A photograph of the exterior of the Stockport NHS Foundation Trust Stepping Hill Hospital. The building is a modern, multi-story structure with a light blue and beige facade. The name 'Stockport NHS Foundation Trust' and 'STEPPING HILL HOSPITAL' are visible on the upper part of the building. The image is framed with a dark green border.

Stockport NHS Foundation Trust
STEPPING HILL HOSPITAL

EQUALITY AND DIVERSITY GOOD PRACTICE TOOLKIT

A toolkit for staff to enable greater interaction
with a modern, diverse society

**new
economy**

 **Northwest**
REGIONAL DEVELOPMENT AGENCY

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INTRODUCTION

Communication with employees, patients and the public takes many forms. The language we use should give employees and the communities we serve a clear message that we value diversity and respect individual differences.

Trust employees communicate with many people, face to face, by telephone, email, letter or fax and much of the correspondence generated enters the public domain. This communication has an impact on the recipient, and may be remembered for a very long time. The language used can have an effect on the recipient's perception of the service and may be repeated to other people.

The use of discriminatory, prejudicial or exclusive language indicates a lack of professionalism and encourages the exclusion, devaluing and stereotyping of groups or individuals.

Discriminatory or exclusionary language may be directed at many different groups identified for example, by age, disability, gender, race, religion, or sexual orientation.

It is important to remember that 'language' does not just mean the words you say. It can include visual representations and body language. The written or printed word in particular may have a far greater impact because of its permanence and the likelihood of it reaching more people.

This guide aims to provide the tools to help you become more aware of the many different practices that may be required when dealing with a modern diverse society. It is important to remember that if you are unsure about the needs of the service user or staff member then ask the appropriate questions, as assumptions can and often, and do offend whereas questions addressed correctly don't.



COMMUNICATING WITH A PERSON WITH A PHYSICAL DISABILITY

Wheelchair user

- When talking to a wheelchair user, try to ensure your eyes are at the same level.
- Ensure you communicate with the Wheelchair user directly and not their carer if they have one.
- Do not lean on the wheelchair.
- Always ask the person if they would like some assistance.

General Physical Disability

- Focus on the person not the disability.
- It is appropriate to shake hands with a person who has a disability.
- If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
- Treat adults as adults.
- Address people who have disabilities by their first names only when extending the same familiarity to all others.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Don't be afraid to ask questions when you're unsure what to do.



COMMUNICATING WITH DEAF AND HARD OF HEARING PEOPLE

Lip Reading

- Lip reading is not easy and requires great concentration.
- Ensure you have the person's attention when you start to speak.
- Find a good place to talk away from surrounding noise.
- Speak directly at them and do not cover your mouth with your hands.
- You need to speak clearly and at a reasonable pace.
- Do NOT shout as this distorts your voice and lip patterns.
- Even the most experienced lip reader will probably not understand everything you say.
- Use gestures and facial expressions to help convey meaning.

Hearing Aid & Loop System

- Even if someone is wearing a hearing aid it doesn't mean they can hear you.
- If a person is wearing a hearing aid and the loop system is being used, ensure they switch their hearing aid to the 'T' position.
- Do NOT shout.
- Portable loop systems are available from Patient & Customer Services, tel: 0161 419 4354.

Interpreter

- The Trust does not support the use of family members/ friends as interpreters, although they may be present to support the individual.
- If an interpreter is required, they should be booked prior to the visit.
- If possible brief the interpreter in advance.
- During the appointment speak directly to the patient.
- Allocate more time for appointments.
- If you need to book a sign language interpreter, you should book in advance wherever possible, by telephoning the Royal National Institute for the Deaf (RNID) 0161 276 2307. Patients with hearing difficulties often book directly with RNID. If this happens RNID will confirm the booking via e mail to Patient & Customer Services.

Telephone

- To use Text Relay, dial 18001 + number when calling text phone to text phone or 18002 + number when calling telephone to text phone.

To request information in an accessible format e.g. Braille, CD, large print and pictorial explanations, please contact Sue Bell on 0161 419 4784 or Carmen Spink on 0161 419 4354.



COMMUNICATING WITH BLIND AND PARTIALLY SIGHTED PEOPLE

Introduction

- When you first meet a blind person, introduce yourself.

Approach

- A person who is blind or partially sighted will not be aware of your approach; do not grab them before you have spoken.

Assistance

- Offer assistance; don't just assume they require it.
- To lead the person, offer your arm for them to grip. Keep your guided arm straight.
- Warn them of obstacles.

Accessible formats

- Braille versions of written information should be made available on request.
- Recorded versions of documents should be made available on request.
- Large Print documents should be in 16 to 22 points.
- For electronic versions of documents, use Word/ Rich Text Format (RTF) as this will be the accessible version for many visually impaired people.
- Try to avoid PDF's, which don't always work with text readers.

Guide Dogs

- Can accompany patient to appointments.
- Do not feed or give attention to the Guide Dog when it is working.

Terms

- Avoid saying things like "take a seat over there", "go over there", "wait by that bed".

Other Considerations

- Avoid clutter! Try to minimise the risk of people tripping over things.
- A magnifying glass may be useful to have around the ward for people who have a visual impairment to use to read.
- Take the time to tell people where the important things are like toilets, call buttons and drinks.

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COMMUNICATING WITH A PERSON WITH A LEARNING DISABILITY

Language

- Avoid jargon.
- Use language that is clear and understandable.
- You may need to allow more time for explanations.
- Ensure a person understands.
- Use short, simple sentences.
- Gestures and facial expressions can help give visual clues about the meaning of what you are saying.
- Don't shout or overemphasise words.
- Speak to the person, not the support worker.

Written documents

- Print leaflets with large print.
- Keep text concise.
- Don't write whole text in capitals.
- Use consistent terminology.
- Try to include pictographic explanations.

Other Considerations

- Consider giving the patient the first appointment of the day.
- Always ask the patient for their hospital passport which will give details of their condition and how they like to be treated.
- Keep the patient informed of any delays.
- For further information on patients with learning disabilities, please refer to the Learning Disability file which can be found on the ward. Alternatively refer to the Learning Disabilities microsite or contact the Learning Disability Liaison Nurse on 0161 419 4703.

To request information in an accessible format e.g. Braille, CD, large print and pictorial explanations, please contact Sue Bell on 0161 419 4784 or Carmen Spink on 0161 419 4354.



