

# End of Life Directory

## For Faith, Culture and Spiritual Care



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# FOREWORD

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“To Comfort Always” now called “End of Life Directory” was prepared in response to a review undertaken by the Redbridge End of Life Care Scrutiny Working Group in March 2011. The findings of the review and a series of recommendations were presented in a report to Cabinet in September 2011. The review subsequently went on to win the “Involving Communities” category at the Centre for Public Scrutiny (CfPS) Awards in 2012, in recognition of the high level of community engagement during the review and the work undertaken by the then Director of Social Services and Housing, John Powell to implement the recommendations. This directory is a refresh of the original 2011 version, which has been updated in partnership with the Redbridge End of Life Action Planning & Development group.

The Scrutiny Working Group report included a list of 15 evidence-based recommendations, written using contributions from a range of people including carers, representatives from the council and NHS, for example social work practitioners, palliative care specialist nurses, voluntary sector and faith group representatives and members of the public. It recognised that death is a taboo subject and many people do not wish to talk about how they would like to be cared for at the end of life. This can mean that friends, relatives and professionals providing care are not aware of their wishes. So it is important that people are encouraged to talk about their wishes and to plan for their end of life.

The recommendations aimed to strengthen joint working, promote good quality end of life care in all care settings, through improved education and training in end of life issues and to promote awareness of choice and the importance of planning for future care and support based on need rather than diagnosis. The values expressed reflect those which are incorporated in the NHS Constitution over the page.

The report quotes Dame Cicely Saunders founder of the modern hospice movement:  
**“You matter because you are you and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die”**

The most relevant recommendations guiding the production of “End of Life Directory” were:

- We recommend that end of life care providers should work in partnership with and engage local communities in order to raise the profile of end of life care and promote awareness of the importance of being open to talking about death and planning end of life care; and
- We recommend that a guidance document on end of life care for all faith groups and diverse multi-cultural backgrounds be developed, in liaison with faith groups and other relevant groups and made available to all involved in providing end of life care

We would welcome any comments, additions or amendments to this document including any additional contacts for local Faith Groups. Please contact:



by email: [myview@redbridge.gov.uk](mailto:myview@redbridge.gov.uk)



in writing: Adult Care, Public Health & Wellbeing ,

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## Acknowledgements

A version of this directory was first published by the Oakhill Trust, a charity set up to encourage the development of spiritual care in the Health Service, in conjunction with Bromley Hospitals NHS Trust. We gratefully acknowledge that Dr Hillary Hones from the Oakhill Trust agreed that we could use their original document as a model for a Redbridge Directory.

# THE NHS CONSTITUTION

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## The NHS belongs to us all

- It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.
- The NHS is founded on a common set of principles and values that bind together the communities and people it serves - individuals and public - and the staff who work for it.



Seven key principles guide the NHS in all it does:

- 1. The NHS provides a comprehensive service**, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
- 2. Access to NHS services is based on clinical need**, not an individual's ability to pay.
- 3. The NHS aspires to the highest standards of excellence and professionalism.**
- 4. NHS services must reflect the needs and preferences of individuals, their families and their carers.** Individuals, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
- 5. The NHS works across organisational boundaries and in partnership with other organisations** in the interest of individuals, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.**
- 7. The NHS is accountable to the public, communities and individuals that it serves.**

These principles are underpinned by core NHS values which have been derived from extensive discussions with staff, individuals and the public.

# INTRODUCTION

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Everyone will have spiritual as well as physical and psychological needs. It is hoped that this Directory will help you to maintain a holistic approach to the people in your care.

Spirituality has been variously defined, for example, as “that inner space that relentlessly seeks meaning in oneself, in others and in the universe”<sup>1</sup>; another description says “Spirituality allows me to reflect on myself. I am a person because of my spirituality – motivated and enabled to value, to worship and to communicate with the holy, the transcendent.”<sup>2</sup> Whatever their faith or belief system, a person’s concern for well-being in his/her personal journey is important. Many will have found meaning in a tradition or religion and will want to be able to practise rituals of their faith at home, in hospital or nursing home. Others will have different beliefs. It is important to enable the individual’s experience to be understood in terms of faith and belief.<sup>3</sup>

The crisis of illness may stimulate a search for spiritual meaning, or may spark off questions and doubts about previously held beliefs. It is important that health and social care workers are aware of this and are equipped to help anyone who is facing the need to make sense of their lives and to find a way to respond to suffering. It has been shown that there is a relationship between attention to spiritual needs and improved recovery from illness or ability to cope with pain.<sup>4,5</sup> Good communication, attention and 'being there' for the individual is 50% of the cure. If care of the mind and body is not integrated, it is more difficult for the body to recover.<sup>6</sup>

Britain has always had a multicultural dimension. The 2011 census identified that approximately 19.5% of the population belong to Black, Asian and minority ethnic communities. Their cultures and faiths need to be understood as far as possible, and always appreciated and respected. Members of some societies in Europe may have a dual perspective, separating religion and culture from health, but this is often not the case in some other societies. There is a wide spectrum of culture and belief and no individual should be stereotyped. Many members of faith communities are not orthodox in all their beliefs or practices. There are many stresses which disadvantage people: social disadvantage, loss of social support, psycho-social factors such as prejudice and stereotyping, and language difficulties. Different cultures show emotional distress in different ways, and behaviour which might appear abnormal to others might not do so to the individual concerned and their cultural group. Some communities may use traditional remedies and put great reliance on alternative medicines or practices of their faith; health and social care practitioners with duty of care, should be aware of this. All these factors need to be taken into account.<sup>7</sup> Of course, in supporting people’s beliefs, no action which is contrary to English law should be undertaken.

The Borough of Redbridge is experiencing many demographic changes, including: population growth, changing age structures, and increased international migration. The population of Redbridge was estimated to be 301,967 by end of 2016. Redbridge is the 11<sup>th</sup> largest borough in London and is projected to grow to more than 362,000 people by 2030. The population has grown by 7.2% since the 2011 Census. Redbridge has a relatively young population, with a higher proportion of children aged between 0-15 (22.5%) than London (19.9 %) and England and Wales (18.9 %). The London Plan (2011) states that eight London Boroughs (Harrow, Redbridge, Tower Hamlets, Ealing, Hounslow, Croydon, Brent and Newham) are likely to have a majority of their population from Black, Asian and other ethnic groups. The London Plan Further Alterations (2014) states that London’s Black, Asian and other minority ethnic minority community population are expected to grow strongly as a result of natural growth and continued migration from overseas. Of all London Boroughs, Redbridge has the 6<sup>th</sup> highest number (85,014) of people whose stated that their country of birth is outside of the EU countries (including EU Accession states). Redbridge ranked 9<sup>th</sup> highest in England and Wales.

