

# CULTURAL COMPETENCY TOOLKIT

Good practice guide in ethnic minority mental healthcare

**Many viewpoints. One vision.**

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**A resource pack for clinicians who care for  
people from ethnic minority backgrounds**

West London Mental Health   
NHS Trust

West London Mental Health NHS Trust continues to strive towards eliminating race discrimination and promoting diversity. To do this, we want to create an organisation that is culturally competent and aware. We have therefore produced a Cultural Competency Toolkit (CCTK) to assist practitioners in their day to day engagement with service users.

It provides a resource pack for clinicians who care for people from ethnic minority backgrounds within our catchment areas.

West London contains one of the largest and most varied ethnic minority populations in the country. It is therefore crucial to pay special attention to the way in which mental health services are provided for our black and ethnic minority communities.

There are gaps in the knowledge of health professionals at all levels about the culture, customs and practices of the ethnic minority patients they deal with despite training. While many of these customs have no bearing on health, a few of them are crucially important for the provision of culturally appropriate and sensitive mental health care.

The need for information has been highlighted by staff in clinical and non clinical areas; requests have been made for more culturally sensitive advice around patients they give care to. A typical question is "How do we observe the religious belief of Muslim service users during Ramadhan?" The CCTK has therefore been compiled to address these needs.

As far as possible we want to ensure sensitivity and appropriateness at all times in the workplace. Although this is not designed as a one size fits all tool, this resource pack can be used as a quick reference guide. The intention is to provide a guide summarising the key issues for each ethnic minority group that are relevant to mental health care.

It is also a proactive response to the Trust's positive duties under the Race Relations (Amendment) Act 2000 to eliminate race discrimination.

We trust that everyone using this manual will find it useful in some way.

**Kelvin Cheatle**

Director of Human Resources

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### 3.1 BACKGROUND

The Trust recognises and values its diverse communities and is committed to cultural sensitivity.

This resource pack was originally produced in 1988. However, there has been a need to revise it in light of local and national development but primarily due to national drivers such as the Race Relations (Amendment) Act 2000 and the McPherson report resulting in the development and implementation of Race Equality Schemes in May 2002 by public bodies and authorities. This initiative supports the Trust's obligations such as the Diversity and Equality Strategy, Trust Diversity & Equal Opportunity Steering Group – Action Plan (DEOSG); as well as national drivers such as Improving Working Lives (IWL), the NHS Plan, Mental Health National Service Framework (NSF) and the subsequent visit and last report by Healthcare Commission Inspection (CHI) 2004 to the Trust.

With the Trust's continued commitment to meeting the needs of its diverse community, the Trust has compiled this booklet "Culture Competency Toolkit" (CCTK) as a general good practice guide which should be used by staff and service users in their every day work and experience on the wards and non clinical areas.

Some quotations made by staff have been used in this guide to illustrate some key issues.

### ACKNOWLEDGMENTS

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### 3.2 HISTORICAL CONTEXT

Britain has long been a multi-cultural society. Any original idea of 'Britishness' came from a mixture of tribal Britons, Romans, Danes, Angles, Saxons, Jutes, Normans and many others. Although the extent and visibility of this multi-cultural society has ebbed and flowed, it remains an important influence on the country. Jewish and Irish people have a long history of immigration and settlement in Britain, and the presence of people of African origin goes back to the 17th century.

### PATTERNS OF MIGRATION

#### AFRICA (excluding North Africans)

African communities can be subdivided into North Africans, Southern Africans, East Africans and West Africans, as this can provide an indication of linguistic, cultural and economic background.

The largest African communities in Britain came from the commonwealth states of Ghana and Nigeria with additions such as Kenyans, Ugandans, Zimbabweans, South Africans and Somalis, though this list is not exhaustive. In the CUSTOMS AND PRACTICES – DOs AND DON'Ts reference will be made to three of the African communities – Ghana, Nigeria and Somalia.

Most of the Nigerians resident in Britain come from the Yoruba-speaking South and West and from the Ibo-speaking Eastern areas of Nigeria. The majority came to Britain in order to study.

The Somali group suffered following the outbreak of civil war in Northern Somali in 1988 and a large proportion of the population have subsequently been displaced. Many have fled to neighbouring Ethiopia and to Western states such as the United Kingdom and are now Somali refugees. They have largely settled in the London Boroughs of Tower Hamlets, Hackney, Newham and Ealing.

Ghanaians come from Western Africa, bordering the Gulf of Guinea, between Cote d'Ivoire and Togo. Like Nigerians, the majority of Ghanaians who came to Britain, came in order to study with a large community living in the south east and south west. Whilst a number of tribal languages and regional dialects are spoken in Ghana, English language is very common.

#### CARIBBEAN

The majority of people of Caribbean origin came to Britain prior to 1962. Many of the earliest immigrants had either served in the armed forces during the war, or were recruited to work in London Transport and other public services. Most were from Jamaica, but many also came from Trinidad, Barbados and Guyana. Most of the people who migrated from the West Indies were of African origin, but some were of Indian origin. Adult immigration from the West Indies has been very low since the early 1970s and over half of the 500,000 people of Caribbean origin in Britain were born here.

**INDIAN SUBCONTINENT:**

Most of the migration from the Indian Subcontinent occurred after the Second World War in response to labour shortages in this country. 'Chain' migration was a common pattern, based on kin networks. For instance, Southall became a focus of settlement for Punjabi Sikhs partly because the Firestone Tyre and Rubber Company there ran a recruitment drive amongst members of the Indian Army. Similarly the settlement pattern of Pakistanis was concentrated in the West Midlands, Yorkshire, Humberside and the North West owing to recruitment in the textile industries. There were also 'push' factors which dictated migration. For example, in Mirpur the construction of the Mangla Dam early in the 1960s resulted in the high levels of migration, often of whole communities. Another source of migration by people originating from the Indian Subcontinent was from East Africa. Many Asian families of Gujarati and Punjabi origin had settled in East African countries. From the early 1960s East African governments began to implement a policy of 'Africanization' which began to restrict the employment and lifestyle of East African Asians. The most extreme case of this was in 1972 in Uganda, when all Ugandan Asians holding a British passport were expelled in the space of three months. Bangladeshis have tended to arrive in Britain more recently (i.e. during the 1970s and 1980s). Most Bangladeshis in Britain derive from the district of Sylhet in the north-east of the country. Sylheti, the language of this area has no written form, but most younger Bangladeshis speak Bengali which is the National language of Bangladesh.

**REFUGEE & ASYLUM GROUP:**

A refugee is formally defined, in Article 1 of the 1951 United Nations Convention Relating to the Status of Refugees, as "a person who, owing to a well-founded fear of being persecuted for race, religion, nationality, membership of a particular social group or political opinion, is outside the country of nationality and is unable or, owing to such fear, unwilling to return to it". People requesting refugee status are normally referred to as asylum seekers. In the UK over 75% of asylum seekers have been granted permission to remain in the country. They are granted exceptional or, depending on the severity of circumstances in their country of origin, indefinite leave to remain and/or refugees status. Approximately 90% of newly-arrived refugees settle in London (Estimates provided by the Refugee Council).

The combination of ethnic minority conflict, wars and natural disasters in the regions of Europe and Africa have seen a more recent increase in this form of migration. In the former Yugoslavia, prolonged war between Muslims and Christians; tribal conflict in Rwanda between the Hutu and Tutsi; the civil wars in Sri Lanka, Iraq and Afghanistan and famine in Somali and Ethiopia as well as political uncertainty in Zimbabwe saw an increase in immigration from various parts of the world.

Source: Meeting the Health Needs of "Refugee and Asylum Seekers" in the UK – Burnett, A and Fasil, Y 2003

During the last ten years, there has been a significant increase in people from refugee and asylum seekers categories seeking entry into the United Kingdom.

In Hounslow the largest ethnic minority group are of Indian descent at 17.3%, with the Asian group making up a total of 24% of the local population whilst the top three refugee or asylum groups are Somali, Afghan and Iranian. In the borough of Ealing the Somali community consist of mainly refugees and is estimated at over 12,000\* mostly living in Southall, Hanwell, Acton and Northolt. In Hammersmith and Fulham there is a higher East European group.

Not every refugee or minority ethnic group has been included in the text; the aim of this section is to draw attention to the diversity of refugees who may require the services of health care provided by West London Mental Health NHS Trust. There are a number of new immigrant groups arriving from Eastern Europe into the United Kingdom that are not mentioned in this toolkit. It is with the intention that as periodic reviews are made of this toolkit, emerging mental healthcare needs of these Psi groups will not be addressed. Additional refugee groups not previously listed include: Kurds, Tamils, Palestinians, Lebanese, Turks, Cypriots and Vietnamese.

Members of these communities share a number of problems. These include language difficulties and culture shock, feelings of isolation and vulnerability and stress. They have all faced persecution in various forms and suffered degrees of physical and psychological trauma. Some may have been tortured. In addition refugees often feel an acute sense of insecurity on account of separation from their families and loved ones as well as an indeterminate legal status.

Source: \*Red Sea Health & Community Care Association 2000 and 2001 Census

**4.1 NATIONAL POPULATION BREAKDOWN**

Eighty-seven per cent of the population of England and 96 per cent of the population of Wales gave their ethnic minority origin as White British.

White Irish people make up 1.2 per cent of the population of England and Wales as a whole, with the highest proportion in the London borough of Brent (6.9 per cent of the population). The largest proportions of White Other (that is, not White British or White Irish) people are in central London, particularly the borough of Kensington and Chelsea (25.3 per cent).

London has the highest proportion of people from minority ethnic groups apart from those who identified themselves as of Pakistani origin, of whom there is a higher proportion in Yorkshire and the Humber (2.9 per cent) and the West Midlands (2.9 per cent).

2.0 per cent of the population of England and Wales are Indian, with Leicester having the highest proportion (25.7 per cent).

Bangladeshis formed 0.5 per cent of the population of England and Wales, with the highest proportion in the London borough of Tower Hamlets (33.4 per cent).

In England and Wales, 1.1 per cent of people are Black Caribbean, 0.9 per cent are Black African and a further 0.2 per cent are from Other Black groups.

Black Caribbeans form more than 10.0 per cent of the population of the London boroughs of Lewisham, Lambeth, Brent and Hackney. Over ten per cent of the population of Southwark, Newham, Lambeth and Hackney are Black African. More than two per cent of people describe themselves as Other Black in Hackney, Lambeth and Lewisham.

Chinese people form more than 2.0 per cent of the population in Westminster, Cambridge, City of London and Barnet.

The largest proportions of people of Mixed origin are in London, with the exception of Nottingham, where 2.0 per cent of people are Mixed White and Black Caribbean.

Source: ONS Census 2001

**4.2 LOCAL POPULATION BREAKDOWN**

The provision of services in West London Mental Health NHS Trust spans four boroughs: Ealing, Hammersmith & Fulham, Hounslow, Broadmoor Hospital in Berkshire and also covers a small part of Surrey at The Cassell Hospital. The total population of Ealing is 300,948 (2003 figures); Hammersmith & Fulham 165,242; Hounslow 212,341 and Berkshire where Broadmoor Hospital is located is 800,455 - (projection for 2006). Broadmoor is, however, the high secure provider for London and the south of England, so its true 'local' population is much larger than Berkshire.

Illustrated below in a table format is the breakdown of the various boroughs and their ethnic minority population:

EALING				
% White population including White British & Irish and Other	% Black population including mixed with white, African & Other	% Asian population Including mixed with white & Other	% Other Mixed ethnic group	% Chinese population & Other
58.8	10.2	25.8	1.0	4.3

The borough of Ealing is the 3rd largest in the London borough in terms of population. It has a high Black and Minority Ethnic community which makes up 117, 730 (38.6%) from BME communities. With the inclusion of refugee and asylum seekers group the total percentage is 43%. While the overall increase in Ealing's population has risen by 7%, the BME group have increased between 9% to 11%.

Source: Ealing Council Demographics – Census 2001

HOUNSLOW				
% White population including White British & Irish and Other	% Black population including mixed with white, African & Other	% Asian population Including mixed with white & Other	% Other Mixed ethnic group	% Chinese population & Other
64.88	5.40	25.86	0.85	3.01

The 2001 census shows that 35% of Hounslow's population was from an ethnic minority group, the largest of which was Indian accounting for 17.33% of residents, followed by Pakistani 4.2% and Black African 2.6%. Within the borough the Central Hounslow and Heston / Cranford areas have the largest percentage of non-white residents at 53% and 63% respectively.

Source: Hounslow PCT 2005

HAMMERSMITH & FULHAM				
% White population including White British & Irish and Other	% Black population including mixed with white, African & Other	% Asian population Including mixed with white & Other	% Other Mixed ethnic group	% Chinese population & Other
77.82	12.97	5.41	1.0	2.79

The London borough of Hammersmith and Fulham represent an 11% increase in population since the 1991 census. The 2001 census demonstrates that 22.2% of Hammersmith and Fulham's population were from an ethnic minority, an increase from 17.5% in the 1991 census. The largest non-white ethnic minority groups in 2001 were Black Caribbean (5.2%) and Black African (4.9%) and mixed (2.87%).

Source: Population census 2001

**BERKSHIRE (BROADMOOR HOSPITAL)**

Broadmoor Hospital is based in Crowthorne, near Bracknell in Berkshire. However, it serves a patient population drawn from the whole of the South East of England and London and therefore has a different demographic profile to the Trusts local services. The current BME in patient profile at Broadmoor Hospital is 34%.

Source: Psy-mon data entry 2005



## 5.1 WEST LONDON MENTAL HEALTH TRUST

The Trust provides both in-patient and community services. While its community services consist of 19,364, its in-patient population is 1090 with 540 (49.5%, based on Psymon data entry 2004) being from an ethnic minority background spread across the boroughs of Ealing, Hammersmith and Fulham, Hounslow and Broadmoor Hospital in Berkshire.

*LOCATION	In-Patient Population	**White British	Any Other White	Irish	Black or Black British	Asian or Asian British	Any Other Mixed or Ethnic	European Eastern European	Middle East	Not Recorded or Known
Broadmoor	297 (27.3%)	196 (39.8%)	4 (20%)	5 (13.8%)	61 (20.8%)	7 (5.8%)	12 (54.5%)	9 (19.1%)	3 (13.0%)	-
Cassel	40 (3.7%)	31 (6.3%)	1 (5%)	1 (2.9%)	1 (0.34%)	1 (0.8%)	1 (4.5%)	-	1 (4.3%)	-
Ealing Acute	199 (18.3%)	59 (12.1%)	3 (15%)	13 (36.2%)	44 (15.0%)	38 (31.4%)	10 (45.5%)	10 (21.2%)	5 (21.7%)	17 (46.0%)
Ealing Forensic	272 (24.9%)	94 (19.1%)	9 (45%)	5 (13.8%)	120 (41.0%)	33 (27.2%)	9 (41%)	2 (4.2%)	4 (17.4%)	-
Hammersmith & Fulham	123 (11.3%)	42 (8.5%)	2 (10%)	5 (13.8%)	47 (16.0%)	3 (2.5%)	6 (27.2%)	14 (29.8%)	2 (8.7%)	4 (10.8%)
Hounslow	135 (12.3%)	62 (12.6%)	1 (5%)	6 (16.6%)	20 (6.8%)	35 (28.9%)	1 (4.5%)	5 (10.6%)	5 (21.7%)	-
Other – (recorded as private)	24 (2.2%)	8 (1.6%)	-	1 (2.9%)	6 (2.0%)	3 (2.5%)	-	-	1 (4.3%)	5 (13.5%)
<b>Total</b>	<b>1090</b>	<b>492</b>	<b>20</b>	<b>36</b>	<b>292</b>	<b>121</b>	<b>39</b>	<b>35</b>	<b>21</b>	<b>26</b>

Source: Psymon data: 2004

\* Location represents the directorates for which services are provided and include OPS.

\*\* Ethnic minority codes are based on the 2001 Census and represent the codes used by the Trust from Psymon data base.

