, for example, relate to the number of employees requesting a particular day or time off or the size of the team. The value of discussing such issues fully with employees cannot be over emphasised. Creative and flexible solutions or compromises can emanate from the genuine desire of all concerned to be respectful, helpful and supportive.

There should be well-defined and reasonable arrangements for requesting leave and they should be known to everyone. Staff should be asked to give as much notice as possible and to consider that others may want to take leave at the same time. It can be useful in forums such as team meetings to discuss how leave can best be managed in the light of operational needs, with a view to developing approaches that take account of everyone's needs.

Dietary Needs

Some religions or beliefs have specific dietary requirements and may prohibit contact with certain foods. They may, therefore, need to store and heat food separately from other food. It is usually possible to accommodate such needs at little or no additional cost and it is good practice to talk with employees about any needs they may have and to be as helpful as possible in meeting those needs.

When arranging company events such as assessment days, conferences, training events etc. where food is to be provided, it is again good practice to ask in advance about any specific dietary requirements those attending may have, and to make the necessary arrangements to respond to these.

Some religions, especially Islam, require extended periods of fasting and there may be simple ways in which employers can support staff who are fasting. It may be helpful to initiate a discussion about this with staff members who observe periods of fasting. Employers should, however, take care not to implement measures that place unreasonable extra burdens on other staff and could cause ill feeling or result in claims of discrimination.

As some religions prohibit the consumption of alcohol, alternative drinks should be made available at social functions. If employees are uncomfortable attending events where alcohol is served, other ways of socialising should also be explored. Team Lunches, company charity functions and sports events are all alternative examples of activities that could provide an opportunity for all employees to socialise and build positive relationships.

Prayer Needs

Some religions require followers to pray at specific times during the day. Although an organisation does not have to release staff for prayer outside normal breaks, staff may request that their break coincides with their obligation to pray at a certain time.

As prayer times usually take no longer than a tea or cigarette break, it may be very possible to respond in a positive and flexible way to these requests. One example of this is to split a 45 minute dinner break into three fifteen minute segments. It is, therefore, good practice to ensure that staff know how to make such requests.

No organisation is, however, obliged to agree to requests that will cause unreasonable disruption. Managers and supervisors need to consider their responsibilities to all their employees when considering time off requests. It is important to explore alternatives and to talk with the employees affected who may have helpful ideas.

Employers may, therefore, be justified in refusing a request that is going to cause difficulties that cannot reasonably be addressed in any other way. If however, they are unable to justify a refusal, this may be discrimination.

Prayer Areas

Whilst employers are not required to provide a prayer room, it is often possible to designate a room or quiet place for this purpose without causing problems for other workers or the organisation. It may even be that some other workers would also appreciate having a place that they can use for quiet reflection or to enjoy a few moments peace.

Wherever possible, the Trust should respond positively to such requests. Refusing a request where such a place is available and would not have an adverse impact may mean that an employer is acting in a discriminatory way.

Please refer to the table on page 18 to identify the various prayer/quiet rooms located throughout the Trust.

Uniforms or Dress Code

Where organisations provide a uniform or require a dress code, they should provide alternatives to items that may conflict with the requirements of some religions i.e. for women to dress modestly. By adopting a flexible approach and consulting with staff affected by the dress code, it is possible to agree a code that meets the needs of the Trust and of individual employees. For example, a nurse's dress could still be worn, but with a long sleeved top and trousers underneath.

Some religions wear particular pieces of jewellery that are of great importance to them. For example many Sikhs wear a metal bracelet, and Hindu women wear a necklace which is placed around their neck during their wedding ceremony and is, therefore, very symbolic. An organisation's policy on the wearing of jewellery should be as flexible as possible. Unjustifiable policies may constitute indirect discrimination, though it is understood that some policies are in place for legitimate health and safety reasons and this should never be compromised.

A Guide To The Main Faiths In The Area Served By The Trust





BUDDHISM



Background Information

Buddhism is a widespread religion in China, Hong Kong, Japan and India and therefore varies widely in practise according to geographical region. It gets its name from the word Buddha, which means *enlightened one*. The Buddha was a title given to Siddharta Gautama who was a handsome, wealthy and talented Indian prince. Despite his pampered upbringing, he became deeply troubled by the miseries of life amongst the ordinary people around him. This led to him giving up his lifestyle and embarking on a mission to help his people find happiness and contentment. The prince discovered that this happiness was not achieved by gaining material possessions, but by the practice and development of morality, meditation, and wisdom, thus leading to enlightenment.

The Buddha's death came when he was eighty years old, by which time he had spent over forty years teaching after his Enlightenment. He left behind a major religion that provides humankind with a profound system for understanding life. Buddhism is a unique religion in that it acknowledges no God as creator. It does however acknowledge many gods, though they are seen as lesser beings than the Buddha himself. It is a discipline of extreme rigour and begins by following the eightfold path, which stems from the Buddha's four truths.

The Four Noble Truths

- Life is suffering. This is to be comprehended.
- The cause of suffering is desire. This is to be abandoned.
- The cessation of suffering is the cessation of desire. This is to be realised.
- The path to the cessation of desire. This is to be practised.

The Eightfold Path

- **Right View**- Knowing the difference between good and bad and the effects of your actions
- **Right Intentions**- Doing things for the right reasons without expecting reward or recognition
- **Right Speech**- Speaking without causing harm or offence to others
- **Right Action**- Acting in a socially considerate way to others. Having equanimity for all beings
- **Right Livelihood**- Not earning a living through the sufferings of others, e.g. not selling alcohol, weapons or meat
- **Right Effort**- Striving to perfect your spiritual path rather than improving your material wealth

- **Right Mindfulness**- Having awareness of your thoughts and actions so that you live in harmony with the world
- **Right Concentration**- Practising meditation to gain liberation, or Nirvana.

There are two major schools of Buddhism, geographically divided but coexisting peacefully. The first is *Thervada* (Hinayana or “Lesser Way Buddhism”) found in Burma, Laos, Kampuchea, Sri Lanka, Thailand and parts of India. The second is Mahayana (“Greater Way”). The differences between the two schools are attitudinal rather than about real orthodoxies.

Buddhist Holy Days and Festivals

The Buddha advised his followers that if they were to thrive they should ‘meet together regularly and in large numbers.’ So festivals are central to the life of the Buddhist community. They provide an opportunity for celebration and the expression of devotion and gratitude to the Buddha and his teachings. The principal Buddhist festivals celebrate ‘the Three Jewels’- the Buddha, the Dharma (the Buddhist Teaching), and the Sangha (the spiritual community).

Most Buddhists, with the exception of the Japanese, use the Lunar calendar. The dates of Buddhist festivals and the way they are celebrated vary from country to country, and between Buddhist traditions. There are very many Buddhist festivals, but here are some of the more important ones:

- **Wesak**
(Full moon of May/June)
Wesak is the most important Buddhist festival. It celebrates the Enlightenment of Buddha and the masters who have followed his teachings over the centuries. It also gives individual Buddhists the opportunity to consider what Enlightenment means to them.

The event includes visits to local temples for services, giving offerings to monks, the decoration of homes with paper or wooden lanterns and Sangha meetings. These include readings/teachings of the lives of the Buddha and the Enlightened masters.

- **Dharma Day**
(Full moon of July)
Dharma marks the day the Buddha began his religious teaching soon after his Enlightenment, by sharing his experience with his disciples at Sarnath, Northern India. This event is said to mark the beginning of Buddhism.

The festival is celebrated with readings from scriptures and stories from the lives of Buddha and the Enlightened masters.

- **Sangha Day**
(Full moon of November)
On Sangha Day, Buddhists celebrate their spiritual community (the Sangha). It is an important festival in Western Buddhism, and gifts may be exchanged.
- **Parinirvana Day**
(Full moon of February)
The Buddha gained Enlightenment around the age of 35, and spent a further 45 years teaching until his death at the age of 80. This festival marks his death.

Holy books and acts of faith

The “Pali Canon” contains the teachings of the Buddha and his disciples and is universally used by all schools of Buddhism. This is also known as the Tripitaka or the Three Baskets. It contains the three texts on Discipline, Discourses, and Further Teachings.

In addition to this text, the Mahayana school of Buddhists also refer specifically to “sutras”, or “threads” of particular teaching themes taken from the Discourses.

Both Theravada and Mahayana Buddhist schools popularly use the “Jakata” stories in teaching, which are said to have been told by the Buddha.

A Buddhist would spend some time daily in meditation, and may also perform an act of devotion at a home shrine or Buddhist Centre.

Hospital Stay

Many Buddhists may prefer the use of home remedies, positive thinking and meditation in the case of illness. It is important that private space is available to Buddhist patients so that they can meditate or chant in private.

If a patient is terminally ill, it is important to remember that many Buddhists will wish to maintain a clear mind when dying. This may entail the refusal of pain relieving drugs.

Showers may be considered to be preferable to baths, and, if the patient washes after using toilet facilities, a water container should be provided.

A Buddhist may wish to be treated by a member of the same sex for reasons of modesty. They may also appreciate a visit from a Buddhist monk or sister.

Diet

Most Buddhists are vegetarian as they are against intentional killing. Strict Buddhists may also be vegan and therefore choose not to eat anything that is produced from animals i.e. cheese and eggs. There are, of course, also non-vegetarian Buddhists. It is always advised to ask the patient about their requirements.

Salads, rice, vegetables and fruit are generally acceptable foods to offer.

Full moon days and new moon days are often fast days for many Buddhists. On days of fasting, a Buddhist may eat before noon, but not afterwards

Care of the Dying and Death Customs

Buddhists believe in the doctrine of rebirth, often mistakenly thought of as reincarnation by others. In the Buddhist rebirth, everything changes when an individual carries on into a future life after death. But, whatever someone does in this present life influences the next stage in their rebirth process.

Acceptance of death is a key Buddhist philosophy as death brings with it the hope that the deceased may this time escape rebirth and attain “nirvana”, the perfect state of being.

The sooner a Buddhist priest is contacted and made aware the person is nearing death, the better it is for the dying person. This should ideally be done through family or friends. However, if no one is known to staff, this can be done through the relevant Chaplain from the list below.

There are special prayers that are said before the death, during the dying process and afterwards. A private room for the dying person would be appreciated because of the importance of the dying process and the need for people to be with them continually at this time.

If death occurs in the absence of family, the body should be left untouched for as long as possible to allow the spirit to leave the body. The funeral preparations should then be undertaken by the family or other Buddhists.

What Does The 5 Boroughs Partnership NHS Trust Provide For People Of The Buddhist Faith?

- **The Dhammapada-** This book is a collection of 423 verses of the Buddha’s sayings, selected and compiled into one book. These sayings are considered special on account of their beauty and relevance for moulding the lives of future generations of Buddhists
- **The Teachings of Buddha-** This is a collection of writings on the essence of Buddhism, in a easy-to-read format. It also includes a brief history of Buddhism.
- **21st Century Information book- Buddhism-** This attractive book explores the practises of Buddhism and its relationship to society. It has colourful photos and is written in a simple style.

Each Borough has a set of these texts at the location below. Staff are asked to promote these materials to service users and other staff who may take comfort from them. Please call the relevant Chaplain for assistance in accessing them.

Borough	Location of Multifaith Resources	Chaplaincy Contact
Warrington	Quiet /Prayer room in Hollins Park House	Revd. Pam Lovatt Tel: 01925 664000 ext. 3345
Wigan and Leigh	Quiet /Prayer room in Leigh Infirmary	Revd. Anne Edwards Tel: 01942 822324
St Helens and Knowsley	Chapel/ Multifaith room in Whiston Hospital	Revd, Jayne Shepherd or Anne Wright (Admin) Tel: 0151 430 1657
Halton	Chapel/Multifaith room in General Hospital	Margaret Walsh: Chaplaincy Co-ordinator Tel: 01928 753443

The Equality and Diversity Unit also has a copy of the texts that can be accessed for staff or service users. Tel: 01925 664074

Please see appendix 3 for local support groups



HINDUISM



Background Information

The word “Hinduism” is a collective term for the religious beliefs and practices of Hindus, although Hindus themselves refer to their religion as Sanatana Dharma, which can be translated as “everlasting truth”. Hinduism is the world's third most popular religion, with around 900 million followers. It is believed to be the oldest living tradition, with a long and chequered history of at least 5000 years. About 80% of the population of India affiliate themselves with Hinduism and it is the third most popular religion in Britain.

Hinduism is an umbrella term covering different philosophical schools of thought and systems of belief. Although there is a wide variety of practise, the foundation is the belief in one God, Brahman, the eternal origin who is the cause and foundation of all existence. However, the supreme God Brahman is manifested in the form of many different gods, each representing different aspects of him. Hindus recognise three principle gods as forms of Brahman-

Brahma- The Creator

Vishnu- The Preserver

Shiva- The Destroyer

Hinduism is a religion of tolerance and patience and treats other religions, and all living creatures, with respect.

One feature of Indian society, despite attempts by some Hindu reformers to outlaw it, is the Hindu caste system (jati) which ranks society according to social class, occupation and wealth. Caste is becoming less and less relevant to most Hindu families in the big cities of India and within the UK. However, in smaller towns and in rural areas of India, marriage outside of one's caste is still unlikely.

Main Religious Holy Days and Festivals

As in most ancient religions, many of the Hindu holidays are based on the cycle of nature i.e. the lunar calendar, so they vary from year to year. They mark the change of seasons, celebrate the harvest, and encourage fertility of the land. Others are dedicated to a particular deity, such as Shiva or Ganesh.

During the joyous celebrations of the many Hindu festivals, families visit the temple (Mandir), enjoy delicious dishes after making due offering to Brahman, and exhibit new clothes and jewellery and listen to songs and stories.