Despite this growth in the numbers of ethnic minority groups, trends over the past 10 years show that the largest faith group within Redbridge is of the Christian faith (36.8%). Christians are highest represented in Wanstead and Woodford, Hainault and Chadwell Heath. The fastest growing faith group is the Muslim religion (23.3%), with the highest rates of growth in South Ilford, particularly in Loxford and Clementswood wards and in areas close to Ilford High Road and up to Cranbrook and Clayhall.

The majority of residents of the Borough are Christians and are resident primarily to the west, north and to the east of the Borough which is similar trend to those with no religion. Those from a Buddhist background are more likely to live in the centre of the Borough; Hindus and Sikhs are more likely to live in the south and east of the Borough; Jews are more likely to live in the north, east and west of the Borough; Muslims are more likely to live in the southern part of the Borough. Those who regard themselves not from any of the mainstream religions mentioned and qualify as those of "no particular religion" are spatially disseminated across the entire Borough and are not situated in clusters as are other religious groups.

Faith is important to the people of Redbridge. There are over 130 places of worship and 77.5% of residents say they have a faith. There is strong respect and understanding between the different faiths, a crucial fact in an area with both large Muslim and large Jewish populations.

1 O'Murchu, D. Reframing Religious Life. St Paul's, Slough, UK. 1995, p 45.

2 Stoll, R. "The essence of spirituality" in Spiritual dimensions of nursing practice, ed. V. Carson. W B Saunders, Philadelphia. 1989. pp4-23.

3 Health Care Chaplaincy Standards, Hospital Chaplaincies Council, Bristol, 1993.

4 Hayward, J. Information – a prescription against pain. (Study of Nursing Care, series 2 no. 8) Royal College of Nursing, London. 1975.

5 Keighly, T. "Organisational structures and personal spiritual belief" in International Journal of Palliative

Nursing. Vol 3 no. 1 Jan – Feb 1997. p49.

6 Firth, S. "Counselling model: creating a healing environment in hospital" in Individual Education and Counselling 36 (1999) p87.

7 Main source of information for this paragraph: Julia Head, Chaplaincy Team, Maudsley Hospital.

In this Directory, you will find details of different faiths or belief systems which you may meet, and it is hoped that this will help in the understanding and support of the individual or service user. But it is most important to remember that everyone is an individual and will have his/her own interpretations, practices, concerns and maybe doubts. So here are some general suggestions on how to support people:

- Be ready and willing to listen.
- Ask if there are any particular needs.
- Ask how the individual wishes to be addressed. This may vary by age and culture.
- Using only their given name might be disrespectful in some cultures. (There is a separate note about names in Appendix Three)
- Enquire about diet in hospital, special diets can usually be provided. If the individual wishes to fast, check that this is compatible with their condition.
- Show respect for the individual's beliefs.
- Ensure as much privacy as possible for religious observances, by drawing the curtains around the bed or using a quiet room or chapel if possible.
- In the community, please establish contact with the person's nearest place of worship, if they request this, to enable support there or at home.
- Please ask if the individual would like a visit from a representative of their faith, and record the request to assist other staff. Contacts given in the directory will assist in the process, but no information about a individual should be given to these contacts without permission of the individual or next of kin.
- Be confident in your own beliefs and draw upon the spiritual resources of your own faith or belief; but only share your views if asked to do so.
- Please be alert to people's feelings, hopes and aims.
- Seek advice and support in responding to your encounters. Have a colleague with whom you can discuss problems in confidence.

The customs and practices of the various communities that this directory describes are those most generally found. However within many communities there are variations and customs and practices often develop or change with the passage of time. Therefore this directory is a guide only and although every effort has been made to be accurate it does not purport to be authoritative. If you have any comments please let us have them.



# BAHÁ'Í

The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- The Baha'i Faith does not support any form of euthanasia.
- Baha'is can have blood transfusions if it is deemed necessary.
- Prayer is an important part of a Baha'i's everyday life. Baha'i individuals will often wish to have family/friends at the bedside, saying and reading prayers during a period of illness. Families may, if death is imminent, request to keep a 24 hr vigil at the bedside rather than keep normal visiting hours. After death has occurred prayers will often be read at the bedside. There are no clergy in the Baha'i Faith so it is not relevant to try to contact a minister. Baha'is should not be embalmed before burial. The body should be washed and wrapped in a cotton or silk shroud before burial. Cremation is not allowed in the Baha'i Faith.
- Special fasting from 2<sup>nd</sup> to 21<sup>st</sup> March. Those who are ill are exempt from this requirement.
- Other Holy days: 21<sup>st</sup> April, 29<sup>th</sup> April, 2<sup>nd</sup> May, 23<sup>rd</sup> May, 29<sup>th</sup> May, 9<sup>th</sup> July, 20<sup>th</sup> October and 12<sup>th</sup> November. It would be appreciated if these dates could be avoided when arranging appointments. The day starts at sunset the day before the above.
- There are obligatory daily prayers. Privacy is preferable for these. The hands and face are washed before prayer: an ordinary wash basin or bowl can be used. If possible, the individual should stand facing the shrine of Bahá'ulláh, at Acre in Israel, in a south easterly direction from UK. (Please be ready to indicate this if requested).

## Diet

1. There are no special dietary requirements or laws. However, Baha'is do not drink alcohol, so any food prepared with alcohol would not be appropriate.
2. The individual may wish to fast; therefore food should be available before dawn and after dusk.

## Care of the dying

1. Death is seen as a transition to a further stage of life (like birth).
2. Individuals may wish for members from the Spiritual Assembly of Baha'i to come and pray with them. This may be arranged by the family. Privacy will be required for this.
3. Treat the body with great respect
4. Routine Last Offices and the body to be washed and wrapped in plain cotton or silk.
5. A special ring will be placed on the finger of the individual; this is not to be removed.
6. There are no Baha'i ceremonies or special arrangements attached to regarding care of the dying. If the individual does not appear to have any family please contact the local Baha'i community who will arrange for visitors. Prayer is an integral part of Baha'i life and both the individual and visitors will read and sometimes chant aloud prayers for healing and spiritual progress.

## Post mortems and organ donation/transplant

1. The Baha'i Faith considers organ and tissue donation a noble thing to do. However, provisions must be made to treat the donor's body with dignity and the remains must be buried within one hour's travel from the place of death. The decision to be a recipient of organ or tissue donation is left up to the individual, in consultation with a competent physician. If a post-mortem is deemed necessary the body should be treated with respect



and returned to the family for burial.

## Contact

No information about a individual should be passed to these contacts without the permission of the individual or the next of kin.

There are no clergy and community affairs are in the hands of Spiritual Assemblies, members of which will visit to comfort and pray.