**6.1 RACISM, PREJUDICE AND DISCRIMINATION**

Racism occurs when people have prejudices about other ethnic minority groups and the power to put those prejudices into effect - when we then discriminate. If nurses, doctors and other staff responsible for the care of patients have prejudices, ill-informed opinions, or follow racial stereotypes, this can influence the care given and the decisions made about what people need. We all have views and perceptions about other people –the purpose of this guide is to enable you to be aware of this and be able to learn from your service user. The following are important points to remember in the care of ethnic minority patients (which is not exclusive to non-white patients):

- Recognise that Britain is a multiracial society in which people of all races, cultures and creeds have a right to be respected, to be treated as equals, and to have their needs met by the Health Service. The patients' charter states that patients should be treated with respect for privacy, dignity and religious and cultural beliefs.
- Recognise that racism is a very real factor in British society and takes many forms. Your ethnic minority patients and colleagues will probably have had many experiences of racism. This is likely to affect their expectations and their attitudes towards you and towards the NHS.
- You may find it helpful to talk to people, once you know them well, about their experience of racism and discrimination. Ethnic minority patients and staff rarely initiate such discussion with white people as they are often accused of imagining things or having a "chip on their shoulder". A sympathetic and sensitive discussion may reduce tension and breakdown barriers.
- Challenge the stereotypes you hear about different racial groups. Treating individuals on the basis of stereotypes, especially negative ones, is the opposite of good individual care. Use the information in this guide to promote contact and discussion with ethnic minority patients and colleagues.
- Challenge racial stereotypes, racist remarks and behaviour whenever and wherever you come across them. Racism is unprofessional and prevents the delivery of high quality care. You may not be able to change people's attitudes, but you can change their behaviour.
- *"Sometimes when I challenge a remark that seems to me to be racist the other person gets very upset. A lot of racism is unconscious. But that doesn't make it any less damaging. The kindest most well-meaning people often say the most terrible things. They've heard or read them somewhere and accepted them as facts. They haven't thought about what they mean or how insulting they are to people".*

White teacher

- Recognise the special contribution that ethnic minority colleagues can make. They can often provide a higher standard of care to patients whose culture and language they share, they can also share their knowledge and insight with the whole team. But discuss the issues this raises. There are dangers that ethnic minority staff will be pushed into always or only caring for patients of their own group, and that they will be used merely as interpreters rather than as professionals in their own right. Both of these are exploitative and can damage career prospects.
- Support ethnic minority colleagues when they raise issues of racism and prejudice. Discuss for example, how you as a team will respond to racist comments by patients to or about ethnic minority colleagues.
- *"When I was in hospital recently one of the Muslim patients prayed five times a day. She either drew the curtains round her bed or went into the TV room if it was empty. The other patients laughed at her and made rude comments, and the nurses did nothing to try and stop them. Of course she was very hurt and upset."*

Asian woman

- Find out as much as you can about your ethnic minority patients and their particular needs. Ask them, ask their families. If people have a different culture from you, listen and try to understand the differences between your values and lifestyles and the ways in which each of you sees the world.
- Recognise that most decisions in the Health Service as elsewhere are made by the majority on the basis of what they perceive as important. They do not always take the needs or views of ethnic minority people into account. Whenever you are in a position to influence decisions, make sure that the needs of the whole multiracial population are considered.
- *"Since I started challenging racism and not letting it pass without comment I've been accused of making trouble. But I know I'm not making trouble, it's already there. I'm exposing some of the prejudices and injustices that have been accepted and covered up till now. And they badly need to be dealt with even if it's uncomfortable".*
- *"In class as a black person you are always aware how white is the norm. Things like redness, bruising, cyanosis are described in terms of white skin. And when you ask how they would show on black or brown skins, which seems a sensible question for a nurse to ask, you can feel people every time resenting it. So I've learned to keep quiet. But sometimes I wish that someone else would ask those questions. We all need to know the answers; it shouldn't only be the black students who ask".*

White nurse

Black student nurse

## 6.2 TERMINOLOGY

### African Caribbean Service user

**Note: The information below will only apply to some patients of Afro-Caribbean origin. Never assume. Always check everything with the patient.**

The term Afro-Caribbean has been used in the past to describe people whose families came to Britain from the West Indies and who are mainly of African descent. Some people also use the historical term West Indian. British born Afro-Caribbeans may refer to themselves as African-Caribbean, black or black British. The term African-Caribbean is more commonly used today rather than Afro-Caribbean.

The West Indies is made up of more than 22 islands spread over 2,000 miles, each with a different history. People came to Britain from several islands including Jamaica, Trinidad & Tobago, Grenada, Barbados, Dominica, St. Lucia, St Vincent and the Grenadines, and from Guyana on the South American mainland. There are often strong cultural differences between the countries which mainly affect the immigrant generation.

However, more than half of the Afro-Caribbean people in Britain are British born. Like other British-born members of the ethnic minority groups, since they were born and brought up in this country they are particularly likely to be aware of and sensitive to any implication that in some way they are not legitimate Britons, and to racism in any form.

### 7.1 WHY CROSS-CULTURAL COMMUNICATION CAN BE DIFFICULT

Most of the time in our daily lives we have no difficulty in communicating with others. We understand each other and if not will ask for clarification. This assumption does not necessarily hold true when two people from different cultural backgrounds are communicating with each other. Your service user may think they understand but in fact have interpreted what you have said in a way that is different from what you intended. Alternatively they may not have understood at all but are too embarrassed to admit this, especially if time is short and you have already repeated your explanation. This understanding may be even more limited if English is not the service user's first language. Also people are likely to 'read' the behaviour of others from the point of view of their own cultural group. An example of this is the use of 'please' and 'thank you'. From a white British cultural perspective it is important to routinely use these terms when communicating. People of South Asian origins do not have this particular cultural norm and may not use these terms, although this does not mean they are being rude, ungrateful or ignorant.

Therefore it is important to not only acquire knowledge about the culture of other groups, but also to have knowledge and awareness of your own culture, since this will influence your view of others.

Beware of generalisation. Each of us is also an individual as much as, or more than we are a member of a group. Talk to each service user about what he or she needs. Respect each service user's values and choices as you do your own.

#### *Imagine...*

Imagine that you are ill and in pain in another country. What would you most like the staff who care for you to know about you? What would you most like them to understand about you?

For example:

- what you feel comfortable wearing in bed?
- your feelings about modesty and privacy?
- acceptable washing and lavatory arrangements?
- what you like to eat and drink?
- your spiritual and emotional needs?
- your fears and worries?
- the way you like to pass the time?
- your daily routine?
- physical contact with the nurses and doctors?
- your feelings about your treatment?
- your relationship with your visitors?

*What else?*

### 7.2 COMMUNICATING ACROSS LANGUAGE BARRIERS

#### Language

The suggestions provided below should all be used with caution. A fluent English speaker would be insulted if addressed in a slow and simple sentences. Watch carefully to see what each person understand and does not understand and adapt what you say accordingly. Remember that people always understand a bit more of a foreign language than they speak.

- Always be aware of the language you use. Listen critically to yourself; judge whether you are saying something as clearly as you can.
- Speak clearly but do not raise your voice. Talking loudly to a non-English speaker as if they were deaf is a natural reaction but is very disconcerting for the listener.
- Be aware that some South Asian people will not always say please, thank you and sorry as it is not their culture to do so.
- Speak slowly. Try not to speed up as you get more interested or more involved in your subject.
- Choose words the service user is likely to know. Listen for the words the service user uses and use them yourself. If there are several words which mean the same thing, use the simplest and most common. For example: say 'start' and 'finish' not 'commence' and 'terminate'. Try to avoid using words that are used only in connection with illness and health. It is easy to slip into medical jargon or complicated language without noticing.
- Use pictures or mime to help to get the meaning across. If there are certain words that you often have difficulty with, cut out or draw some clear explanatory pictures and stick them on cards. Use a cardboard clock face with moving hands to discuss time; use simple realistic pictures of male and female bodies for showing where it hurts. Most people find photographs or realistic drawings easier to understand than signs, symbols or cartoons. A picture to look at or something to handle may also help to ease the tension of a difficult conversation.
- Be careful with idioms and expressions like 'fed up', 'start from scratch', 'spend a penny', 'red tape'. Their meaning may not be at all clear to your service user.
- Avoid using expressions such as 'are you feeling poorly?' as this may not be understood by your service user.
- Avoid use of acronyms and jargon
- Avoid using terms such as 'coloured' or 'half-caste' as many people will be offended by these terms.

*Think before you start speaking:*

- Decide what you want to say and break your topic down into logical steps. Simplify each step in your mind before you begin.
- But be careful! Simplifying is not the same as condensing. If you condense what you say, you make it more dense and more difficult to understand. You may lose the natural repetition which helps people follow any conversations. A simplified explanation, though it may be quite long, is usually easier to follow than a condensed one.
- Use active verbs, not passive. For example, "The doctor will see you", not "You will be seen by the doctor".
- Ask people for their first name rather than their 'Christian' name, as not all your patients will have Christian names.
- Do not speak in 'pidgin English'. It does not help people to learn to speak English properly, it is not easier to understand, and it can sound condescending. 'You should go to the clinic on Monday', is just as easy to understand as 'You to clinic Monday'.

*Give clear instructions:*

- Give instructions in a clear, logical order. Even if a service user does not understand the words 'first' and 'then', he or she is likely to do things in the correct order when that is how he or she heard them. The words 'before', 'after' and 'until' are complicated and are often misunderstood.
- Say 'First sterilise the bottle. Then rinse it'. Do not say 'Rinse the bottle after you sterilise it', or 'Don't rinse the bottle until you have sterilised it', or 'Before you rinse the bottle, sterilise it'. All these are in the wrong order.

*Signal when you change the subject:*

- Stick to one subject at a time. Pause between subjects, check that you have been understood, and signal clearly that you are moving on to a new subject. Say, for example, 'Now I want to ask you about...'. Your service user will soon understand what you are doing.
- Keep asking the service user whether they have understood. If you have said something as simply as possible and the service user has not understood, try repeating the same sentence again slowly. It may make more sense the second time. Do not change the words or you will be giving the service user a whole new task.

*The problem of yes:*

- Avoid asking 'Do you understand?' or 'Is that all right?' You are almost bound to get yes for an answer. Yes is often the first word someone learns in a foreign language, but does not necessarily indicate that they understand. Yes can also mean:  
 'Yes, I'm listening but I don't understand'.  
 'Yes, I want to be helpful but I don't understand'.

*Do not overestimate people's ability in English:*

- Beware of overestimating the amount of English a person understands. Many people who have picked up English through everyday contacts are very good at bits of social chat and at topics they use a lot. Although they seem to speak English fluently, they may suddenly get completely lost on an unfamiliar topic or expression. Rather than risking irritation or delaying when you are obviously busy they may then say yes and let you go on speaking, hoping that all will suddenly become clear. Keep checking. Even with fluent speakers you may have to be alert and simplify your English on certain topics.

*Language and memory:*

- Judge how much people are likely to be able to remember. The effort of concentrating to understand a foreign language can seriously affect the memory. Even people with no language problem may only remember one or two points from each session. It may be useful to give a simple note for the patient to refer to after they have left.

*Behaviour:*

- Coping across a language barrier can also affect the way people behave. Have you ever been in a foreign country where you could not speak the language? If you cannot understand what is being said, particularly by someone in authority, and you cannot express yourself or answer questions, you may behave quite differently from the way you behave using your own language.
- You may feel that everybody is talking about you.
- You are likely to become extremely sensitive to people's unconscious non-verbal signals: body language, tone of voice, eye contact, impatient gestures.
- You may smile a lot and make friendly gestures to show that although you cannot communicate you want to be helpful.
- You may become very tired, even during a short conversation.
- You may avoid people you cannot understand because you do not want to feel stupid and humiliated.

- You may go ahead and do things you are not sure about without checking or asking advice.
- You may remain passive and silent rather than start a conversation, in case you get out of your depth.
- You may settle for a simple, though inaccurate, explanation, and give up the attempt to express the complete truth because it requires more complicated language than you can manage.
- You may pretend you understand to avoid exasperating the other person and forcing them to repeat the whole thing all over again.

In your work you may have noticed that when you are talking to people who are difficult to understand, you sometimes switch off and give up the struggle to understand what they are trying to say. Communicating across a language barrier in either direction is very tiring.

It is also important to remember how nervous people may be if they are ill or worried and that they cannot explain things properly or understand what is happening. The behaviour you see then does not necessarily reflect the personality of your service user. Be aware of any judgement you make about the behaviour or personality of someone whose mother tongue is not English.

It is especially difficult for a service user to describe types of pain in a language that is not their first language. Give your service user time to explain his or her symptoms and remember that there are many health workers in the Trust who are from an ethnic minority group themselves, who are very experienced in treating ethnic minority patients, who could offer you advice and support. There is a section at the back of this guide on useful contacts.

The services of interpreters and translators are provided by The Trust (see page 54).

#### *Gestures and body language*

- Some gestures are perceived as rude and offensive in some cultures. The waving or brandishing of the index finger at someone, wagging of a finger, sucking on the teeth or not looking at ones elders may all be symbolic to someone from a different culture.

## 7.2 CUSTOMS AND PRACTICES – DOs AND DON'Ts

### AFRICAN SERVICE USERS

#### GHANAIAN

**Note: The information below will only apply to some patients who are Africans. Never assume. Always check everything with the service user.**

#### Language

Twi (Ashanti, Akans) Dagbani, Ewe (pronounced ävä), Ga, Fanti, Hausa and Nzema, as well as minor tribal languages and dialects.

Like most African countries Ghanaians speak English and would have been taught English.

#### Religion

People from Northern Ghana are likely to be either Muslims or Catholics. Ghanaians from other parts may be Protestants, Methodists, Seventh Day Adventists or belong to a range of smaller Christian sects.

Refer to Islam where relevant.

#### Dress

Ghanaians traditional dress is called the wrap or Kaba which can be worn daily. It is made from cotton with rich African prints and designs. The designs all have meaning based on adages used by the ancestors. However some Ghanains mostly in the urban areas tend to wear western garments.

#### Food

There are no specific dietary regulations but members of some families may refuse to eat certain foods, such as wateryams or shellfish, on superstitious grounds because they believe them to be associated with evil influences in the family. Yam, sweet potatoes, plantains, rice made up in an assortment of dishes are the most common staple diet with meats and fish highly flavoured using various herbs, dried tomatoes and spices.

#### Practical Care

Black skin tends to be dry and may also be more vulnerable to pressure sores. After having a bath, most black people will rub cream or body lotion into their skin every day. If this is not done the skin may become itchy and uncomfortable, and in time become damaged by cracking. Due to the texture of black peoples hair they do not need to wash it every day as it needs to retain its natural oils or supplemented with hair oils, gels or hair grease. It is not unusual for black people to wash their hair once a week or a fortnight. A range of hair products can be purchased in the hospital shop at Broadmoor Hospital and on the London sites.

### Health Issues

Sickle Cell disease (SCD) is a feature in this community.

#### What is Sickle Cell Anaemia?

The disorder affects the red blood cells which contain a special protein called haemoglobin (Hb for short). The function of haemoglobin is to carry oxygen from the lungs to all parts of the body.

People with Sickle Cell Anaemia have sickle haemoglobin (HbS) which is different from the normal haemoglobin (HbA). When sickle haemoglobin gives up its oxygen to the tissues, it sticks together to form long rods inside the red blood cells making these cells rigid and sickle-shaped. Normal red blood cells can bend and flex easily.

Because of their shape, sickled red blood cells can't squeeze through small blood vessels as easily as the almost doughnut-shaped normal cells. This can lead to these small blood vessels getting blocked which then stops the oxygen from getting through to where it is needed. This in turn can lead to severe pain and damage to organs.

Everyone has two copies of the gene for haemoglobin; one from their mother and one from their father. If one of these genes carries the instructions to make sickle haemoglobin (HbS) and the other carries the instructions to make normal haemoglobin (HbA) then the person has Sickle Cell Trait and is a carrier of the sickle haemoglobin gene. This means that this person has enough normal haemoglobin in their red blood cells to keep the cells flexible and they don't have the symptoms of the sickle cell disorders. They do however have to be careful when doing things where there is less oxygen than normal such as scuba diving, activities at high altitude and under general anaesthetics.

If both copies of the haemoglobin gene carry instructions to make sickle haemoglobin then this will be the only type of haemoglobin they can make and sickle cells can occur. These people have Sickle Cell Anaemia and can suffer from anaemia and severe pain. These severe attacks are known as crises. Over time Sickle Cell sufferers can experience damage to organs such as liver, kidney, lungs, heart and spleen. Death can be a result.

Another problem is that red blood cells containing sickle haemoglobin do not live as long as the normal 120 days and this results in a chronic state of anaemia. In spite of this, a person with sickle cell disorder can attend school, college and work. People with sickle cell disorder need regular medical attention particularly before and after operations, dental extraction and during pregnancy. Many hospitals arrange follow-up appointments and it is advisable to discuss with the doctors questions concerning schooling, strenuous exercise, family planning, suitable types of employment and air travel. When a person is found to have a sickle cell disorder it is important that all members of the family be tested. They will not necessarily have sickle cell disorder but may be healthy carriers of a sickle cell trait.

### Who Gets SCDs?

The different kinds of SCD and the different traits are found mainly in people whose families come from Africa, the Caribbean, the Eastern Mediterranean, Middle East and Asia.\* In Britain SCD is most common in people of African and Caribbean descent (at least 1 in 10-40 have sickle cell trait and 1 in 60-200 have SCD). It is estimated there are over 6,000 adults and children with SCD in Britain at present. There are other inherited conditions that mainly affect other groups, e.g. Cystic Fibrosis in Europeans, and Tay-Sachs disease in Jewish people.

Therefore when service users are admitted to mental health services they should be tested for sickle cell (if this has not previously been done).

For further information contact:

Sickle Cell Society  
54 Station Road  
London, NW10 4UA  
UK  
Tel 020 8961 7795  
Fax 020 8961 8346  
info@sicklecellsociety.org

Some older Ghanaians do not have much confidence in the conventional health care service and prefer self-diagnosis and self medication for some ailments. Many medicines available over the counter in Ghana, require a prescription in Britain.

### Birth

Customs depend very much upon area of origin and degree of traditionalism. Boys and girls are traditionally circumcised in the Muslim community. This is a matter of custom rather than religious practice and boys must traditionally be circumcised within seven days of birth. Boys from the Ashanti or Akan royal family are exempt, but even this is not universally accepted nowadays.

### NIGERIAN

#### Language

Yoruba, Ibo and Hausa. Yoruba is widely understood, as it is the language of the capital, Abuja, as is English. Hausa is the erstwhile *lingua franca* of commerce in West Africa and is spoken in the north of the country.

#### Religion

Islam and various Christian denominations including Roman Catholic, Anglican, Protestant, the Church of Christ, Seventh Day Adventist and other indigenous beliefs all form part of Nigeria's religious faiths. Most of the Muslims come from the Hausa and the Yoruba area. The ratio of Muslims to Christians among the Nigerian community in Britain is approximately 50:50.

**Dress**

Nigerians' traditional dress is similar to Ghanaians, except that the headdress is called the Gele which can be worn daily or on formal occasions.

**Food**

Refer to Ghanaian

**Practical Care**

Refer to Caribbean and Ghanaian

**Health Issues**

Sickle Cell disease is a feature in this community (see above).

**Birth**

Female circumcision: excision and infibulation is widely practised in Nigeria and throughout West, Central and parts of East Africa. The custom transcends religious and ethnic minority boundaries, although individual tribes, such as the Fulani and Nupes in Nigeria and the Wolof in Senegal disapprove of it.