- **Makar Sankrant (Lohri, Pongal)**
(January 14th)
Makar literally means 'Capricorn' and Sankrant is the day when the sun passes from one sign of the zodiac to the next. It is the only festival of the Indian calendar which is celebrated on a fixed day of the solar month.
- **Mahashivratri (Great Shiva Night)**
February/March
Many Hindus spend the night at the temple worshipping Lord Shiva and offering up milk. Some Hindus may also fast.
- **Holi**
(February/March, 2–5 days)
The spring festival associated with Krishna when people throw coloured powder and water at each other. Holi also celebrates creation and renewal.
- **Yugadi (Gudi Parva)**
(March/April)
Many Hindus celebrate this festival as the start of a new year. It is often marked by feasting and holy rituals (puja).
- **Rama Navami (Hari Jayanti)**
(March/April)
Devotees of this festival celebrate the birthday of Lord Rama by fasting, praying and reciting stories of his life.
- **Raksha Bandhan (Shravani Purnima, Salono, Rakhi Purnima)**
(July/August)
Family relationships are strengthened during this festival. Some Hindu women celebrate by tying threads (rakhi) on to their brother's wrist to protect them against evil. The men, in return, may give them money or gifts. Priests are also given presents when they visit the community during this festival.
- **Janmashtami (Krishna Jayanti)**
(August/September)
This festival celebrates the birthday of Krishna.
- **Ganesh Chaturthi**
(August/September)
This festival celebrates the birthday of Lord Ganesh.

- **Diwali (Deepvali)**
(October/November, lasting several days)
Diwali is the most widely celebrated Hindu festival, which is considered by some Hindu groups to be the start of a new year. Known also as the 'Festival of Lights' it celebrates the triumph of light (knowledge) over darkness (ignorance). Small oil lamps are ceremoniously lit and presents may be given in honour of the gods Rama and Krishna and the goddess Lakshmi, goddess of good fortune.
- **Annakuta (Nutan Varsh)**
(October/November)
Hindus offer sweets and other food to the gods on the day after Diwali.

Holy Books

Hindus have a library of holy books, which are written in Sanskrit. The Vedas form the basis of Hinduism, which is also called 'Vedic Dharma'. The four Vedas, which mean knowledge are:

- **Rig Veda** Knowledge of science and medicine
- **Yajur Veda** Knowledge of military science and karma
- **Same Veda** Knowledge of music and worship
- **Atharva Veda** Knowledge of trade, agriculture and other subjects

Apart from the Vedas, there is a vast collection of literature spanning many centuries. They contain practical summaries of Hinduism and feature specialised traditions of learning. The two major epics which dominate are-

- **Ramayana-** Its text celebrates the birth, education and adventures of Rama, the ideal man and king, and his ideal wife Sita.
- **Mahabharata-** The vast work of early Indian literature relates the struggle between two families. It also incorporates a mass of other romantic, legendary, philosophic and religious material. It includes the **Bhagavad Gita**- 'The Lords Song'- probably Hinduism most important and certainly most popular single text.

The Hindu scriptures are often wrapped in silk or cloth out of respect and for protection.

Acts of Faith

Hindus generally practise the ritual of **puja** daily to remind them of their duties to their gods. A statue of the family deity is placed in a sacred corner and offered flowers, fruits, cooked food (bhog) and, sometimes, incense and light. A mantra may also be sung or chanted. The blessed food (prasada) is eaten at the end of the ritual. It is believed that this ritual brings Hindus closer to their family god.

Hospital stay

As a basic rule, most Hindu patients will prefer to be treated by healthcare staff who are of the same gender as themselves. Privacy and modesty are very important, as echoed in the traditional clothing garments. Traditionally, Hindu women are expected to keep their legs, breasts and upper arms covered whilst Men should be covered from the waist to knee.

Jewellery and make-up are important to Hindus because of their religious significance as well as decorative value. Hindu men may wear a ring, medallion or amulet blessed by a priest and the removal of which is also likely to cause distress. Sometimes Hindu men wear a white, cotton thread over the right shoulder and around the body, to signify adulthood, which should not be touched unnecessarily.

Cleanliness is fundamental to the Hindu faith, and patients may choose to wash in free flowing water throughout the day. Therefore, showers are preferable to baths. Hindu patients usually wash after using toilet facilities so a water container should be available for use in toilet cubicles.

Hindus pray in temples and at home, where a shrine will be set aside for worship to deities. Hindu patients will appreciate being offered a quiet area in which to pray. Patients may also wish to have statues or pictures of gods, candles, a bell and food at their bedside and such items must be treated with great care and respect. Some patients may recite mantras throughout the day.

A Hindu patient may feel that they know why they are ill. This may be based on their religious and cultural beliefs. It is important to listen to and accommodate their explanation, even if it seems unusual to do so. A member of staff should not dismiss an idea solely because it conflicts with their norm. The option of receiving support from an organisation that the patient can culturally identify with should be explored.

As it is Hindu custom for the family, friends and community members to visit a sick relative or acquaintance, Hindu patients could receive many visitors, especially on festival days. The visitors may bring in prashad (food that has been blessed) for their sick relative. It is important to accommodate larger amounts of visitors, though it is recognised that vast amounts is not practical and may make the patient feel overwhelmed. An agreed limit should be established.

Many Hindus follow the traditional Hindu system of medicine known as **ayurveda**, which treats imbalances in the body with diet, exercise and meditation as well as herbal remedies. The main objective of the Ayurvedic system is to restore and maintain the metabolic equilibrium of body, mind and soul. They believe that certain foods are either hot or cold, good or bad, auspicious or inauspicious, and can either aid or hamper recovery with their power to balance the bodily humours. They will probably carry on using this system in hospital. Therefore, it is vital to discuss the medications and schedule with Hindu patients to enlist their agreement to taking the medicines.

A Hindu Diet

As with other faiths, there are variations amongst dietary preferences so communication with individuals is essential. Some Hindus eat meat, but **NOT** beef as the cow is considered to be sacred.

Others are vegetarian and will eat dairy products as long as they are free from animal fat. They might choose not to eat from a plate or with the same utensils with which meat has been served, and could request plastic plates/ cutlery as an acceptable alternative. Furthermore, they may not wish to eat food prepared by a non-Hindu, and might ask relatives or friends to supply meals instead.

Small minorities of Hindus are very strict vegetarians and will not eat any root vegetables, garlic, onions, eggs or dairy products.

Salads, rice, vegetables and fruit are generally acceptable foods to offer, and a less strict diet allows cottage cheese, yoghurt and milk as part of the menu.

Fasts are commonplace and frequent, but generally last just one day. Unlike the Muslim faith, the taking of medicine is not considered to be breaking the fast.

Care of the Dying and Death Customs

Hindus believe that existence is a cycle of birth, death, and rebirth, governed by Karma. A persons good and bad deeds determine their next reincarnation. The goal of Hinduism is to escape this cycle of rebirth by reaching Nirvana. Nirvana is a Sanskrit word that means "ending". Hindus and Buddhists believe Nirvana is a state of eternal happiness without change or pain.

The family should be alerted straight away as a dying Hindu will be visited by as many of their family and friends as possible. Passages from holy texts (Vedas) will be read to them and prayers will be said with them.

A Hindu patient may request the services of a Hindu Priest during the last stages of life. This should ideally be arranged by family or friends. However, if no one is known to staff, this can be done through the relevant Chaplain from the list below.

A request may also be made to lie on the floor during the dying moments, in order to ease breathing and be closer to mother earth. Every effort should be made to respect this.

The body of a Hindu should not be washed by hospital staff as the family will prepare the body themselves. However, it is wise to make arrangements with the family about what should be done in the event of death occurring in their absence. It is generally agreed that staff should wrap the body in a clean white sheet, with the head facing north and the feet south. If the body has to be left alone, a light or a candle should be left burning near the head of the deceased as a mark of respect and to comfort their soul.

Cremation is preferred and is carried out promptly according to local practice and custom.

What Does The 5 Boroughs Partnership NHS Trust Provide For People Of The Hindu Faith?

- **Bhagavad Gita in Sanskrit with English meaning-** This is a text of 700 verses arranged in eighteen chapters. It is a dialogue between the God Krishna and the hero Arjuna, his closest friend and disciple, which takes place in a timeless moment on the battlefield. It is a classic summary of the core beliefs of Hinduism and the most revered of all Hindu scriptures.
- **Set of Postcards Of Hindu Gods -** This pack contains pictures of twelve separate Hindu deities, with information about each deity on the back. Users can pick the deity that holds more significance to them.
- **Prayer beads-** To keep track of how many sacred mantras have been recited.
- **21st Century Information book- Hinduism-** This attractive book explores the practises of Hinduism and its relationship to society. It has colourful photos and is written in a simple style.

Each Borough has a set of these texts at the location below. Staff are asked to promote these materials to service users and other staff who may take comfort from them. Please call the relevant Chaplain for assistance in accessing them.

Borough	Location of Multifaith Resources	Chaplaincy Contact
Warrington	Quiet /Prayer room in Hollins Park House	Revd. Pam Lovatt Tel: 01925 664000 ext. 3345
Wigan and Leigh	Quiet /Prayer room in Leigh Infirmary	Revd. Anne Edwards Tel: 01942 822324
St Helens and Knowsley	Chapel/ Multifaith room in Whiston Hospital	Revd, Jayne Shepherd or Anne Wright (Admin) Tel: 0151 430 1657
Halton	Chapel/Multifaith room in General Hospital	Margaret Walsh: Chaplaincy Co-ordinator Tel: 01928 753443

The Equality and Diversity Unit also has a copy of the texts that can be accessed for staff or service users. Tel: 01925 664074

Please see appendix 3 for local support groups



CHRISTIANITY



Background Information

The foundational belief for Christians is in the Trinity of God: the Father, Son and Holy Spirit. God is the creator of the world and rules over all of heaven and earth. He is the one that created the earth and will one day cast judgement over it.

For Christians, the Bible is the revelation of God's relationship to humanity. It shows the inability of people to keep their "covenant" with God, despite being given laws, teachings and prophets. The result of this disobedience was sin, which separated people from God.

The New Testament explains how God came to earth in the human form of his Son, Jesus Christ, to restore this broken relationship. Through the life, death and resurrection of Jesus Christ, God was revealed to mankind. As the Son of God, Jesus came to earth to teach us about love and fellowship. He was here to enlighten us about God's plan for all of humanity and to save the people of the world from their transgressions. He represents the person that all Christians must strive to be like (in the power, the strength and the grace of the holy spirit). Christians believe that he is the only one that ever lived on earth that can be called perfect from all worldly sins.

Jesus was rejected by some of mankind and was crucified on the cross. Christians believe that his suffering and death, as a willing sacrifice, followed by his resurrection, destroyed the hold of death on the human race and brought about the possibility of a restored relationship with God.

Christianity became, and still is, the largest religion in the world with approximately 2.1 billion followers worldwide.

Following Christianity's adoption as the official religion of the Roman Empire, the Empire began increasingly to become separated into Eastern and Western parts. When Rome fell in 476, it meant that Western and Eastern Christians were no longer under the same political rule and differences in belief and practice arose between them; particularly in questions of doctrine and the absolute authority and behaviour of the Pope. The differences culminated in what has been called the Great Schism in 1054, when the patriarchs of the Eastern and Western divisions were unable to resolve their differences and split into the Orthodox Church (East) and the Roman Catholic Church (West).

In 1521, Martin Luther, a monk from Germany, challenged the Catholic Church. He wanted to reassert the authority of the Christian bible as opposed to the authority of the Church or its tradition, and make religion accessible to all. The ensuing reformation gave rise to the establishment of Protestantism, named after the protests. The Catholic Church diversified into national Churches closely aligned with local rulers and Free Churches that sought an independent congregational life separate from the structures of the state.

Below is a summary of these three main denominations-

East Orthodox Church

The Eastern Orthodox Church is a self-governing body of Christians adhering to a pure and unbroken line from the first days of the Apostles and the disciples of Jesus. The two most widely known Orthodox traditions are the Greek and Russian Orthodox. Essentially the Orthodox Church shares much with the other Christian churches in the belief that God revealed himself in Jesus Christ, and a belief in the incarnation of Christ, his crucifixion and resurrection. Fasting and prayer play an important part in the life of an Orthodox Christian. They also make extensive use of icons in personal devotion.

The Roman Catholic Church

The Catholic Church has its central administrative offices in the Vatican, and recognises the Pope as the successor of St Peter, entrusted by Christ to look after his people. It has over one billion members throughout the world, who gather to celebrate the Mass. They have a special devotion to Mary, the mother of Jesus.

Both the Roman Catholic and Orthodox churches revolve around seven sacraments:

- Baptism- immersion into water as initiation and forgiveness of sins.
- Confession- members may receive forgiveness through confessing sins to a priest.
- Holy Eucharist- Christ's body and blood is given at communion in the form of bread and wine.
- Confirmation-a formal acceptance into the church along with special anointing of the Holy Spirit.
- Matrimony- a man and women enter into a life-long union and make their promises before God.
- Holy Orders- the process by which men are ordained to clergy.
- Extreme Unction- a sick person receives special graces and is blessed with oil to unite them to the passion of Christ.

Protestant Churches

There are many different branches of Protestantism across the world. The first conscious statement of Protestantism as a distinct movement was the acceptance of the Bible as the only source of truth. It introduced the concept of the universal priesthood of all believers, were Christians could

communicate directly with God and did not have to approach him through the intermediary of a priest or a saint. Forgiveness of sins lay solely through faith in Jesus. The Protestant church puts less emphasis on the liturgical (worship that follows a set pattern) aspects of Christianity and stresses the preaching and hearing of the word of God.

There are four main strands within the Protestant churches: Lutheran, Reformed/Presbyterian, Free Churches, and Anglican (C of E). However, Churches of the Anglican tradition see themselves as both Reformed and Catholic. They are autonomous Churches that look for international leadership to the Archbishop of Canterbury.

As Christianity is the largest religion in the world, Christians come from a wide range of races, nationalities and cultures which means that religious practices vary widely.

Main Religious Holy Days and Festivals

It is important to note that the degree to which Holy Days are observed can vary greatly between individuals.

The Church year is divided up by various festivals and seasons. Some, like Christmas Day, happen on the same date every year, while others move around within a range of dates.

The main festival that moves is Easter, and since many other festivals have their dates fixed in relation to Easter, they move with it.

Shrove Tuesday is the Tuesday before Ash Wednesday which is the first day of Lent. It's a day of penitence, to clean the soul, and a day of celebration as the last chance to feast before Lent begins.

Ash Wednesday is the beginning of Lent for Western Christian churches. It is a day of penitence to clean the soul before the Lent fast.

Lent is the period of forty days which comes before Easter in the Christian calendar.