### Redbridge Baha'i Community

Mrs C Khorsandyon

 07864 269 171

Email: [bckh19@yahoo.co.uk](mailto:bckh19@yahoo.co.uk)

### National UK Baha'i Office

 0207 584 2566



# BUDDHIST

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- There are many different Buddhist traditions, for example: Theravada and Mahayana (Tibetan, Zen, Pure Land, and some other Japanese groups) as well as the Western Buddhist order. Try to ascertain which tradition should be contacted, and find out which country the individual comes from.
- Peace and quiet for meditation and chanting would be appreciated; therefore access to a day room or a single room may be required.
- The offer of the Chapel for visiting Buddhists to pray in with the individual would be appreciated. The use of a side room would be valued.
- The need to wash hands before mediation.
- May wish to sleep on the floor.
- The image of a Buddha would bring comfort as will some flowers and an incense stick. These must be handled with great respect.
- Do not place any books or objects on top of their Spiritual Writings; their scriptures are to be treated with great respect.

## Diet

Many are vegetarians because of their respect for all life.

## Care of the dying

1. A side room is essential. The state of mind at death influences the character of rebirth.
2. Full information about their imminent death must be given to the individual to enable them
3. To make their own preparation for the event. An open, honest, and frank manner will be appreciated.
4. The need to approach death in a clear conscious state of mind is important; therefore this may mean the reduction of certain types of medication.
5. Individuals should be fully involved and consulted at all stages of their treatment.
6. No special rituals after death but the relatives may appreciate support and comfort.
7. The need to inform a fellow Buddhist is important; the family may do this, if they are unavailable the Chaplain will fulfil this function, or staff may try the contact number themselves.
8. Cremation is preferred. The next of kin will advise.
9. Turning the mind of the individual to happy and buoyant thoughts will put him in the frame of mind required to make his journey to death.

## Post mortems and organ donation/transplant

1. Unlikely for there to be any objections; however some Far Eastern Buddhists may object.
2. For post-mortems, normal legal procedures must be observed, and these should be explained to the next of kin.
3. For organ donation, the wishes of the individual and next of kin should be ascertained and consent obtained.

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.

### **British Buddhist Association (non-sectarian)**

11 Biddulph Road,  
Maida Vale  
London, W91JA  
 020 72865575

### **Buddhist Society (Multi traditional)**

58 Eccleston Square  
London, SW1V1PH  
 020 78345858

### **Linh – Son Buddhist Association in the UK**

89 Bromley Road,  
Catford, London  
SE6 2UF

### **Venerable Somarantha Thames**

Buddhist Vihara Dulverton Road  
Selsdon Surry  
 020 8657 7120



# CHINESE

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We realise that this group is a different category from the others in this Directory, but feel it is valuable to give information about the Chinese culture.

The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- There are many different Chinese dialects. Check that your interpreter speaks the same dialect as the individual. All Chinese dialects are written in the same script, but some older people may not be able to read and write, while some younger people may only read and write English.
- Chinese philosophy and way of life are based mainly on Confucianism and influenced by Buddhism and Taoism. Some Chinese are Christian, or from other faith or belief systems than those referred to already. Please refer to the relevant pages in this Directory
- The main values of the traditional way of life are obligations to family members, respect for elderly people, self-control and self-reliance.
- People may pray to their departed ancestors and many believe in reincarnation, but others do not.
- They may bring a picture or statue of their deity in to hospital, or may wear a pendant showing their deity which they may not wish to remove; these must be treated with respect.
- Traditional Chinese medicine is based on a principle of maintaining a natural balance within the body. The individual may wish to keep well wrapped up when feverish, and may feel they should not bath or shower when they are ill or have just had a baby. They should be asked what they would like to do.
- They may worry about the amount of blood which is taken for tests, as they fear it may harm their health. The reason and results of tests should be explained to them.
- Women as well as men traditionally wear trousers. They may find hospital gowns uncomfortable.
- Please see appendix two for "names".

## Diet

1. When ill or feverish, they like to avoid cold drinks and meals. Ask whether the individual would like a flask of hot water rather than a jug of cold water by their bed.
2. Individuals may prefer a cup of hot water to a cup of tea in the morning.
3. They may regard rice as an essential source of nourishment.
4. Certain foods are regarded as beneficial or harmful, and the food should be balanced according to the principles of yin and yang. Therefore they may wish to have Chinese food if available, or may rely on their families to bring in food.
5. Many will bring their own chopsticks, or they may need a spoon and a bowl. The food will need to be in bite size pieces.

## Care of the dying

1. Members of the immediate family will usually come and sit by the dying person.
2. For Christians or Buddhists, please see the relevant pages. Otherwise there are no special rites, but please refer to the family concerning the rites they wish to observe.
3. Some older people may regard death as bringing bad fortune, and may avoid a dying person and their family.
4. Some families may bring a special shroud to wrap the body in.

5. A traditional Chinese priest to conduct the burial may be difficult to find. Please refer to the family.

## **Post mortems and organ donation/transplant**

1. Chinese people find post-mortems distressing, but normal legal procedures must be observed, and these should be explained to the next of kin.
2. For organ donation, the wishes of the individual and next of kin should be ascertained, and consent obtained.

## **Contact**

Refer to the individual or family for advice.

See Christian or Buddhist pages, if appropriate.



# CHRISTIAN: ANGLICAN/ CHURCH OF ENGLAND

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**Church members are from a variety of cultural backgrounds, which affects their spirituality.**

The Anglican communion of churches includes:

- Church in Wales
- Episcopal Church in Scotland Church of England
- Episcopal Church in the USA  
Church of Ireland
- Churches with ecumenical agreements with the Anglican Church include some Lutheran Churches

The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Individuals usually wish to maintain their religious practice whilst receiving medical care; they may wish to pray for healing, receive anointing, read the Scriptures, and to consult with their own minister. They may wish to go to the Chapel or to a prayer room or quiet room, if available.
- Individuals may wish to see a Chaplain before an operation for prayers and to receive Holy Communion. Remember that some Anglicans will admit the administration of a male priest only.
- Individuals may request a Bible (The Gideon New Testament should be available at every bedside locker).
- Baptisms, Confirmations and Holy Communion may take place on the wards or in the hospital. These will be the Chaplain's responsibility. Marriages in hospital need special consent from managers and legal registration; they take place very occasionally; please refer to the Chaplain.
- If a individual is in any kind of spiritual distress, the local Vicar or, in hospital, the Chaplain may be called to offer comfort.

## Diet

1. Some individuals may wish to observe Friday as a no meat day, therefore a fish or vegetarian alternative must be made available.
2. Some individuals may wish to fast before receiving Holy Communion, which may have implications for the serving of meals; fasting is not required of the very sick.

## Care of the dying

1. Prayers may be said at the bedside of the dying and sometimes it will be appropriate for the individual to be anointed. The close family must be asked.
2. After death the family may wish to gather around the bed to commend the person to God and to give thanks for their life.
3. Please ask the individual/significant others if they would like to see the Chaplain or wish their local priest to visit, in preparation for the individual's death and to respect the dying person's beliefs.
4. Blessing, Baptism or Commendation of infants who are seriously ill or in danger of death should be offered, with a referral to their own minister and/or to a chaplain.