COMMUNICATING WITH A PERSON WITH MENTAL ILL HEALTH

Mental health problems include social anxiety, obsessive compulsive disorder, addiction to drugs and alcohol, personality disorders, Anorexia Nervosa and Schizophrenia.

Do

- Speak clearly and slowly, using short sentences.
- Avoid jargon.
- Engage the person in the process by asking for opinions.
- Relax and stay calm.
- Keep your tone of voice positive and friendly.
- Minimise distractions.
- Listen and make eye contact (unless this is threatening).
- Simplify. One topic at a time.
- Paraphrase: "If I understand you correctly..., "Is that what you are saying?"
- Watch out for contradictory messages between verbal and non-verbal communication.
- Look for common ground.
- Stick to present issues.
- Keep text concise
- Print leaflets with large print.
- Use consistent terminology.

Don't

- Assume. Clarify by asking questions.
- Speak on behalf of the person.
- Criticise, accuse or blame.
- Expect the other person to "just understand" if you cannot explain it.
- Avoid bringing up the diagnosis.
- Raise your voice.
- Use sarcasm or humour in difficult situations.
- Sound patronizing or condescending.



COMMUNICATING WITH A PERSON WHO HAS AN AUTISTIC SPECTRUM DISORDER (ASD)

Appointments

- Try to give people the first or last appointment of the day.
- Waiting in busy hospital corridors will increase stress levels.
- If an appointment is likely to be delayed, they may wish to leave the hospital all together and return at a later stated time.

Language

- Use simple language and shorter sentences.
- A person with an ASD will take everything literally. If you say “it will only hurt for a minute” they will expect this to be the case.
- A person with an ASD will not generally understand sarcasm, irony or the use of metaphors.
- Check they have understood what you have said.
- Ask them for the information you require. They may not be forthcoming with information.

Physical Examinations

- Always warn a person with an ASD before you touch them.
- Explain what you are doing and why.
- Enlist the help of parent/carer wherever possible.

Response by a person with ASD

- They may not make eye contact with you.
- Don't assume that a non-verbal person does not understand what you have said.
- A person with an ASD may find it difficult to understand another person's perspective.
- A person with an ASD may not understand personal space. They may invade your personal space or need more personal space.

Sensory Stimuli

- Some people with an ASD may be extremely sensitive to light.
- Emergency lights and machine emit high-pitched ‘whistle’ sound which can be agonising to a person with an ASD.
- Some people may withdraw in the above situation whereas others may make motions such as flapping their hands, rocking or flicking fingers in order to stimulate sensation or to deal with stress. Do not try and stop it.
- People with an ASD can have a very high pain threshold.
- Some people with an ASD may have a unusual response to pain, this can include laughter, humming or removal of clothes.

Injections & Blood tests

- Try to divert their attention elsewhere.
- As stated before they may be under or over sensitive to pain. It is advisable to use a local anaesthetic cream such as EMLA to numb the site.

A&E

- This can be a very stressful place for someone with an ASD and can cause their system to completely overload either by causing a meltdown or withdrawal, either way they will not be able to process any more information.
- Try to limit the number of staff caring for the person, predictability helps them understand and identify the role of the care provider. Try to allocate a key person.

To request information in an accessible format e.g. Braille, CD, large print and pictorial explanations, please contact Sue Bell on 0161 419 4784 or Carmen Spink on 0161 419 4354.

COMMUNICATING WITH DIFFERENT GROUPS: LGB PEOPLE

General Guidelines

- Good communication with LGB people encourages them to be involved in their own healthcare and promotes better health outcomes.
- Using language that respects LGB people and acknowledges same-sex relationships. Rather than asking a woman if her husband will be attending, ask whether her partner will be coming with her.
- Let the person tell you the gender of their partner.
- Ensure all paperwork – such as leaflets, admission and consent forms – use language which is inclusive of LGB families.
- A service user should if they choose be able to give information about their chosen contacts without having to declare their sexual orientation. They should also if they choose be able to identify a same sex partner, and have their partner acknowledged.
- Demonstrate a welcome to LGB people using your services – use images to reflect the fact that same-sex sexual orientation is a part of society.

COMMUNICATING WITH DIFFERENT GROUPS: AGE

Older people

DO ...

- Remember that older people are people. They are not statistics, service users, clients or whatever else.
- Use common courtesy and ask how the person wishes to be addressed.
- Avoid stereotyping: remember, 'older people' are just an older version of you.
- Always treat older people as you would any other person. They matter as much as anyone else. Don't let their age be a barrier.
- Respect the views of older people – mutual respect requires truthful dialogue.
- Always speak directly to the older person and not the person they are with (such as a carer or companion).
- Use plain English: jargon and acronyms can create barriers even if they are explained.
- Sit at same level, i.e. eye to eye, when speaking to people.
- Be aware of any particular barriers to communication, e.g. language, hearing, dementia, other specific needs.
- Speak clearly, but don't patronise by speaking slowly or shouting.
- Give the person time to absorb information.

DON'T ...

- Never patronise: many older people are extremely *compos mentis* so be careful not to talk down to them. If things seem confused, it may well be your fault, not theirs.
- Don't make assumptions (even with good intent) that younger 'professionals' know what older people want: they might be entirely wrong.
- Never assume that older people lack knowledge, or are incapable of assimilating information; they may (at times) be slower to assimilate, but that does not mean they cannot. On the other hand, don't assume too much knowledge. Try to strike a balance.
- Do not intimidate by being officious, bureaucratic, impatient or excessively formal.
- Don't be impatient: too often busy and pressed authorities want to move on to the next person too quickly.
- Don't misspell or mispronounce names or send papers to the wrong address.
- Don't procrastinate or use avoidance tactics.

Younger people

DO ...

- Explain your service's policy on confidentiality to the young person at the start of every consultation.
- Listen to the young person – not the adult with them.
- Wait for the young person to open up. It's essential to build trust with a younger patient if you're to achieve a positive relationship.
- Offer the young person the opportunity to bring a friend into the consultation room.
- Ensure the young person has the opportunity to ask questions.
- Thank the young person for coming and reinforce that you would be pleased to see them again.

DON'T ...

- Patronise or make assumptions – deal with the young person presented in front of you on the day that you see him or her.
- Swamp young people with literature. Explain why you're giving them particular leaflets and ensure they are appropriate for their age.
- Pressure the young person to come back. Remember it's their decision to return.
- Try to act too cool. You'll only alienate the young person.

Children

- Use vocabulary that can be understood.
- Calm tone.
- Clear body language.
- Get down to their level.
- Keep it simple.
- Give clear choices.
- Give the child time to respond.