Naming of children: In addition to personal names, people may have others indicating the day on which and the area in which they were born and may also have been given the name of a close relative or friend of the family. Some names commemorate an important event. A boy may be given the name Ade if a tribal chief is crowned on the day of his birth.

**SOMALI****Language**

Arabic is widely used but Somali is the official medium of communication in Somalia. The Somali language was not written until 1972, when it was agreed to use the Latin alphabet. Prior to 1972, Arabic was taught in schools throughout the country. English was taught in the North and Italian in the South. Because of this, English is mainly understood by the older generation from the North and Italian by the older generation from the South of the country. Many newly arrived Somali refugees have a very limited knowledge of English which hinders their integration into the local community. A high proportion of the older generation are not literate.

**Religion**

See Islam

**Dress**

As worn by Muslim women. Well covered from head to feet. Women wear scarf. Western dress is also worn.

**Health Issues**

Amidst a range of problems of unemployment, housing and culture shock, Somali refugees suffer from anxieties caused by resettlement and readjustment. Many suffer from severe depression and Post Traumatic Stress Disorder (PTSD) as a result of their experience in Somalia.

**Birth**

Female circumcision: excision and infibulation although such operations have been banned in all government hospitals in Somalia, the practice still continues as it is so firmly entrenched in traditional culture.

**Naming of children**

Family names are not used as they are used in the West, so members of the same family do not share the same surname. Names may be prefixed by a religious title such as "Aw" which means that that person has memorised the Qur'an.

**CARIBBEAN****Language**

Some people in the West Indies speak Creole or local patois unique to that island. It is spoken in some parts of the Caribbean and this dialect is in the form of broken French which originated from the French influence in Dominica and St Lucia. In other parts of the Caribbean such as Jamaica, patois is spoken as a complete language that combines features of English, West African languages and other European languages. Many Caribbeans in Britain, including those born in this country, speak a form of patois or Creole at home and with friends. Creole is an important part of most people's shared identity and culture. Everyone also understands and speaks English, though older people may speak it with a strong Caribbean accent, especially when under stress.

**Religion**

Many Afro-Caribbeans are Christians, belonging to the Roman Catholic, Anglican or Methodist Church, however, they also belong to other denominations such as Pentecostals, Seventh Day Adventists and Jehovah's Witnesses, some are Anglicans and Baptists and a few are Methodists and Roman Catholics. An increasing number of young Afro-Caribbean's are Rastafarians, or are influenced by Rastafarianism.

**Food**

Caribbean cooking methods and ingredients have been influenced by the diets of many areas, including West Africa, Western Europe, the Indian subcontinent, and China. There is a good deal of variation between the islands. Yam, sweet potatoes, rice, breadfruit and green bananas are the most common staple starch for people in the West Indies. Meat is usually marinated or 'seasoned up' with herbs and spices before cooking. In Britain people may eat more rice as it is convenient and often more easily available.

Most **Seven Day Adventists** do not eat any pork or pork products. Some do not drink tea or coffee, though decaffeinated coffee may be acceptable.

Food is extremely important to most **Rastafarians** and is considered to have a major influence on the health of body and soul. The decision on what to eat and not eat is largely individual. Many Rastafarians are vegetarian but some eat any fish with scales and any meat except pork. All products of the vine, such as grapes, currants, raisins, and wine are forbidden. Some very strict Rastafarians eat only food cooked in vegetable oil, and some are vegan. Many avoid food that is tinned or processed or contains additives and eat mainly whole foods.

#### Practical Care

Black skin tends to be dry and may also be more vulnerable to pressure sores. Most black people always rub cream or lotion into their skin every day and after a bath. If this is not done the skin may become itchy and uncomfortable, and in time, damaged.

#### Blood Transfusions

**Jehovah's Witnesses** and some **Rastafarians** do not accept blood transfusions.

#### Family Planning

**Roman Catholics** are forbidden to use artificial methods of contraception, though not everyone adheres to this. Contraception may be a sensitive political issue with **Rastafarians** in particular, because of the history of family planning programmes in the West Indies. Many people felt that these were racist, designed particularly to stop black people having children. Rastafarians may also follow the Old Testament teaching: 'Be fruitful, and multiply, and replenish the earth' (Genesis 1:28).

Like members of other groups, many Afro-Caribbeans have a strong dislike and fear of abortion. Some women may fear consciously or subconsciously that if they have termination now they will be punished by infertility later. Sensitive counselling is very important to prevent a crisis of guilt in the future.

#### Death

Members of different religions will follow their own rites. Mourning may be more overt, especially among older West Indian people. Last offices should be carried out as normal provided the family has no special wishes. Jehovah's Witnesses do not believe in life after death and this should be considered in bereavement counselling.

## RASTAFARIAN

### Religion

The Rastafarian religion originated from Africa. It is often associated with the poorer black population of Jamaica. It is not just a religion, but a way of life. Rastafarians speak out against poverty, oppression and inequality ... not just religious ideas but global problems. Rastafarians will use the Holy Piby, the Kebrá Nagast and the Bible (interpreted with a Rasta soul) for guidance.

The basic belief of Rastafarians is that Haile Sellassie is the living God for the black race. Sellassie, whose previous name was Ras Tafari, was the black Emperor of Ethiopia. Rastafarians say scriptures prophesied him as the one with the "hair of whose head was like wool (the matted hair of a black man), whose feet were like unto burning brass (black skin)"

The Lion of Judah represents Haille Sellassie.

Babylon is the Rastafarian term for the white political power structure they believe has been holding the black race down for centuries. In the past, Rasta see that blacks were held down physically by shackles of slavery. In the present, Rasta feel that blacks are still held down through poverty, illiteracy, inequality and trickery by the white man.

### Dress

One of the more obvious symbols of Rastafarians are colours. These are red, gold and green. The colour red stands for the Church Triumphant which is the church of the Rastas. The yellow represents the wealth of the homeland. Green represents the beauty and vegetation of Ethiopia, the promised land. Sometimes black is used to represent the colour of Africans, from whom 98% of the Jamaicans are descended.

### Food

(see section on Caribbean food)

### Practical Care

The dreadlocks on a Rasta's head are symbolic of the Lion of Judah and are treated with reverence (see also section on Caribbean and African users).

### Health Issues

Ganja, marijuana, Kali are a few terms used to describe the herbs that is used for religious purposes by Rastafarians. The use of this herb is extensive among the Rastas not only for spiritual purposes as in their Nyabingi celebration, but also for medicinal purposes.

For more information about Rastafarianism go to [www.rasta-man.co.uk](http://www.rasta-man.co.uk) or [www.cannabisandmentalillness.co.uk](http://www.cannabisandmentalillness.co.uk)

There is growing evidence that people with serious mental illness, including depression and psychosis are most likely to use cannabis or have used it for long periods of time in the past. Opposers however point out that if Cannabis really was causing mental illness in certain people, there should be a growing number of people with disorders like schizophrenia to match the rise in numbers.

## CHINESE

**Note: The information below will only apply to some patients of Chinese origin. Never assume. Always check everything with the service user.**

The families of most Chinese people in Britain originated in Hong Kong and in the rural area of the New Territories. A few come from Singapore and Malaysia, and a few from Vietnam and China.

Most men from the New Territories were recruited in the 1950s and 1960s to work in Chinese restaurants in Britain. Their families followed them when they had settled in, often after some years. Most people from Singapore and Malaysia came to train or study here. Chinese people from Vietnam came as refugees, mainly after 1977. Most of this section refers to families who originated from the New Territories or Hong Kong.

### Language

There are many different Chinese dialects. Most people from Hong Kong and the New Territories speak Cantonese as their first language. Some speak Hakka or Mandarin.

Most Chinese people from Singapore and Malaysia speak Hokkien, Mandarin or Cantonese as their first language. Most Chinese people from Vietnam speak Cantonese and Vietnamese. Young people in all these groups are likely to speak English as well.

All Chinese dialects are written in the same script so whatever dialect a person speaks they can read all written Chinese. However, some older Chinese people may not be able to read or write. Some younger people may only read and write English.

### Religion

Chinese philosophy and way of life are based mainly on Confucianism and influenced by Buddhism and Taoism. The main values of the traditional Chinese way of life are obligations to family members, respect for elderly people, honesty, self control and self-reliance. People may also pray to and for their departed ancestors. Many Chinese people believe in reincarnation.

Some patients may wear a pendant showing their deity. This is often worn for protection and patients may not wish to remove it. Because most Chinese people do not belong to a formal religious institute or church they may not know how to answer when asked about their religion in hospital.

Some Chinese people are Christian, mainly Roman Catholic or Baptist. They follow the same beliefs and practices as other members of their church.

### Food

Food is very important in Chinese culture, particularly in its effects on physical or emotional health, and is often a considerable problem for Chinese patients in hospital. They may regard rice as an essential source of nourishment and energy and feel that a

meal is incomplete without it. Salads, sandwiches, and snack meals may not be felt to provide adequate nourishment at mealtimes.

For many Chinese people food is also an important part of healing. Depending on one's condition certain foods are beneficial or harmful; people should eat and drink what will do them good. Special herbal teas, tonics, nourishing well-boiled soups and other dishes are often eaten during illness and after childbirth. People should balance the foods they eat according to the principles of yin and yang to achieve physical and emotional harmony and strength. Some patients may be concerned that the medicines they receive counteract or are counteracted by the foods they eat.

### Practical Care

Chinese medicine is based on the principle of maintaining a natural balance or harmony within the body and a strong belief that physical and emotional health are interconnected. The principles of Chinese medicine may affect the behaviour and preferences of many Chinese patients. Chinese tradition emphasises, for example, the importance of keeping well wrapped up when ill or feverish, washing with warm water, and avoiding cold drinks with meals. People may worry that their health will be damaged if these rules are not followed. Many people also worry about the amount of blood that is taken from them for tests. They fear that the loss of so much blood will harm their health. It is important to explain why blood is being taken and the results of any tests. Most people do not object to blood transfusions.

### Family Planning

For many Chinese people language is a major barrier to using family planning services. If possible, it is important to find someone of the same sex who can explain the different methods to patients in their own language and give them the opportunity to consider the advantages and disadvantages of each.

### Birth

Birth is traditionally a matter for women only, though in Britain many Chinese husbands stay with their wives in labour to support and interpret for them. Many women will feel unable to discuss intimate or sexual matters with a male doctor or nurse.

In Chinese tradition women should rest and keep warm after childbirth and take care to avoid risking their long-term health in any way. A woman who feels that a bath may be harmful should be offered the opportunity to wash in a basin instead or possibly to have a shower. Some women prefer not to wash their hair during this period. Some avoid all cold drinks. Talk to each woman before and during the postnatal period about what she will and will not want.

Sons are often more welcome than daughters especially in conservative Chinese families. A family ceremony is usually held after one month to celebrate the birth of a child. The baby's head may be shaved.

### Care of the Dying

Members of the immediate family will usually come and sit by the dying person. Unless the service user is Christian or Buddhist there are normally no special rites or ceremonies.

Some older people from rural areas may regard death as bringing bad fortune. This may sometimes lead to them avoiding a dying person and their family.

### Last Offices

These should be carried out as usual unless the family has special wishes. Some families may try to find a traditional Chinese priest to conduct the burial though this may be difficult. The custom following death is usually cremation. White is the traditional colour of mourning.

### Post mortems

Post mortems are not prohibited, but many Chinese people find them distressing.

### Festivals

Chinese festivals are a time of great celebration and special foods. The most important is Chinese New Year in late January or February. This lasts between three and fifteen days and has social, personal and moral significance; it gives people a chance to start afresh, and signifies harmony and family reunion. Families and friends get together, presents are exchanged, often in the form of little red envelopes containing money. There are strong traditions about what should be done or avoided during this period to ensure good fortune in the coming year.

The two other festivals are the Dragon Boat festival in June or July, and the Mid Autumn festival in August or September. The precise date of all Chinese festivals varies from year to year depending on the lunar calendar.

## MUSLIM

**Note: The information below will only apply to some patients who are Muslims. Never assume. Always check everything with the service user.**

### Background

Muslims are followers of Islam, a religion or way of life, followed in many countries across the world, not only in India or Pakistan but also in North Africa, East Europe, Malaysia and many other countries as well as Britain. As with Christianity there are several different sects in the Islamic community in Britain.

### Language

Muslims of Pakistani origin may speak Punjabi or Urdu.

**DO:** remember that many people of Asian origin have been brought up in this country and speak English.

**DO:** ask what language a service user speaks and record this prominently on the care plan or notes.

**DO:** remember that people who speak some English may have some problems in a medical setting.

**DO:** remember if tired or in pain people tend to revert to their own language.

**DO:** check frequently that the service user and his/her relative has understood correctly and can tell you what has been said.

**DO NOT:** discuss sensitive issues through family members, especially children.

**It is never acceptable to use children as interpreters.**

### Diet

Practising Muslims do not consume pork or pork products. Halal meat, eaten by Muslims, has been killed using special procedures and prayers of thanks, and is cooked and served by Muslim cooks using separate utensils. Muslims do not use non-Halal meat products such as gelatine.

Pregnant and post-natal women may not eat "hot" foods e.g. red lentils, kidney beans, meat, yoghurt and highly spiced foods. They will eat "cold" foods e.g. chick peas, whole mung dahl, black-eyed beans and lightly spiced vegetables.

**DO:** ask the service user about his/her dietary observances i.e. take extra care with Vegans, Vegetarians, etc.

### Hygiene

Many Muslims prefer to wash in running water and prefer showering to bathing. Where showers are not available a service user may need to have a bowl or jug of water to tip over him/herself. After using the lavatory Muslims wash themselves with water using the left hand. If there is no tap or bidet available in the toilet cubicle a jug or bottle of water may be taken into the lavatory.

Most Muslims shave underarm and pubic hair.

**DO:** facilitate the use of running water for washing if asked.

### Religious Observances

Practising adult Muslims are required to pray five times each day, before sunrise, at noon, midway between noon and sunset, at sunset and at night. Ritual washing is carried out before praying. The seriously ill can be exempt, as can women up to forty days after childbirth, when menstruating, and those who are mentally ill.

Practising adult Muslims fast in the month of Ramadhan or Ramzan and take no food or drink between dawn and sunset. The exceptions to this are menstruating, pregnant or breast feeding women, people who are mentally ill or on a journey. The days of

Ramadhan when a Muslim does not fast have to be made up later. Elderly people in poor health may not be required to fast the whole month. During Ramadhan women may get up two or three hours before dawn to prepare a meal for the family and stay up late to clear up after the evening meal. They may try to get some sleep during the day. Medicine by mouth may be refused during the day but accepted by injection.

**DO:** ask patients whether they wish to fast during Ramadhan and what this will involve.

**DO:** obtain a prayer mat for a service user.

**DO:** ask whether the service user needs to have medication at different times from normal.

**DO:** try and make appointment at convenient times during Ramadhan.

**DO NOT:** carry out cervical smear tests during Ramadhan.

**DO NOT:** touch Muslim women as this may be perceived as offensive

### Dress

Muslim men tend to wear western dress or traditional tunic and trousers, kameez and pyjamas. A brimless hat or cap may be worn, especially when praying.

Women traditionally wear a long tunic with long or three quarter length sleeves and trousers cut very full (shalwar kameez). A long scarf is used to cover the head and breasts, and sometimes the face. Shalwar kameez are also worn at night by many people. Married women may wear glass or gold wedding bangles or wedding ring and may be reluctant to remove them, for cultural rather than religious reasons. They may also wear an amulet with words from the Holy Quran engraved on it or a small cloth or leather amulet containing words from the Quran.

**DO:** allow the service user to wear what he/she wants if at all possible.

**DO:** allow women to keep wedding bangles, amulets or other significant jewellery on if possible.

**DO:** ask how the service user feels about taking off items and discuss the need for removing jewellery sympathetically.

### Modesty

Generally a Muslim woman would not mix with men other than very close members of the family. She would be expected to keep her body and head covered in the presence of strangers and men. Even being touched as a gesture of comfort could be perceived as offensive. Many Muslim women prefer to be examined by women doctors, without the presence of men other than her husband. She would consider it immodest to expose her legs or any part of her body. Generally Muslim men would expect to cover themselves from waist to knees. Nudity may give offence. For the traditional Muslim man examination by female may make him uncomfortable and he may find it difficult and embarrassing to deal with female health workers.

**DO:** keep women patients covered as much as possible during examination.

**DO:** try and find a gown that will cover the arms and legs and does not gape open at the back.

### Birth

Muslim babies should be bathed completely immediately after the birth, usually before the child is handed to the mother. A call to prayer is whispered into the right ear and then the left ear by the father or other male relative as soon as possible after the birth, as this should be the first sound the baby hears. If no male relative is available another Muslim male chosen by the family may do it.

On the sixth or seventh day the baby's head is shaven to symbolise the removal of the impurities of birth. It also helps the hair to grow thickly. The baby's hair may be collected for burial. On the day the baby's head is shaved a name, possibly chosen by an older relative, may be given to the baby. For Muslims in Britain the name may have been chosen by a relative in Asia and the baby may not be named until he is some weeks old, or may be given a temporary name which will be changed when the chosen name arrives.

All Muslim boys are circumcised, usually within four weeks of the birth. Traditionally this is done in the first few days after birth.

Traditionally the mother would not be expected to leave the house for 40 days after the birth.

**DO:** allow time and privacy for the call to prayer if at all possible.

**DO NOT:** expect the mother to attend clinic for 40 days after the birth.

### Bereavement

Muslims believe in life after death and death as a stage to be experienced. Many believe that death is the will of Allah and should be accepted as such.

### Care of the dying:

Prayers of verses from the Holy Quran may be recited to the dying person by members of the family. Holy water and dust may be given to the dying person. The dying person may want to die with his/her face and soles of the feet towards Mecca. A member of the family may whisper the call to prayer in the ear of the dying person.