## Viewing the body – visits to see those who have died

Please arrange the place/chapel of rest appropriately; a cross or crucifix may be placed in the chapel; commendatory prayers may be said.

## Post mortems and organ donation/transplant


1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin, the Chaplains of the NHS Trusts and Parish Priests and any of the mental health Chaplains.

### **Revd Canon Marie Segal**

The Vicarage,  
St Andrews Road  
IG1 3PE

 020 8554 9791

[segal.marie@btinternet.com](mailto:segal.marie@btinternet.com)



# CHRISTIAN: ORTHODOX/other Oriental Autocephalous Churches

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**Church members are from a variety of cultural backgrounds, which affects their spirituality.**

The Orthodox Church includes several branches with their own patriarchs (senior bishops) or Archbishops. Orthodox Churches are numerically strong in Eastern Europe, the Mediterranean and the Middle East. In the United Kingdom communicant members of the church relate to the older, national, ethnic Churches. These include the Russian Orthodox, the Greek Orthodox, the Serbian Orthodox and the Oriental Orthodox Churches, such as the Armenian, Coptic, Ethiopian, Indian and Syrian Orthodox.

The information below is a general guide only. Always check everything with the individual. If in doubt ask them or the contact for advice.

- Individuals usually wish to maintain their religious practice, whilst receiving medical care; they may wish to pray for healing, receive anointing, read the scriptures and to contact their own minister. They may wish to go to the chapel or to a prayer room or quiet room, if available.
- Individuals may wish to see a Chaplain before an operation for prayers and to receive Holy Communion. Their own priest should be contacted if possible; otherwise refer to the Chaplain.
- Individuals may request a Bible. (The Gideon New Testament should be available at every bedside locker).
- Baptism, Confirmation and Holy Communion may take place on the wards or in the Hospital Chapel. These will be the Chaplain's responsibility, with ministry arranged with the local Orthodox priest. Marriages in hospital need special consent from managers and legal registration and take place very occasionally; please refer to the Chaplain.
- If a individual is in any kind of spiritual distress, the Chaplain or an appropriate local minister may be called to offer comfort.
- The dates for Orthodox Christmas and Easter differ from the dates of the other main Christian traditions.

## Diet

1. Some individuals may wish to observe Friday as a no meat day, therefore a fish or vegetarian alternative must be made available.
2. Some individuals may wish to fast before receiving Holy Communion, which may have implications for serving meals. If individuals are too ill to fast, this spiritual discipline is not required.

## Care of the dying

1. In addition to the normal visits by the Chaplain, The Sacrament of the Sick with anointing is important. (This may also be required before an operation).
2. Inform the priest long before the point of death so that he may build up a relationship with the individual and the family at this stage of the individual's life.
3. The Orthodox priest should be contacted to care for a dying individual or one who has just died and he will normally be of assistance in consoling the relatives.
4. Baptism and Confirmation of infants in danger of death should take place.



## **Viewing the body – visits to see those who have died**

Please arrange the place/chapel of rest appropriately; a cross or crucifix may be placed in the chapel; commendatory prayers may be said.

## **Post mortems and organ donation/transplant**

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## **Contacts**

No information about a individual should be given to the contacts without the permission of the individual or next of kin



# CHRISTIAN: ROMAN CATHOLIC

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Individuals usually wish to maintain their religious practice, whilst receiving medical care; they may wish to pray for healing, receive anointing, read the Scriptures, and make use of a Rosary and to contact their own minister. They may wish to go to the chapel or to a prayer room or quiet room, if available.
- It is not acceptable for Catholic Individuals to receive sacraments (i.e. Holy Communion or Anointing) by other Christian denominations. In case of doubt contact the Roman Catholic Chaplain.
- Individuals may wish to see a Chaplain before an operation for prayers and to receive Holy Communion.
- They may request a Bible (The Gideon New Testament should be available at every bedside locker).
- Baptisms, Confirmations and Holy Communion may take place on the Wards or in the Hospital Chapel. These will be the Chaplain's responsibility. Marriages in hospital need special consent from managers and legal registration and take place very occasionally; please refer to the Chaplain.
- If a individual is in any kind of spiritual distress, the Chaplain or an appropriate local minister may be called to offer comfort.

## Diet

1. Some individuals may wish to observe Friday as a no meat day, therefore a fish or vegetarian alternative must be made available.
2. Some individuals may wish to fast before receiving Holy Communion, which may have implications for the serving of meals. No period of fasting is required for the sick; their carers are asked to encourage individuals to receive Holy Communion when possible, even when they are unable to fast. The elderly, and those who are suffering from some illness, as well as those who care for them, may receive Holy Communion even if within the preceding hour they have consumed something. (See Canon 919.3).

## Care of the dying

1. In addition to the normal visits by the Chaplain, The Sacrament of the Sick with anointing is of particular importance. This may also be required before an operation.
2. Inform the priest long before the point of death so that he may build up a relationship with the individual and the family at this stage of the individual's life.
3. The Catholic Priest should be contacted to care for a dying individual or for one who has just died and he will normally be of assistance in consoling the relatives. If the individual has not already been anointed, the Priest may wish to have access to the body in order say appropriate prayers, together with the relatives present. The body should not be removed to the mortuary until after he has had the opportunity to do so.
4. Baptism of infants in danger of death should take place and children, who have been baptised, should be confirmed, if they are in danger of death.

## Viewing the body – visits to see those who have died

Please arrange the place/chapel of rest appropriately; a cross or crucifix may be placed in the chapel; commendatory prayers may be said.

## Post mortems and organ donation/transplant

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to the contacts without the permission of the individual or next of kin

For more general or guidance matters:

**Rev Joseph Whisstock BSc (Hons),  
BA (Hons)**

Healthcare Advisor – Diocese of  
Brentwood  
27 Milton Road  
Westcliff-on-Sea Essex  
SS0 7JP



# CHRISTIAN: FREE CHURCH

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**Church members are from a variety of cultural backgrounds, which affects their spirituality.**

The Free Churches are in the Free Church Federal Council:

- The Afro-West Indian United Council of Churches
- The Congregational Federation
- The Countess of Huntingdon's Connexion
- The Free Church of England
- The Methodist Church
- The New Testament Church of God
- The United Reformed Church in the UK
- The Wesleyan Reform Union
- The Presbyterian Church of Wales
- The Salvation Army
- The Assemblies of God (A Pentecostal Church)
- The Baptist Union of Great Britain and
- The Baptist Union of Wales
- The Council of African & Afro-Caribbean churches UK
- The Fellowship of Churches of Christ
- The Independent Methodist Churches
- The Old Baptist Union
- The Moravian Church
- The Union of Welsh Independents

And also there are:

- The Independent Churches and Missions
- The Church of the Nazarene
- The Church of Scotland
- The Christadelphians
- The Brethren, including The Plymouth Brethren (see separate entry)
- The Church of God
- The Society of Friends – Quaker: see Separate entry

**Individuals may use the terms 'Chapel' or 'Nonconformist' to indicate that they are Free Church**

The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Free Church individuals will welcome prayers and Bible reading; depending upon their tradition they may expect a sacramental ministry, and request Holy Communion or other sacraments.
- The Free Church Chaplain oversees spiritual care for Free Church individuals; ministry may be given by the individual's own church minister or one of the chaplaincy team.
- They may request a Bible (The Gideon New Testament should be available at every bedside locker), or wish to attend services in the Chapel – the times of these should be indicated on every Ward.
- Holy Communion may take place on the wards or in the hospital chapel. These will be the Chaplain's responsibility. Marriages need special consent from managers and legal registration; they take place very occasionally.
- If a individual is in any kind of spiritual distress, the local minister or, in hospital, the Chaplain may be called to offer comfort.