COMMUNICATING WITH DIFFERENT GROUPS: GENDER & GENDER IDENTITY

General Information - Women

- Women on average live 5 years longer than men and are twice as likely to visit a GP.
- Women are the key users of health services, whether they are accessing these services for themselves or for their children.
- Women are the key frontline deliverers of health services.

General Information - Men

- Men often have difficulty accessing healthcare services because many find it difficult to ask for help.
- There is a common misconception that Healthcare Services are geared specifically for women and children (for example posters depicting women and children and mothers in a caring role).
- This perception is reinforced by the physical make-up of NHS Stockport staff - 89.5% of whom are female.
- Information should be made accessible for men.
- Services should be targeted at men so they are in no doubt that specific services are available for them.

Trans

- A Transvestite is someone who cross dresses.
- A person who is transgender does not identify as the gender they were born with.
- A Transsexual is transitioning or has transitioned to another gender through surgery.
- An intersex person may have both male and female biological characteristics.
- It is important to respect Trans patients by using appropriate pronouns for their gender.
- Use the name and the title that the person who is transitioning deems correct (Mr, Mrs, Miss or Ms).
- Individual's sexual orientation; like anyone else, Trans people may be gay, lesbian, asexual, bisexual or straight.
- Transsexuals should be accommodated on the ward and use the toilets appropriate to the gender in which they are now living, regardless of whether they have a Gender Recognition Certificate or not.
- If you are in genuine doubt as to how to refer to a patient (male or female), ask them how they wished to be referred to but, in doing so, be discrete and sensitive.

COMMUNICATING WITH DIFFERENT GROUPS: BLACK AND MINORITY ETHNIC

General guidelines

- Treat people as individuals.
- Do not assume because of how someone looks, dresses, or the colour of their skin that they won't speak perfect English.
- BME groups in the UK have a higher rate of diabetes, smoking, heart attacks, cancer and mental health problems, but lower levels of screening and healthcare access.

English as a second language

- Use short sentences and simpler language.
- If someone does not understand what you are saying, do not just keep repeating it, try saying it a different way.
- Consider translating basic information into the top 5 interpreter requests at the Trust.
Contact Patient & Customer Services for further guidance.
- You must consider if an interpreter is needed.
- the Trust does not support the use of family members/ friends as interpreters, although they may be present to support the individual.
- During the appointment speak directly to the patient.
- Allocate more time for appointments.

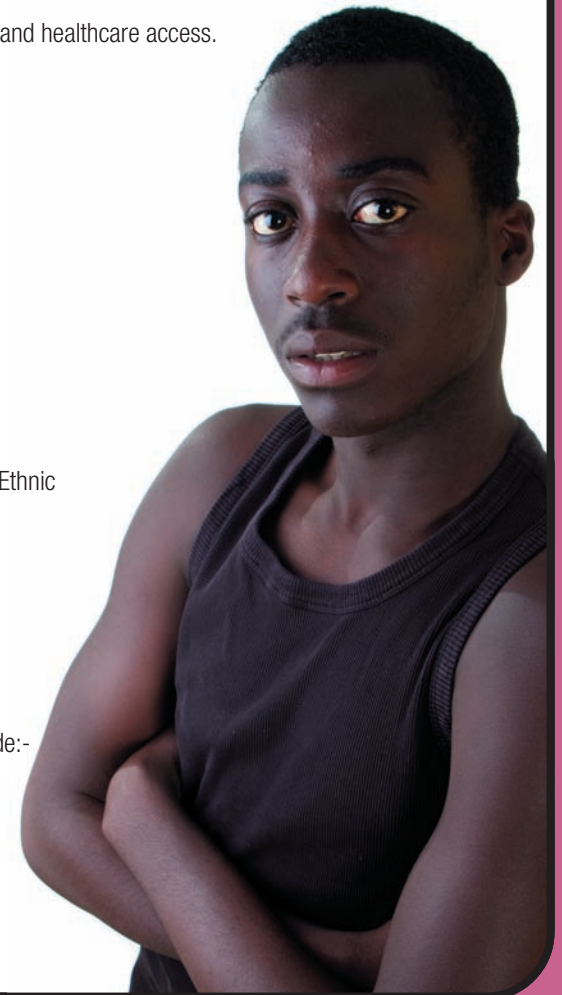
Arranging an Interpreter

- Book in advance wherever possible. All bookings should be made by fax 3 days in advance.
- A Booking Form should be completed for each booking, ensuring all sections of the form are completed. The form should be faxed to Stockport Ethnic Diversity Service on 0161 480 1848.
- Your booking will be confirmed by a return fax which will include the name of the interpreter who will attend the appointment.
- Where it is not possible to give two days notice, the request should be made by telephone to Stockport Ethnic Diversity Service by telephone on 0161 477 9000. Our service providers will make every effort to accommodate a short notice request but this cannot be guaranteed.
- Please refer to the Interpreter Policy for further information on how to book an interpreter.

Information required PRIOR to booking an interpreter

In order to ensure the communication needs of the patient/client are met, the following should be clarified where possible before the booking is made:-

- If the patient has used the interpreter service previously they may wish to request the same interpreter, and whilst this cannot be guaranteed, if the patient wishes to request an interpreter they have used before, every effort should be made to include this information on the request form.
- Time of the appointment (remember an appointment with an interpreter may take longer so allow for this when planning any appointment / meeting).
- Venue.
- Language.
- Dialect.
- Country of Origin.
- Gender of patient and preferred gender of interpreter.



APPROPRIATE LANGUAGE

Below is a simple guide on the appropriate language you should use when communicating with disabled people.

DO SAY

Disabled people / people with disabilities

Disabled Person

Person who has / person with / person who has experience

Person with a disability

Wheelchair user

Deaf without speech

People with learning difficulties

Mental health difficulties

A person with epilepsy

A person with cerebral palsy

Person who has/with arthritis

Person of restricted growth



DON'T SAY

The disabled

Invalid (this can be construed as 'not valid')

Victim of / crippled by / suffering from / afflicted by

Handicapped, cripple

Confined to a wheelchair / wheelchair bound

Deaf and dumb / deaf-mute

Mental handicap / Retarded / Mongol

Mental

An epileptic

Spastic

Arthritic

Dwarf / Midget



CUSTOMS & CULTURES

The information provided is not definitive and is only intended as a practical aid for those staff who have first hand dealings with patients and visitors. If you have any enquiries about the faith requirements of a particular patient please contact the Chaplains on extension 5889. If possible, please try to anticipate problems and consult them in advance.