**DO:** get a contact number for the mosque to be used should a member of the family be unable to be with the service user.

### After Death

Many Muslims would prefer the body not to be touched by a non-Muslim after death. If it is essential for the body to be touched by a non-Muslim, wear disposable gloves.

**DO:** consult the family about what they would like doing and how it should be done.

**DO:** wear gloves when handling the body after death.

**DO:** treat the body the respect that would be accorded to a living service user.

**DO:** offer a private space for the family to mourn if possible.

**DO:** leave a light on with the body until it is moved.

**DO NOT:** wash the body; this will be done by the family.

**DO NOT:** not leave the body uncovered.

#### NOTE:

**Post mortem is only permitted if it is essential in law.**

**Cremation is not permitted.**

**Burial should take place as soon as possible. Pakistani people in particular may want to arrange for the body to be taken to Pakistan for burial.**

**DO:** help the family to complete the formalities as quickly as possible.

## 7.4 ADDITIONAL INFORMATION ABOUT RAMADHAN

### Fast of Ramadhan

#### What is Ramadhan?

It is the ninth month of the Islamic Calendar (Hijri) during which Muslims observe fasting between dawn and sunset daily for a duration of twenty-nine or thirty days.

Muslims are required to abstain from eating, drinking, smoking, sexual relationship, bad language and any behaviour that is unpleasant or harmful.

#### When will Ramadhan start?

The exact date of Ramadhan depends on the sighting of the Moon. The precise date follows the lunar calendar which changes to a month earlier each year. In 2007 it will be 13th of September to 11th October.

On the eve of Ramadhan the Muslim Chaplain will notify the relevant managers.

**Note: A message should be sent to the ward staff by phone, who will need to inform Muslim patients, the same evening using the list of Muslim patients observing Ramadhan (In order for them to have Sehri (also known as Suhur) - Pre Dawn Meal)**

### Who is allowed to observe Ramadhan?

Muslims only. Staff should please e-mail the hospital chaplaincy team leader (on behalf of the Muslim chaplain), with a list of the names of those participating.

### What should staff and managers be aware of during this month?

It is a holy month for Muslims. Muslim patients should if possible not be made to take water in order to give urine samples. (If samples are required they should be taken after sunset prayer). Muslim patients should be encouraged to observe the times of daily prayers.

If Muslim patients do not have alarm clocks they may need to be awoken for "Suhur" (also known as Sehri) food taking before dawn - approximately an hour before dawn/fajr.)

### What arrangements are required for Muslim patients?

- i) At tea (supper) time, each Muslim service user on the "Ramadhan list" ideally should be provided with sufficient food for three meals: one for breaking fast (a simple snack of, say, dates and water), the other for consumption as supper, and a breakfast for the next day Suhur (i.e. food that is to be consumed before dawn).
  - ii) The five daily prayers are compulsory for Muslims in good health. They are due to be performed on time. Muslim patients should be allowed time off (approx. 15 mins) for their ablution and prayers and space must be allocated in their relevant areas i.e. in their places of work, education, or healthcare.
- Note: This practice should be adopted throughout the year not only during the month of Ramadhan.**
- iii) Taraweeh Prayers - During the month of Ramadhan, Muslims are required to offer extra evening prayers. It is preferable that arrangements are in place to accommodate this worship.

**Note: Taraweeh is offered immediately after Isha'Prayer (at approximately 6.30pm)**

For more information or guidance on Islamic Issues especially Ramadhan, please refer to our Muslim Chaplain, Zahid Bhatti, via the Chaplaincy Team Leader, Derek Barnes (ext 8974.)

### Background

Ramadhan is the month of fasting when the Quran (Muslim Holy Book) was revealed to the Prophet Muhammad. For Muslims it is a special month of spiritual reflection and revitalisation, when they try to spend as much time as possible in prayer and other ritualistic exercises.

### Fasting

- During Ramadhan fasting is compulsory for all adult Muslims who are sufficiently healthy in body and/or mind; and they must refrain from drinking and eating during daylight hours.
- Fasting lasts from dawn to sunset.. This may have implications for staff and patients. If you require further information on what types of food patients may need to observe and break their fast our Imam would be pleased to offer advice.
- Although people in poor health, the very elderly, pregnant women or mothers who are breast-feeding are exempt from the obligation, some may nevertheless insist on fasting.
- As a result, the nursing and medical staff may have to discuss the administration of medicines.
- Those fasting need a meal before the break of dawn and another after sunset.

### Prayers

- Alongside the customary and obligatory prayers, which are said five times a day, there are additional prayers and other spiritual exercises, which are mostly carried out at night. In addition, during the last ten days of the fast there are further prayers and spiritual exercises to be held.
- For the purpose of prayer, water for ritual ablution may be required.
- Some patients may ask for a prayer mat, a copy of the Qur'aan or a Ramadhan prayer-timetable. (Ask your local chaplain for any of these.)

### 'Id-ul-Fitr

The end of the month is marked by the celebration of 'Id-ul-Fitr. This is one of the most important festivals in the religious calendar. It is also a great social and family occasion that begins with a compulsory congregational prayer in a mosque or any other suitable place (For contact persons refer to page 37).

### HINDU

**Note: The information below will only apply to some patients who are Hindus. Never assume. Always check everything with the service user.**

### Background

Hinduism is the main religion in India and is a complete social system as well as a set of beliefs, values and religious practices. Only by obeying the social codes and customs can a Hindu fulfil his religious duties. It has no single founding authority and no single authoritative Holy Book. There is no central authority and beliefs and practices can vary in accordance with the person's place of origin. Hindus living in England may come from India or from East Africa and the important aspects of God may vary with place of origin and the individual aims of the Hindu.

### Language

Most Hindus in Britain speak Gujarati or Hindi as a mother tongue. Hindus from Southern India may speak Hindi, Tamil, Telegu or Malayalam as a first language and may not share a common language with Hindus from North India. Hindus from East Africa may speak Gujarati, Punjabi or Hindi.

Gujarati, Hindi and Punjabi are written in different alphabets or different forms of the same alphabet. Most people who speak several Indian languages may read only one or two. This is important when giving out written material.

**DO:** remember that many Hindus have been brought up in this country and will speak English.

**DO:** ask what language the service user speaks and record this prominently on the records.

**DO:** remember that people who speak some English may have some problems in a medical setting.

**DO:** remember that if tired or in pain, people tend to revert to their original language.

**DO:** check frequently that the service user and his/her relatives have understood correctly and can tell you what has been said.

**DO NOT:** discuss sensitive issues through family members especially children.

**It is never acceptable to use children as interpreters.**

### Diet

Many Hindus in Britain follow dietary restrictions, though there is a good deal of variation. Older people, women and the more devout are more likely to follow restricted eating patterns. Many Hindus consider the taking of life as wrong and so are vegetarian.

They do not eat meat or fish products, nor eggs which are a potential source of life. Cheese made with animal rennet, as are the majority of hard English cheeses, is not usually acceptable.

Some Hindus are vegan and do not eat, drink or use animal products. They therefore eat no meat, fish, eggs, cheese or milk products.

Most vegans and vegetarians will not eat food that has been in contact with prohibited foods or been touched with utensils used for prohibited food.

**DO:** ask the service user about his/her dietary observances.

**DO:** record this in the service user's notes.

### Hygiene

Hindus set great store by personal cleanliness. All body excretions are considered polluting and most Hindus wash or shower frequently to remove impurities. They find the idea of sitting in one's own bath water distasteful, and may prefer to pour water over themselves, if a shower is not available.

Many Hindus prefer to wash with running water after using the lavatory, using the left hand only. A jug or bottle of water may be taken to the toilet for this purpose.

Some Hindus may wish to clean the nasal passages and remove any phlegm especially first thing in the morning. Handkerchiefs may be considered unhygienic but tissues can be used as an alternative.

Hindus may also wish to wash or shower before praying. Hair should be washed frequently and people may oil their hair to keep it healthy and shining. This is important as the head is thought of as the most important part of the body.

The feet are the dirtiest part of the body and shoes should not be stored in the same bag as other clothing. Holy books and religious items should not be put on the floor or near someone's feet.

**DO:** facilitate the use of running water for washing and provide a jug if asked.

### Religious Observances

Most Hindu homes will contain a small shrine where family members can worship. Devout Hindus may pray at sunrise and sunset and should always purify him/herself by washing before praying. A devout Hindu will always wash and pray in the morning before having anything to eat or drink. Some Hindus may use a mala or string of beads to aid concentration during prayers. It may be kept in a small bag and should be treated with respect.

Families may wish to perform specific ceremonies for someone who is ill, blessing them with water or tying a symbolic thread around the arm, or if it is a child, round the body.

**DO:** discuss with the service user whether he needs facilities for washing and a private space for prayers.

**DO:** treat the mala and jewellery of religious significant with respect.

**DO NOT:** put Holy Books, or a mala or religious jewellery on the bed near a service user's feet.

**DO NOT:** put articles of religious significance on the floor.

### Dress

#### Men:

Most Hindu men in Britain wear western dress outside the home. At home traditional dress of loose shirt and trousers with a drawstring may be worn. For night wear western style pyjamas are usually worn. Adult men and older boys may wear a sacred white cotton thread with three strands over the right shoulder and round the body. This should not be removed. Some men wear other jewellery, a medallion or a ring, which has religious significance. Black cotton threads may be worn on the wrist, waist or ankle. White threads may be worn round the right ankle. All these are of great significance and should not be removed.

#### Women:

Most Hindu women will wear a sari over a blouse and underskirt. The midriff may be left bare. Hindu women of Punjabi origin may wear shalwar kameez, the long tunic over loose trousers, and the long scarf, or dupatta, to cover the head and breasts. Sari or shalwar kameez may also be worn at night. Many women will receive jewellery on marriage, bracelets, rings or a mangal sutra, a brooch hung on a necklace, which is worn while her husband lives. She may also wear a bindi (red spot on forehead) to indicate she is a married woman, and sindur, a vermilion powder streak on the parting of the hair. Women may also wear other jewellery of religious significance, which should not be removed.

**DO:** allow the service user to wear what they wish in bed if at all possible.

**DO:** allow women to wear significant make-up if at all possible.

**DO NOT:** remove jewellery unless it is essential. In that case discuss the need to remove items of jewellery sympathetically with the service user and relatives.

**DO NOT:** remove religious significant jewellery from men unless absolutely necessary.

**DO NOT:** remove the white cotton thread from male patients. Take particular care of this as it should remain clean.

### Modesty

Hindu men and women should be modest about their bodies.

Hindu women traditionally cover their legs, breasts and upper arms and may find exposing their legs distressing. Gowns that have low neck lines and expose the back or legs may cause distress.

A Hindu woman may not expect to undress fully for examination but only uncover the part actually being examined.

Hindu men may expect to keep themselves covered from waist to knee even in the presence of other men.

**DO:** try and keep women patients covered as much as possible during examination.

### Birth

Traditions and ceremonies associated with the birth of a child may vary greatly between families.

Soon after the baby's birth 'OM', a symbol of the Supreme Spirit may be written on the baby's tongue in honey. The parents may wish to have the baby's horoscope read by an astrologer or priest and may need to know an exact time of birth. On the sixth day the women of the family may gather to offer congratulations to the mother and celebrate the birth. It is also the day on which Hindus traditionally believe the baby's fate is written and some parents may wrap their baby in a green cloth and leave a blank piece of paper and pen near the baby's cot.

The baby is traditionally named on the tenth day after birth, but this may be delayed if the senior member of the family lives abroad. Such a child may be given a temporary name or nickname. In some families the head of the baby is shaved at a family ceremony, usually when the baby is around 12-15 months old.

Some women will stay in the home for forty days following the birth.

**DO:** allow time and privacy for the placing of the 'OM' on the baby's tongue.

### Bereavement

Hindus believe that the purpose of human life is to communicate with God through the living an ethical and moral life. Reincarnation allows the person to continue the effort to become close to God.

### Care of the dying:

A devout Hindu may receive comfort from hymns or readings from a Hindu Holy Book especially the Bhagavad Gita. A priest may perform holy rites, tying a thread round the neck or wrist, sprinkling the service user with blessed water from the Ganges or placing a sacred leaf or holy water in the service user's mouth. (The service user may wish to die at home, as this has religious significance and great distress may be caused if the death occurs in hospital. Some devout Hindus may wish to lie on the floor to symbolise closeness to Mother Earth).

**DO:** consult the family and service user about how they would like things to be done.

**DO:** get a contact number for the local Hindu Temple for use if a family member is not available.

**DO:** enable the service user to die at home if this is what the family and service user want.

**DO NOT:** remove threads that have been placed around the service user's neck or wrist or the waist of a baby or child.

### After death:

Some families may be particular about who touches the body after death and for a non-Hindu to touch or wash the body may cause much distress. Health workers may perform routine measures wearing disposable gloves. The eyes can be closed and the limbs straightened. Jewellery, sacred threads and other religious objects should be not removed. The body should be wrapped in a plain white sheet. The body is usually washed by the family as part of the funeral rites. Women wear white when they are in mourning and widows may continue to wear white for a long time after the death of their husband.

**DO:** consult the family about what they would like doing and how it should be done.

**DO:** wrap the body in a plain white sheet.

**DO NOT:** remove jewellery or sacred threads.

**DO NOT:** remove the sacred white thread – (see Dress).

**Note: Organ transplant is permissible. Post-mortems are not forbidden but may be considered disrespectful. Adult Hindus are always cremated and this should be done as soon as possible. Close family may eat little following death until the cremation has taken place. Older women may wish to mourn in the traditional fashion, wailing and weeping to show grief.**

**DO:** help the family to complete the formalities as quickly as possible.

## SIKH PATIENTS

**Note: The information below will only apply to some patients who are Sikhs. Never assume. Always check everything with the service user.**

**Background**

Sikhs believe in one God, and in many cycles of rebirth. They respect equality of all people, regardless of caste, colour, creed or sex.

**AS AN ACT OF FAITH SIKH WEAR:-**

**Kesh** – long hair kept under a distinctive turban.

**Kangha** – small comb worn in the hair at all times.

**Kara** – steel bracelet or ring worn on the right wrist.

**Kaccha** – a special type of cotton undershorts.

**Kirpan** – a short sword or dagger.

**Language**

Sikhs in Britain may speak Punjabi. Sikhism originates in the Punjab State and many Sikhs were uprooted by the partition of the Punjab State in 1947. The Line of Pro-habitation creating Pakistan was drawn through Punjab State. Sikhs who have come to Britain from African states also speak Punjabi.

**DO:** remember that many Sikhs have been brought up in this country and will speak English.

**DO:** ask what language the service user speaks and record this prominently in the notes.

**DO:** remember that people who speak some English may have some problems in a medical setting.

**DO:** remember that if tired or in pain, people tend to revert to their original language.

**DO:** check frequently that the service user and his/her relatives have understood correctly and can tell you what has been said.

**DO NOT:** discuss sensitive issues through family members especially children.

**It is never acceptable to use children as interpreters.**

**Diet**

Traditionally Sikhs are lacto-vegetarians and so would accept milk products such as yoghurt and vegetarian cheese. Where a Sikh is not vegetarian he may not eat beef or sometimes pork. Many will not accept eggs or fish. Most Sikhs will not accept Halal meat.

**DO:** ask the service user about his/her dietary observances.

**DO:** record this in the service user notes.

**Hygiene**

Many Sikhs prefer to wash in running water and so shower rather than bath. Where showers are not available a service user may need to have a bowl or jug of water to tip over him/herself.

Sikhs will wish to wash their hands before meals.

**DO:** facilitate the use of running water for washing and provide a jug if asked.

**Religious Observances**

The first Guru, Guru Nanak was opposed to religious practices taking the form of superstitions and ritual acts. He emphasised God is a single supreme being. Later the five symbols of brotherhood were introduced, the Kesh, Kangha, Kara, Kaccha and Kirpan. Sikhs are instructed to say prayers early in the morning, at sunset and before returning to bed. Communal services at the Gurdwara, or temple, end with the sharing of Karah Parshad, a specially prepared and blessed cooked sweet. The sharing of the Karah Parshad emphasises the equity and fellowship of Sikhs. If a piece is brought to a service user in hospital it is very important that even those of special diets are allowed a small piece as the sharing of the Karah Parshad is seldom refused and can offer great spiritual benefits.

Many Sikhs will wish to wash before praying, or if this is not possible to sprinkle a few drops of water over themselves. Patients confined to bed may appreciate the provision of a small bowl of water for this purpose. Some Sikhs use a mala, a string of beads or knots to help them keep count when they pray. A mala should be treated with respect.

**DO:** discuss with the service user whether he need facilities for washing and a private space for prayers.

**DO:** allow patients to have small pieces of Karah Parshad. If the service user is on a diet the importance of limiting the amount should be discussed with relatives and patients.

**DO:** treat the Five Symbols of Brotherhood (see introduction to this section) as of fundamental importance. Sikhs may be very reluctant to remove the Kangha, Kara or Kaccha or shave the head.

**DO:** treat the mala and gutka, or prayer book, with respect.

**Dress****Men:**

In Britain men tend to wear western dress with a traditional turban and the five symbols. These are:-

**Kesh** – long hair kept under a distinctive turban.

**Kangha** – small comb worn in the hair at all times.

**Kara** – steel bracelet or ring worn on the right wrist.

**Kaccha** – a special type of cotton undershorts.

**Kirpan** – a short sword or dagger.

Traditional dress for men is the pajama or loose trousers and kurta, a long buttoned shirt with a high collar, with the five symbols of Sikhism. This is usually only worn in the house.

**Women:**

Traditional dress is the long tunic and loose trousers, salwar kameez and a long scarf to cover the head. Some women may wear the five symbols of Sikhism and wedding bangles or rings.