## Diet

Some individuals may wish to fast as a spiritual discipline and some may wish to fast before receiving Holy Communion, which may have implications for the serving of meals.

## Care of the dying

1. Depending upon their tradition an appropriate ministry may be expected. Ask the individual/significant others if this is required.
2. Blessing, Baptism or Commendation for infants, who are seriously ill or in danger of death should be offered – many Free Church members will choose prayers of blessing and commendation; some of them follow their tradition of thanksgiving or dedication of infants and adult baptism.

## Viewing the body – visits to see those who have died

Please arrange the place/chapel of rest appropriately; a cross or crucifix may be placed in the chapel; commendatory prayers may be said.

## Post mortems and organ donation/transplant

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to these contacts without the permission of the individual or next of kin.

**Revd, Christine Pocock**  
Healthcare Chaplaincy Board of the  
Free Church Federal Council c/o  
Hospital Chaplaincies Council  
Church House  
Great Smith Street  
London  
SW1P 3NZ

For other contacts see Religions in the UK, A Multi-Faith Directory.



# CHRISTIAN SCIENTIST

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- If the individual is voluntarily in hospital, they are likely to accept conventional but minimal medical treatment. They will also ask for drug therapy to be kept to the minimum.
- If involuntary, i.e. after an accident, they may wish to be completely free of medical treatment. Therefore there will be a need to contact the Christian Science practitioner. Refer to the relatives for the address and record it in the notes, or seek advice from the contact below.
- No specific objections to blood transfusions, but would prefer to rely on prayer. Therefore they would not usually wish to participate as donor or a recipient.
- Privacy will be needed for prayer and Bible reading. This should be made available by closing the curtains, or use of a quiet room if available.
- Children will fall under the Children Act 1989. If doctors are considering a Court Order to impose medical treatment, the parents should be informed as early as possible so that they can be represented at Court.

## Diet

No alcohol or tobacco

## Care of the dying

1. There are no particular last rites specified by the Faith, but the relatives may request support.
2. Female body to be handled by female staff.
3. Cremation is usually chosen in preference to burial, but it is entirely a matter of family choice.

## Post mortems and organ donation/transplant

1. Post mortems should be avoided, unless required by law.
2. For post mortems, normal legal procedures must be observed, and these should be explained to the next of kin.
3. Would not normally wish to donate or receive an organ.

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.

# GYPSIES AND TRAVELLERS

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We realise that this group is a different category from the others in this Directory, but feel it is valuable to give information about the Gypsy and Traveller culture.

The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- The languages spoken are the language of the host country as well as the local Romany dialect. Irish Travellers speak a language called Shelta. There should be no language difficulties deriving from their Roma culture; if they are from abroad, interpreters speaking the language of the country of origin will suffice.
- The religion followed also depends on the country of origin. Please see entries under relevant religions. There are a number of churches 'adopted' by Gypsies and Travellers: Irish Gypsies will tend to be Roman Catholics, English will use the local Church of England for burials, and there are evangelical Gypsy churches (see Free Church page). Some Gypsies may feel unwelcome in some churches or places of worship
- The extended family is important. Gypsies and Travellers are very unlikely to go into residential homes for the elderly.
- In hospital, large numbers of visitors are likely and they may be uninhibited in showing emotion such as grief. It is important to understand this, and to ask for support from the chaplaincy when appropriate.
- The culture is oral, so written communications should be explained fully and requests should be noted and agreed.
- There are sensitivities about gender roles, so it may be difficult to accept treatment by the opposite sex.
- Access to health services is difficult for Travellers. The long history of friction between the sedentary community and Travellers leaves a legacy of mistrust and suspicion.
- The naming system is important. The surname describes the clan, and family names are often similar. First names also tend to run in families and extended families, so it is important to check (e.g.: by date of birth) and avoid confusion.
- English Gypsies and Travellers are recognised under law as an ethnic minority and their culture should be respected.

## Diet

Dietary considerations vary according to the religion followed.

## Care of the dying

1. Death may not be talked about by some Travellers, but evokes the need to express grief and to organise appropriate rituals.
2. As above, there will be many visitors, and they may be uninhibited about expressing grief. It is appropriate to have several staff available and to make appointments carefully.
3. If the individual is Christian (Roman Catholic, Church of England, Free Church or Orthodox) a priest or minister must be called to commend the individual to God and console the bereaved. See appropriate page for contacts.
4. For members of other religions, please see relevant pages in this directory.
5. There are often specific and elaborate funeral rites. A fire has to burn between death and the funeral, and this fire is attended by family members.
6. When on the road, the deceased person's possessions had to be burned, but this practice is

not often followed now.

## **Post mortems and organ donation/transplant**

1. Gypsies and travellers will be reluctant to allow post-mortem, but normal legal procedures must be observed, and these should be explained to the next of kin.
2. For organ donation, the wishes of the individual and next of kin should be ascertained, and consent obtained.

## **Contact**

No information about a individual should be passed to the contact without the permission of the individual or next of kin.





# HINDU

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Female individuals prefer female doctors and consideration should be given to their modesty. Ask the pregnant woman if there are any special birth rites to be observed.
- Running water or a jug of water in the same room as the toilet is required; if a bedpan is used a bowl of water must be offered afterwards. Ablutions are important.
- Avoid using the left hand unnecessarily with individuals. This hand is regarded as unclean.
- Offer a volume of the Bhagavad-Gita, which can be obtained from the faith community or refer to the Chaplain.
- The individual may wish to lie on the floor (close to Mother Earth)
- The family may wish to stay with the individual all the time.

## Diet

1. Many are vegetarians but some do not eat eggs, therefore explanation of the content of unfamiliar food would be welcomed. Beef should never be served.
2. There is a dislike for plates which have been used for non-vegetarian food. A coloured plate system would be appreciated or disposable plates.
3. There will be the need to rinse the mouth after eating.