It is also important to recognise that there can be variations within these religions, and that an individual's personal belief regarding an issue may differ from that of their religion. It is therefore essential that the views of the individual or family concerned should always be sought and respected.

Death is a significant time for many religious groups and many religions have rituals, which need to be observed as well as ensuring adherence to the administrative, medical and legal procedures following a death. If difficulties are experienced, the Chaplaincy and switchboard have details of religious representatives who can be contacted for further advice and guidance.

For staff or patients wishing to pray or reflect, a multi-faith prayer room is available on the Stepping Hill site. Chapels are also available at Stepping Hill and the Chaplaincy and switchboard have a list of religious representatives who can be contacted to visit patients on the wards.

The Catering Department can accommodate individual food requirements, and staff are encouraged to contact the department on extension 5082 or 5083 to discuss individual patient food needs.



BAHÁ'Í FAITH

BELIEFS

The Bahá'í Faith began in the Near East in the middle of the last century, since when it has established itself throughout the world. Its founder, Bahá'u'lláh (a title meaning the Glory of God) lived from 1817-1892 and is regarded by the Bahá'is as a messenger of God. His teachings centre on the unity of humankind and of religions, and include the harmony of religion and science, the equality of women and men and the abolition of prejudice.

DIET

- Many Bahá'is, but not all, are vegetarian this is an individual choice.
- Abstain from alcohol, including alcohol used in cooking and drugs.
- Period of fasting each year, but the chronically ill, elderly, children, nursing and expectant mothers are exempt.

DRESS/MODESTY - No specific requirements.

DYING - No specific requirements.

DEATH

- The Faith believes in afterlife therefore the body should be treated with respect after death.
- Embalming is forbidden.

POST MORTEM - No objection if this is necessary.

FUNERAL

- Cremation is not permitted.
- Burial should be near the place of death maximum 1 hour's journey away.

ORGAN DONATION / BLOOD TRANSFUSION - No objection to receiving transfusions or transplants. Donating organs for transplant is considered praiseworthy.

OTHER CONSIDERATIONS - Termination of pregnancy is only permitted where there are strong medical grounds, such as risk to life and health of the mother.

SIGNIFICANT DATES

- | | |
|--|---|
| • Feast of Naw-Rúz (New Year) - 21 March | • Anniversary of the Birth of Báb – 20 October |
| • Feast of Ridván - 21 April - 2 May | • Anniversary of the Birth of Bahá'u'lláh - 12 November |
| • Anniversary of Declaration of Báb - 23 May | • Day of Covenant 26 November |
| • Ascension of Bahá'u'lláh - 29 May | • Ascension of 'Abdu'l-Bahá - 28 November |
| • Anniversary of the Martyrdom of Báb - 9 July | • Period of Fast for 19 days beginning on 2 March |



BUDDHISM

BELIEFS

Buddhist faith centres on the Buddha who is revered not as a God but as an example of a way of life. Buddhists believe in reincarnation and the tradition condemns killing, abortion and active euthanasia. There are many variations of Buddhism.

DIET

- Eating meat or fish is not forbidden.
- Many Buddhists are vegetarian reflecting the adherence to the precept of non-harm to self and others.

DRESS/MODESTY

- Many Buddhists prefer to wear clothing, which reflects their adherence to non-harm, e.g. not wearing leather clothes/shoes.
- Nude or see through clothing in public is considered offensive.
- Head touching, pointing with feet or attracting people with one-finger gestures also cause offence.

DYING

- At the time of death the state of mind is believed to be important because it is believed that this will influence the character of rebirth. Some Buddhists may therefore be distressed by the use of drugs which reduce consciousness.
- A time of peace and quiet may be requested for meditation and a side room is appreciated.
- A member of the family or a fellow Buddhist should be present to give the patient guidance.
- Due to importance of death process disturbance should be for special reasons and with the appropriate care.

DEATH

- The body should be undisturbed for as long as possible as this is to allow the spirit to leave the body in the correct way.
- The body should be wrapped in a sheet without emblems.

POST MORTEM

- No religious objection to post mortem.

FUNERAL

- Should take place within 3 - 7 days.
- Cremation is preferred to burial.
- Any burial service can be used, but no reference should be made to Christian doctrine or the Deity, including prayers.

ORGAN DONATION / BLOOD TRANSFUSION

- There are no injunctions for or against organ donation. As this may relieve suffering for another person, donation may be seen as an act of charity. However, the wishes of the death process of the potential donor should not be compromised by the wish to save life.
- No religious objection to blood transfusion this is a personal choice.

OTHER CONSIDERATIONS

- Visits from a Buddhist monk or sister are appreciated as is peace and quiet for meditation and chanting.
- Buddhist tradition condemns abortion and active euthanasia.

SIGNIFICANT DATES

- Shinan Memorial Day – 16 January
- Honen Memorial Day – 28 January
- Parinirvana – 15 February
- Losar – 3 March
- Hanamatsuri – 8 April
- Saga Dawa – May – June (relates to lunar cycle)
- Vesakha Puja / Wesak – May
- Asala Puja – 13 July
- Chokhor – July-August (relates to lunar cycle)
- Kathina Day – October/November (relates to lunar cycle)
- Bodhi Day – 8 December

Note – Different traditions celebrate different festivals and in different ways. Individuals should be asked which festivals are important to them.

CHRISTIANITY

BELIEFS

Christians believe in Jesus Christ as the Son of God and in his resurrection. There is a central belief in one God as Father, Son and Holy Spirit. There are a wide variety of Christian Churches and organisations, some of which have their own specific needs. These include Anglicans (CofE), Free Churches (e.g. Methodists, Baptists, United Reform Church), Roman Catholics and Orthodox Churches.

DIET

- No particular requirements.
- Some Christians may prefer to eat fish on Fridays.

DRESS/MODESTY

- No specific requirements.

DYING

- A visit from the chaplain should be offered.
- Parents may request baptism for very ill children.

DEATH

- A visit from a chaplain is often appreciated.

POST MORTEM

- No religious objection to post mortem.

FUNERAL

- Burial or cremation is acceptable.