**Devout Sikhs: will be reluctant to remove any of the five symbols of Sikhism.**

**DO:** allow the service user to wear what he/she wants if at all possible.

**DO:** remember that the kaccha or white undershorts are an important symbolic garment to Sikhs and they may be reluctant to remove them.

**DO:** explain carefully when a procedure cannot be carried out without the removal of the kara.

**DO:** remember that wedding bangles may be as significant as a wedding ring and may be removed very reluctantly.

**Modesty**

Traditionally after puberty, Sikh men and women may mix freely or socially but usually at family functions. Both men and women are expected to be modest about their bodies.

Women are expected to cover their legs, breasts and upper arms. Gowns that have low neck lines or expose the legs or back are considered immodest. Sikhs would not expect to undress completely for examination but only expose that part actually being examined. Many women, especially older women, may prefer to be examined by a female doctor. Traditional or devout Sikhs would not expect to remove the Kaccha or white shorts completely.

**DO:** try and keep women patients covered as much as possible during examination.

**DO NOT:** expect a woman to be examined or to expose her body or legs to a male doctor without the presence of a female chaperone.

**Birth**

The birth of a baby will be greeted with rejoicing especially if the baby is a boy. Relatives will wish to visit the mother and child as soon as possible and will celebrate with the distribution of sweets. Traditionally the mother will get complete rest for forty days following the birth as she is thought to be at her weakest then. Other relatives will care for the family. The child will be named at the Gurdwara or Temple when the mother is considered well enough to go there.

**DO NOT:** expect the mother to go to a clinic for forty days.

**DO:** check that she is being cared for at home and that the family does understand the need for rest. The mother may be coping with a very heavy workload.

**Bereavement**

Sikhs believe in one God and many cycles of reincarnation. Following a good life, a Sikh may go to God or may be reborn. Death can be regarded as a step in life and an opportunity especially when death follows a long life, not necessarily an occasion of mourning.

**Care of the dying:**

A devout Sikh may wish to recite hymns from the Guru Granth Sahib (the Sikh Holy Book). If he is unable to do this a member of the family or a reader from the Sikh temple may read them. If no family member is available any practising Sikh may be asked for help.

**DO:** consult the family and service user before the service user dies about how they would like things to be done.

**DO:** get a contact number for the Sikh Temple for use if a family member is not available.

**After Death**

Generally Sikhs are not particular about being touched by non-Sikhs, and health care workers may perform routine measures. However, many Sikh families will wish to wash and lay out the body themselves. The five symbols of Sikhism should not be removed. The hair and beard should not be cut. The turban should not be removed. If the family wish to wash the body themselves the health care workers should close the eyes, straighten the body, replace the Kaccha or white undershorts and wrap the body in a plain white sheet. The body of a still-born baby or a foetus from a late miscarriage should be treated in the same way and may be given to the parents for normal funeral rites.

**DO:** consult the family about what they would like doing and how it should be done.

**DO:** wrap the body in a plain white sheet.

**DO NOT:** remove the five signs of Sikhism.

**DO NOT:** remove the turban.

**DO NOT:** leave the body uncovered.

**Note: Organ transplant is permissible. Post-mortem is disliked but accepted if it is legally necessary. Sikhs are always cremated and this should be done as soon as possible. Women may wear white as a sign of mourning. For ten days after the funeral the Guru Granth Sahib (the Holy Book) will be read in the house and friends will call to help the family through this time.**

**DO:** help the family to complete the formalities as quickly as possible.

**DO:** remember that the family will be occupied with the reading of the Guru Granth Sahib for ten days following the funeral.

### 7.5 SUMMARY AND KEY POINTS

This guide is aimed at the whole care team. It is designed as a checklist for both clinical and administrative staff within the care team in order to help ask the right questions. It is not a definitive guide to cultural expectation, social custom and religious observance. People in various professions on receiving guidance on ethnic minority issues feel that they are being 'got at' and being criticised for the way they do things. The intention of this guide is to make a positive contribution to what can be a challenging area of work.

- Ask patients about any cultural or religious practice which may be relevant to their care
- Do not make assumptions about patients on the basis of their ethnic minority group.
- There are as many differences as similarities within cultural and religious groups.
- Your service user is always the best source of information about their own culture or religion.
- Spending some time asking your service user about their culture or religion will often save time and resources at a later stage.
- There are sources of information, support and finance to assist you in providing appropriate care to patients from any ethnic minority group.

### 8.1 CHAPLAINCY SERVICE AT WEST LONDON

#### Head of Chaplaincy and Spiritual Care 01344 754720

Teams of Chaplains and other spiritual carers from a wide variety of religious backgrounds support the religious and spiritual needs of all service users and staff in the Trust. They seek to support people on their spiritual life journeys and offer religious “respect” to every person. Chaplains respond to religious and spiritual questions and may help to identify and meet the cultural needs of service users as they relate to religious practices.

Chaplaincy teams are multi-faith including team members from all major churches and faiths working together generically towards providing a broad spiritual resource for the Trust and specifically towards meeting the faith and worship needs of individuals.

Chaplains will not seek to inappropriately convert anyone to their own point of view but will seek to encourage everything which sustains the human spirit in goodness and peace.

#### St Bernard’s site Ealing: Chaplaincy Team Leader 020 8354 8974

#### Broadmoor Hospital: Chaplaincy Team Leader 01344 754669

The Broadmoor hospital has a multi-faith team of chaplains led by a Team Leader. The Christian churches are represented by Anglican, Free Church and Roman Catholic Chaplains. There is an Imam for Muslim patients and a Buddhist Monk both of whom have full access to the secure environment of the hospital. A Hindu priest visits regularly and visitors from other faith networks are involved as appropriate.

The hospital has a beautiful Christian chapel – part of Broadmoor Hospital’s Victorian legacy - which is used for a variety of styles of worship each Sunday and on other holy days.

There is a small dedicated mosque for Friday prayers and other Muslim worship times and also a Buddhist meditation garden within the grounds. A multi-faith room has been established in a recently opened new unit in The Paddock Unit.

A great variety of worship occasions are offered, both in these dedicated spaces and in ward areas.

Patients can contact chaplains when they visit wards, by dedicated internal phone line or by letter and patients can ask a member of staff to make contact on their behalf.

#### Hounslow Service: Contact number 020 8565 5447

The spiritual and worship needs of all service users and staff at the Lakeside Unit and associated services are met by the team of multi-faith chaplains attached to the West Middlesex Hospital. This provision is by a Service Level Agreement monitored by the Head of Chaplaincy and reviewed annually.

#### Hammersmith and Fulham Service : Contact: number 01344 754720 or 020 8354 8974

The spiritual and worship needs of service users and staff at the Charing Cross Unit and associated services are currently met by chaplaincy team members from the Ealing site.

#### Church of England Parishes

St John Southall (whose parish boundaries include St Bernard’s Hospital)  
Church Road, Southall  
Vicar: phone 020 8574 2055

St Mellitus Hanwell (the nearest church physically)  
Church Road, Hanwell  
Vicar: phone 020 8567 6535  
Or contact chaplaincy team leader, a C of E priest.

St. Richards Church of England  
35 Forge Lane, Feltham, TW13 6UN  
phone 020 8898 0241

#### Methodist Church

Hanwell Methodist Church  
Church Road  
Hanwell  
Minister: phone 8567 9360

Hounslow Methodist Church  
Bell Rd  
Hounslow, TW3 3PB  
Phone 020 8570 0200

#### Other Free Churches

Via Free Church Council: 0220 7329 3921  
Or through Iris Ovenden, Free Church visitor: 020 8578 5062

#### Roman Catholic Churches

Our Lady and Joseph, Hanwell Broadway  
Parish Priest: phone 020 8567 4056

St Peter and St Paul’s  
Cambourne Ave  
West Ealing  
Parish Priest: (also RC chaplain to the hospital)  
Phone: 020 8567 5421

St. Lawrences Roman Catholic Church  
Presbytery The Green, High St  
Feltham, TW13 4AF  
020 8890 2367  
saintlawrences.co.uk  
Holy Cross  
Ashington Road, Parson Green, London, SW6  
Telephone: 020 7736 1068

#### Jehovah’s Witness [as on sheet]

#### Judaism [as on sheet]

### **Muslim: Abu Bakr Mosque, Southall Broadway (opposite McDonald's)**

Chaplaincy Imam: Zahid Bhatti: contact through Chaplaincy Team Leader, or through Abu Bakr as above  
[Seventh Day Adventist – as on sheet]

Hounslow Jamia Mosque & Islamic Centre  
Wellington Rd South, Hounslow, TW4 5JH  
020 8570 0938

### **Sikh**

Sri Guru Singh Sabha, Havelock Road, Southall  
General Secretary: Dr Garcha, phone 020 8574 8901

Network of Sikh Organisations UK  
Highlands House The Broadway, London, SW19 1NE  
020 8544 8037

### **Hindu**

Vishwa Hindu Mandir, Lady Margaret Road, Southall  
Contact: Mr B S Gupta, 020 8574 8845 or 020 8867 9660

### **Buddhist**

London Buddhist Vihara, The Avenue, Chiswick  
Office: 020 8995 9493  
Southall: 12 Featherstone Road, Southall  
General Secretary: H L Virdee, phone 020 8571 5131

For all other faith communities or Christian denominations, enquire through the Hospital Chaplaincy Team Lead.










8.2 RELIGIOUS FESTIVAL AND CELEBRATIONS

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
<b>BAHA'I</b>			21 Naw-Ruz	21 Apr-2 May Ridvan	23 Anniversary of the declaration of the Bab  29 Anniversary of the ascension of Bahauallah	9 Anniversary of the Martyrdom of the Bab			20 Anniversary of the birth of the Bab	12 Anniversary of the birth of Bahauallah			
<b>BUDDHIST</b>	16 Shinran memorial day  28 Honen memorial day	15 Pariniravana	Losar  5 Magha Pujja	8 Hanamatsuri	May – June Saga Dawa	2 Veskha Pujja Wesak/Buddha Day	July – Aug Chokhor  31 Aslha Pujja			28 Pavarana  29 Oct – 26 Nov Kathina Day		8 Bodhi Day	
<b>CHINESE</b>	22 Yuan Tan	5 Teng Cheh		4 Ch'ing Ming Festival of Pure Brightness		22 Dragon Boat Festival				Chung Yuan			
<b>CHRISTIAN</b>	1 Naming of Jesus  6 Epiphany (Eastern Orthodox Amenian & Rastafarian  18-25 Week of Prayer for Unity	2 Candlemas  23 1st Day of Lent (Orthodox)  24 Shrove Tues  25 Ash Weds  25 Feb-10 Apr Lent	5 The Women's World Day of Prayer  19 St Joseph  21 Mothering Sunday  25 Blessed Virgin Day  28 Passion Sun.	4 Palm Sunday  4-11 Holy Week  8 Maundy Thurs  9 Good Friday  10 Holy Sat  11 Easter Day/ Pascha (Othodox)	9-15 Chirstian Aid Week  20 Ascension Day  30 Pentecost	10 Corpus Christi		6 Transfiguration  15 The Assumption	Sept/Oct Harvest Festival	17-24 Inter Faith Week of Prayer for World Peace	1 All Saints Day  2 All Soul's Day  14 Remembrance Sunday  25 Advent Sunday	8 Immaculate Conception  24 Christmas Eve  25 Christmas Day  26 Boxing Day	
<b>HINDU</b>	14 Makar Sankrant (Lohr)  26 Vasanta Pancham/ Saraswati Puja	19 Mahashvratri	5 Birthday of Sri Ramakrishna  6 Holi  21 Varsha- Pratipada (chaitra)  30 Rama Navami	5 Hanuman Jayanti		20 Ratha Yatra		29 Raksha Bandhan	6 Janamashmtmi  18 Ganesh Chaturthi	14-22 Navaratri/ Durga Puja/ Dusserah	12 Divali (Deepavali)		

Chart represents the appropriate time of year of Religious Festivals and Celebrations

## 8 RELIGIONS AND SYMBOLS

### 8.2 RELIGIOUS FESTIVAL AND CELEBRATIONS

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
<b>MUSLIM</b>		<b>14</b> Eid-UI-Adha (Festival of Sacrifice)  <b>21</b> Al-Hijra (New Year's Day)	<b>1</b> Ashura		<b>2</b> The Prophet Muhammad's Birthday (20 Aug 570 ce)				<b>14</b> The Prophet's Night Journey to Jerusalem & Ascension Ramadhan	<b>5</b> Lailat-UI-Bara'h (Night of Forgiveness)  <b>15 Oct-14 Nov</b>	<b>12</b> Lailat-UI-Qadr  <b>14</b> Eid-UI-Ftr		
<b>JAIN</b>				<b>2</b> Mahavira Jayanti					<b>11</b> Paryushana-Parva		<b>12</b> Divali <b>13</b> New Year		
<b>JAPANESE</b>	<b>1-3</b> Ganjitsu	<b>3</b> Setsubun/ Bean Scattering	<b>20</b> Shunbun No Hi (Higan)	<b>8</b> Hanamatsuri			<b>13-15</b> -Bon	<b>13-15</b> -Bon	<b>23</b> Shubun No Hi (Higan)		<b>15</b> Shici-Go-San	<b>31</b> Omisoka	
<b>JEWISH</b>		<b>7</b> Tu B'Shevat	<b>7</b> Purim	<b>6-13</b> Passover (Pesach)  <b>18</b> Yom Ha-Shoah  <b>26</b> Yom Ha'atzma'ut	<b>9</b> Lag B'omer  <b>26-27</b> Shavuot		<b>26</b> Tisha B'av		<b>16-17</b> Rosh Hashanah  <b>25</b> Yom Kippur  30 Sept-8 Oct Sukkot	<b>8</b> Simchat Torah		<b>8-15</b> Hanukah	
<b>RASTAFARIAN</b>	<b>6/7</b> Christmas						<b>23</b> Birthday of Haile Selassie		<b>11</b> Ethiopian New Year's Day		<b>2</b> Anniversary of the Crowning of Haile Selassie I		
	<b>5</b> Birthday of Guru Gobind Singh		<b>7</b> Hola Mahalla	<b>14</b> Vaisakhi (Baisakhi)		<b>16</b> Martyrdom of Guru Arjan			*Asu Da Mela		<b>12</b> Divali		
	<b>26</b> Basant										<b>24</b> Martyrdom of Guru Tegh Bahadur	<b>26</b> Birthday of Guru Nanak	
<b>ZOROASTRIAN (Parsee)</b>			<b>21</b> Jamshedi Noruz <b>26</b> Khordad Sal (Fasli)			<b>27</b> Zartusht-No-Diso (Shenshai)			<b>10-19</b> Farvardigan <b>20</b> No Ruz <b>25</b> Khordad Sal (Shenshai)			<b>26</b> Zartusht-No-Diso (Fasli)	
<b>SOME OTHER NOTABLE DATES</b>	<b>1</b> New Year's Day/Hogmanay  <b>27</b> Holocaust Day	<b>2</b> Imbolc	<b>1</b> St David's Day  <b>17</b> St Patrick's Day  <b>21</b> Spring Equinox Ostara	<b>23</b> St George's Day		<b>21</b> Midsummer Solstice		<b>1</b> Lughnasdh (Lammas)	<b>21</b> Autumn Equinox Mabon	<b>17-24</b> Inter Faith Week of Prayer for World Peace  <b>31</b> Samhain	<b>14</b> Remembrance Sunday	<b>21</b> Yule  <b>26</b> Boxing Day <b>30</b> St Andrew's Day <b>31</b> Hogmanay	

Please note, dates for some festivals change

Many viewpoints. One vision.

### 9.1 TRANSLATION AND INTERPRETING ARRANGEMENT

There is a phrasebook in 29 different languages of commonly used 'words, terms and phrases'.

All wards and department have access to this phrasebook.

These terms and phrases are also provided in English.

Within Ealing there are other agencies such as the London Borough of Ealing Language Service and the Community Interpreting & Translation Access Services (C.I.T.A.S) providing language translation service.

Staff communicating effectively with patients is critical to service delivery, likewise it is important to the welfare of patients if they are able to communicate with staff and other patients.

In 2004-2005, there have been requests for interpreting services for over 27 different languages, with the top 5 being Farsi, Somali, Arabic, Tamil and Punjabi.

As the requests for translation of various documents increase, the Trust will consider the relevant documents to be translated and the appropriate signage to be displayed.

For further information on Translation & Interpreting services within the Trust, please contact.

**Patient Services Manager**

**Tel: 020 8354 8137.**

### 9.2 THE TRANSLATION OF BESPOKE PATIENT INFORMATION LEAFLETS (PILS) ON MEDICINES COMMONLY USED IN PSYCHIATRY INTO TEN LANGUAGES

Central and North West London with partner Trusts' which includes West London Mental Health has commissioned the translation of a series of 32 PILs approved by the Plain English Campaign, and reviewed by user groups throughout CNWL on commonly prescribed psychotropic medicines, including those used off-label into the following languages:

French

Albanian

Somali

Arabic

Bengali

Gujarati

Urdu

Farsi

Kurdish

Tamil

After two years the existing version will be updated and any new medicines will be added. Under this arrangement Central and North West London can sell to other organisations and re-invest any profit in translation into other languages not included in the top 10.

WLMHT have requested Polish, Punjabi, Croatian/Serbia based on our current ethnic minority translation needs in sectors of the Trust, however this may change over time to reflect any changes in the Trust ethnic minority and translation needs.

Leaflets will be available on a CD Rom from which it can be printed with a link to the intranet. A flyer and order form will be made available.

This is supported by the Trust as a right and in light of the requirement in both NSFs and NICE that patients be given written information regarding their treatments, which is also a criterion for Central and North West London compliance.