Passion Sunday is the 5th Sunday in Lent and the second Sunday before Easter, except in Roman Catholic churches. In Roman Catholic churches Passion Sunday is used to refer to the Sixth Sunday in Lent - which is also called Palm Sunday - since the revision of the liturgical calendar in 1969.

Palm Sunday- The most solemn week of the Christian year, Holy week is the week leading up to Easter, and is the week during which Christians particularly remember the last week of Jesus's life. Holy week begins on Palm Sunday.

Maundy Thursday is the Thursday before Easter. Christians remember it as the day of the Last Supper, when Jesus washed the feet of his disciples and established the ceremony known as the Eucharist.

Good Friday- The most important events in Christianity are the death and later resurrection of Jesus Christ, the Jewish prophet whose teachings are the foundation of the faith.

Easter commemorates the resurrection of Jesus Christ. It is the most important Christian festival, and the one celebrated with the greatest joy.

Feast of Ascension- The fortieth day after Easter Sunday, commemorating the Ascension of Christ into heaven, according to Mark 16:19, Luke 24:51, and Acts 1:2.

Pentecost is the festival when Christians celebrate the gift of the Holy Spirit. It is celebrated on the Sunday 50 days after Easter.

Christmas celebrates the Jesus' birth and God's giving of himself to all humanity, hence the emphasis on the giving of presents. December 25th became the accepted date for this celebration during the 4th century.

Epiphany is an ancient festival that focuses on God's revelation of himself to the world through the incarnation of Christ.

Candlemas commemorates the ritual purification of Mary, 40 days after the birth of her son Jesus.

Feast of the Assumption- Roman Catholics believe that Mary was assumed body and soul into heaven.

Feast of the Immaculate Conception-Roman Catholics believe that Mary, the mother of Christ, was conceived without original sin.

All Saints' Day and All Souls' Day- Roman Catholics commemorate all the saints and martyrs and the faithful departed on these two feast days.

Holy Books and Acts of Faith-

The Christian scripture is called the Bible, which comprises of both the New and Old Testaments. The Old Testament books were written over a period of 800 years by many people using many different literary styles.

The New Testament includes four accounts of the life of Jesus (The Gospels), a series of accounts of the early churches (The Acts and The Epistles) and other writings such as the Book of Revelation.

Some Christians may wish to pray daily, particularly before sleep, and often use "The Lord's Prayer", which Jesus taught his disciples. They may wish to follow an individual programme of devotion which could include studying the Scriptures, private prayer and meditation. Aids may be used during this time such as a cross, an icon of Christ or the Virgin Mary and Rosary beads. Chaplains can provide these items and also support people during this time.

Hospital Stay

Chaplains will visit particular patients and relatives on request. Such a visit should be offered as it can act as a source of comfort to practising and non-practising Christians alike.

Christians celebrate the Sabbath on Sunday and this the day when many choose to attend church. Patients in hospital may wish to be visited by the chaplain or their own vicar if they are unable to attend services themselves. They may ask for the Eucharist to be brought to them, particularly before they have an operation. If possible, this ceremony should take place in private, so that the patient can have some time alone before and afterwards.

They may also appreciate the opportunity to spend some quiet, undisturbed time to pray and read the Bible. Some patients may wish to have a cross at their bedside, or wear one on a chain around their neck if possible. Many Catholics pray to Mary, the mother of Jesus Christ, who is considered to have influence over her son. Patients may like to keep a picture of Mary (or other saints) at their bedside.

Catholic inpatients, like other Christian patients, should be offered regular visits by the chaplain, who may be called upon to carry out the sacrament of the sick. This may involve a priest, or other visitor, using holy water or oil to make the sign of a cross on the patient's forehead. It is believed to be an important aid to healing and may be administered at the beginning of an illness or before a major operation.

As well as requesting to take regular Holy Communion, arrangements may also have to be made for some patients, particularly Catholics, to make a confession to a priest in order to be granted forgiveness.

Diet

Some Christians may not eat meat on Fridays and should therefore be offered a fish or vegetarian alternative. Devout Christians may fast for an hour or so before taking the Eucharist, but this is not a requirement and certainly need not apply to the very young, elderly or infirm. Some Christians do not drink alcohol.

Some Catholics may also not eat meat or drink alcohol on Fridays and on Ash Wednesday, which is the first day of Lent. Instead, they will prefer to eat a fish or vegetarian option.

Care of the Dying

A dying patient may wish to see a member of the clergy before they die and receive the sacrament of the sick, which is carried out using holy oil. They, or their visitors, may wish to have prayers at their bedside. Routine last offices are appropriate for a Christian who is dying. More prayers may be said after someone has died as Christians believe that the righteous spend eternity in heaven with God and when they die.

There are usually no restrictions on who can touch the body of a Christian once they have passed away, though this should be confirmed with the family. After death, it is usually advised to wrap the body in a sheet with the arms and hands placed by the side and await further instructions. Burial and cremation are both viewed as acceptable.

What Does The 5 Boroughs Partnership NHS Trust Provide For People Of The Christian Faith?

- The Holy Bible
- New Testament and Psalms
- The Book Of Common Worship
- Songs and Hymns Of Fellowship
- Service of Holy Communion By Extension
- Various individual prayer cards that are a source of comfort and support
- 21st Century Information book- Christianity- This attractive book explores the practises of Christianity and its relationship to society. It has colourful photos and is written in a simple style.

Each Borough has a set of these texts at the location below. Staff are asked to promote these materials to service users and other staff who may take comfort from them. Please call the relevant Chaplain for assistance in accessing them.

Borough	Location of Multifaith Resources	Chaplaincy Contact
Warrington	Quiet /Prayer room in Hollins Park House	Revd. Pam Lovatt Tel: 01925 664000 ext. 3345
Wigan and Leigh	Quiet /Prayer room in Leigh Infirmary	Revd. Anne Edwards Tel: 01942 822324
St Helens and Knowsley	Chapel/ Multifaith room in Whiston Hospital	Revd, Jayne Shepherd or Anne Wright (Admin) Tel: 0151 430 1657
Halton	Chapel/Multifaith room in General Hospital	Margaret Walsh: Chaplaincy Co-ordinator Tel: 01928 753443

The Equality and Diversity Unit also has a copy of the texts that can be accessed for staff or service users Tel: 01925 664074
Please see appendix 3 for local support groups.

JEHOVAH'S WITNESSES

Background Information

Jehovah's Witnesses trace their origin to the religious movement known as Bible Students, which was founded in the late 1870s by Charles Taze Russell. He was brought up as a Presbyterian, but joined a Congregational Church at the age of fifteen. By seventeen, he had become sceptical about the interpretations of the Bible that he had encountered. He had great difficulty in dealing with the doctrine of eternal hell fire and his studies came to deny not only eternal punishment, but also the deity of Christ and the Holy Spirit. He established his own group, which adopted the name Jehovah's Witnesses in 1931.

Jehovah's Witnesses believe in one god, referred to by his true name of Jehovah, a spiritual being with a non-human body who created and controls everything. They believe that Jehovah created Christ, his human son, to redeem mankind from sin and death, and resurrected him in spirit to be our lord and saviour, but not an equal to God. They do not believe in the Trinity.

Jehovah's Witnesses consider their religion to be a restoration of original first-century Christianity. The commandments of the Bible are very important and Jehovah's Witnesses try to live their lives by them, exhibiting a high degree of commitment to their religion. They produced an independent translation of the Bible called *New World Translation* which is not used by any other group.

Jehovah's Witnesses are well known for sharing their faith with others; 'witnessing' is a fundamental part of their lives. They tend to live in a tightly knit social structure which supports them in both their everyday lives and in fulfilling their religious mission.

Holy Days and Festivals

The most important religious event of the year for Jehovah's Witnesses is the commemoration of the Memorial of Christ's death, which takes place on the anniversary of the Last Supper, calculated according to the lunar calendar in use in Christ's time. They believe that this is the only observance commanded by Christ.

Witnesses do not celebrate Christmas or Easter because they believe that these festivals are based on (or massively contaminated by) pagan customs and religions. They point out that Jesus did not ask his followers to mark his birthday. Witnesses do not celebrate birthdays or other secular festivals that originate in other religions.

Holy Books and Worship

The Watchtower is the Witnesses' magazine and the primary Bible study aid for members of the faith. It contains a great deal of doctrinal content. Members study the New World Translation of the Bible, which is unique to them.

Jehovah's Witness local congregations generally have fewer than 200 members each. Most Witnesses attend the Kingdom Hall closest to their home. Often, several congregations share a single Kingdom Hall by alternating meeting times.

Religion occupies much of the time of each Witness. They attend meetings at Kingdom Halls regularly, and read and study their faith intensely, both on their own and in home groups.

Jehovah's Witnesses have no professional clergy, so there is no distinction between clergy and lay people. Congregations are led by a body of "elders", who are men chosen on the recommendation of local elders based on scriptural qualifications, and appointed by the Governing Body as their direct representatives in the local congregation. This is not as autocratic as it may sound as there are multiple leadership roles in local communities; regular turnover ensures that many members get to play a part in leading the community.

Hospital Stay

Some Jehovah's Witnesses may view ill health as self-inflicted or even caused by Satan and his demons. These demons are allowed to exist by God in order to demonstrate the superiority of his rule over independent humans.

Jehovah's Witnesses are opposed to taking blood or blood products into the body because the Bible refers to blood as 'the soul of the flesh'. It represents life. Indeed, Witnesses have become well known for their refusal of blood transfusions. This refusal has attracted criticism from some medical and legal sources, but has also helped to strengthen the legal basis for patients' rights of informed consent and self-determination of medical treatment.

The Witnesses search for bloodless treatment options has also encouraged research and development of bloodless surgery techniques (surgery that does not involve the use of blood or blood products). They have formed an international network of Hospital Liaison Committees to encourage the consideration of what alternatives are available and the enlistment of medical staff who are willing to perform these procedures.

Other medical treatments may or may not be deemed as acceptable, depending on individual interpretation.

A Jehovah's Witness patient should be asked about what information may be passed on to their family or other visitors. This is particularly important as, if another Witness found out that they had chosen to accept a forbidden blood product, it would be their religious duty to report it back to the organisation. This could have grave social implications for the patient, who may find themselves 'disfellowshipped' upon their return home.

As an inpatient, a Jehovah's Witness is likely to receive plenty of visitors from their congregation, who will provide social and emotional support. The patient may prefer to pray in private with the curtains drawn around their bed and may also wish to listen to taped recordings of congregational prayer meetings.

Diet, Drugs and Alcohol

The issue of blood is also relevant when it comes to diet: anything that contains blood or blood products is unacceptable, as is meat from an animal that has been strangled, or shot and not bled properly. In fact, some Jehovah's Witnesses do not eat meat at all.

Jehovah's Witnesses believe that tobacco and other recreational drugs are incompatible with Christian principles. They are allowed to drink alcohol but do not condone drunkenness.

Death and Dying

Jehovah's Witnesses believe that when a person dies, their existence completely stops.

Much of Witness belief concentrates on the 'End Times', and Witnesses have pointed to a number of dates as Biblically significant. Generally, Witnesses believe that the end times started in 1914, but have not stated when the 'conclusion of the system of things,' is expected.

They believe that when 'the End' finally comes, only 144,000 human beings will go to Heaven and rule the Earth from there with Christ - these are known as the anointed. Becoming an anointed person is not something that is done by voting or selection. Instead, the anointed one knows directly from God that he or she has been chosen.

Although no particular rites and rituals are associated with death and dying, a dying Witness patient may appreciate a visit from one of the Elders of their faith. They may be distressed or disappointed at the prospect of dying before "The End". Individual Witnesses can choose to be buried or cremated.

What Does The 5 Boroughs Partnership NHS Trust Provide For Jehovah's Witnesses?

The New World Translation of the Bible can be obtained on request. Please call the relevant Chaplain to put a forward request:

Borough	Location of Multifaith Resources	Chaplaincy Contact
Warrington	Quiet /Prayer room in Hollins Park House	Revd. Pam Lovatt Tel: 01925 664000 ext. 3345
<i>Wigan and Leigh</i>	Quiet /Prayer room in Leigh Infirmary	Revd. Anne Edwards Tel: 01942 822324
St Helens and Knowsley	Chapel/ Multifaith room in Whiston Hospital	Revd, Jayne Shepherd or Anne Wright (Admin) Tel: 0151 430 1657
Halton	Chapel/Multifaith room in General Hospital	Margaret Walsh: Chaplaincy Co-ordinator Tel: 01928 753443

- WatchTower is a useful website on Jehovah's Witness issues:
<http://www.watchtower.org/>
- The Equality, Diversity & Inclusion Unit will assist will any queries.
Tel: 01925 664074



ISLAM



Background Information

After Christianity, Islam is the second most popular faith in the world with over a thousand million adherents. The religion has followers in most parts of the world, including the Indian subcontinent, the Middle East, parts of Eastern Europe, Indonesia and the Caribbean. It is also the fastest growing religion in the world.

Therefore, the ethnic background of Muslims in the UK is very varied, as is interpretation of the religion and the degrees to which it is practised.

"Islam" is an Arabic word which means surrendering oneself to the will of God, and achieving peace and security by doing so. Followers of Islam are called Muslims and they believe in one God, whose name is Allah.

Mohammad (Peace be upon him) was the man through whom Allah transmitted the teachings of Islam to mankind. He was born in Mecca, a city on the Arabian Peninsula, in 571 AD. He was an uneducated man and worked as a shepherd and a trader.

Mohammad (Pbuh) grew up in an atmosphere and society of cruelty, lawlessness, war and treachery, yet was untouched by these prevalent evils. He became famous for his truthfulness, charity and helpfulness. He was deeply troubled by the inhumanity that he saw around him and would leave the city to meditate in a cave on a nearby mountain.

One day, whilst meditating, he received a message via the Angel Gabriel that Allah had appointed him his Messenger. Over a period of 23 years, the Prophet Mohammad (Pbuh) received Allah's revelations through the Angel Gabriel, and recorded them to form the Muslim holy book called the Quran.

The Quran offers a complete way of life. It addresses humanity and provides guidance on all facets of existence including the family, law and order, politics, science, women's rights and the life hereafter. The Quran emphasises that everyone will be judged on the day of Judgement, and sent to heaven or hell depending on their conduct in this life.