## Care of the dying (last rites puja)

If death is imminent, Hindu individuals wherever possible would like to die at home. Death in hospital can be distressing for the relatives.

1. Before death there will be a desire to distribute food and one's own articles of use to the needy, religious persons and the Temple. These gifts will be brought by the relatives for the individual to touch, before giving away.
2. A Hindu would like to have the leaves of the sacred Tulsi plant and Ganges water placed in his/her mouth by relatives before death. Therefore warn the relatives if death is imminent.
3. After death the wishes of the dead are honoured.
4. Consult the family if they wish to perform the Last Rites in the hospital. The body has to be bathed in water mixed with water from the River Ganges. Normally this is done at home by the family.
5. Do not remove sacred signs like threads or jewellery from the dead body.
6. Consult the wishes of the family before touching the body. The use of gloves would be appreciated.
7. Viewing of the body:
  - a. Remove all religious symbols
  - b. Place "OM", if available, on the altar or shelf.
  - c. Allow the head of the individual to be close to the "OM".
8. A Hindu is cremated. It is preferred that no longer than 24 hours lapses before the funeral.

## Post mortems and organ donation/transplant

1. Post mortems are not liked, but if required by law, all organs and remains must be

returned before the funeral. Normal legal procedures must be observed, and these should be explained to the next of kin.

2. There is no religious objection to transplants. The wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.

**Pandit Dharmesh Chandra Mishra**

**43**

Cleveland Road

Ilford

Essex

IG1 1EE

 07939 288 068

Email [dharmeshcander@yahoo.co.uk](mailto:dharmeshcander@yahoo.co.uk)



# HUMANIST

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Humanists believe strongly in the individual's right to freedom of choice in the main decisions of life and death, and this will, therefore, have a bearing on discussions about a individual's prognosis.
- All people are equal regardless of sex, culture, age, race or sexuality and must endeavour to find solutions for problems within themselves.
- They do not believe in any god or life after death

## Diet

No special needs but a higher proportion are vegetarian/vegan than in the population as a whole.

## Care of the dying

1. No praying please
2. Remove or cover religious signs if body is to be viewed
3. When dealing with a funeral director after the individual has died, he should be informed that a non-religious service will be required. There are trained Humanist officiates for funerals (see contacts below)

## Post mortems and organ donation/transplant

1. No objection on Humanist grounds.
2. For post mortems normal legal procedures must be observed, and these should be explained to the next of kin.
3. For organ donation, the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.

Hospital visits are by appointment. Baby naming, weddings or funerals may be requested by the individual or next of kin. Weddings in hospital must be referred to the Trust Management.

**Denis Cobell**

 020 8690 7917



# JAIN

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Female individuals will usually prefer a female doctor and nurse and considerations should be given to their modesty and this desire.
- The Jain individual may wish to say prayers with their Brahman.

## Diet

1. All Jains are vegetarians.
2. Some Jains may refuse potatoes, garlic and onions with their meal; so it is important to ask the individual what is acceptable food for them.
3. Many Jains prefer not to eat after sunset.

## Care of the dying

1. The family may provide a plain white gown or shroud for the dead individual.
2. The family may wish to be present during the last offices and also to assist in their administration, and should, therefore, be asked if they wish to do so.

## Post mortems and organ donation/transplant

1. Post-mortem is usually seen as disrespectful to the body, but this will depend on the orthodoxy of the individual. If required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Jains may be willing to both give and receive organs. The wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.



# JEHOVAH'S WITNESS

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Strongly held belief that taking blood into one's body is morally wrong.
- An Advance Medical Directive/Release is carried by all Jehovah's Witnesses. This directs that no blood transfusions be given under any circumstances, while releasing medical practitioners/hospitals from responsibility for any damages that might be caused by their refusal of blood.
- Jehovah's Witnesses accept all 'standard' medical treatment with the exception of blood and its primary components (red cells, white cells, plasma and platelets). Each witness will decide whether he/she can accept the use of minor blood fractions (albumen, immune globulins or clotting factors) which are not absolutely prohibited. Recycling of the individual's own blood is favoured if the appropriate apparatus is available.
- When entering hospital, consent/release forms should be signed that state matters similarly and deal more specifically with the treatment needed.
- Children will fall under the Children Act 1989. If doctors are considering a Court Order to impose medical treatment, the parents should be informed as early as possible so that they can be represented at any Court hearing.

## Diet

The individual will reject food containing blood, e.g.: black pudding

## Care of the dying

1. No special rituals
2. Those who are very ill appreciate a pastoral visit from one of their Elders. Friends or family may assist.

## Post mortems and organ donation/transplant

1. Preferably no post mortems, but if required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Organ donation and transplantation may be acceptable. The wishes of the individual and next of kin should be ascertained, and their wishes observed.

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.



# JEWISH

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Sabbaths and festivals are important. The Sabbath begins at sunset on Friday and will last until sunset on Saturday. Kosher meals are available on request.
- The lighting of two candles, a small glass of wine and some special bread will be needed to welcome the Sabbath. Friends will usually provide the necessities.
- Individuals should be consulted about what *they* can do during the Sabbath. The simple acts of turning lights and television sets on and off for them would be greatly appreciated.
- Special care must be taken with Ultra Orthodox Jews.
- It is immodest for men to touch women other than their wives, therefore thought needs to be given about what contact is necessary between nurse and individual.
- Women may wish to cover hair with a wig or scarf and wish limbs to be kept covered at
- All times. This must be respected. Also, men may like to cover their heads during their stay.

## Diet

Kosher meals are available on request, if required.

## Care of the dying

1. Dying individuals should not be left alone; relatives therefore may wish to stay.
2. Opportunity for saying a Prayer of Confession and to receive Affirmation of Faith – this can be said by relatives.
3. The individual's own Rabbi or minister could be called first; if unavailable, check for contact Rabbi via Hospital switchboard.

## Once death is established

1. The nearest relatives may wish to close the eyes. The arms should be extended by the side, hands open, mouth closed. The body is to be touched as little as possible.
2. If death happens during the Sabbath, the body should be left: seek advice from relatives.
3. Jewellery should be removed in presence of witnesses and a list made.
4. The body should be wrapped in a plain white sheet.
5. Relatives may wish to keep vigil over the body.
6. When viewing the body remove religious symbols, candlesticks etc.
7. Burial should take place within 24 hours if possible. Contact the Registrar of Births, Marriages and Deaths concerning special arrangements.

## Post mortems and organ donation/transplant

1. The body is traditionally regarded as sacred and should not be damaged in any way. Orthodox Jews do not permit post mortems unless required by law. Normal legal procedures must be observed, and these should be explained to the next of kin.
2. Orthodox Jews do not permit organ donation. The wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to these contacts without the permission of the individual or next of kin.