For further information or queries you can contact the Chief Pharmacist at West London Mental Health NHS Trust on 020 8354 8739 or for an appointment ring 020 8354 8924.

## 10.2 DIRECTORY OF RELIGIOUS / SPIRITUAL COMMUNITY GROUPS

## USEFUL LOCAL CHURCHES &amp; CONTACT LIST

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>Buddhism – Other Traditions</b> The Buddhist Society, 58 Eccleston Square, London SW1 1PH		
<b>Buddhism – Thervada Tradition</b> Buddhist Temple, Chiswick, London	Tel: 020 8995 9493	
<b>Christian Scientist Maidenhead Christian</b> Marlow Rd SL6 1AA	(01628) 776817	
<b>(Church of England)</b>	Tel: 020 8578 5062	Iris Oveden – Christian Leader/ Co-ordinator
<b>The Free Church Federal Council's Churches Together in England</b>	Tel: 020 7332 8230	Can provide contact numbers for most major Christian denominations including some black led churches and other ethnic communities.
<b>Greek Orthodox Church of St. Nicholas</b> Godolphin Rd, London 12 8JW	Tel: 020 8743 3968	
<b>Vishwa Hindu Kendra Temple</b> 2 Lady Margaret Rd Southall, UB1 2RA	Tel: 020 8574 3870	
<b>Jair</b> Ghar Derasar 557 Kenton Road , Kenton Harrow Middlesex		
<b>The Liberal Jewish Synagogue</b> 28 St. Johns Wood Rd, London, NW8 7HA	Tel: 020 7286 5181	

<b>Muslim</b> Islamic Educational & Recreational Institute 165-169 The Broadway Southall Middlesex UB1 1SL.	Tel: 020 8571 6839	A list of 10 volunteers has been provided. They all have experience in dealing with patients and are all sufficiently knowledgeable in Islamic principles, particularly as relates to illness. (I.S.H Bukhari, A.S Shahid,H. Khan, Z. Babar, T. Khan, N. Salyani, T. Sheikh, K. Shazada, K. Khan and S. Kausar.)
<b>Pagan</b>		Please refer to the individual service user for his or her higher order or adviser.
<b>Rastafarian</b>	www.rasta-man.co.uk	Not organised on a national basis. Please refer to the individual service user, your local Race, Equality Council or Community Unit.
ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>Seventh Day Adventist</b> 58-60 Greenford Avenue Hanwell London W7.	Tel: 020 8923 1874 (home) 07940 773841 (mobile)	Serves Greenford and Hanwell congregation Pastor Eddie Hypolite.
<b>Seventh Day Adventist</b> 259 Lillie Road Fulham Road London SW6		Serves the Hammersmith and Fulham Congregation
<b>Sikh</b> Sri Guru Singh Sabha Havelock Road Southall UB2 4NP	Tel: 020 8574 4311	
<b>St Peter &amp; St Paul's (Roman Catholic)</b> 38 Cambourne Avenue West Ealing Northfields Avenue London W13 9QZ	Tel: 020 8567 5421	Father Patrick Quinn – Parish Priest Available on Mondays pm or Fridays am

## 10.3 USEFUL COMMUNITY CONTACTS

## BERKSHIRE (BROADMOOR HOSPITAL) HEALTH PROFESSIONAL GROUPS WITH AN INTEREST IN ETHNIC MINORITY HEALTH

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>West Berkshire:</b> Reading Primary Care Trust 57-59 Bath Road Reading	Tel: 01189 503094	Multi-cultural Health Forum (Reading), for community members and health professionals. Ravinder Dhesi
<b>The Ethnicity Focus Group (Reading)</b> The University Medical Practice, Aelethea Hill, Health Visitor 9 Northcourt Avenue Reading RG2 7HE	Tel: 01189 869421	for health visitors and any other staff within health.
<b>East Berkshire:</b> Counselling for alcohol and drug misuse Cascade Oak House Upton Hospital Albert Street Slough SL1 2BJ	Tel: 01753 821789	Radhay Jugdoyal, Service Manager
<b>Mind in Ealing &amp; Hounslow</b> The Priory Centre Acton Lane London W3 8NY	Tel: 020 8992 0303 E: info@mind-eh.org	Information Officer: Bob Harari
<b>Mind in Hammersmith &amp; Fulham</b> 153 Hammersmith Road London W14 0QL	www.hsmind.org.uk	Director: Christina East

## 10.4 LOCAL VOLUNTARY AGENCY CONTACTS

## USEFUL CONTACTS

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>Feltham Open Door For mentally-ill service users</b> 1/3 Hanworth Road Feltham TW13 5AF	Tel: 020 8844 0309	Manager: Fran Halford
<b>TASHA Foundation For mentally-ill service users/substance abusers</b> Alexandra House 241 High St Brentford Middx TW8 ONE	Tel: 020 8569 9933	CEO: Chi Maher
<b>Asian Family Counselling Services</b> Suite 51 Windmill Place 2-4 Windmill Lane Southall Middx UB2 4NJ	Tel: 020 8857 3933	Manager: Kulbir Randhawa
<b>Neighbourly Care Southall</b> 32 Featherstone Road Southall Middx UB2 5AQ	Tel: 020 8571 1929 Manager: Andrew Buddle	For all members of community
<b>Sickle Cell Society</b> 54 Station Road London, NW10 4UA	Tel: 020 8961 7795 info@sickle cellsociety.org	

## 10.5 LOCAL MINORITY ETHNIC ORGANISATIONS

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>Hounslow Afro-Caribbean Association</b> <b>Runs a club for black elderly plus other services</b> The Pyramid Centre 1st Floor Brentford Library Boston Manor Road Brentford Middx TW8 8DY	Tel: 020 8569 8723	Director: Brenda Baptiste
<b>United Anglo Caribbean Society</b> 23 Hanbury Road London W3 8RF	Tel: 020 8993 3306	Provides luncheon club for black elderly
<b>Ethnic Alcohol Counselling in Hounslow</b> 4 Hanworth Road Hounslow Middx TW3 1UA	Tel: 020 8577 6059 info@each-e.org.uk	Provides advice, information and counselling to ethnic minorities Director: Sandra Machado
<b>ASAT</b> <b>Provides support to refugees</b> Wamo Trading Centre Unit 9 97 Western Road Southall Middx UB2 5HN	Tel: 020 8574 5600	Mr H H Hassan
<b>Kwazen Books – Zebulin</b>	Tel: 07956 507901 www.kwazen.co.uk	Black books of African heritage, cards, art culture and advice
<b>London Central Mosque</b> Regents Lodge 146 Park Road St John's Wood London NW8 7RG	Tel: 020 7724 3363	

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>Gurdwara Sri Gugu Singh Sabha</b> Sikh Temple 2-8 Park Avenue Southall UB1 3AG	Tel: 020 8574 8901	
<b>Rivercourt Methodist Church</b> King St Hammersmith W6		
<b>Crowthorne Methodist Church</b> Dukes Ride Crowthorne Berkshire RG45 6ND		
<b>Ayar Ata Hammersmith &amp; Fulham Refugee Forum</b> 142 – 144 King Street London W6 0QU	Tel: 020 8742 6166  E-mail: refugeeforum@hflaw.org.uk	
<b>Ige Abdi Hillingdon Refugee Forum</b> Hayes Gate House Uxbridge Middx UB4 0JD	Tel: 020 8561 6503  E-Mail: igekos@yahoo.co.uk	
<b>Hassan Isse Hounslow Refugee Forum</b> Voluntary Action Centre School Road Hounslow TW3 1QZ	Tel: 020 8577 3226  E-Mail: hassanisse@aol.com	

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>Mohammed Mohammed Harrow Refugee Forum</b> 27 Northolt Road South Harrow Middx HA2 0LH	Tel: 020 8422 8367	
<b>Rumwold Leigh Ealing refugee Forum</b> C/O Acton Town Hall Winchester Street Acton W3 6NE	Tel: 020 8992 4612	
<b>Najah Deria</b> 4th Floor (Suite 18) Chancel House Neasden Lane London NW10 2TU	Tel: 020 8214 1434 E-Mail: najah8@hotmail.com	
<b>(REAP) Refugees in Effective and Active Partnership</b> Key House Room 9, 2nd Floor Hayes Gate House Uxbridge Road Hayes Middlesex UB4 0JN	Tel: 020 8561 2400	
<b>DJED Books – Rudy / Thomas</b> Unit L32/L34 Shepherds Bush Market W12 8LF		Black books, music
<b>Play Faye Toys – Joan</b> 20 High Street Harlesden NW10		
<b>Newham Books – Vivian</b>	Tel 020 8552 9993	

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>ASHRA</b> Asian Carers Project 112 The Grove Southall Midd UB2 4BQ	Tel: 020 8571 7928	Respite Care specifically for Asian women who face isolation. Caters for all Asian speaking languages for ages 65 and over.
<b>ACCESS &amp; Information</b>	Tel:0208 814 2641	Provide advice on welfare In Mental Health services benefit. Service is provided for people with mental health Problems in the borough
<b>Asian Women Centre</b> 86 Hiberian Road Hounslow TW3 3RN	Tel:020 8577 6325	
<b>The Muslims Women's Association AHMADIYYA</b> 327 Martingdale Road Hounslow TW4 7HG	Tel: 020 8577 0221	
<b>Black Women's Mental Health Project</b> Park Royal Business Centre Park Royal House Unit 27 9-17 Park Royal Road London NW10 7LQ	Tel: 020 8961 6324 bwmhp@yahoo.com	Enabling black women who have experienced mental health problems to speak for themselves regarding the care and services they need to regain their own means of coping.

**11.1 CULTURAL & DIVERSITY AUDIT CHECKLIST**

Use this checklist as a general guide to assist you in culturally assessing how sensitive the service you are providing is to your service user group. It should also be used when you are considering clinical service audit issues on your ward, service or department.

Do not simply use it as a tick box, it should enable you to consider other cultural/diversity areas to be addressed.

**CULTURAL & DIVERSITY CHECKLIST FOR AUDIT**

Question	Yes	No	Comment
1 How much of your patients cultural needs are reflected in his/her care?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Are your patients able to purchase ethnic minority foods of their choice and cook their own meals?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Do you audit service user satisfaction of the foods available? (i.e. halal, kosher, during ramadhan?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Do you act upon the outcome of the findings?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Have you identified the needs of the following groups: non-English speakers, refugees and asylum seekers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Is there a range of information in appropriate languages that is spoken by your service user group?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Do you support service users to obtain appropriate access to interpreting services?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Do you audit that patient's Spiritual needs are met? (e.g. are special occasions/events celebrated?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Are you creative in your service at keeping patients from ethnic minority backgrounds engaged?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Do you encourage patients to maintain their cultural values by celebrating their cultural heritage?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Does the clinical team consult patients and get them involved so as to identify cultural needs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 Have you consulted patients relative or local community to assist in his/her development?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Have you involved the Trust Diversity Unit or contacted an ethnic minority organisation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 Does your ward have information available to patients on how to obtain personal self care products?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 Do you have books, newspapers for minority groups?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 Do patients have access to black hairdresser or unisex hairdressing service?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 Are service users kept informed of relevant Trust information	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 Do you consult with patients through various means?	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 Have you considered whether the Diversity Unit can assist you with your query?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**11.2 RACE EQUALITY TEMPLATE CHECKLIST**

This checklist is to be used when considering or developing a new function, service, policy or procedure.

The Race Relations (Amendment) Act 2000 requires West London MH NHS Trust (WLMHT) to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Promote good race relations between people of different groups

This checklist is a guide for those responsible for developing new functions, services and or policies to ensure that race equality is positively considered as early as possible at all levels in the process.

**RACE EQUALITY TEMPLATE CHECKLIST**

Question	Yes	No	Comment
1 Does this function or policy promote race equality?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Is there a possibility that this function or policy could produce an adverse impact to the promotion of race equality?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Does the function or policy influence relationships between different ethnic minority groups?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Could some ethnic minority groups be affected differently? (i.e non-English speakers or refugees and asylum seekers?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Is there information or evidence that different ethnic minority groups are being affected differently by the proposed function, service or policy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Does this have adverse consequences?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Can the impact be avoided?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Could it be unlawful?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Can it be justified?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 What alternative ways are the to achieve the service, policy or function without the adverse impact?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Have you consulted with partner organisations on this development?	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Question

- 12 Have you considered consultation with ethnic minority organisations?
- 13 Have you consulted the Diversity and Equal Opportunity Steering group within your organisation?
- 14 Have you consulted your local NHS BME staff network? eg. Ealing, Hammersmith and Fulham and Hounslow

West London Mental Health 

Yes / No / Comment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 11.3 LAMINATED CARD OF SERVICE USER ETHNIC MINORITY GROUP CODES

## RIO Ethnicity Data (2006)

West London Mental Health NHS Trust in partnership with Ealing, Hammersmith & Fulham and Hounslow Social Services is committed to equal opportunities both as providers of health and social care and as employers.

In order for the service to best meet your need, we need you to identify from the list provided below, which group best describes you? This card is also available in the following Farsi, Somali, Tamil, Punjabi, Arabic and Albanian. If you would like a card in any of these or other languages please ask.

Only you can decide how you see your 'ethnic minority group'.

Generally, however, an ethnic minority group is a group of people who share certain characteristics – such as a shared history, language, culture, religion, skin colour and / or family's country of origin.

## RIO ETHNICITY DATA (2006)

NONE	ASIAN OR ASIAN BRITISH SRI LANKAN	MIXED - CHINESE & WHITE	WHITE - BOSNIAN
ANY OTHER GROUP	ASIAN OR ASIAN BRITISH - TAMIL	MIXED – OTHER / UNSPECIFIED	WHITE - BRITISH
ASIAN OR - ASIAN BRITISH ANY OTHER BACKGROUND	BLACK OR BLACK BRITISH - ANY OTHER BACKGROUND	MIXED - WHITE & ASIAN	WHITE - CORNISH
ASIAN OR ASIAN BRITISH - BANGLADESHI	BLACK OR BLACK BRITISH - BRITISH	MIXED - WHITE & BLACK AFRICAN	WHITE - CROATIAN
ASIAN OR ASIAN BRITISH - BRITISH	BLACK OR BLACK BRITISH - CARIBBEAN	MIXED - WHITE & BLACK CARIBBEAN	WHITE - CYPRIOT (PART NOT STATED)
ASIAN OR ASIAN BRITISH - CARIBBEAN ASIAN	BLACK OR BLACK BRITISH - MIXED	NOT STATED - CLIENT REFUSED	WHITE - ENGLISH
ASIAN OR - ASIAN BRITISH EAST AFRICAN ASIAN	BLACK OR BLACK BRITISH - NIGERIAN	NOT STATED NOT REQUESTED	WHITE - GREEK
ASIAN OR ASIAN BRITISH - INDIAN UNSPECIFIED	BLACK OR BLACK BRITISH - OTHER / UNSPECIFIED	OTHER ETHNIC GROUPS – ANY OTHER GROUP	WHITE - GREEK CYPRIOT
ASIAN OR ASIAN BRITISH - KASHMIRI	BLACK OR BLACK BRITISH – SOMALI	OTHER ETHNIC GROUPS - CHINESE	WHITE - GYPSY / ROMANY
ASIAN OR ASIAN BRITISH – MIXED ASIAN	MIXED - ANY OTHER BACKGROUND	OTHER ETHNIC GROUPS - FILIPINO	WHITE - IRISH
ASIAN OR ASIAN BRITISH - OTHER / UNSPECIFIED	MIXED - ASIAN & CHINESE	OTHER ETHNIC GROUPS - JAPANESE	WHITE - IRISH TRAVELLER
ASIAN OR ASIAN BRITISH - PAKISTANI	MIXED - BLACK & ASIAN	OTHER ETHNIC GROUPS - VIETNAMESE	WHITE - ITALIAN
ASIAN OR ASIAN BRITISH - PUNJABI	MIXED - BLACK & CHINESE	WHITE - ALBANIAN	WHITE - KOSOVAN
ASIAN OR ASIAN BRITISH - SINHALESE	MIXED - BLACK & WHITE	WHITE-FORMER REPUBLICS OF USSR	WHITE - MIXED WHITE
WHITE - NORTHERN IRISH	WHITE - SERBIAN		
WHITE - OTHER EUROPEAN	WHITE - TRAVELLER		
WHITE - OTHER UNSPECIFIED	WHITE - TURKISH		
WHITE - POLISH	WHITE - TURKISH CYPRIOT		
WHITE - SCOTTISH	WHITE - WELSH		

11.4 ETHNIC MINORITY MONITORING LEAFLET  
SERVICE USER / STAFF QUESTIONS ANSWERED

## Why are we collecting this information?

An information sheet should be offered to the service user explaining the following reasons for collecting their ethnic minority group:

- To identify who is currently using our services and whether those services are accessible to people from different ethnic minority groups.
- To check whether any particular groups are over-or under-represented within any part of the services offered.
- To help identify patterns of illness and need among different ethnic minority groups.
- To help guide provision for the special health needs of different ethnic minority groups.
- To stimulate and guide staff awareness of, and response to, the varied customs, beliefs and needs of different ethnic minority groups.

## Why are service users being asked to classify themselves?

- It is important ethically that patients select the ethnic minority group classification to which they feel they belong to.
- It is not always obvious which ethnic minority group a particular individual belongs to. Thus, if staff were asked to respond on behalf of the service user, it could lead to a number of patients being incorrectly classified.
- Not all registration forms are completed in the presence of a staff member. Thus, for consistency it is better that the service user responds to the ethnic minority group in question.

## Why these particular ethnic minority groups?

- These classifications are based on the ethnic minority group categories used in the 2001 Census, allowing comparability with Census data.
- The classification used in the Census question is the result of many tests and lengthy consultations with representatives from ethnic minority groups, the Commissions for Racial Equality, Community Relations Officers and local authorities.
- From April 2001, all patients using the health service will have been asked for their ethnic minority group in line with this new classification. This information will be recorded and the codes standardised to make data collection consistent.