There are **five pillars of Islam**, which every Muslim has a duty to accept and perform, though it is important to remember that, as with every religion, individuals practice their faith to varying degrees:

Shahada The first Pillar is the belief in the fundamental words “There is no god except Allah, Muhammad (Pbuh) is the messenger of Allah”. It is the Muslim profession of faith.

Salat This Pillar relates to the duty of praying five times a day. Salat (or “namaz”) is very different from praying on the inspiration of the moment. A precise ritual is followed at five separate times of day which are set aside for devotion. Having specific times each day to be close to Allah helps Muslims remain aware of the importance of their faith, and the role it plays in every part of life. Prayers can take place in congregation at mosque, or alone in any clean setting. Men especially try to congregate at mosque for the Friday afternoon “Jummah” prayer, on which they place the greatest importance

Ramadan/ Fasting Ramadan is the ninth month of the Islamic Lunar calendar and the holiest of the year. It begins with the sighting of the new moon after which all physically mature and healthy Muslims are obliged to abstain from all food, drink, gum chewing, smoking, and any sexual contact between dawn and sunset. The act of fasting redirects the hearts away from worldly activities, towards Allah. The month of Ramadan is a time for spiritual reflection, prayer, doing good deeds and spending time with family and friends. The fasting is intended to help teach Muslims self-discipline, self-restraint and generosity. It also reminds them of the sufferings of the poor-

Zakat There is a duty for Muslims to give 2.5% of their savings to endeavours such as helping the poor. In this way, they believe that their own wealth is “made pure”.

Hajj For Muslims, the Hajj is the fifth and final pillar of Islam. It is the journey that every adult Muslim must undertake to Mecca, the holiest place on earth, at least once in their lives if they can afford it and are physically and mentally able to do so.

Main Religious Holy Days and Festivals

There are only two Muslim festivals set down in Islamic law: Eid-ul-Fitr and Eid-ul-Adha, but there are also several other special days which Muslims celebrate. These days are not celebrated in anywhere near the same joyous way as the two Eids. The calendar used by Muslims is based entirely on a lunar system, and so the date of each festival varies from year to year. The school of thought an individual belongs to also influences when they celebrate festivals.

Al Hijrah or the New Year. This is the first day of the new Muslim year and takes place on the anniversary of the migration of Muhammad from Mecca to a place of safety in Madinah, and the establishment of the Muslim community.

Milad al-Nabi or Birthday of the Prophet Mohammad takes place on the 12th day of the third month and is a celebration of the birth of the baby that was later to become one of the most influential men on the planet, the Prophet Mohammad. This day is not celebrated by all Muslims.

Lailat al-Baraat or Night of Forgiveness. Muslims believe that on this night, the fate of humankind is determined by Allah for the coming year. It takes place 15 days before Ramadan begins, and is a period of quiet reflection and prayer.

Eid al-Fitr or Festival of Breaking the Fast. This day marks the end of Ramadan. The day of celebration starts with prayer at the Mosque, the place where Muslims (mainly men) go to worship. Families will also visit graves and pray for those who have died. New clothes will be worn and after a lavish breakfast the family will go out and visit family and friends. Cards and gifts will also be exchanged.

Eid al-Adha or the Festival of Sacrifice. The second of the major Muslim festivals marks the end of the holy pilgrimage of Hajj and is celebrated in the same way as the first Eid. It is also a commemoration of when Abraham was tested by Allah and asked to sacrifice his son. Just as the knife drew near, Allah intervened and Abraham's child was replaced by a sheep. Therefore, those who can afford it sacrifice an animal and distribute the meat among family and friends.

Holy Books

The holy book for all Muslims is the Quran which, as mentioned, is believed to have been revealed by Allah to the Prophet Mohammed (Pbuh) via the Angel Gabriel. It is used as a source of guidance for all aspects of life.

Muhammad's (Pbuh) followers and household also kept a careful account of his life, deeds, sayings and examples, and these were gathered together to form "Hadiths", which Muslims also use to guide them.

Hospital stay

Islam is a religion that places great emphasis on modesty. Men and women are not encouraged to mix freely. This extends to healthcare, where medical staff of the same gender are generally preferred. These preferences should be accommodated, in order to avoid causing anxiety and distress. If a request is made, Muslim patients should be admitted to single-sex wards, especially those of the older generation.

Hospital gowns may present a problem to some Muslims, again for reasons of modesty. Muslims are required to cover their bodies; men from the navel to the knee and women from head to feet, excluding face and hands. Clothing must not be see-through or tight fitting. Therefore, if a Muslim patient wishes to wear a shawl, coat or cardigan over the top of their gown to avoid embarrassment or distress, this should be accommodated. Of course, the extent to which observance of Islamic dress is practised depends entirely on the individual.

The patient may receive an abundance of visitors, as it is the norm to visit people who are unwell. It is important to accommodate larger amounts of visitors, though it is recognised that *vast* amounts is not practical and may make the patient feel overwhelmed. An agreed limit should be established.

A Muslim patient may feel that they know why they are ill. This may be based on their religious and cultural beliefs i.e. they may believe they have a bad spirit or “Jin” inside them. It is important to listen to and accommodate their explanation, even if it seems unusual. A member of staff should not dismiss an idea solely because it conflicts with their norm. The option of receiving support from an organisation that the patient can culturally identify with should be explored.

As mentioned earlier, the second pillar of Islam requires Muslims to pray five times a day. These prayers are performed on a prayer mat whilst facing Mecca- the holiest place on earth. Before praying Muslims go through a routine washing ritual, cleansing themselves physically in preparation for the mental cleansing of prayer. The washing ritual, called Wudu, can be done in any clean place with flowing water.

It is important that a running tap is accessible to carry out Wudhu, and that there is a clean private area for patients to perform their prayers. In the absence of a designated prayer room, the patient may wish to perform prayers in their own room. A prayer mat and compass (to establish the direction of Mecca) may be required, unless the patient has agreed to bring their own.

Similarly to the Hindu faith, cleanliness is fundamental. As well as before prayer, Muslim patients usually wash after using toilet facilities. A water container should be available for use in toilet cubicles to address this need. Showers would also be preferable to baths due to the emphasis on flowing water.

Diet

Muslims are allowed to eat halal poultry, mutton and beef. This is meat that has been killed in accordance to Islam. It must be prepared with separate utensils, cooked and served separate to any other meat. In some cases, the patient may only consume it if it has been cooked by a Muslim. Any products containing meat must also be halal.

Therefore it may be more acceptable to order frozen halal meals or offer a vegetarian or fish alternative as oppose to preparing halal meat onsite. The family may also offer to bring food in for the patient.

Muslims are religiously forbidden to eat pork or any pork by-product. The consumption of alcohol is also totally forbidden. During the holy month of Ramadan, Muslims fast between the hours of sunrise and sunset. This should be allowed if medically appropriate.

Care of the Dying and Death Customs

If the death of a Muslim patient appears imminent, their family should be informed immediately so that necessary procedures can be carried out. In the absence of any family, a member of the local mosque or Islamic organisation should be informed. This can be arranged through the relevant Chaplain from the list below.

Wherever possible a Muslim patient approaching death should return home to be surrounded by family, friends and the community. If this is not possible, the hospital should make arrangements to accommodate large amounts of visitors. This is because there is a duty on Muslims to visit the sick or dying.

With this in mind, it may be best to move the dying Muslim to a side room and arrange a visiting schedule or rota with the family to make sure that the patient, other patients on the ward, and staff are not overwhelmed.

As the patient approaches death they, and their visitors, will recite passages from the Quran. An Imam (religious leader) may also be called. A request may be made to turn the bed so it is facing South-East, which is the direction of Mecca. This is so the entry into the afterlife is as pious as possible.

After death, the family and Muslim undertakers wash the body and carry out all Islamic requirements. It is, however, important to cover all bases and make arrangements with the family about what should be done in the event of death occurring in their absence. It is generally agreed that staff should put on some gloves so that you do not directly touch the body. They should turn the person's head towards Mecca (usually south-east in the UK), straighten the legs and arms, close the mouth and eyes and cover the body entirely with a white cloth.

The body should be released to the family at the very earliest opportunity as Islam recommends that burial takes place within 24 hours. A post-mortem is considered to be completely disrespectful, and should only be carried out if the law requires it.

What Does The 5 Boroughs Partnership NHS Trust Provide For People Of The Islamic Faith?

- **Quran in Arabic-** Muslims believe that the Quran is the literal word of God and the culmination of God's revelation to mankind, revealed to the Prophet Muhammad over a period of 23 years by the Angel Gabriel.
- **Translation of The Holy Quran with English Commentary**
- **Sahih al-Bukhari Hadith in Arabic with English Commentary-** Generally regarded as the single most authentic collection of guidance from the Prophet Mohammed, Sahih Al-Bukhari covers almost all aspects of life.
- **21st Century Information book- Islam-** This attractive book explores the practises of Islam and its relationship to society. It has colourful photos and is written in a simple style.
- **Prayer mat, Compass, and Prayer beads.** Devout Muslims will use these items when performing their 5 daily prayers. Using the compass, the prayer mat is positioned facing Mecca. After praying, the prayer beads can be used to recite a set amount of holy phrases.

Each Borough has a set of these texts at the location below. Staff are asked to promote these materials to service users and other staff who may take comfort from them. Please call the relevant Chaplain for assistance in accessing them.

Borough	Location of Multifaith Resources	Chaplaincy Contact
Warrington	Quiet /Prayer room in Hollins Park House	Revd. Pam Lovatt Tel: 01925 664000 ext. 3345
Wigan and Leigh	Quiet /Prayer room in Leigh Infirmary	Revd. Anne Edwards Tel: 01942 822324
St Helens and Knowsley	Chapel/ Multifaith room in Whiston Hospital	Revd, Jayne Shepherd or Anne Wright (Admin) Tel: 0151 430 1657
Halton	Chapel/Multifaith room in General Hospital	Margaret Walsh: Chaplaincy Co-ordinator Tel: 01928 753443

The Equality and Diversity Unit also has a copy of the texts that can be accessed for staff or service users. Tel: 01925 664074

Please see appendix 3 for local support groups



JUDAISM



Background Information

Judaism is the oldest and smallest of the world's great monotheistic religions, with around 14 million followers. Monotheistic refers to a religious system that recognises a single supernatural being. Jews believe that there is an almighty God, who not only created the universe, but with whom every Jew can have an individual and personal relationship.

The history of Jewish people began approximately 4000 years ago during the Bronze Age times in the Middle East. This is when God promised Abraham, a nomad leader, that he would be the father of the great people if he did as God told him. Abraham was the first person to teach the idea that there was only one God and is regarded as the first Patriarch of the Jewish people.

Over a thousand years later, the Jews were living as slaves in Egypt. Moses, who had escaped from the unjust treatment, was ordered by God to go back to Egypt and lead the Hebrew people out of slavery and to the Holy Land that God had promised them. This land is now known as Israel. Moses obeyed the orders and freed the slaves, with God's divine help. The escape of the Jews from Egypt is remembered every year in the Jewish festival of Passover.

Three months after leaving Egypt, Moses and the freed slaves came to the slopes of Mount Sinai. Moses went up the mountain alone and stayed there for 40 days, during which time God gave him 613 commandments, covering every aspect of life including law, family, personal hygiene and diet. The most famous of these rules are known as the Ten Commandments.

More importantly, God made a covenant with the Jews at Sinai, in which he agreed to look after the whole of the Jewish people forever if they agreed to worship only him forever and bring holiness into every aspect of their lives.

The essence of being Jewish is that one is part of a global Jewish community. The Jewish nation is more like an extended family with its close connections and shared sense of discipline. A lot of Jewish religious life is based around the home and family activities.

The main forms of Judaism are known as Orthodox, Reform and Progressive. Orthodox and Ultra-Orthodox Jews follow the original teachings and traditions of the faith very closely, whereas Reform Judaism is more welcoming of change.

The Jewish place of worship is called a **synagogue** and is often the heart of a Jewish community. It is also used as a place where people go to meet each other, sit quietly and pray, and where children go to learn about Judaism. A Jewish leader is called a **Rabbi**. The Rabbi often leads ceremonies, acts as a source of advice and interprets the Torah and other holy books. This is necessary as the Jewish scriptures are written in Hebrew, which is also the main language of worship.

Main Religious Holy Days and Festivals

As the Jewish calendar is based on a lunar cycle, the precise timing of holidays and festivals can vary significantly from year to year. In accordance to this calendar, each new day starts in the evening at sunset.

Sabbath (or Shabbat) is the most important day of the week for Jewish people. This begins at sunset on Friday and ends after sunset on Saturday. It is the day of rest for Jews as it celebrates the seventh day, when God rested after making the world. There are restrictions on working, travelling etc on this holy day. Rituals such as lighting candles, setting the table decoratively, sharing a meal and attending the synagogue help to make this a day for celebrating family and community ties.

Rosh Hashanah or Jewish New year (September/October)

This festival involves two days of judgement and penitence as Jews reflect on the events of the past year. The creation of the world is celebrated, sins are repented of and many Jews engage in private contemplation of their relationship with others and with God. The festival lasts for two days and, during this period, no work should be undertaken. Rosh Hashanah marks the beginning of what is known as the Ten Days of Penitence, which end on Yom Kippur.

Yom Kippur or Day of Atonement (September/October)

This is the most sacred and solemn day of the Jewish year and brings the Days of Repentance to a close. Not only do Sabbath restrictions apply on Yom Kippur, but it is also a twenty-four hour fast for the purposes of purifying thoughts and increasing the intensity of repentance. The day is devoted to repentance, forgiveness and contemplation, and involves five services at the synagogue and a special meal to break the fast at home.

Sukkot or The Feast of Tabernacles (September/October)

This nine-day period (including Shemini Atzeret on the eighth day and Simhat Torah on the ninth) commemorates the years that the Jews spent in the desert on their way from Egypt to Israel, and celebrates the way in which God protected them under extreme conditions. Huts, called Sukkot, are built in Synagogues to remind people how their ancestors lived. There are processions around the synagogue with people carrying palms, citrus fruits, myrtle and willow, to symbolise the fruits of the harvest.