ORGAN DONATION / BLOOD TRANSFUSION

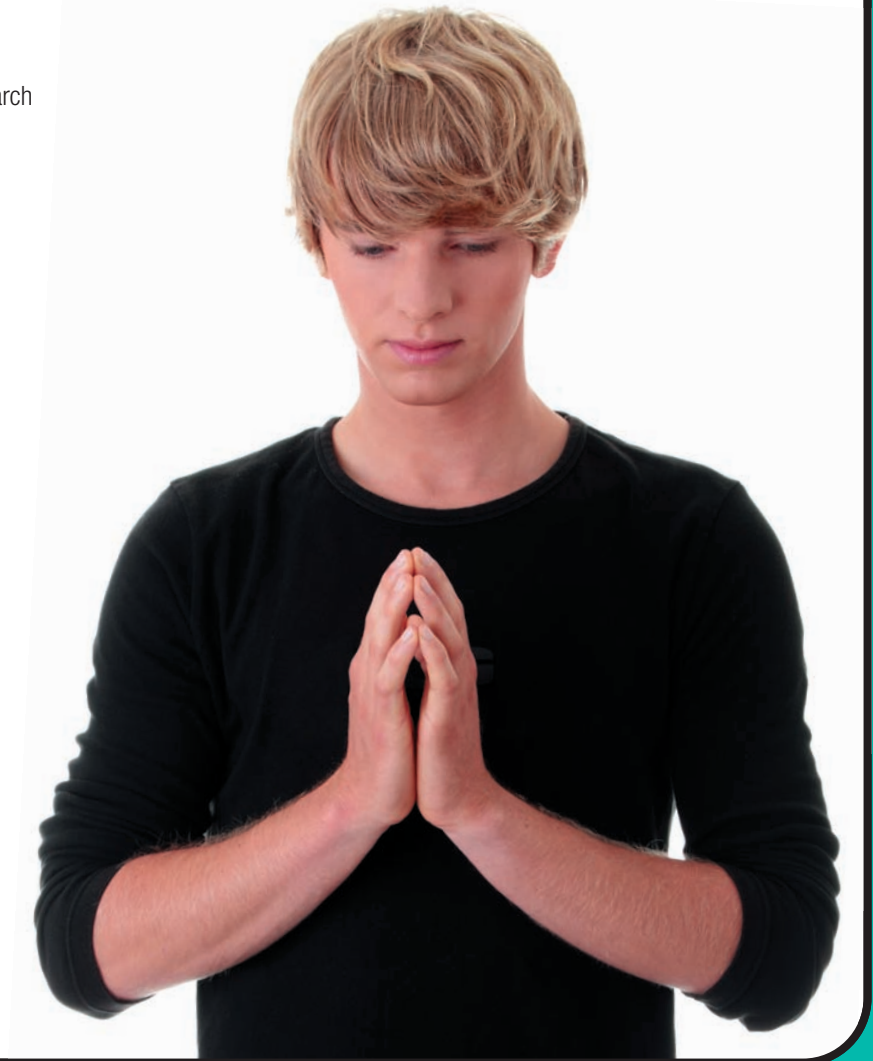
- No objection to, organ donation, transplant or blood transfusion.

OTHER CONSIDERATIONS

- Christian patients may appreciate a visit from the appropriate chaplain.
- Patients may like to attend Sunday services in the hospital chapel or use the Bible in their locker.
- Patients may like to be prayed for, or to receive communion or anointing – especially before an operation.
- For Roman Catholic patients the sacrament of the sick is especially important - this is not “Last Rites” but is administered at the beginning of an illness or before an operation.

SIGNIFICANT DATES

- Ash Wednesday – February/March
- Good Friday – March/April
- Easter Sunday – March/April
- Pentecost (Whitsuntide) - May
- Christmas Day – 25 December



CHRISTIAN SCIENCE

BELIEFS

Founded by Mary Baker Eddy in 1879, the Church of Christ, Scientist aims to reinstate primitive Christianity and its lost element of healing. There is a reliance on prayer for the healing of sickness and disease, which is believed to be in line with the healing practiced by Jesus Christ.

DIET

- Some strict Christian scientists may choose not to drink tea/coffee.

DRESS/MODESTY

- No specific requirements.

DYING

- No last rites.

DEATH

- Routine last offices are appropriate.
- A female body should be handled by female staff.

POST MORTEM

- Christian Scientists prefer the body to remain inviolate, unless a post mortem is required by law.

FUNERAL

- Cremation is preferred, but is a matter for family choice.

ORGAN DONATION / BLOOD TRANSFUSION

- May choose not to accept organ donation or blood transfusion, but should be given the choice.

OTHER CONSIDERATIONS

- Most Christian Scientists prefer to be treated and nursed at home or in a Christian Scientist Care Facility where treatment is given by prayer. If in hospital voluntarily, most Christian Scientists will accept minimal medical treatment.
- Privacy is required for relevant prayer, and access to appropriate literature (i.e. King James Bible and "Science and Health with key to the Scriptures").
- Will want access to Christian Scientist Practitioner for treatment through prayer.
- Some prefer drug free treatment.

SIGNIFICANT DATES

- Easter Sunday- March/April
- Thanksgiving- November

HINDUISM

BELIEFS

Hindus believe in one God who can be understood and worshipped in different forms. Hindus believe in re-birth and that one has to face the consequences of their actions in past lives.

DRESS/MODESTY

- Hindu women often wear a bindi which is a red spot worn on the forehead. Many married Hindu women also wear a necklace (mangal sutra).
- Male Hindus may wear a sacred thread around their arm. Care should be taken if this needs to be removed.
- Some orthodox Hindu men wear a small tuft of hair similar to a ponytail hidden beneath the remaining hair and may also wear a tilak which is a clay marking on their foreheads.
- Hindu women prefer long gowns and nightdresses as they find exposing their legs embarrassing. Older women may not wish to wear short, open back gowns.

DIET

- Hindus do not eat meat. Dairy produce is acceptable as long as it is free from animal fat.
- Vegetarian Hindus cannot eat from a plate on which meat has been served. Plastic plates may be an acceptable alternative.
- Some Hindus may fast at certain periods within the year.

DYING

- Some Hindus like to lie on the floor to symbolise closeness to mother earth (all Hindus prefer to die at home hospitals will cause distress).
- The presence of a Hindu priest is desirable and the patient may wish to have their family present.
- A Hindu priest will perform the last rites. The priest may tie a thread around the patient's neck or wrist, to bless him or her. Ganges water is sprinkled over the dying patient, or a sacred tulsi leaf is placed in his or her mouth.
- Property or money may need to be touched by the dying patient to then be distributed to the poor.
- It is preferable that the patient dies at home as this has religious significance – all possible steps should be taken to facilitate this.