## Who has access to this information?

- Information on an individual's ethnic minority group is STRICTLY CONFIDENTIAL.
- Access to this information will be restricted to staff involved in the care of patients.
- Only statistical data will be used in the planning and development of services.

### Problems that may be encountered

#### What if the service user is a child or the service user is not able to respond?

- A near relative should be asked to provide this information.
- When a near relative or friend is not available, this will be marked on the form and the matter will be raised again if and when appropriate.
- It should be clearly identified on the form whether the response was given by the service user, a close relative or friend.

#### What if the service user can't read?

- The ethnic minority group question should be read to the service user, including the complete list of classifications.
- The service user should then indicate the ethnic minority group category to which they feel they belong.
- This category should then be ticked and, if the category ticked requires it, a written description in the space provided.

#### What if the service user does not understand English?

- A prompt card (if available) should be offered to the service user to read and indicate the ethnic minority group category to which they feel they belong and this should be recorded on the form. If there is no prompt card available in the necessary language or the service user cannot read, or they indicate an ethnic minority group that requires a further description, then the services of an interpreter should be requested.
- If there are no interpreters available then the close relative or friend should be asked to act as an interpreter (only for this purpose).

#### What if the service user does not understand the ethnic minority group question?

- Firstly, it is important that the service user knows that everyone has an ethnic minority group, and so can answer this question. Also, there is no clear definition of 'Ethnicity', but it includes a mixture of culture, geographic origin, language, religion and ancestry.
- The patient's ethnic minority group is to be determined by the particular ethnic minority group that they feel they belong to.
- If the service user does not feel they belong to any of the listed categories they should indicate/tick the 'ethnic minority group not covered above' and describe their ancestry.

#### What if the service user indicates they belong to two ethnic minority group categories?

- This should be accepted as their response to this question
- The service user will be coded as if they are from a mixed ethnic minority group

#### What if the service user leaves the question unanswered?

- The service user should be asked if they have any problems in answering the question.
- Any subsequent queries that the service user may have should be answered by the member of staff involved.
- If the member of staff involved cannot answer the patient's problem, the query should be referred to the member of staff responsible for the collection of the ethnic minority group information.

#### What if the service user has doubts as to which ethnic minority group they belong?

- They should tick the 'any other ethnic minority group' as well as describe or state their ethnic minority background.

#### What if the service user refuses to answer the question?

- If the service user clearly indicates that they do not wish to respond to this question, this should be stated somewhere on the form.
- The proportion of people refusing to register their ethnic minority group will be monitored as an indicator of the acceptability and effectiveness of ethnic minority monitoring. London Regional Office (LRO) completion target is 95% with a maximum of 5% coded as missing or not given.

**11.5 EIGHT STEPS IN RECORDING SERVICE USER ETHNIC MINORITY GROUP**

1. Deal with the service user's immediate concerns first.
2. Introduce the procedure with the following preamble:  
 "We would like to make sure that patients from all backgrounds are getting the best from our services. We are therefore asking all patients to fill in this form. The information will be treated in the strictest confidence".
3. Hand the service user the laminated FLASH card and ask them if they would describe their ethnic minority group by indicating the appropriate box.
4. Allow them time to read the card and to indicate the appropriate box.
5. You may need to assist the patients by explaining the categories or answering any other queries.
6. If the service user thinks they do not fit the options, ask them to introduce the other category and give their own explanation.
7. Thank the service user for their assistance.
8. Refer any questions or concerns, which you are unable to deal with to your manager, ethnicity lead officer or the Diversity Unit.

**11.6 Translation and Interpreting Information****Booking Form**

Request made by: \_\_\_\_\_ (Staff member)

Profession / Position: \_\_\_\_\_

Interpreting Requested For: \_\_\_\_\_ (Name of Patient)

Ward / Department: \_\_\_\_\_

Tel / Ext: \_\_\_\_\_

Gender: Male  Female  Other  \_\_\_\_\_ (please tick)

Language Requested (Please tick box):

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Farsi (both Iranian & Afghan | <input type="checkbox"/> 6. Albanian   |
| <input type="checkbox"/> 2. Somali                       | <input type="checkbox"/> 7. Kurdish    |
| <input type="checkbox"/> 3. Punjabi                      | <input type="checkbox"/> 8. Portuguese |
| <input type="checkbox"/> 4. Arabic                       | <input type="checkbox"/> 9. Urdu       |
| <input type="checkbox"/> 5. Tamil                        | <input type="checkbox"/> 10. Pashtu    |

11. Other Language \_\_\_\_\_ (please state)

12: Other service requested:  Braille  Sign Language Translation \_\_\_\_\_ (which language)Priority of request:  High  Medium  Low (please tick)

Date of request: \_\_\_\_\_

The templates on pages 73 and 74 are sample forms that service directorates may wish to use to assist them with requiring translation and interpreting services.

Staff Directory and Language Template

NAME OF STAFF	LANGUAGES SPOKEN (please ✓ column)	PLEASE STATE ANY OTHER LANGUAGE(S) YOU SPEAK THAT IS NOT INCLUDED IN THE LIST	WHICH LANGUAGE(S) DO YOU PREFER TO INTERPRET IN
1. Farsi (Iranian & Afghan)			
2. Somali			
3. Punjabi			
4. Arabic			
5. Tamil			
6. Albanian			
7. Kurdish			
8. Portuguese			
9. Urdu			
10. Pashtu			
11. Spanish			
12. Armenian			
13. Russian			
14. Vietnamese			
15. Bengali			
16. Kosovan			
17. Sylheti			
18. Tigrean			
19. Other			

Are you available to interpret  Yes  No (Please Circle)

If you are available to be an interpreter, please state the times when you are available and send your contact details with this form to Patient Service Department:

Profession: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone No or ext: \_\_\_\_\_ Email address: \_\_\_\_\_

Evaluation Form

- Please circle the type of service you requested:  
Language interpreting translation sign language Braille
- Which language did you request interpreting for?  
\_\_\_\_\_ (please state)
- How long did you have to wait after requesting an interpreter before receiving one?  
Hours (how many \_\_\_\_\_) Days (how many \_\_\_\_\_)  
Weeks (how many \_\_\_\_\_) Other \_\_\_\_\_ (please state).
- Was the interpreter used a staff member or an external agency?  
(please circle the one used)
- If external agency, which one was used?  
\_\_\_\_\_ (please state)
- Was your request for routine interpreting or more complex such as a mental state assessment?
- Did the interpreting received meet your needs?  
\_\_\_\_\_  
Yes No Not Sure
- How satisfied were you about the quality of interpreting you received?  
\_\_\_\_\_  
Satisfied Fairly Satisfied Very Satisfied Not Satisfied
- Would you be happy to use this interpreter in the future?  
\_\_\_\_\_  
Yes No Not Sure
- Was your request for interpreting:  
a one off: Yes No  
more regular: Yes No \_\_\_\_\_ (please specify)
- How regularly do you make a request for the use of interpreting service?  
\_\_\_\_\_  
Rarely (R) Sometimes (S) Very Often (VO) Never (N)

(Use of Interpreting Service: R = 3 monthly; S = monthly)

## 11.7 HAIR AND SKIN CARE PRODUCTS REQUISITION FORM

## Stock Requisition Order Form

USER POINT: \_\_\_\_\_

DESCRIPTION	SUPPLIER	UNIT OF ISSUE	QUANTITY
Dark & Lovely Hair Grease (size 4 ozs)	Afro Euro West Ealing	Each	
Afro Sheen green & blue Hair Grease	Afro Euro West Ealing	Each	
Dax Hair Grease green (size 7ozs & 14ozs)	Afro Euro West Ealing	Each	
Lustre Pink Moisturiser Hair Grease (size 8, 16 & 32 ozs)	Afro Euro West Ealing	Each	
Cocoa Butter Face Cream (size 150 mls & 200 mls)	Afro Euro West Ealing	Each	
Palmers Body Oil (250mls) Sahney & Co Ltd	Afro Euro West Ealing	Each	
Dark & Lovely shampoo 3 in 1 (size 16 ozs)	Afro Euro West Ealing	Each	
Revlon shampoo regular (size 16 ozs)	Afro Euro West Ealing	Each	
Cream of Nature shampoo (size 16 ozs)	Afro Euro West Ealing	Each	
Dark & Lovely Pro Therapy Protein Conditioner (size 16 ozs)	Afro Euro West Ealing	Each	
Hair Brush Sahney & Co Ltd	Afro Euro West Ealing	Each	
Afro Comb Sahney & Co Ltd	Afro Euro West Ealing	Each	

Requested by: \_\_\_\_\_ Name (Block capitals)

Authorised by: \_\_\_\_\_ Name (Block capitals)

Telephone ext: \_\_\_\_\_ Date: \_\_\_\_\_

## ETHNIC MINORITY PRODUCTS PRICE LIST - AT TIME OF PRINTING

NO	PRODUCT NAME	COST
1	Ambi Cocoa Butter bar for dry skin	0.98
2	Sulfur 8 Medi Sham 340ml/1.5oz	2.20
3	SS Finish Lot 355ml/12oz	1.95
4	SS CFC Inst Mst 473ml/16oz	3.59
5	D&L 3 in 1 plus detangle shampoo 16oz	2.03
6	D&L Pro therapy prot conditioner 16oz	2.03
7	Rev crème of nat shampoo reg 450ml	2.91
8	Rev crème of nat shampoo 450ml	2.91
9	Johnson baby lotion 500ml	2.95
10	Pals coc but moistzg body oil 250ml/8oz	2.99
11	Pals coc but forx soap 100g/3.5oz	1.45
12	Palmer's cocoa butter formula vite 350ml	2.39
13	Palmer's cocoa butter formula jar 200g	3.89
14	Dixie peach pomade 212g/7.5oz	1.87
15	Dixie peach bergt hbl hr cond 7.5oz	1.87
16	Sulfur 8 medianti-danf hr cond 8oz	3.34
17	Pals aloe vera forx concd moistzr 133g	2.69
18	JP us for exr dry hr cond & hr dress	1.85
19	JP us orig fx cond & hr dress 227g/8oz	1.85
20	JP afro shn cond & hr dress 227g/8oz	1.85
21	Lus pink oil moist lotion 16oz KK	2.95
22	D&L quick styling gel reg hold 425gm	1.50
23	D&L quick styling super hold gel 425gm	1.50
24	Hwood beau coco but sk crm with vit E	2.69
25	Noxzema orig sk crm 340g/10oz	3.95
26	Dax super 100% pure lanolin 214gm	2.59
27	Dax sup light pomade 214g/7.5	1.70
28	Dax pomade vegetable oils 214gm	1.49
29	Dax kocatah dry scalp 214gm	1.40
30	Hair tex pure olive oil 200ml	1.99
31	Vaseline intensive care dry lotion 400ml	2.72
32	TCB naturals lite gel activator 283gm	1.92
33	D&L rich & nat hr dress cond 115g/4oz	1.40
34	D&L ultra strgtener 114g/4oz	1.99
35	Dax sup light pomade 214g/7.5	1.70
36	Blue Magic conditioner hair dress 340gm	1.29
37	Blue Magic bergamot hair & scalp con 340g	1.29
38	AD itchy scalp medi condg trmt 225g	1.99
39	AD mend & gro trmt 155g/5oz	2.40
40	AD viva mois cream normal 200ml	1.95
41	AD viva mois cream ex.dry 200ml	1.95
42	Pals coc but forx soap 100g/3.5oz	1.45
43	Godrej cinthol lime-fresh deodorant soap	0.50
44	AD moistg oil trmt 354ml/12oz	2.57
45	AD itchy scalp medi shampoo 200ml	1.25
46	AD herbal sage & sulphur 113gf	2.20
47	Pals coconut oil fx hr cond 175g/6.2oz	1.59
48	Pals coc but forx soap 100g/3.5oz	1.45

## Unisex Hairdressing Service leaflet



**Tony Hillis Wing**

Unisex Hairdressing Salon now open on **WEDNESDAYS** for the following:

- *Relaxing (straightening)*
- *Treatment*
- *Wash and Set*
- *Haircuts*
- *Curly Perm*
- *Black Hair Colouring only*

Patients must be escorted to appointments and bookings to be made via Facilities on Ext. 8042/8824

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**HAIR**

A UNISEX HAIRDRESSING SERVICE SPECIALISING IN AFRO-CARIBBEAN HAIR

- \* Hairdresser - Nikki
- \* Available every **WEDNESDAY**
- \* Services on offer – Relaxing, Treatment, Wash and Set, Haircuts, Curly Perm and Black Hair Colouring only.
- \* Patients must be escorted to appointments at all times by a member of the staff.
- \* Leave will not be withdrawn in place of a hairdressing appointment.
- \* To book an appointment please contact:

Facilities - EXT 8042/8824

## 11.8 CATERING – ETHNIC MINORITY MEAL LIST

Currently the provision of all catering services apart from Broadmoor Hospital and the Cassel Hospital are through the Cook-Chill system organised from St.Bernard's through a central receipt and distribution facility specially constructed at the commencement of the contract with ISS and it is therefore self sufficient in terms of delivery of the catering service requirements across the London Trust.

- The Lakeside unit is the immediate responsibility of the Trust's local facilities manager other units are the responsibility of the Facilities Manager both reporting to the Associate Director of Estates and Facilities who has responsibility for the provision of all services across the Trust.
- At the Cassel, only the lunchtime (main meal) is provided which is cooked and served fresh on the day. The patients prepare both breakfast and supper from ingredients purchased. Lunchtime meals are always provided with a vegetarian dish (and children's menu where appropriate). Where patients have special or ethnic dietary requests, the lunchtime meal will be prepared for named patients.
- All food and beverage requirements are provided via the R&D unit located at St.Bernard's, meals that are distributed from the R&D unit in bulk to each ward on a daily basis and transferred to holding refrigerators or directly into regeneration trolleys from which meals will be re-heated prior to service.

		MENU CYCLE FOR ASIAN VEGETARIAN, HALAL & CARIBBEAN MEALS - WEEK 1						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>LUNCH</b>								
<b>Vegetarian</b>		Mixed Veg Curry Masoor Dal Basmati Rice	Aloo Gobi Whole Moong Dal Rice & Peas	Green Bean Masala Urud Dal Basmati Rice	Birinjil & Potato Chana Dal Basmati Rice	Chick Pea Masala Toor Dal Rice & Peas	Red Kid Bean Curry Whole Moong Dal Basmati Rice	Spicy Okra Masala Toor Dal Basmati Rice
<b>Halal</b>		Chicken Masala Chana Dal Basmati Rice	Lamb & Lentils Chana Dal Rice & Peas	Chicken Korma Masoor Dal Basmati Rice	Chicken Tikka Potato Beans & Veg	Chicken Biryani Whole Moong Dal Basmati Rice	Chicken Masala Chana Dal Rice & Peas	Roast Chicken Potato Beans & Veg
<b>Caribbean</b>		Curried Ooal Spicy Vegetables Rice & Peas	Curried Chicken Spicy Vegetables Rice & Peas	Ackee & Saffron Spicy Vegetables Rice & Peas	Stewed Mutton Spicy Vegetables Rice & Peas	Spin Cabb & Okra Spicy Vegetables Rice & Peas	Mince Lamb & Okra Spicy Vegetables Rice & Peas	Chicken Calypso Spicy Vegetables Rice & Peas
<b>SUPPER</b>								
<b>Vegetarian</b>		Spinach Masala Chana Dal Basmati Rice	Vegetable Biryani Urud Dal Basmati Rice	Vegetable Korma Masoor Dal Basmati Rice	Aloo Sog Blackeyed Bean Dal Basmati Rice	Matar Paneer Black Chana Dal Basmati Rice	Peas & Potato Black-eyed Bean Dal Basmati Rice	Sweetcorn & Potato Black Chana Dal Basmati Rice
<b>Halal</b>		Lamb Vindaloo Urud Dal Basmati Rice	Chicken & Lentils Blackeyed Bean Dal Basmati Rice	Lamb Masala Chana Dal Rice & Peas	Chicken Vindaloo Urud Dal Basmati Rice	BBO Chicken Wings Potato Beans & Veg	Chicken Jahresh Whole Moong Dal Basmati Rice	Pasta in Mince with Beans Vegetables
<b>Caribbean</b>		Stewed Chicken Spicy Vegetables Rice & Peas	Curried Mutton Spicy Vegetables Rice & Peas	Chick Cabb & Cabb Spicy Vegetables Rice & Peas	Stewed Chicken Spicy Vegetables Rice & Peas	Cola Cabb & Saffron Spicy Vegetables Rice & Peas	Stewed Mutton Spicy Vegetables Rice & Peas	Red Bean & Yam Stew Spicy Vegetables Rice & Peas