Simchat Torah or Rejoicing of the Torah (September/October)

This festival marks the end of the period of Tabernacles. The holiday of Simchat Torah celebrates the completion of Torah readings for the year and the start of the next cycle of readings. The scrolls of the Torah are paraded through the Synagogue with great joy and even some dancing.

Hanukah or festival of lights (November/December)

This festival celebrates the recapture of the Temple in Jerusalem from Antiochus IV of Syria in 164 BC by Judas Maccabaeus. The Temple was rededicated to God by burning oil lamps to symbolise the flame of faith. During this time, a menorah (candelabra) was lit and, although there was only enough oil to light the menorah for a day, it stayed alight for eight days. This miracle has given the festival its alternative name; the festival of lights. Children will often receive a present on each morning of the festival, and there are ceremonies involving the lighting of candles at home and in the synagogue.

Purim or the festival of lots (February/March)

This is one of the most entertaining Jewish holidays. Purim commemorates the time when the Jewish people living in Persia were saved from termination by the courage of a young Jewish woman called Esther. It is customary to hold carnival-like celebrations on Purim, to perform plays and parodies, and to hold beauty contests. The synagogue is crowded with men, women, and children. Some wear their best Sabbath clothes, but many dress up in colourful costumes and masks.

Pesach or Passover (March/April)

This is one of the oldest and best-loved festivals in the Jewish calendar. It celebrates the miracle of Passover, where the Angel of Death walked through Egypt, killing all of the first-born sons in the land except those of the Jews, which he passed over. This miracle allowed the Jewish people to leave their slavery in Egypt and in a sense marks the start of their status as a free nation.

Today, it is often celebrated as a reminder of the rich history of the Jews, both ancient and modern. Part of the celebration is a recounting of the story of the Exodus by the eldest male family member. He is prompted to tell his story by the youngest family member in a ritual dialogue following the Seder meal.

Pesach is an eight-day period, and its first and last days carry Sabbath work restrictions. In addition, some special dietary restrictions apply on the first day, such as no leavened bread (bread that is made with yeast and allowed to rise).

The High Holy Days

The High Holy Days come in Autumn, at the start of the month of Tishri. This is the most spiritual period of the year for Jews. It is a time for looking back on the year just passed, and for taking action to amend relationships with God and other people. It runs from Rosh Hashanah for ten days until Yom Kippur.

The dates in the Hebrew calendar are 1 Tishri-10 Tishri. Because Hebrew dates begin at sunset, the events begin on the evening before the festival day.

Days of Awe or Repentance are the 10 days between Rosh Hashanah and Yom Kippur during which everyone gets a chance to repent.

The Pilgrimage Festivals

These commemorate the journey of the Jewish People from Egypt to the Holy Land.

Passover, or Pesach is a spring festival that marks the escape from captivity in Egypt.

Shavuot marks the time that the Jews received God's laws at Mount Sinai.

Holy Books

The Jewish bible goes by many names, including "The Hebrew Scriptures," "The Hebrew Bible," and "The Old Testament". Jews call it Tanakh, which is a Hebrew acronym for the three sections it contains:

- Torah- Contains the "Pentateuch" or first five books of the Old Testament. The Torah is the most important Jewish book.
- Nevi'im- Includes books of the Prophets, Judges and Kings
- Ketuvim- "Writings"- which include the Books of Esther and Ruth.

In addition to the above scriptures, other popularly consulted Jewish writings include are the Tamul, which relates in more detail to ritual, law and ethical guidance, and the Midrash, which comprises of parables, legends and stories from the early rabbis (Jewish religious teachers).

The Jewish prayer book is called a 'siddur' and drawn from the writings of the Jewish people across the ages. It contains the wisdom of great thinkers, and some of the most beautiful Hebrew poetry.

Hospital stay

Many Jews have no objections to being treated by someone of the opposite sex. However, as with all areas of the faith, there are exceptions. It is likely that Orthodox Jews would prefer to be treated by someone of the same sex due to the emphasis placed on modesty. Accommodation on single-gender wards would also be preferred. If this is not possible, being placed on a single-gender side ward may be a reasonable compromise.

Most people belonging to the Jewish faith tend to adopt the dress code of the people around them, though this differs again when referring to Orthodox Jews. Orthodox men are required to keep their head covered with a skullcap or hat and women with a hat, scarf or wig. Strictly Orthodox men are also likely to wear black clothes and may have ringlets and beards, whilst women are required to cover their whole body with modest dress. This dress code must be respected and, if there is necessity to remove or alter a garment for medical reasons, this needs to be done sensitively after careful dialogue with the patient.

A Jewish patient may feel that they know why they are ill. This may be based on their religious and cultural beliefs. It is important to listen to and accommodate their explanation, even if it seems unusual. A member of staff should not dismiss an idea solely because it conflicts with their norm. The option of receiving support from an organisation that the patient can culturally identify with should be explored.

Some Jews may observe the requirement to prayer three times a day: morning, afternoon and evening. Generally, prayers are read quietly from the Jewish prayer book "siddur", whilst standing in a reverent posture and making bowing movements. Patients may request that they are allowed off the ward to go to a prayer room or quiet area for privacy. If such areas are not available, the patient may be satisfied with drawing the curtains around their bed.

During morning prayers, a male patient may put on his **tefillin**, two small boxes containing biblical passages, binding one to his forehead and one to his dominant arm. He may also put on his skullcap and prayer shawl for prayer.

Before prayer, running water is used to ritually wash the hands; this can either be done at a sink, or bed-bound patients can be provided with a bowl and jug of water. During this washing, patients should not be disturbed and will be unable to answer questions from staff.

Diet

Jews have strict guidelines concerning aspects of their diet, particularly in relation to the consumption of meat and dairy products. Acceptable food is called kosher. Kosher meat is butchered and prepared in a prescribed way by a specially qualified person (Schochet). This method involves killing the animal by a single knife blow to the throat, draining the blood, cutting the meat up, soaking it in water and, lastly, salting it to remove the last traces of blood.

Not every animal is considered Kosher. Lamb, beef, goat, chicken, turkeys, duck and fish with scales are kosher if prepared as above. Pigs, rabbits, shellfish and eels are not permitted, and neither is any food derived from them.

Kosher frozen meals can be ordered in, but the patient might feel more comfortable opting for a vegetarian alternative. In this case, patients may still require reassurance that the kitchens are keeping vegetarian food, utensils, pans, and so on separate from all meat and dairy products and may wish to use disposable plates and cutlery. This will remove concerns about food becoming contaminated by being served on or with non-kosher crockery and cutlery.

According to Jewish dietary laws, meat and milk products must not be cooked or consumed together. Most observant Jews will wait a number of hours after a meat meal before consuming dairy.

Undressed salads, fresh fruit and vegetables should be made available as they are always naturally kosher.

A Jewish patient may wish to fast on Yom Kippur. This should be allowed if medically appropriate.

Care of the Dying and Death Customs

Before death, a Jewish patient will want to see as many of their family and friends as possible. In fact, they may not wish to be left alone at all, so expect many visitors and make provision for them. It is important to accommodate larger amounts of visitors, though it is recognised that *vast* amounts is not practical and may make the patient feel overwhelmed. An agreed limit should be established.

A dying Jew might request the presence of a rabbi at any time to go through the ceremony of vidui (confession) and to pray with them. Make sure that such requests are respected, and that the patient and rabbi are given peace and quiet to talk and pray together. If the patient has no family, a Rabbi should be contacted immediately via the relevant Chaplain from the list below.

It may be decided that a patient has fallen into the category of being a goses i.e. poised between life and death. During this state, no action can be taken that will either hasten or delay death. Exactly how this translates into medical care may need to be discussed with the family and a rabbi, but it can be very complex.

In the event of death, the patient's family or Rabbi will take care of the body. This involves calling the local burial society, who will take the body from the hospital to a funeral home, where the preparation can take place in peace and quiet. Burial usually takes place within 24 hours and post-mortems are generally not permitted.

However, it is always wise to make arrangements with the family about what should be done in the event of death occurring in their absence. Generally, if you are with a Jewish person when they die and no relative has arrived as yet, you should-

- Wait twenty minutes then gently close the eyes and mouth. If necessary, the mouth should be held in position by placing a cloth under the chin and tied above the head. Use gloves when doing so to avoid contamination.
- The fingers of each hand should be straightened and the palms should be placed parallel to the body (i.e. palms facing inwards). The legs should then be straightened and the body moved so that the feet point towards the door.
- Any excess dirt should be washed off or wiped away. The fully clothed body should then be wrapped in a sheet and placed in the hospital mortuary, where it should remain untouched until family, or an authorised Jewish undertaker arrive.
- Leave a light on as is considered respectful for a body never to be left in the dark before burial. It is deemed insulting to eat, drink, laugh or talk in front of a corpse.

What Does The 5 Boroughs Partnership NHS Trust Provide For People Of The Jewish Faith?

- **Soncino Chumash**- contains all five Books of the Bible: Genesis, Exodus, Leviticus, Numbers and Deuteronomy. The Hebrew text is presented in full, with a clear English translation and commentary based on the classical Jewish commentaries.
- **Artscroll Siddur** - A Prayer book for modern times, it speaks to today's Jew, relating the thoughts and words of Jewish heritage to the mind in a contemporary way.

- **Artscroll family Haggadah-** This is the book used at the Jewish Passover Seder meal to recount the story of the first Passover and the escape of the Hebrew slaves from Egypt at the time of Moses.
- **Artscroll family Megillah (Ester)-** Book of Esther with translation, capsule comments, and introductions.
- **Artscroll Tehillim (Psalms)-** Tehillim is the Hebrew name for Psalms. Jews believe that the recitation of Tehillim in times of trouble is necessary and effective.
- **21st Century Information book- Hinduism-** This attractive book explores the practises of Hinduism and its relationship to society. It has colourful photos and is written in a simple style.

Each Borough has a set of these texts at the location below. Staff are asked to promote these materials to service users and other staff who may take comfort from them. Please call the relevant Chaplain for assistance in accessing them.

Borough	Location of Multifaith Resources	Chaplaincy Contact
Warrington	Quiet /Prayer room in Hollins Park House	Revd. Pam Lovatt Tel: 01925 664000 ext. 3345
Wigan and Leigh	Quiet /Prayer room in Leigh Infirmary	Revd. Anne Edwards Tel: 01942 822324
St Helens and Knowsley	Chapel/ Multifaith room in Whiston Hospital	Revd, Jayne Shepherd or Anne Wright (Admin) Tel: 0151 430 1657
Halton	Chapel/Multifaith room in General Hospital	Margaret Walsh: Chaplaincy Co-ordinator Tel: 01928 753443

The Equality and Diversity Unit also has a copy of the texts that can be accessed for staff or service users. Tel: 01925 664074

Please see appendix 3 for local support groups



SIKHISM



Background Information

Sikhism originated in North East India in around 1500 CE and is therefore one of the younger world faiths. It is based on the teachings of the first Sikh Guru, Guru Nanak, who was born in India in 1469CE.

He, and the other nine Gurus who followed him over the centuries, envisaged a society where everyone was equal and where they would work for the common good. They stressed the virtues of truthfulness, kindness and generosity. The Gurus stated that they were not gods, as there is only one God, but that they were mere servants of Gods.

The tenth Guru, Gobind Singh, decreed that after his death no more human Gurus should follow and that the Holy book of the Sikhs, The Guru Granth Sahib, should become the Guru for all Sikhs instead. Because this scripture takes the place of the living Guru, it is treated with utmost respect.

He also instructed his followers to adopt common symbols after their initiation ceremony (Amrit) in order to identify themselves as members of the Khalsa (Brotherhood of baptised Sikhs) and to display their life of devotion and submission to the Guru. These symbols are known as the 5 K's-

- Kesh -uncut beard and hair to keep it as God intended. This is usually kept in place with a turban for men.
- Kara- a steel bracelet worn on the right hand to symbolise the unity of God.
- Kanga- a wooden comb to run through the hair twice a day. Symbol of cleanliness
- Kaccha- cotton undershorts to symbolise modesty
- Kirpan- ceremonial knife to symbolise the Sikh commitment to defending their faith at all times and their constant fight against evils.

In addition to the 5 K's, Sikhs who have taken Amrit and are subsequently members of the Khalsa cannot trim, shave or remove hair from the body, use tobacco or any other intoxicant, eat halal or kosher meat or commit adultery.

Main Religious Holy Days and Festivals

The main day for Sikhs to go to the Gurdwara (Sikh Temple) for worship in Britain is Sunday as it is the most convenient day.

The dates of Sikh festivals have traditionally been defined by using a lunar calendar, with the result that the festivals were not on the same Western date each year.

○ **Gurpurb Festivals**

Gurpurbs are festivals that are associated with the lives of the Gurus. They are happy occasions which are celebrated most enthusiastically by Sikhs. The most important Gurpurbs are:

- **The birthday of Guru Nanak**, founder of Sikhism (November)
- **The birthday of Guru Gobind Singh**, founder of the Khalsa (January)
- **The martyrdom of Guru Arjan** (May/June)
- **The martyrdom of Guru Tegh Bahadur** (November/December)

○ **Hola Mahalla**

Hola Mahalla coincides with the Hindu festival of colours, Holi. The festival was originally created to distract Sikhs from the Hindu festival. Guru Gobind Singh started this festival as a day for Sikhs to practise their military exercises and hold mock battles. Today, Sikhs celebrate by watching and partaking in martial arts parades. These are then followed by poetry readings and music. It is celebrated around March 17.

○ **Vaisakhi (Baisakhi)**

Vaisakhi is one of the most important dates in the Sikh calendar. It is the Sikh New Year festival and also commemorates 1699, the year Sikhism was born as a collective faith. Unlike other festivals, Vaisakhi doesn't move around the Western calendar and has always been celebrated on 13 or 14 April. Hindus celebrate the day too.

○ **Diwali**

Diwali, the Festival of Light, comes at the end of October or early November and is a festival that Sikhs and Hindus both celebrate. It celebrates the foundation of Amritsar, a holy city, and the release of Guru Har Gobind (and 52 Hindu kings) from prison in the Gwalior Fort.

Acts Of Faith

The personal religious practices of Sikhs are usually confined to the three set daily prayers. These are said at dawn (after bathing), in the evening and before sleep. Patients may choose to meditate, read the Guru Granth Sahib and visiting the Gurdwara (Temple).