# MORMON

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## Properly known as “The Church of Jesus Christ of Latter-Day Saints”

The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Those Mormons who have undergone a special Temple Ceremony wear a sacred undergarment. This private item will normally be worn at all times. It may be removed for laundering or surgical operations but must be considered as private and treated with respect.
- No religious objections to blood transfusion.

## Diet

1. Mormons are very health conscious.
2. They eat meat very sparingly.
3. They are concerned about stimulants; therefore do not drink tea or coffee.
4. The availability of milk and fruit juices would be appreciated.
5. Alcohol and tobacco are forbidden.

## Care of the dying

1. No ritual acts for the dying.
2. Contact with other members of the church is important.
3. The local church will supply a Bishop who will give blessings and minister to the sick. Ask the relatives for advice, or see the contact number below. If necessary seek advice from the Chaplain.
4. “Home teachers” will visit and support church members in hospital.
5. At death, if the sacred garment is worn it must be replaced on the body after the toilet is complete.
6. Burial is preferred.
7. The Bishop will offer solace and help with funeral arrangements.
8. The Relief Society, a women’s organisation, will help with the practicalities of a funeral.

## Post mortems and organ donation/transplant

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.





# MUSLIM

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Great importance is attached to cleanliness. Therefore, before every act of prayer the individual will want to wash. Water poured from a jug will be appreciated.
- Times of prayer are dawn, noon, mid-afternoon and just after sunset and before retiring for sleep. The individual will need to stand on clean ground or a prayer mat facing Mecca (south-east in Britain).
- Privacy will be appreciated but not essential.
- An offer of the copy of the Qu'ran will be appreciated. This must be handled with the greatest respect, no object or book being placed upon it. This can be supplied by the individual's family, the local Mosque or by the Chaplain's office.
- Both male and female Muslims are very modest in their dress and outlook. A female may request that her husband or a female companion be present during a medical examination.

## Diet

1. During the time of Ramadan it is incumbent that all Muslims fast, but ill individuals are exempt from this. Food should be made available for any individual before dawn and after sunset.
2. Both pork and alcohol are forbidden all year round.
3. The taking of medication during a fast may cause difficulties to the individual; no undue pressure should be applied. The local Mosque could be helpful in this situation.

## Care of the dying

1. The individual may wish to sit or lie facing Mecca.
2. Family or friends may wish to quietly read the Koran.
3. At death wrap the body in one or two plain white sheets.
4. Place the foot of the bed facing Mecca or turn the individual onto their right side in order that the deceased's face looks towards the Holy City.
5. Do not wash the body or cut nails or hair.

## Viewing the body

1. Remove all religious symbols
2. If possible the foot of the trolley should be in a position that the face of the deceased is towards Mecca. (South-east in Britain)
3. A Muslim Undertaker will be contacted by the family.
4. The washing of the body and prayers at the Mosque will be arranged by the family.


## Post mortems and organ donation/transplant

1. Muslims prefer no post-mortem, but if it is required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. For organ donation, the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to these contacts without the permission of the individual or next of kin.

### **Federation of Redbridge Muslim Organisations (FORMO)**

52-56 Albert Road  
Ilford  
IG1 1HW  
 07773816905

### **Garden of Peace Muslim Cemetery**

57 Elmbridge Road  
Ilford  
IG1 3SW  
 020 8502 6000



# PAGAN

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- A Pagan would be very upset if the hospital admission form stated that he or she has no religion or the nurse put down C of E or N/A.
- Most Pagans will not have any unusual needs, but during one of their festivals they may ask for privacy during visiting hours to allow them to worship with friends.
- Because of the diverse traditions within Paganism individual individuals should be asked how their needs can be satisfied in hospital.
- It is worth bearing in mind that their families may not be aware of their beliefs and that most Pagans are still wary of making their beliefs known; therefore this information must be treated with the utmost respect.
- Pagans may wish to have a small white candle or a small figure of the Goddess on their locker.

## Diet

1. Vegetarian.
2. Vegan.
3. Raw food diets (liaise with Catering Department if this is required).

## Care of the dying

1. Pagans will want to know if they are dying to give them time to prepare positively for death.
2. It is important that Pagans have the name and telephone number of their Spiritual Adviser to attend them in the same way as clergy.
3. Most Pagans prefer to die at home.
4. Pagans will not welcome prayers at the bedside, but at the point of death would appreciate the comforting presence of a nurse or another person. Ideally this would be provided by another Pagan.
5. Cremation or burial are equally acceptable. A Pagan will want his or her own Spiritual Adviser to conduct the funeral.

## Post mortems and organ donation/transplant

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

Refer to the individual or family for advice.

# INDIVIDUALS WHO HAVE NO RELIGIOUS ALLEGIANCE

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- The individual's integrity should be respected and an opportunity provided for individuals to describe what they think and how they feel.
- Individuals may appreciate a visit to a quiet room as a change from the ward.
- Individuals may wish to see an appropriate member of staff in order to consider their illness. Some will have deeply held convictions that there is no place for religion in their lives, and their opinions must be respected. Others may welcome the chance to discuss their experiences. A positive attitude towards coping with illness has been shown to aid recovery. (see introduction).

## Diet

Please enquire concerning any special dietary requirements.

## Care of the dying

1. As with all individuals, ensure that the relatives and friends are supported and offered consolation, in accordance with their own beliefs.
2. Do not offer prayers unless requested.
3. As with all individuals, at the point of death the individual may appreciate the comforting presence of a member of staff if no relative is present.
4. Consult with the next of kin concerning the funeral arrangements; a non-religious funeral or memorial event may be preferred.
5. Remove or cover religious symbols if body is to be viewed.

## Post mortems and organ donation/transplant

1. Normal legal procedures must be observed, and these should be explained to the next of kin.
2. The wishes of the individual and next of kin about organ donation should be ascertained, and consent obtained.


## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.

The adviser, relative or friend designated by the individual should be contacted if necessary. Please refer to the individual's notes.

If advice about a non-religious funeral or memorial event is required, it can be obtained from the undertaker or from:

**Denis Cobell**

 020 8690 7917



# PLYMOUTH BRETHREN AND EXCLUSIVE (LONDON) BRETHREN

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Some Brethren eat and drink only with those whom they “break bread with”. Therefore, it would be a kindness to ask if the individual may like to have the curtains drawn whilst eating meals.
- Women do not cut their hair and keep it covered when in public, this usually means outside, but some may regard an open ward as a public place and therefore keep this custom.
- Men keep their hair short and are clean shaven.
- Brethren may have had and may have little contact with the media such as television or radios.

## Diet

There are no special considerations.

## Care of the dying

1. The next of kin must be informed to facilitate their visiting.
2. Brethren will usually try and keep a 24 hour vigil when the individual is near to death.
3. After death the family will often like to have complete control over what happens to the body and may like to attend to washing and the last offices themselves. This should be remembered by nursing staff so that the family may be given this option.