		MENU CYCLE FOR ASIAN VEGETARIAN, HALAL & CARIBBEAN MEALS - WEEK 2						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>LUNCH</b>								
<b>Vegetarian</b>		Mixed Bean Feast Vegetables Rice	Mixed Veg Curry Masoor Dal Rice & Peas	Pasta Vegetarian Beans Vegetables	Aloo Gobi Whole Moong Dal Basmati Rice	Pasta in Cheese Sauce Beans & Veg	Green Bean Masala Urud Dal Rice & Peas	Chick Pea Masala Toor Dal Basmati Rice
<b>Halal</b>		Lamb Korma Masoor Dal Basmati Rice	Lamb Tikka Beans & Veg Potato	Chicken Fillet Bites Chips Baked Beans & Veg	Lamb Masala Chana Dal Basmati Rice	Fish Fillet in Parsley Potato Beans & Veg	Lamb Biryani Whole Moong Dal Basmati Rice	Spicy Chicken Wings Potato Beans & Veg
<b>Caribbean</b>		Spin Cabb & Okra Spicy Vegetables Rice & Peas	Mince Lamb & Okra Spicy Vegetables Rice & Peas	Curried Goat Spicy Vegetables Rice & Peas	Curried Mutton Spicy Vegetables Rice & Peas	Stewed Mutton Spicy Vegetables Rice & Peas	Stewed Chicken Spicy Vegetables Rice & Peas	Cola Cabb & Saffron Spicy Vegetables Rice & Peas
<b>SUPPER</b>								
<b>Vegetarian</b>		Vegetable Biryani Urud Dal Basmati Rice	Aloo Gobi Whole Moong Dal Rice & Peas	Matar Paneer Black Chana Dal Basmati Rice	Spicy Okra Masala Toor Dal Basmati Rice	Mixed Veg Curry Masoor Dal Basmati Rice	Mixed Bean Feast Vegetables Rice	Brinjil & Potato Chana Dal Basmati Rice
<b>Halal</b>		Chicken & Lentils Blackeyed Bean Dal Rice & Peas	Chicken Nuggets Chips, Spagetti Hoops Veg	Mince Lamb & Tarka Blackeyed Bean Dal Basmati Rice	Chicken Korma Masoor Dal Rice & Peas	Mince Lamb & Peas Masoor Dal Basmati Rice	Chicken Sog Whole Moong Dal Basmati Rice	M.Lamb & Kid Beans Urud Dal Basmati Rice
<b>Caribbean</b>		Chicken Calypso Spicy Vegetables Rice & Peas	Stewed Mutton Spicy Vegetables Rice & Peas	Stewed Chicken Spicy Vegetables Rice & Peas	Curried Chicken Spicy Vegetables Rice & Peas	Chick Cabb & Cabb Spicy Vegetables Rice & Peas	Ackee & Saffron Spicy Vegetables Rice & Peas	Red Bean & Yam Stew Spicy Vegetables Rice & Peas

		MENU CYCLE FOR KOSHER - WEEK 1						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>LUNCH</b>								
<b>Kosher</b>		Beef Bourguignon Farm Mixed Veg Rice	Chopped Fish Cutlet Roasted Potatoes Sweet Corn	Vegetarian Bolognese with Farm Mixed Veg	Beef Casserole Green Beans Sweetcorn	Gentle Fish Ball/Gravy New Potatoes Garden Peas	Veg Casserole Green Beans Sweetcorn	Beef Goulash Roasted Potatoes Garden Peas
<b>SUPPER</b>								
<b>Kosher</b>		Haddock Saute Potatoes Sweet Corn	Vegetarian Cutlet Mashed Potato Sweet Corn	Chicken Chasseur Roasted Potato Mixed Vegetables	Salmon Rissole Mashed Potatoes Garden Peas	Meat Ball/Sauce with Pasta Garden Peas	Spaghetti Bolognese (Beef) Farm Mixed Veg	Salmon Rissole Mashed Potatoes Garden Peas
		<b>MENU CYCLE FOR KOSHER - WEEK 2</b>						
<b>LUNCH</b>								
<b>Kosher</b>		Turkey Casserole Garden Peas Sweet Corn	Poached Salmon Sweet Corn Mixed Vegetables	Veg Casserole Rice Mixed Vegetables	Mexican Bunte Style Cutlet Mashed Potatoes Garden Peas	Cottage Pie Broccoli Cauliflower	Sweet & Sour Chicken Rice Sweetcorn	Roast Chicken Roasted Potatoes Mixed Vegetables
<b>SUPPER</b>								
<b>Kosher</b>		Braised Steak Roasted Potatoes Green Beans	Beef Stroganoff Roasted Potatoes Spinach	Cottage Pie Carrot Fried Mushrooms	Haddock Roasted Potatoes Broccoli	Veg Casserole Normande Blend	Poached Salmon Normande Blend (Caul, Broccoli, Carrot)	Vegetarian Cutlet Mashed Potato Carrots

**11.8 CATERING – ETHNIC MINORITY MEAL LIST CONTINUED  
BROADMOOR HOSPITAL**

Catering services at Broadmoor Hospital are bulk-self service. Meals are ordered on the ward and then produced in the main kitchen and sent hot (or cold for microwaving at a later time in a prepacked meal) to the ward.

A sample of the Halal menu is attached, it consists of 13 items available everyday and patients therefore have a wider choice.

HALAL MENU			VEGAN MENU		
Chicken with Olives	Cold	Hot	Vegan Nut Cutlet		Hot
Lamb Vindaloo	Cold	Hot	Vegan Sausages in Onion Gravy		Hot
Coconut Chicken	Cold	Hot	Vegan Spicy Bean burgers		Hot
Lamb Rogan Josh	Cold	Hot	West Indian Vegetable Pasty		Hot
Lamb Turlu	Cold	Hot	Vegetable Cobbler		Hot
Singapore Noodles	Cold	Hot	Spicy Bean Pasty		Hot
Mixed Vegetable Curry	Cold	Hot	Chick Pea & Potato Curry		Hot
Sardine Portion	Cold		Spring Rolls x 2		Hot
Tuna Portion	Cold		Onion Bhajis x 2		Hot
Lamb Burger with a Bap		Hot	Vegan Soya Chilli		Hot
Lamb Chop		Hot	Vegan Lasagne		Hot
Chicken Portion		Hot	Vegan Triple Sandwich	Cold	
Chicken Samosa x 2		Hot	Hummus	Cold	
			Vegan Cheese	Cold	

PLEASE NOTE;  
THESE MENU'S ARE NOT AVAILABLE TO ALL PATIENTS. THEY SHOULD ONLY BE USED BY PATIENTS WHO ARE ELIGIBLE TO ORDER HALAL OR VEGAN MEALS.  
THESE MENU'S COMPLEMENT THE MAIN 4 WEEK MENU CYCLE. ONLY LISTED DISHES ON THIS OR THE WEEKLY MENU CYCLE CAN BE ORDERED.

**Café on the Hill**

Café on the Hill is located on the Ealing site – London and features:

- Diverse mix of race colour creed of all teamworkers
- Take into account Team Workers cultural background in type of food that is prepared
- Policy to serve anyone in Café - exceptions drunk/drugged persons
- Offer vegetarian options
- Separate cooking griddles for vegetarian food
- Cultural food catered for at finger buffets/parties
- Voucher allowance to be utilised after 4pm for people fasting
- Prayer breaks catered for
- Cultural dress permitted in kitchen for Team Workers
- Themed cultural dishes on menu
- Table service for persons of advanced age and or disabilities

**11.9 DIVERSITY QUERY - STAFF & SERVICE USERS – EALING**



**DIVERSITY QUERY**

Date of Query: \_\_\_\_\_ Query No: \_\_\_\_\_

The Diversity Unit is seeking to improve the service it provides to both patients and staff which is part of the Trusts commitment and yearly objectives and you can help us do so by letting us know of any queries, concerns or issues you have which you think we may be able to assist with.

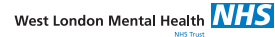
Your query is confidential so you need not let us know who you are, however if you feel that it would help by revealing your name, then feel free to do so. Again your query will be treated confidentially.

If the query is regarding a service user please complete the top section of the form; if it is regarding a member of staff, then please complete the second section of the form.

Which <b>Department / Service</b> does this query apply to? (Please State)	
<input type="checkbox"/> RSU	<input type="checkbox"/> LSU <input type="checkbox"/> JCW <input type="checkbox"/> OPS <input type="checkbox"/> CMHT <input type="checkbox"/> REHAB
Wards	
Dept	
<input type="checkbox"/> CH X	<input type="checkbox"/> CAMHS <input type="checkbox"/> Lakeside <input type="checkbox"/> Cassel <input type="checkbox"/> Print Unit <input type="checkbox"/> Other eg.HR
Wards	
Dept	
<b>PATIENT SECTION</b>	
Nature of Query: (Please state)	
<b>STAFF SECTION</b>	
Nature of Query: (Please state)	
Date Form Received by Unit: _____	
Indicate priority of query	<input type="checkbox"/> High    Person Completing form: <input type="checkbox"/> Staff
	<input type="checkbox"/> Medium <input type="checkbox"/> Patient
	<input type="checkbox"/> Low
Please return completed form to either Bernie, Margaret or Anthony McDowell - Diversity Unit, L&D Ctr, THQ.	

Once again, thank you for taking the time to inform us of your query.

11.9 DIVERSITY QUERY - BROADMOOR



DIVERSITY QUERY / HARASSMENT ISSUE

The Diversity Unit is seeking to improve the service it provides to both patients and staff which is part of the Trusts commitment and yearly objectives and you can help us do so by letting us know of any queries, concerns or issues you have which you think we may be able to assist with. Your query is confidential so you need not let us know who you are, however if you feel that it would help by revealing your name, then feel free to do so. Again your query will be treated confidentially. If the query is regarding a patient please complete the top section of the form; if it is regarding a staff, then please complete the second section of the form.

Which <b>Department / Service</b> does this query apply to? (Please State) <input type="checkbox"/> BROADMOOR <input type="checkbox"/> Paddock Ctr <input type="checkbox"/> Women's <input type="checkbox"/> Men's - London <input type="checkbox"/> Men's – S.East Wards
<input type="checkbox"/> BROADMOOR <input type="checkbox"/> Workshop (type) <input type="checkbox"/> Library <input type="checkbox"/> Print Unit <input type="checkbox"/> Chapel <input type="checkbox"/> Other e.g HR Wards Dept
<p><b>PATIENT SECTION</b></p> Nature of Query: (Please state)
<p><b>STAFF SECTION</b></p> Nature of Query: (Please state)
Date Form Received by Unit: _____ Indicate priority of query <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Person Completing form: Staff / Patient (please indicate) Please return completed form to either Bernie or Margaret – Diversity Unit, L&D Ctr., THQ.

Once again, thank you for taking the time to inform us of your query.

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>Action Group for Irish Youth</b> 356 Holloway Rd London N7 6PA	T: 020 7700 8137	A charity that promotes the interest and welfare of emigrant Irish youth in London
<b>Commission for Racial Equality</b> St Dunstons House 201-211 Borough High Street London SE1 1GZ	T: 020 7939 0000 www.cre.gov.uk	The duties of the Commission for Racial Equality are to work towards the elimination of discrimination, to promote equality of opportunity and good relations between persons of different racial groups generally and to review the working of the Race Relations Act
<b>Disabled Living Foundation</b> 380-384 Harrow Road London W9 2HU	T: 020 7289 6111 www.dlf.org.uk	Provides equipment to disabled people and has a helpline serving the public nationally. It also has facilities for fundraising
<b>Employers' Forum on Disability</b> Nutmeg House 60 Gainsford Street London SE1 2NY	T: 020 7403 3020 www.employers-forum.co.uk	An employer's organisation, which works closely with government and other stakeholders, sharing best practice to make it easier to employ disabled people and serve disabled customers
<b>Government Disability Website</b>	www.disability.gov.uk	Information on government policies and initiatives which will impact on the lives of people with disabilities.
<b>Home Office Race Equality Unit</b> Home Office Queen Anne's Gate London SW1H 9AT	T: 020 7273 4000 www.homeoffice.gov.uk/reu/reu.htm	Promotes equal opportunities through race relations policies and legislation

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<b>Institute of Race Relations</b> 2-6 Leeke Street Kings Cross Road London WC1X 9HS	T: 020 7833 2010 www.homebeats.co.uk	Conducts research on racial oppression and produces educational resources intended to achieve racial justice in Britain and internationally
<b>Library of Congress</b>	T: +1(202) 7075000 www.loc.gov	A useful website providing in-depth details on countries throughout the world.
<b>Middlesex Association for the Blind</b> Raebarn House (Grd Floor) 100 Northolt Road visiting service. South Harrow Middlesex HA2 0YJ	T: 020 8423 5141 F: 020 8423 9503 E: info@aftb.org.uk	Local organisation serving Barnet, Brent, Ealing, Enfield, Haringey, Harrow, Hillingdon, Hounslow and Richmond. Provides a wide range of services, including running resource centres and a home They also work with affiliated groups in the area
<b>Religious Tolerance</b>	www.religious tolerance.org	A useful website providing information on many different religions
<b>Royal Association for Disability &amp; Rehabilitation</b> 12 City Forum 250 City Road London EC1V 8AF	T: 020 7250 3222 www.radar.org.uk	This UK organisation is run by disabled people and campaigns for equal rights for disabled people; provides information; runs a telephone help line; and promotes good practice and legislation which assists disabled people to live in the community
<b>Royal National Institute for Deaf People</b> 19-23 Featherstone Street London EC1Y 8SL	T: 0870 605 0213 www.rnid.org.uk	Provides services to help improve the lives of deaf people and those with a hearing impairment. Also lobbies government, public and private sector organisations for change

ORGANISATION/ ADDRESS	TELEPHONE/ WEBSITE	DESCRIPTION
<p><b>(REAP) Refugees in Effective and Active Partnership</b> Yiewsley Room 9, 2nd Floor Hayes Gate House Uxbridge Road Hayes Middlesex UB4 0JN</p>	T: 020 8561 2400	<p>Refugees in Effective and Active Partnership (REAP) is an independent organisation which empowers refugees and asylum seekers to reach their full potential and to enables them to rebuild their lives within the UK. They work in partnership with others to provide a range of practical advice and support services for individual refugees and asylum seekers. They will also respond to policy developments to ensure that the needs of refugees and asylum seekers are considered at the highest level. Their work spans six boroughs of Hillingdon, Ealing, Hounslow, Harrow, Brent and Hammersmith and Fulham.</p>
<p><b>Runnymede Trust</b> Suite 106 The London Fruit &amp; Wool Exchange Brushfield Street London E1 6EP</p>	T: 020 7377 9222 www.runnymede-trust.org	<p>An independent research and policy agency, which addresses itself towards the development of a successful multi-ethnic society. Its aim is to provide information, research and advice and to promote the value of diversity in the community.</p>
<p><b>SHAP</b> The Working Party and on World Religions c/ The National Society's RE Centre 36 Causton Street London SW1P 4AU</p>	T: 020 7932 1194	<p>An organisation, which compiles information on different religions religious festivals</p>

**A Cry for Change**

Amanda Webb-Johnson pub: Confederation of Indian Organisations

**Action not Words**

National Association of Health Authorities 1988

**Asian Patients in Hospital and at Home**

Alix Henley

**Caring for Everyone**

National Extension College

**Caring for Hindus and their families**

Alix Henley pub: Health Education Council

**Caring for Muslims and their families**

Alix Henley pub: Health Education Council

**Caring for Sikhs and their families**

Alix Henley pub: Health Education Council

**Colour Conscious Approach**

Joy Franics: Community Care February 1993

**Cultural Aspects of family health nursing**

Barbara Weller: Professional Care of Mother and Child February 1993

**Cultural Awareness Resource Pack**

Geeta Pankhania and Jan Rawdon-Smith North West Anglia Health Authority

**Cultural inequalities in health**

Isabela Bowler: presented at the Medical Sociology Conference: Edinburgh 1992

**Handbook on Ethnic Minority Issues**

Judical Studies Board

**Harmony Multi-Cultural Information Pack**

Geeta Pankhania pub: Cambridgeshire Family Health Services Authority

**Health Beliefs: a cultural division**

Gillian McAllister: Journal of Advance Nursing 1992 17 1447-1454

**Health Care for Asians**

Brian McAvoy and Liam J. Donaldson

**Health care in Multi-Racial Britain**

Penny Mares, Alix Henley and Carol Baxter

**Meeting the Health Needs of "Refugee and Asylum Seekers" in the UK**

Angela Burnett and Yohannes Fasil 2003

### **Race and Health Care in the United Kingdom**

Allan McNaught 1985

### **Surma: a cause for concern**

A. Smart and N. Madan: Health Visitor Vol. 63 Number 11, November 1990

### **The Asian Community – Medicines and Traditions**

Dr M. Healy and Dr Mohamed Aslam

### **The Ethnic Elderly**

Gita Mehta: Journal of Community Nursing March 1993

### **The Ethnic Health Factfile**

Edited by Ghada Karmi: North West and North East Thames RHA

### **The Sikhs and their Way of Life**

Gurinder Singh Sacha pub: The Sikh Missionary Society UK ISBN 0-900692-103

### **Towards the goal of providing culturally sensitive care**

M Judith Lynam: Journal of Advanced Nursing 1992. 17. 149-157

### **Transcultural Nursing**

Susan M. Dobson

## **LIBRARIES:**

### **Kings Fund Library**

126 Albert Street, London NW1 7NF 071 267 6111

The SHARE database and newsletter is also based at the Kings Fund. The database lists initiatives in health care for ethnic minority groups, and the newsletter covers topical issues.

### **East Berkshire Centre for Nutrition and Health promotion**

Demodera, 83 Frances Road, King Edward V11 Hospital, Windsor SL4 3AN 0753 636730

### **West Berkshire Centre for Health Promotion and Education**

Prospect Park Hospital, Honey End Lane, Reading RG3 4EJ 0734 586161

### **Berkshire College of Nursing and Midwifery Library**

Royal Berks Hospital, London Road, Reading RG1 5AN 0734877661 or 877657

### **Nurse Education Centre Library**

Wexham Park Hospital SL2 4HL 0753 634343





1. How would you rate the contents of the CCTK?

Very Good    Good    Fair    Poor

2. How useful is the information to your area of work?

Very Useful    Useful    Not Useful

3. What additional information would you like to see included in the Toolkit? (please state)

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4. Would you like to contribute or make any suggestions to the revised Toolkit?

Yes    No

5. If you answered Yes, please either write to me (address overleaf) or email me at [bernie.collins@wmht.nhs.uk](mailto:bernie.collins@wmht.nhs.uk)

Thanks for taking the time to comment on this Toolkit.

Please return this sheet to the addressee with your comments.

Fold here

For external post

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