Although Sikhs can worship on their own, they see congregational worship as having its own special merits. Sikhs believe that God is visible in the Sikh congregation, or Sangat, and that God is pleased by the act of serving the Sangat. Congregational worship takes place in the Gurdwara.

Holy Book

At the heart of religious practice for Sikhs is the Guru Granth Sahib. The tenth Sikh Guru decreed that after his death the spiritual guide of the Sikhs would be the teachings contained in that book, so it now has the status of a Guru, and Sikhs show it the respect they would give to a human Guru. Guru Granth Sahib literally means 'everlasting Guru of the Sikh people'.

This book is a collection of the writings and scripture of the Gurus and 36 Hindu and Muslim holy people whose teachings agreed with their own. It was gathered together in 1604 by the fifth human Guru, Guru Arjan, and published by the last Guru, Guru Gobind Singh (with a few additions).

The book is the focus of communal ceremonies including naming ceremonies and weddings as well as private devotion which form the backbone of Sikh communal worship.

In addition, Sikhs may refer to the writings of Guru Gobind Singh, 'Dasam Granth', and the Sikh Code of Conduct, 'Rahit Maryada'.

Hospital stay

Treatment by staff of any religion is generally acceptable, though both men and women prefer to be attended to by members of the same sex where possible. Sikh patients may also wish to be placed on a single sex ward, or an area where they will be surrounded by their own sex.

Sikhs may wish to remain modestly covered at all times. If a part of the body is covered by one of the five K's and needs to be examined, then it is important to be extremely sensitive about the need to remove that item of clothing. These garments must be treated with great respect and kept safe. They should not be placed on the floor or close to anyone's feet; this is a grave insult.

Sikhs tend to have a high standard of personal hygiene, especially regarding hair, and prefer to use running water for washing. If a shower is not available, a bowl and jug of water is an acceptable alternative. A water jug or bottle should be provided in the toilet area as Sikhs tend to use free flowing water to wash themselves after using the toilet in preference to using toilet paper.

A Sikh patient may feel that they know why they are ill. This may be based on religious and cultural beliefs. It is important to listen to and accommodate their explanation, even if it seems unusual. A member of staff should not dismiss an idea solely because it conflicts with their norm. The option of receiving support from an organisation that the patient can culturally identify with should be explored.

A Sikh patient staying in hospital will generally receive plenty of visitors. Caring for and visiting the sick is a religious duty that is enthusiastically taken up by the Sikh community. It is important to accommodate larger amounts of visitors, though it is recognised that *vast* amounts are not practical and may make the patient feel overwhelmed. An agreed limit should be established.

Practicing Sikhs will probably aim to get up early, bathe, and then start the day by meditating. There are set prayers that a Sikh should recite in the morning, evening, and before going to sleep. Sikh patients may also play tapes of holy music (keertan) during the day; if this disturbs other patients, suggest the patient uses a pair of headphones. Small, 'in-the-ear' headphones are likely to be best as other types may not fit over turbans. It is important that patients are given privacy to conduct their prayers and they may wish to go to the quiet room for this.

Diet

Dietary practices vary amongst individuals, though there are two undisputed rules; Sikhs cannot eat beef as the cow is considered to be a sacred animal and Sikhs cannot eat halal or kosher meat.

For some Sikhs, especially those who are baptised, this prohibition extends to cover all meat and meat products, no matter how the animal is slaughtered, and may even include eggs, fish, milk and other dairy products too. For others, the meaning is much more limited and all meat apart from halal, kosher, beef and pork products may be eaten.

A vegetarian, dairy free option should be offered initially as this is inoffensive to all. However, it is imperative that staff engage with the patient to establish preferences at the earliest opportunity. The patient's family may also offer to bring food in.

Care of Dying And Death Customs

A Sikh patient may not be fearful of death as they believe that it is a way to escape the cycle of death and rebirth and be reunited with God. This depends on their conduct in this life.

If death is imminent, the patient will want the local Sikh leader, a granthi, to visit them and pray with them. If the patient has no family, a granthi should be contacted immediately via the relevant Chaplain from the list below.

If a Sikh knows they are about to die, then they will want to see as many of their friends and family as possible. As visiting the sick is a duty of the Sikh community, a Sikh patient may receive many visitors before and after death. As mentioned earlier, it is a good idea to establish an agreed limit. It is also good practice to set aside a quiet space for the family and friends to grieve after the death of a relative.

In the event of death the patient's family or local community will take care of the body. However, it is always wise to make arrangements with the family about what should be done in the event of death occurring in their absence. If this happens, it is important that the body is treated with utmost respect and disposable gloves are worn. Generally speaking, a same sex member of staff should remove drains and tubes, cover any open wounds with dressings, close the eyes and mouth, straighten the arms and legs and carefully wipe away any dirt with a dry cloth.

It is important they do not wash the body as this is a task that the family will wish to carry out themselves. Staff should not remove any of the five Ks if the person is wearing them, and should not undress the body. When these preparations have been completed, the body should be wrapped in a clean, white cloth ready for the family to care of.

What Does The 5 Boroughs Partnership NHS Trust Provide For People Of The Sikh Faith?

- **Nitnem Gutka in Punjabi** – This contains prayers that should be recited daily in the morning, the evening and at bedtime.
- **Sacred Nitnem (with English meaning)**- As above
- **Sacred Sukhmani in Punjabi**- Sukhmani Sahib is the name given to the set of hymns divided into 24 sections which appear in the Sri Guru Granth Sahib (the Sikh Holy Book). According to Sikh doctrine, these hymns are believed to bring peace to one's mind.
- **Sacred Sukhmani (with English meaning)**- As above

Each Borough has a set of these texts at the location below. Staff are asked to promote these materials to service users and other staff who may take comfort from them. Please call the relevant Chaplain for assistance in accessing them.

Borough	Location of Multifaith Resources	Chaplaincy Contact
Warrington	Quiet /Prayer room in Hollins Park House	Revd. Pam Lovatt Tel: 01925 664000 ext. 3345
Wigan and Leigh	Quiet /Prayer room in Leigh Infirmary	Revd. Anne Edwards Tel: 01942 822324
St Helens and Knowsley	Chapel/ Multifaith room in Whiston Hospital	Revd, Jayne Shepherd or Anne Wright (Admin) Tel: 0151 430 1657
Halton	Chapel/Multifaith room in General Hospital	Margaret Walsh: Chaplaincy Co-ordinator Tel: 01928 753443

The Equality and Diversity Unit also has a copy of the texts that can be accessed for staff or service users. Tel: 01925 664074

Please see appendix 3 for local support groups



ROMANY GYPSIES AND IRISH TRAVELLERS (Also see Christianity Section)



Background Information

It is estimated that there are between 200,000 and 300,000 Romany Gypsies and Irish Travellers living in the UK. These two groups are recognised ethnic minorities and are protected as such under the Race Relations Act (1976).

Romany Gypsies originally came from the Indian subcontinent, which they left about a thousand years ago. They entered Europe in the 13th Century. When they arrived, they were originally believed to be Egyptians, which is where the name 'Gypsy' comes from.

Many Gypsies have recently arrived in the UK as refugees or asylum seekers from Eastern Europe in order to flee violence following the collapse of communist governments. This is a very familiar story. Throughout Europe, Gypsies have been marginalised and their basic human rights have been abused for centuries. Gypsies remain the least integrated and the most persecuted people of Europe.

The Romany language is still spoken today and originates from Sanskrit, one of the main root languages of humanity which evolved in the Indian subcontinent. The language is varied and has many spoken dialects, but all dialects contain some common words used by all Gypsies.

Irish Travellers are a distinct ethnic minority community and have a separate identity, culture, history and language. Their traditionally nomadic way of life has been part of Irish society for centuries, and Irish Travellers have been migrating to Britain since the early nineteenth century.

They have their own language called Cant, Gammon or Shelta, and study of this language provides proof of their long history. This is largely an unwritten language and is spoken in different forms depending on the countries in which the Travellers reside.

Whilst there are cultural differences, Gypsies and Travellers have many shared characteristics and often intermarry. Family and community togetherness are extremely important to both groups. Extended families are a source of great pride and support one another through hard times.

The image of Gypsies and Travellers as nomadic people is historically true. However, their lives have changed remarkably over the last 20 years. The majority of Gypsies and Irish Travellers now live legally in

trailers (caravans) on local authority owned or privately owned sites. Some have moved into houses, though this does not mean that they lose their culture, heritage or ethnic status.

Some groups are still highly mobile by choice, moving on when work opportunities have been exhausted. Others reside permanently in one area or only travel for several weeks or months of the year, returning to their home base for the winter months. The romantic view of horse-drawn caravans has long since passed. Gypsies and Irish Travellers now use modern, good quality vehicles and caravans to visit districts to ply their various trades. The interior of these caravans is kept spotlessly clean, with a style of decoration similar to that of a front room.

Because policy has significantly failed to meet Traveller accommodation needs, many still have nowhere to camp and live on unauthorised, dangerous sites and are constantly moved on.

All research indicates that Gypsies and Travellers suffer from poorer health than the rest of the population. The poor environmental conditions, in the form of inadequate site provision, is a major contributing factor as are a lack of knowledge of the system and poor level of literacy. There are high levels of depression and drug and alcohol abuse.

Religion

(Also see Christianity Section)

Gypsy Travellers have traditionally adopted the religion of the country in which they have settled. Large numbers of Romany Gypsies are now Born-again Christians and have converted to movements such as "Gypsies For Christ". They find comfort in meeting up with others from across Europe at large Christian conventions.

Irish Travellers are often devout Roman Catholics and are more comfortable if their children attend Catholic schools. Many go on pilgrimages to Lourdes or in Ireland. The tradition of nomadism is significant for this as it allows Travellers to meet with family on special occasions such as 1st Holy Communion, Confirmation and Marriage. These "rites of passage" are extremely important and are seen as an opportunity for families to get together with members travelling from throughout Ireland and Great Britain.

Hospital Stay

Extensive prejudice and discrimination from authorities, and society as a whole, has meant that Gypsies and Travellers are generally very mistrustful of services. Another factor that contributes towards this is the unfamiliarity of the “settled” community being involved in private matters. Therefore it may take time and patience to establish any relationship with a Gypsy or Traveller service user. It is important to initiate this with a positive, warm and open approach.

Traditional Gypsy and Traveller culture provides very clear-cut distinctions between the roles of women and men. Men’s responsibilities lie outside the home, whilst internal domestic matters and dealing with young children tend to be the responsibility of women. Friendly contact between men and women who are not related is generally disapproved of. Therefore, a service user may wish to be treated by someone of the same sex.

Even in this case, it is likely that the Gypsy or Traveller will wish to remain modestly covered and will not discuss any private matters- especially relating to sex. This internalisation of issues has been known to cause depression, but it is important that matters are addressed in the service users own time and when trust has been established.

Low levels of literacy may prove to be a barrier as many Gypsies and Travellers have had very limited, if any, schooling. This, coupled with minimal knowledge of the healthcare system, may lead to a lack of understanding about the treatment offered, how to self-medicate, the need for continuing medication and missed appointments. If a service user has limited literacy and does not want a literate member of their family to be involved, it is important not to rely on written communication. Staff should patiently talk the service user through their treatment instead. Colour coding medicines to avoid confusion is a good idea, as is taping instructions on audiocassette. Staff can also make a note of the service user’s mobile number and arrange to call them a few hours before an appointment to avoid missing it.

As mentioned, the vast majority of Travellers are Roman Catholic. Many are very traditional in their beliefs and may be anxious to receive a visit from a priest or a member of a religious order. If there are no family members to arrange this, please contact the relevant chaplain from the list below. Staff must take care when handling religious items such as Rosary Beads, Bibles etc. Rosary beads are often worn around the neck and medals may be pinned to clothing. All have deep religious and personal significance, often being linked to an individual’s pilgrimage to a Holy place. Such items are very precious and offence is easily taken if the items are not treated with respect.

The stereotypical and very offensive view of Gypsies and Travellers being 'dirty' is on the whole very far from the actual truth. Cleanliness is paramount to Gypsies and Travellers and they place a lot of importance on a daily wash.

Diet

The high standard of cleanliness amongst Gypsies and Travellers also extends to food preparation. Traditionally, there are no sinks or toilets in caravans. Instead, separate bowls are kept for different functions. The idea of an all purpose kitchen does not sit comfortably. This tradition is maintained to a certain extent by Gypsies and Travellers residing in houses, where separate bowls to wash dishcloths etc still exist. Items placed on the floor should also not be placed on tables or where food is prepared and hands should be washed routinely.

Because of these principles regarding cleanliness, a Gypsy or Traveller service user may prefer for their food to be brought into the hospital by family, thus eliminating concerns over cleanliness in food preparation.

There are no prohibited foods although some older Travellers may prefer to abstain from meat on Fridays. Some Gypsies and Travellers are uncomfortable eating in the presence of "Settled People".

Care of Dying And Death Customs

Once the approach of death of a Gypsy or Traveller is apparent the extended family, as well as anyone who knows the dying person, can be expected to assemble at either the house, caravan, or at the bedside if the person is in hospital. Everyone who knows the dying person may consider it their right to be present at the bedside and to be kept fully informed of progress. It may be expected that decisions about the care of the person will be made by the senior family members present rather than by the next of kin alone.

Staff should accommodate larger numbers of visitors where possible, though it is recognised that *vast* amounts are not practical. An agreed limit should be established.

Most Travellers will require the services of a chaplain and this is especially the case if death is imminent. A priest will be called to administer the "Last Rites" and may also be present to say prayers before and after the patient has died. Religious relics and pictures may be given to staff to be attached to pillows and around the bed.

Travellers express their grief very vocally and visibly. They see this as an expression of their love and affection for the deceased. For the benefit of all within the ward it would be advisable to try and find a quiet part of the ward in order to facilitate this grieving process with the minimum of disruption.

Travellers like to have the remains of their deceased loved one returned to them as soon as possible and, in some cases, this is facilitated by calling in private undertakers favoured by the family to remove the body soon after death.