DEATH

- If no family members are available the following procedure should be followed:-

- Wear disposable gloves, close the eyes and straighten the limbs.
- Jewellery, sacred threads and other religious objects should not be removed.
- The body should not be washed but wrapped in a plain sheet.

POST MORTEM

- No religious objection but they are disliked.

FUNERAL

- All adults are cremated, but holy men and children under 5 are usually buried.
- Cremation ideally takes place before the sunset following death. If this is not possible a light should be left on in the room in which the body is present during dark.

ORGAN DONATION / BLOOD TRANSFUSION

- Organ donation is considered an integral part of the Hindu way of life as guided by the Vedas.

OTHER CONSIDERATIONS

- Hindu patients are likely to want to practice their religion in hospital.
- Female Hindus prefer to be examined by a female doctor although medical care takes priority in an emergency.
- Hindus place great importance on cleanliness and showers are preferred to baths.
- Hindus are accustomed to having running water or a jug in the same room as the toilet. A bowl of water should be provided if a bedpan is used.
- Water mouthwashes may be needed after eating.
- For particular events, some Hindus place importance upon favourable astrological patterns and this can affect when surgery takes place. In this case prayer is the only way to bless surgery.

SIGNIFICANT DATES

- Makar Sakranti – 14 January
- Mahashivaratri – February
- Holi – March
- Rama Navami – March/April
- Raksha Bandham – August
- Janmashtami – August
- Ganesh Chaturthi – August/September
- Navaratri (aka Durga Puja or Dusserah) – September/October
- Dushera (aka Vijayadashmi) – September/October
- Diwali – Late October/Early November
- New Year – Late October/Early November
- As Hinduism is a diverse religion, not all Hindus will celebrate the same festivals.

ISLAM

BELIEFS

Islam is the Arabic name for the Muslim religion. The term means 'surrender to God's will', and includes acceptance of those articles of faith, commands and ordinances revealed through the prophet Mohammed.

DIET

- Muslims are forbidden to eat any food derived from the pig.
- Utensils that have contact with pork cannot be used for cooking.
- Meat must be Halal.
- Muslims cannot eat food in which alcohol is an ingredient.
- During the month of Ramadan, Muslims fast between sunrise and sunset. Sick and pregnant Muslims are usually excused from fasting.

DRESS/MODESTY

- Muslims are required to cover the body and women may wish to cover the whole body except for face, hands and feet.

DYING

- The dying patient may wish to sit or lie with their face towards Mecca (i.e. facing south east).
- Relatives need to be advised if death is imminent and facilities to perform customary rights should be made available.
- Another Muslim will read from the Qur'an.
- It is customary amongst some Muslims to express their emotions freely when a relative dies. If possible they should be offered the opportunity and privacy to do so.
- Relatives may wish to use the multifaith room for prayers.

DEATH

- After death the body should be left untouched and never uncovered.
- The body should be washed by family members of the same sex and handled by those of the same sex.
- If no family members are available the following procedures should be adopted by staff:-
 - The body should be straightened and positioned to face in the direction of Mecca
 - Wear disposable gloves and close the eyes
 - Close the mouth
 - Turn the head towards the right shoulder
 - Do not wash the body or cut hair or nails
 - Cover the deceased with a sheet.

- The death certificate should be issued as soon as possible to facilitate burial - out of hours the appropriate Coroners Office needs to be informed.

POST MORTEM

- Post mortems are forbidden unless ordered by the coroner.
- Some may wish to be present at the Post Mortem.
- Organs which have been removed must be put back after the examination

FUNERAL

- Muslims are always buried. Burial should take place as soon as possible, preferably within 24 hours.

ORGAN DONATION / BLOOD TRANSFUSION

- There are differences within the Islamic faith on whether organ donation is in accordance with Islamic principles. Some Muslims may carry donor cards and next of kin may give permission to obtain organs.

OTHER CONSIDERATIONS

- Muslims are required to pray 5 times a day – dawn, midday, late afternoon, after sunset and late evening.
- Friday mid-day prayers are particularly important and must be said in congregation.
- Washing in free-flowing water is essential prior to eating, saying prayers and after visiting the toilet.
- Importance is placed on cleanliness and showers are preferred to baths. Women are requested to wash their bodies after menstruation and to shower after childbirth.
- Due to cultural upbringing Muslim women prefer to see female doctors, especially for intimate procedures.
- Single sex wards or a single room are appreciated.

SIGNIFICANT DATES

- Ramadan – ninth month of the Muslim lunar calendar
- Eid Al-Fitr – 3 day period to mark the end of Ramadan
- Eid al-Adha – 3 day festival 2 months and 10 days after Eid Al-Fitr
- Al-Hijra- December (New Year)

Dates of festivals are reliant on a sighting of the new moon and therefore vary from year to year.

JAINISM

BELIEFS

Based on the teaching of 24 founders, the main one being Mahavira a contemporary of Buddha who lived on the 6th Century BC. For Jains everything has a soul therefore they insist on non-injury to all forms of life. This means they are very cautious in everything they do.

DIET

Jains are strict vegetarians although they may eat some dairy products like milk, curds or clarified butter. They may prefer to avoid garlic, onion and potatoes, other root vegetables, fruits with many seeds and alcohol.

DRESS/MODESTY

There are no specific requirements (though monks and nuns in India would be simply dressed).

DYING

The family may wish to be present and say prayers at the bedside.

Those who are considered to be spiritually advanced are allowed by their religion to hasten their own death by fasting under specified circumstances.

DEATH

The family may provide a plain white gown or a shroud for the body.

POST MORTEM

Post mortems are regarded as being disrespectful to the body, however this will depend on the degree of orthodoxy of the patient.

FUNERAL

Cremation only. As soon as possible after death.

ORGAN DONATION /BLOOD TRANSFUSION

Organ transplantation is dependant on the wishes of the patient and/or next of kin.

OTHER CONSIDERATIONS

Female Patients prefer to be treated by female staff.