When death occurs, mourning tends to be for an extended period. Due to strict rules of cleanliness the family may destroy the things the deceased has come into contact with. Traditionally, when a Gypsy died, their caravan would be burnt. However, today it is more likely that the caravan would be sold to a non-gypsy family and the money given to the deceased's family. Graves are decorated and a great deal of care is lavished on them by family members.

A Gypsy or Traveller patient may feel that they know why they are ill. This may be based on religious and cultural beliefs. It is important to listen to and accommodate their explanation, even if it seems unusual to you. A member of staff should not dismiss an idea solely because it conflicts with their norm.



THE CHINESE COMMUNITY

(Also See Buddhism and Christianity)

Background

Chinese culture is rich and profound and has a fascinating and diverse history spanning over 5,000 years. It is the only continuous ancient civilization.

The richness of Chinese culture owes itself, in part, to the fact that China has always been a country of many ethnic groups. Research on ethnic communities often underestimates the variety which exists within these groups. Only 12% of British Chinese are thought to have come from mainland China. Many others are from Hong Kong, Malaysia, Singapore and Vietnam. All these peoples have their own legacies, but they share the same legacy as well, that of being Chinese.

The first settlement of Chinese people to Britain dates from the early 19th century, when sailors settled in port towns such as Liverpool and London's Limehouse district. The biggest wave of Chinese immigration took place in the 1950s and 1960s, and consisted mainly of male agricultural workers from Hong Kong. The collapse of traditional agriculture in the colony's rural New Territories happily coincided with the development of a British taste for foreign food. These mainly poorly-educated men, who could speak and write little or no English, firmly established themselves in the catering trade.

This led to the growth of the Chinese catering industry, mainly in restaurants and takeaways, and the formation of "Chinatown" areas in several major British cities, where restaurants became the focal points of the larger settled communities. Many of these migrants were then joined by their wives and parents.

It is this generation of Chinese people who tend to be the most traditional. They have been socialised in Chinese cultures and may find it very difficult to integrate into the western lifestyle, mainly due to language problems. This is in contrast to the younger generations, who have largely become secularised and, generally speaking, have little association with the tradition of the forebears. They are brought up in British society whilst holding onto a Chinese culture which they only know through their family. The younger British born Chinese people are also excelling in educational attainment and professional occupations.

Religion

(Also see Buddhism, Christianity and Islam)

There is no state religion in China and the majority of Chinese people do not follow any formal religion. This can be attributed to the fact that the ruling party in China, The Chinese Communist Party, discouraged the practice of religion for a long time, though this ruling has now been relaxed. Despite this, the three main traditional Chinese religions of Confucianism, Taoism, and Buddhism do still have a following, though it is argued that Confucianism and Taoism are moral and ethical codes of conduct as oppose to religions. It is also common for Chinese families to practice certain aspects or combinations of each of the three traditions, but none of them fully.

Islam and Christianity have also been present in China in smaller numbers for centuries.

Taoism (or Daoism)

Taoism is over 5,000 years old and is known for its emphasis on nature, harmony, balance, chi, magic, and mysticism. Taoism is organised around several key principles and, like any philosophical outlook, presents a way of seeing and understanding reality. The word Tao itself translates as the “Way”, or “Path”. This meaning includes both the *way* in which we perceive the world around us (how do we make assessments? what are our values?) and also the *way* in which we interact with life (how do we behave? what are our actions?). The manner in which we perceive reality influences our way of being in the world, and our path of action.

Taoism's central principle is that all life, all manifestation, is part of an inseparable whole, an interconnected organic unity which arises from a deep, mysterious, and essentially unexplainable source which is the Tao itself. All things are unified and connected in The Tao; they stem from it and return to it. Taoism does not believe in or worship any god or gods but instead focus purely on the internal spiritual unfolding.

Taoism sees the world as filled with the complementary forces of Yin and Yang (i.e. action and non-action, light and dark, hot and cold, etc) and strives to achieve a perfect balance between the two. Reciting passages from the Tao Te Ching, meditation, breathing exercise yoga, massage and martial arts are all Taoist practices designed to transform a person both mentally and physically and so bring them into closer harmony with the Tao.

Confucianism

Confucianism was established over 2,500 years ago and is based on the teachings and writings of Confucius (551-479BC). It is an ethical belief system rather than a religion and is based on the concept of relationships. Confucius purported that if people aim to be courteous, practice correct treatment and etiquette of others, offer reverence to others, and practice human benevolence within each human relationship, harmony will exist on every level of society. The relationships outlined by Confucius were: parent and child, ruler and minister, Government officials, husband and wife, older sibling and young sibling, friend and friend.

The worship of ancestors is a part of Confucianism, as it is believed that the ancestors spirits control the fortunes of the descendants. This practise is now common in many Chinese households, where Chinese families place Tian Gong (shrines) inside their homes, burn joss and pay respect to their ancestors.

Confucians are concerned with their conduct in this life as opposed to the afterlife. Confucianism has enormously influenced Chinese attitudes towards life, patterns of living and standards of social value. Confucius is honoured as a great teacher, although not worshipped as a god.

Festivals

The Chinese Festivals occur throughout the Lunar year and therefore fall on different dates each year.

The Chinese New Year

The oldest and most important festival to Chinese people is the Spring festival, more commonly known here as the Chinese New Year. It is the first day of the full moon and its date varies from January to mid February. It signifies the renewal of life, a new beginning, new hope, and new prospects. In preparation, houses are thoroughly cleaned and decorated, debts repaid, hair is cut and new clothes purchased. Families give each other gifts of money and meet for a lavish feast.

Ching Ming and Chung Yeun

The next festival falls on or around the 5th April and is called Ching Ming, meaning "clear light". This is when people go to their ancestors' graves to pay their respects. Later on in the year, at around September, there is another festival called Chung Yeun, which is very similar.

On these two occasions, the whole family gathers in front of their ancestors' graves, tidy the graves and leave some fresh flowers and food, and burn paper money, cars, and houses for use by the deceased person.

The Dragon Boat Festival

It is on the fifth day of the fifth month of the Chinese calendar, which falls in May, June or July in the Western calendar.

The Dragon Boat Festival originated in the commemoration of a Chinese patriot, Qu Yuan, who killed himself by jumping into the river Li in despair of his country falling into the enemy's hands because his master refused to take his advice. This festival is celebrated by having a vibrant and colourful dragon boat race and eating rice dumplings wrapped up in lotus leaves.

The Mid-Autumn Festival (Moon Festival)

This festival is usually in September and celebrates appearance of the full moon. Moon cakes are eaten which consist of egg yolk in almond paste and covered in rich paste.

Language

Members of the older Chinese generation in Britain tend to speak Cantonese, Mandarin or Hakka. It is important to identify which language is spoken before arranging an interpreter as they differ greatly. Subsequent generations of Chinese people will usually hold English as their first language and, indeed, many struggle with learning the Chinese language of their parents or grandparents.

Hospital Stay

(Please note that the issues addressed in this section will be more relevant when serving older members of the Chinese community, as the younger generation have adopted a largely Western approach)

When communicating with a Chinese person, care should be taken to pronounce their name correctly. It is worth remembering that lack of eye contact, shyness and passivity are not necessarily a sign of emotional disturbance, but are cultural norms. Children learn from an early age to hide their personal conflicts for the sake of politeness and to avoid disputes that could disrupt social harmony, which is an interpretation of the traditional Chinese teachings. For the same reason, Chinese people may go to considerable lengths to avoid saying no to any offers of help made by professionals.

Some Chinese people may not be comfortable talking to an “outsider” about their problems, especially psychological ones. Illnesses of this nature are not openly discussed within the Chinese community because they may be seen as a spiritual problem i.e. 'bad spirits'. Therefore anyone experiencing mental health problems would be extremely reluctant to come forward for help for fear of bringing 'shame' on the family.

Mental problems are, therefore, a hidden issue within the community. Isolation, cultural expectations, migration, demanding working hours and lack of social support can lead to levels of stress. These problems are not always dealt with because of the fear of social stigma attached to mental illness and, coupled with language and cultural differences, services become very difficult to access.

As with any patient, reassurance and explanation by health and social care professionals on treatments or procedures is essential to gain co-operation and trust. This will take time, patience and an open approach.

It is also useful to be aware that certain phrases do not translate accurately or are used in different contexts. For example, if a Chinese person says they have a problem with their heart; it may not necessarily be a physical problem, but an emotional one.

For reasons of modesty, many Chinese people tend to prefer to be treated by staff of the same sex. This is also the case with interpreters, which should always be offered if a language barrier is present. It is also for reasons of modesty that issues around sexuality are not openly talked about and are considered taboo.

Though most Chinese families use GPs in the National Health Service, some still use traditional Chinese remedies for some illness. Herbal medicine and acupuncture are two common Chinese medical treatments. Some foods are thought to lessen the effects on certain herbs, which may explain refusal to eat them. It is a good idea to find out what herbs the patient is already taking before prescribing anything else.

A Chinese patient may feel that they know why they are ill. This may be based on their religious or cultural beliefs. It is important to listen to and accommodate their explanation, even if it seems unusual. A member of staff should not dismiss an idea solely because it conflicts with their norm. The option of receiving support from an organisation that the patient can culturally identify with should be explored.

Food is an important part of Chinese culture and has the philosophy of Yin and Yang applied to it. Achieving this balance contributes to physical and mental well being. Therefore, it is essential that every effort is made to purchase Chinese meals. Patients may, however, feel more comfortable if family members bring food in from home.

Diet

The Chinese diet is generally regarded as a healthy one. The Chinese are very concerned about eating habits which are seen as an important factor affecting health. Healing by eating (following an appropriate diet) is very popular and widely accepted by the Chinese.

The most basic concept of this is the necessity to achieve a balance of yin (feminine) and yang (masculine). Failure to maintain this balance is the root to many illnesses. Yin includes cool items such as fruits and vegetables whilst yang includes warm foods such as meat.

The older generation tend to feel that rice and noodles are the most beneficial constituents of a staple diet. In addition to this, a traditional Chinese diet includes a lot of vegetables, soya bean products, fish, fruit and seafood. This food is usually preferred over dairy products, eggs, refined products and artificial additives. The consumption of red meat might also be kept to a minimum. Nourishing soups, which have been boiled for a long time, are also highly valued to cleanse the body and facilitate a patients' recovery.

Therefore, where these ingredients are not readily available on the hospital menu, efforts should be made to order them in. However, Chinese patients may request that relatives will bring these foods in to them during their visits. They may also refuse certain foods if they are on traditional Chinese medication because they feel that those foods will lessen the effect.

Depending on their particular faiths, the person may also be vegetarian or vegan, or be observing a fast.

It is common for members of the younger generation to have adopted a western diet and to have less, if any, additional requirements.

Because of the level of diversity in dietary practice, it is essential that the patient is consulted on their individual preferences.

Death

For Christians or Buddhists or Muslim Chinese patients, please see the relevant pages as the information in this section refers only to those Chinese people of no formal religion or those who follow the traditional Chinese religions mentioned earlier.

Customs relating to death, mourning and funerals vary greatly in the Chinese culture. Therefore, if death is imminent, it is important to learn about the religious beliefs of the patient and how these religious beliefs come into play in the process of dying and death.

The presence of the family is generally very important at the time of death and immediate family members will usually come and sit by the dying person. Some older people may regard death as bringing bad fortune, and may avoid a dying person and their family.

As traditional Chinese priests are difficult to find, the family may require a Chaplain or Buddhist Monk to offer support.

After the death, talking to the deceased is part of the grieving process. Most Chinese traditions do not see death as an end, but merely a move into a new but not unconnected sphere. They handle the body carefully to aid a smooth transition. Once the body is washed, the family may want to clothe the deceased in white or old fashioned clothing.

Mourning can last for 100 days with black armbands worn by family members, white decorations by their children and blue by their grandchildren.

How To Access Face-To-Face And Telephone Interpreters



Language Interpreters

As a Trust, we are aiming to promote effective use of language interpretation services. This will hopefully eradicate the common practice of using untrained family members as interpreters, a practice that could have serious implications for the Trust if a vital piece of information is not relayed accurately.

Without an interpreter, it may be very difficult for a patient to convey their symptoms accurately, leading to frustration and stress. Most of us can relate to this when we go abroad and try to order something or get directions without knowing the language. This situation is very dangerous in healthcare setting as it can lead to misdiagnosis or a patient not understanding what their treatment entails. An interpreter allows staff to concentrate on the patient as oppose to their language.

There are two methods of language interpretation that the Trust uses. Below is a summary of each along with when they should be used:

Language Line- Telephone Interpreting Service

There may be times when language barriers crop up unexpectedly or only a brief conversation with non-English speaking client needs to take place.

Examples of this may be: when someone who does not speak English arrives at reception and requires assistance, when you go to visit a patient in their home and are not aware that they do not speak English so have not taken an interpreter with you, or when you need to phone a patient to arrange an appointment.

Requesting a face-to-face interpreter may be impossible or extravagant for these brief contacts. This is when Language Line, a telephone interpreting service, can put you back in control by connecting you to a qualified interpreter in seconds. The service is available 24 hours a day, 365 days a year and now covers over 150 languages. It can be used any time of day, from any location using any type of telephone.

If the patient is with you, simply call language line and they will put you in touch with a telephone interpreter within minutes. You then pass the phone between you and the client as appropriate.

If the patient is not with you, simply call language line and give them the patient's number. They will call the person and arrange a conference call between you, the non-English speaking person and an interpreter.

It is especially suited for:

- Making and receiving phone calls where language support is required
- First contact' scenarios where the non-English speaker is with you
- Short language-assisted conversations (lasting up to 20 minutes)
- Routine enquiries, bookings or cancellations
- Urgent, emergency or unexpected language-impeded scenarios

How to access a Language Line Interpreter:

- Contact Language Line on 0845 310 9900 and the operator will ask you for the following :

1. The Trust's ID Code. This is L43 927
2. You Borough Specific ID code-

Halton	5BP201308H
Knowsley	5BP501830K
Warrington	5BP106672W
Wigan	5BP303520WI
St Helens	5BP402281ST



3. Your organisation name and department.
 4. Your initial and surname.
 5. Required language **and** dialect (if appropriate).
 6. If you would prefer a female or male interpreter, please let the operator know.
 7. Is the client with you or do you need Language Line to call them in their home?
- Stay on the line while the operator connects you to a trained interpreter [about 30 seconds].
 - Brief the interpreter if necessary and let them know what phone you are using [single/dual handset, speakerphone etc]
 - When you are ready to begin, let the interpreter know, and speak directly to the client.
 - Continue the conversation normally, giving the interpreter time to interpret your words to your client.
 - Let the client and interpreter know when you are finished.

If you are not clear about this process, a training video is available from the Equality & Diversity Unit.

Face-to Face Interpreting



While telephone interpreting offers a fast response when urgent or unexpected language barriers crop up, face to face interpreting is the appropriate solution for meetings planned in advance. The extra human interaction and visual contact of face to face interpreting can make it more suitable for sensitive, time consuming and/or complex issues. The Trust recommends that the following organisations are used for this purpose:

- **M4 Translation** (Manchester) Tel: 0161 2343193. Your Borough Specific Order Number-

Halton	5BP201145H
Knowsley	5BP501681K
Warrington	5BP106037W
Wigan	5BP303281WI
St Helens	5BP402036ST

- **Novas Interpreting Service** (Liverpool): Tel: 0151 7088640. Your Borough Specific Order Number-

Halton	5BP201159H
Knowsley	5BP501683K
Warrington	5BP106062W
Wigan	5BP303283WI
St Helens	5BP402052ST

Please make sure you check the intranet for your Borough Specific ID Codes before accessing these services. Using the order numbers provided ensures that the Trust will be invoiced directly by the service providers. The Trusts Finance Department will recharge this sum to departmental budgets.

Appendices



Appendix 1a

Equality Target Groups- Census 2001 Statistics

	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	No Religion	Not Stated
Wigan	261,781 86.9%	265	508	83	1008	51	274	20,726	16,719
Halton	99,096 83.8%	116	100	40	149	33	124	10,273	8277
Knowsley	128,834 85.6%	111	173	41	257	20	65	8791	12,167
St Helens	153,636 86.9%	165	294	49	349	34	203	11,107	11,006
Warrington	156,747 82%	232	366	120	1109	267	265	19,600	12,374

Appendix 1b

Equality Target Groups- Census 2001 Statistics

	All People	White British	White Irish	White Other	Mixed Heritage	Asian or Asian British	Black or Black British	Chinese	Other Ethnic Group
Wigan	301,415	294,149 97.59%	1744	1613	1298	1326	539	488	258
Halton	118,208	115,396 97.62%	824	563	705	273	132	240	75
Knowsley	150,459	146,437 97.33%	872	773	1253	352	317	365	90
St Helens	176,843	172,853 97.74%	1054	880	674	682	169	398	133
Warrington	191,080	183,676 96.13%	1585	1735	1144	1599	363	729	249

APPENDIX 2a

National Mental Health and Ethnicity Census 2006, England & Wales **'Count Me In':**

What is the "Count Me In Census 2006"?

The "count me in census" is a way of counting and gathering information on all mental health and learning disability in-patients. This is the second year that the census has been conducted. The 2005 census focused only on mental health in-patients. In 2006, learning disability inpatients were also included.

What are the main reasons for the Census?

At the heart of the Census is obtaining accurate information about patient ethnicity, language and religion. This will help to identify the differences in the way Black and Minority Ethnic groups (BME) come into hospital, are treated and how often they are detained compared to White British counterparts. The 2005 Census did identify negative differences in treatments towards BME Service users.

In 2006, the census was extended to include information gathering on sexual orientation and disability.

What are the aims of the Census?

- To obtain robust baseline figures of all in-patients (informal and detained patients) using mental health and learning disability in-patient services on a specified date, with full details of ethnicity, faith and language (extended to include sexual orientation and disability in 2006).
- To encourage all mental health and learning disability providers to have accurate, comprehensive and sustainable ethnic monitoring and ethnic record keeping procedures in place that will provide the basis for high quality data on the ethnicity of patients in all future data gathering exercises. Such data will also help to shape the services provided for BME groups.
- To provide information which will help providers take practical steps to achieve the government's 5 year plan to tackle discrimination in mental health services (Delivering Race Equality), and within services as a whole.
- The results of this second census will be measured against last years by the HCC to identify any changes and help develop culturally relevant and appropriate services.

APPENDIX 2b

Executive Summary of Key Data collected for 'Count me In' Census as at 31 March 2005

There were **445** Service Users resident across 5BP In-Patient Wards.
The key data for these groups is as follows-

Ethnicity:

424	White British
9	White Irish
1	Welsh
2	Any Other White Category
1	White & Black Caribbean
2	Any other mixed Background
1	Indian
1	Any Other Asian Ethnic Group
1	Caribbean
2	Any Other Black
1	All Other Backgrounds

The (21) In-Patient Location(s):

1 Halton	6 Warrington
8 Wigan	5 St Helens
1 Knowsley	

Religion:

370	Service Users identified with various demodulations of Christian Faith
6	Agnostic/Atheist
53	Identified with no religious group
1	Identified with Hindu
3	Identified with Buddhist
12	Other Religious Groups

Language:

All Service Users – English was preferred language, except 1 male patient who conversed in Polish

APPENDIX 2c

Executive Summary of Key Data collected for 'Count me In' Census as at 31 March 2006

There were **385** Service Users resident across 5BP In-Patient Wards.
The key data for these groups is as follows-

Gender:

197 Male
188 Female

Ethnicity:

376 White British
4 Any Other White Category
3 White Irish
1 White & Black African
1 Indian
1 Black or Black British Caribbean

Religion:

290 Service Users identified with various denominations of the Christian
Faith
55 Not stated
21 Other Religious Groups
19 Identified with no Religious group

Language:

English was the preferred language for all service users except-
1 male patient conversed in Polish
1 female patient conversed in Cantonese
1 conversed in another "non stated" language

Referral Source for the 9 Ethnic Minority Service Users:

1 GP
1 A&E
1 Other Specialty
2 Court
2 Community Mental Health Services
1 Other In-patient Source
1 Unknown

Appendix 3

Local Community Support Groups

Wigan

- Friendly Faces Mentoring Project
28 Upper Dicconson St,
Wigan, WN1 2AG
Tel: 01942 235 022

The Friendly Faces Project aims to provide a warm welcome and support to newly arrived asylum seekers. The project can provide members with an introduction to social networks and groups, locating key services and leisure activities.

- BME Development Worker (Shakirah Ullah)
Wigan CVS
Black and Minority Ethnic Community Network
93 Church Street,
Leigh, WN7 1AZ
Tel: 01942 514234 Email: sullah@cvswl.org

Shakirah provides support and guidance on Black Minority Ethnic (BME) and related religious issues.

- Ashton, Leigh and Wigan PCT BME Health Development Team
Ashton, Leigh and Wigan PCT,
Bryan House,
61-69 Standishgate,
Wigan, WN1 1AH
Tel: 01942 481715

The Team provides information and resources to organisations on BME issues in order to promote good health and well-being. They offer refugee and general cultural awareness training/information as well as supporting community development projects. They do not provide individual patient/client care, but can signpost people to appropriate services.

Warrington

- Warrington Ethnic Community Association (WECA)
73 Castle Green,
Kingswood,
Warrington, WA5 7XB
Tel: 01925 710970 or 01925 710006

The Association aims to bring together people from BME communities as a network and to work in partnership with others in addressing issues affecting everyday lives.

- Warrington Islamic Association
Warrington Islamic Community Centre,
Lockton Lane,
Warrington, WA5 5BF
Tel: 07866486409

The Islamic Association supports the welfare of all people from the Islamic faith by assisting integration into the local community.

- Susan Blyth
Multicultural Forum
Room 2, 3rd Floor,
The Gateway Centre,
Sankey Street,
Warrington, WA1 1SL
Tel: 01925 632771

The Forum provides support, confidence building and signposting to newly arrived people in the Borough. It addresses issues of racial harassment and aims to promote community cohesion.

- Rev. Steven Kingsnorth
Warrington Council Of Faiths
Town Hall,
Sankey Street,
Warrington, WA1 1UH
Tel: 01925 246900 Email: skingsnorth@fish.co.uk

The Council aims to build a mutual understanding of the various faiths within the community. This understanding will contribute towards community well-being and a more tolerant society.

- Shantele Janes
Cheshire, Halton and Warrington Race Equality Council
2 Hunters Walk,
Canal Street,
Chester, CH1 4EB
Tel: 01244 400730

The objective of the Council is to work towards the elimination of racial discrimination and to promote equality of opportunity and good relations between persons of differing racial groups.

Northwest Faith Support Groups

- Northwest Forum OF Faiths
John Devine
C/o Northwest Regional Development Agency
Renaissance House,
PO Box 37,
Centre Park,
Warrington, WA1 1XB
Tel: 01925 400254 Website: www.faithnorthwest.org.uk

The Forum is a body of 24 individuals representing the nine major world faiths from every part of the region which aims to ensure that faith communities have a voice.

- Duldzin Buddhist Centre
25 Aigburth Drive,
Liverpool, L17 4JH
Tel: 0151 726 8900 Email: duldzin@btinternet.com
Website: <http://www.meditationinliverpool.org.uk>
- Hindu Cultural Centre
253 Edge Lane,
Liverpool, L8 7LF
Tel: 0151 263 7965
- Liverpool Muslim Society
The AL-Rahma Mosque
29-31 Hatherley Street,
Liverpool, L8 2TJ
Tel: 0151 709 2560

- Liverpool Jewish Youth & Community Centre
 Harold House,
 Dunbabin Road,
 Liverpool, L15 6XL
 Tel: 0151 475 5671

- Manchester Buddhist Centre
 16-20 Turner Street,
 Manchester, M4 1DZ
 Tel: 0161 834 9232 Email: info@manchesterbuddhistcentre.org.uk

- Sikh Community Centre
 Wellington Avenue,
 Liverpool, L15 0EJ
 Tel: 0151 327 6710 Email: hssohal159@aol.com

- Baha'i Centre
 3 & 5 Langdale Road,
 Wavertree,
 Liverpool, L15 3LA
 Tel: 0151 733 8614/4700 Email: njtrg@globalnet.co.uk
 Web: <http://bahai.org.uk/liverpool>

- The Manchester Buddhist Centre
 16-20 Turner St,
 Manchester, M4 1DZ
 Tel: 0161 834 9232

- Manchester Islamic Institute
 Grosvenor Street,
 Manchester, M1
 Tel : 0161 272 6324

- Jewish Representative Council of Greater Manchester
 Jewish Cultural Centre,
 Bury Old Rd,
 Manchester, M8 6FY
 Tel: 0161 720 8721

- Sikh Association
 12 Sherbourne Street,
 Manchester, M3 1EJ
 Tel: 0161 832 2241

Appendix 4

Factors to consider for culturally sensitive in-patient services

- 1) It is important to find out about their **culture, language and ethnic background** as early as possible. This will demonstrate that you have an interest in their individuality, hopefully resulting in them feeling valued.
- 2) Promote and advertise **translation & interpretation services** widely to ensure as many patients and carers as possible can benefit from accessing them. Book an interpreter whenever necessary- and always establish the correct language and dialect.
- 3) Where ever reasonably possible **translate signs** into identified community **languages and colour code** specific areas of the building to assist patients who cannot read English who may feel daunted and confused as they try to find their way around.
- 4) Literature on conditions and treatments should be available in a variety of **languages** so the patient has some background information and knows what to expect. The information should also be available in **audio and visual format** for those who cannot read their spoken language.

Having a basic understanding of the different religions that are most likely to be encountered as well as beliefs & customs associated with them is extremely useful. These may impact on a number of issues-

- 5) **Dietary needs** - These have religious significance for some patients as certain foods may be prohibited and there may be particular requirements about the way other foods are prepared. Ensure that halal/kosher/vegetarian etc food can always be acquired when it is needed. To overcome language barriers it may be useful to provide menus in pictures and symbols to indicate the meals that are suitable for particular diets.
- 6) **Physical examination/privacy** - Some cultures and religions place a high value on personal modesty and may require patients to be decently covered during examinations and treatments. Procedures may have to be carried out by a member of the same sex to avoid infringement and maintain modesty. Mixed sex wards and toilets may cause distress, so ensure that patients have as much privacy as possible.
- 7) **Washing/Bathing** - Many religions/cultures feel cleanliness is of great importance and patients may therefore only wash with running water. Ablution may be carried out before prayers and some patients may also choose to wash parts of their body after using toilet facilities. Therefore, it is important that water containers are placed in all toilet cubicles.
- 8) **Worship** - Patients may perform prayers in a variety of ways in accordance to their own faith. It is essential that a non-denominational quiet room is established and is equipped with relevant books from various faiths, as well as accompaniments i.e. prayer mats, prayer beads, compass etc.

Appendix 5

Useful Web Links

For information on different religions, cultures and festivals visit-

- **Diversiton Website**
<http://www.diversiton.com/religion/main/>
- **Ethnicity Online**
<http://www.ethnicityonline.net/>
- **BBC Birmingham**
http://www.bbc.co.uk/birmingham/faith/faith_in_your_community/index.shtml
- **BBC Religions**
<http://www.bbc.co.uk/religion/religions/>
- **BBC world service religions**
http://www.bbc.co.uk/worldservice/people/features/world_religions/islam.shtml
- **Working with Diversity**
www.workingwithdiversity.org
- **Multifaithnet**
<http://www.multifaithnet.org/religions/christianity/index.asp>
- **Multicultural Matters**
<http://www.multicultural-matters.com/>
- **Travellers in Leeds** contains fascinating information about Travellers and Gypsies
http://www.travellersinleeds.co.uk/_travellers/Communities.html
- **The Watchtower** is an Official Website for Jehovah's Witnesses
<http://www.watchtower.org/>
- For information of different cultures and their issues surrounding mental health, visit **MIND** Diversity pages
<http://www.mind.org.uk/Information/Factsheets/Diversity/>
- **MultiCulti** contains information, advice and learning materials in several languages,
<http://www.multikulti.org.uk/>
- **HARP** has information to help health professionals in assisting asylum seekers and refugees with mental health issues
<http://www.mentalhealth.harpweb.org.uk/>
- This site has the Department of Health **Multilingual appointment card**, which can be easily translated into nearly 40 languages.
<http://www.communicate-health.org.uk/card/>