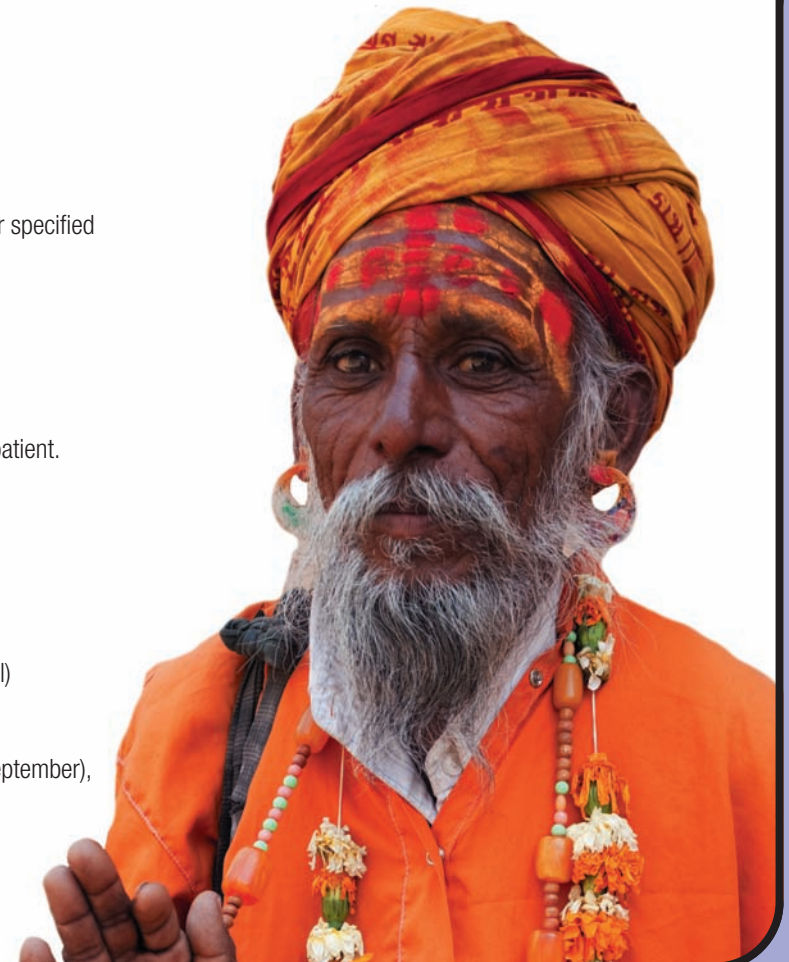
Jain patients will be very particular about cleanliness especially the floor.

Some Jains may prefer to fast between sunset and sunrise.

Some patients appreciate a visit from the Brahman (Priest) to say prayers.

SIGNIFICANT DATES

- Mahavira Jayanti (March/April)
- Akshaya-tirtiya (April/May),
- Shruta-Pancami (May/June),
- Paryushana-pava (August, September),
- Vira-Nirvana (November),
- Kartika-purnima) December



JEHOVAH'S WITNESSES

BELIEFS

Jehovah's Witnesses are deeply religious people who try to live their lives according to the commandments of God. They worship Jehovah and hold on to the Bible as the standard for their beliefs.

DIET

- Food that contains blood is prohibited, as is the consumption of animals that have been strangled.

DRESS/MODESTY

- No specific requirements.

DYING

- There is no formal ritual for the dying. Although Jehovah's Witnesses will appreciate visit from the elders of their faith.

DEATH

- Routine last offices are appropriate.

POST MORTEM

- Post mortems are not forbidden and are a matter for the individual to decide.
- Jehovah's Witnesses will want reassurances that blood will not be used.

FUNERAL

- Burial or cremations are acceptable.

ORGAN DONATION /BLOOD TRANSFUSION

- Transfusions of whole blood, packed red cells, white cells, plasma and platelets are all unacceptable, as is autologous predeposit.
- Organ transplants, treatment with fractions of plasma or cellular components, blood patches and auto transfusion are for the individual Jehovah's Witnesses to decide if they are acceptable.

OTHER CONSIDERATIONS

- Euthanasia and elective abortions are forbidden.
- Blood samples may be taken for pathological testing as long as any unused blood is disposed of.
- Most Jehovah's Witnesses carry an Advance Medical Directive/Release, which directs staff not to use blood or blood products. Some may also carry Health Care Advance Directive forms that outline their personal treatment choices regarding blood fractions and autologous blood procedures.
- Jehovah's Witnesses have a hospital liaison committee network who can liaise between the patient and medical staff.

SIGNIFICANT DATES

- The most important festival is the annual memorial of the death of Christ. Dates of this vary in line with the Jewish calendar.

JUDAISM

BELIEFS

Jews believe in one Omnipotent God who through his Torah (The Old Testament) and Oral Law (Talmud) has given a set of laws and practices valid for all times in all situations.

DIET

- Orthodox Jews will only find 'kosher' food acceptable. Kosher does not only cover the type of food but also the method of preparation.
- Jews only eat the meat of animals which chew the cud and are cloven footed (sheep, cows) or fish that have both fins and scales.
- Meat and milk products will not be eaten together.
- Some Jewish patients may prefer a vegetarian diet.

DRESS/MODESTY

- Orthodox Jewish men keep their head covered at all times. They will wear a four cornered garment under their shirt with fringes on each corner. During prayer they will wear a prayer shawl and leather appurtenances bound to the forehead and arm.
- Orthodox women may wish to keep their heads covered by a scarf or wig. Married women cover their heads when praying. They will also wish to cover arms below the elbow and legs below the knees.

DYING

- If a Jewish patient is seen to be approaching death, the next of kin should be informed. If no relative is available, contact should be made with the patient's Synagogue.
- A dying patient may wish to recite or hear psalms.

DEATH

- The body should be washed and prepared by other Jews, who can be contacted via the Jewish Burial Society.
- The body of the deceased should remain untouched for 20 minutes and handled as little as possible by non-Jewish people. If after this period no member of the family or the Jewish community capable of dealing with the body has arrived, the following procedures should be carried out by nursing staff:-
 - Close the eyes and mouth
 - Straighten the fingers of each hand and place the hands and arms parallel to the body
 - Wipe or wash away any excess dirt

- Wrap the body fully clothed in a sheet and place in the Hospital mortuary. The body should remain untouched pending the arrival of the authorised Jewish undertaker or his representative

POST MORTEM

- For Orthodox Jews it is generally forbidden unless required by law. Many post mortems are now avoided by making use of the MRI scan.

ORGAN DONATION / BLOOD TRANSFUSION

- In principle, Judaism supports and encourages organ donation to save lives. As cases differ, Jewish law requires consultation with a competent Rabbinic authority before consent is granted.

FUNERAL

- Jewish law necessitates the carrying out of a funeral as soon as possible after death. It is therefore important to assist in the provision of a Death Certificate at the earliest possible opportunity to facilitate this.
- Orthodox Jews are always buried.

OTHER CONSIDERATIONS

- Most Jewish patients are not likely to expect any particular considerations other than dietary ones.
- Orthodox Jews may wish to observe the Sabbath (one hour before dusk on Friday to nightfall on Saturday).
- Orthodox Jews prefer medical attention from staff of their own gender.
- If a Rabbi is called, it should be ascertained whether the patient wishes them to be Orthodox, Liberal or Reform.

SIGNIFICANT DATES

- Passover – March/April (2 sets of 2 days)
- Pentecost (Shavuoth) – May/June – 2 days
- New Year – September/October – 2 days
- Day of Atonement – September/October
- Tabernacles (Sukkot) – September/October – 2 sets of 2 days

RASTAFARIANISM

BELIEFS

Rastafarianism originated in Africa and is considered a way of life. Central to Rastafarian belief is Haile Selassie 1st who is seen as the New Messiah, who will ultimately lead black people to freedom. Rastafarians use the Holy Piby, the Kebra Nagast and the Bible (interpreted with a Rasta soul) for guidance.

DIET

- All forms of pig meat are forbidden as are alcohol and salt.
- Certain fish are considered unwholesome, particularly herring and sardines. Meat, poultry eggs and dairy products are also unacceptable to some.
- Some rastafarians follow a vegetarian diet.
- Processed and preserved foods are excluded, as is canned food.

DRESS/MODESTY

- Rastafarians wear their hair in dreadlocks which are a symbol of faith. Hair is often covered by a red green and gold hat.
- Rastafarian women dress modestly and this should be respected.
- There is a taboo on wearing second-hand clothing and they may be unwilling to wear hospital garments which have been worn by others.

DYING

- Family members may pray at the bedside but there are no specific rites or rituals.
- Visiting the sick is important and visits are often made in groups.

DEATH

- Routine last offices are appropriate.

POST MORTEM

- Few Rastafarians would agree with post mortem unless ordered by the Coroner.

FUNERAL

- Burial is preferred.

ORGAN DONATION / BLOOD TRANSFUSION

- Anxieties about this because of concern about contamination of the body. Assurance will need to be given.

OTHER CONSIDERATIONS

- Rastafarians may be unwilling to receive treatment which might contaminate the body. Some may reject western style treatments and/or prefer alternative therapies such as herbalism.

OSIGNIFICANT DATES

- 23 July – Birthday of Haile Selassie I
- 11 September – Ethiopian New Year's Day
- 2 November – Anniversary of the Crowning of Haile Selassie



SIKHISM

BELIEFS

The Sikh religion originated in the state of Punjab in the second half of the fifteenth century. Under the inspiration of its founder Guru Nanak, the movement began as a bold attempt to combine the values and beliefs of Hinduism and Islam.

DIET

- Meat eating is not prohibited except for beef.
- Many Sikhs, especially women are vegetarian and do not eat eggs or fish.
- Sikhs do not eat Halal meat.

DRESS/MODESTY

- Practising males observe the 5 religious symbols (K's) of their faith: Kesh – uncut hair, Kangha – the wooden comb, Kara – metal bracelet worn on wrist, Kirpan – a short sword under the clothing, and Kaccha – knee length underpants. If these need to be removed the reasons for this should be explained carefully to the patient and their family.
- Most Sikh men and some women will wear a turban.
- Men may wear pyjamas with a long shirt in hospital.
- Women dress modestly and some older women will wish to keep their head covered with a scarf. Girls are encouraged to keep their legs covered when they reach their teens.
- Female Sikhs prefer to be nursed by females, and have their modesty protected at all times.

DYING

- A dying Sikh may receive comfort from reciting hymns from the Sikh holy book. If the patient is too ill to do this, the family or any practising Sikh may be asked to help.
- The family will normally wish to be present.

DEATH

- After death the body is washed and then dressed in new clothes before being cremated.
- Health workers may perform the last offices if the family wishes.
- If the family is available they must be consulted.
- If the family are not available all 5 K's should be left on the body and normal hospital procedures followed.

POST MORTEM

- No religious objections to post mortem but all crosses must be removed from viewing rooms.

FUNERAL

- Cremation should take place as soon as possible, wearing all 5 symbols of the faith.
- Always cremation unless still births/neonates.

ORGAN DONATION / BLOOD TRANSFUSION

- No religious objections to blood transfusion, organ transplant or donation.

OTHER CONSIDERATIONS

- Showers are preferred to baths.
- If a bedpan is used, a bowl of water should be offered.
- Turban/breeches should not be removed during life.

SIGNIFICANT DATES

- Birthday of Guru Gobind Singh – 5 January
- Vaisakhi – 14 April
- Martyrdom of Furu Arjan Dev – 16 June
- Sri Guru Granth Sahib Day – 1 September
- Divali (Diwali) – October/November (date set by lunar calendar)
- Martyrdom of Guru Tegh Bahadur – 24 November
- Birthday of Guru Nanak – November

ZOROASTRIANISM

BELIEFS

The Zoroastrian religion (Parsees) is an ancient religion which may have influenced the major monotheistic world religions especially regarding heaven and hell, resurrection of the dead and the last judgement. There is a religious duty to care for material and spiritual aspects of life as both are created by God. Physical and moral purity is paramount and sacred symbols include cattle, earth, water and plants.

DIET

- Do not usually have pork or beef and may prefer vegetarian food.

DRESS/MODESTY

- No specific requirements.

DYING

- Like loved ones to be present at death.
- A priest should be present to pray.

DEATH

- Routine last offices.
- Must be bathed and dressed in white.
- The family provides sadra (undergarment to wear next to skin) under shroud with sacred kusti (girdle).

POST MORTEM

- Forbidden by religious law and only done if the coroner deems this to be necessary.

FUNERAL

- Funeral should take place as quickly as possible.
- Cremation or burial is acceptable.

ORGAN DONATION / BLOOD TRANSFUSION

- Will not have blood or organ donation.

OTHER CONSIDERATIONS

- A high standard of hygiene is required.
- Running water is preferred for washing but a bowl of fresh water is acceptable.
- A ritual is performed each time a Zoroastrian washes their hands – when performed they will stand on the same spot and speak to no-one during the ritual.
- Required to pray 5 times a day – prayers should be said in front of a fire or a symbolic replica of a fire.

SIGNIFICANT DATES

- Khordad Sal – Prophet's birthday.

Dates follow the lunar calendar and will therefore vary from year to year.

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