## Post mortems and organ donation/transplant

1. There should be no unnecessary interference with the body, but if a post- mortem is required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. The Brethren could donate organs but may not give permission.
3. Brethren are against heart transplants, as the heart is perceived as the seat of the affections. Kidney transplants may be acceptable. The wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

Refer to the family for the support of the local Brethren group.



# RASTAFARIAN

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Rastafarians may have an antipathy to Western medicines and be reluctant to take treatment which they fear will contaminate the body by drugs, preferring alternative therapies such as herbalism, homeopathy, or acupuncture. They may be reluctant to answer questions.
- For some a legal marriage is unnecessary and thus extended families may be complex.
- They are easily identified by their distinctive head style dreadlocks. Their hairstyle is a symbol of faith and a sign of black pride. Orthodox members may not let their hair be cut.
- Rastafarians may be unwilling to wear hospital garments which have been worn by others. Therefore disposable theatre gowns may be preferred.
- Visiting the sick is important and their visitors often arrive in large groups.
- Therefore they can sometimes feel unwelcome in the hospital environment where there are restrictions on the number of visitors.
- The fear of contamination of the body would influence the attitude to transfusion; therefore assurance would be needed that no disease would be transmitted.

## Diet

1. All forms of pig meat are forbidden. Only natural food is eaten, canned or chemical food never.
2. Some follow a vegetarian diet.
3. Certain fish are regarded as unwholesome: herring and sardines among others are not acceptable.

## Care of the dying

1. Rastafarians have a deep love of God and believe that where people are, God is present, therefore the family may pray around the bedside of the dying member.
2. There are no rites or rituals before and after death.
3. Burial is preferred but cremation is not forbidden.

## Post mortems and organ donation/transplant

1. Post-mortems will be intensely disliked by most Rastafarians. However, if required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Permission for organ donation is unlikely. The wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

Refer to the family for advice.



# RELIGIOUS SOCIETY OF FRIENDS (QUAKERS)

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

## **Diet**

No special considerations.

## **Care of the dying**

A friend may often want the clerk of the meeting to know that he/she may be dying if they require spiritual support. Privacy would be appreciated for this if possible.

## **Post mortems and organ donation/transplant**

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## **Contact**

No information about an individual should be passed to a contact without the permission of the individual or next of kin.

Contact the individual's own meeting for worship.



# SEVENTH-DAY ADVENTIST

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- A non-conformist Christian church
- Saturday is observed as the Sabbath rest, which is from Friday sunset until Saturday sunset
- Privacy is needed for quiet meditation during the Sabbath hours.

## Diet

1. Most will be vegetarian.
2. All will avoid pork and shellfish.
3. Most avoid caffeinated tea and coffee, and alcohol.

## Care of the dying

1. Contact the Seventh-day Adventist minister as soon as possible and give time and privacy for pastoral care.
2. Routine Christian 'last offices' are appropriate.
3. Burial or cremation acceptable. Asian and Caribbean members normally choose burial.

## Post mortems and organ donation/transplant

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to a contact without the permission of the individual or next of kin.

### **Richard J B Willis**

Health Ministries Director  
British Union Conference of  
Seventh-day Adventists  
Stanborough Park  
Watford  
Herts  
WD25 9JZ



01923 672251/01923 893212

Local ministers change. The above office can give contact details of current ministers as required.





# SIKH

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Female doctors and nurses for female individuals whenever possible, or if not, there should be a female chaperone present
- Do not ask a Sikh to remove their KARA (steel bracelet or ring worn on the right wrist), unless vital for x-ray or surgery to be performed on right wrist or arm. Otherwise secure with tape. MRI Scan may not be performed unless individual agrees to remove their KARA.
- Many do not speak English so please provide an interpreter if possible, or make sure the individual understands instructions.
- Sikhs do not find a Christian chapel acceptable for their prayers. A prayer room should be provided, preferably with a wash basin. Prayers are said three times a day.
- Sikhs prefer flowing water to wash in before meals, after toilet or after the use of a bedpan.
- If for any reason the individual's KACCHA (special shorts – underwear) are removed, they should be replaced by another pair. Consult the individual for method of removal and replacement.
- Sikh women find hospital gowns immodest and would be more comfortable in their own clothes.
- Visiting the sick is felt to be a binding duty, so many will travel far and may arrive after hours, but should be accommodated if possible.

## Diet

1. The Sikh religion does not require vegetarianism; some are vegetarian by choice. Please ask to be certain.
2. Some may not accept fish or eggs, so please consult the individual.

## Care of the dying

1. The family may wish to say or sing prayers.
2. Taped hymns or prayers may be placed beside the individual. A separate room if possible would be appreciated.
3. The Sikh's 5 Ks are never removed when viewing the body. These are personal objects sacred to the Sikhs.
  - *Kesh* - Do not cut hair, beard or remove turban.
  - *Kanga* - Comb (semi-circular comb which fixes the uncut hair in a bun)
  - *Kara* - Bracelet
  - *Kachha* - Special shorts – underwear
  - *Kirpan* - Sword (usually a miniature sword which is worn)
4. When viewing the body, remove symbols of other religions.
5. Sikhs are always cremated, usually within 24 hours of death.

## Post mortems and organ donation/transplant

1. Post-mortem may be resisted on cultural grounds, but if essential relatives should be reassured that the 5 Ks will be treated with respect and replaced. If required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. No objection to organ donation on religious grounds. The wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.

The community "Gurdwara" (local spiritual centre) must be contacted if there are no relatives.

# SPIRITUALIST

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- May request a Healer or "absent healing" for treatment alongside medical treatment. This will involve the laying on of hands, an act which can be performed quietly and with discretion, or prayer.
- They have no fixed creed, but generally accept the "Seven Principles" of Spiritualism as a basis for their religion and philosophy, which assert the continuous existence of the human soul and eternal progress for all, regardless of race, creed or colour.

## Diet

No special dietary requirements

## Care of the dying

1. Acceptance and a peaceful attitude could be important, since the state of mind is believed to have some influence on transition to the spirit realms.
2. They believe those friends and loved ones who passed into spirit before them will meet and welcome them.

## Post mortems and organ donation/transplant

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to the contacts without the permission of the individual or next of kin.



# UNITARIAN

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The information below is a general guide only. Always check everything with the individual. If in doubt ask them, or the contact, for advice.

- Unitarians offer special services to celebrate birth and naming, marriage or partnership, or a life that has ended. These are arranged as far as possible to meet the needs of those most closely involved.
- Unitarian ministers are free and yet also have a responsibility to try to meet the spiritual needs of people whether or not they belong to Unitarian congregations.

## Diet

No special requirements, but please ask individual individual.

## Care of the dying

1. Prayers may be said at the bedside of the dying.
2. Whether at crematorium, place of worship, home or graveside, Unitarian ministers are concerned primarily with the needs and wishes of the bereaved, and seek to reflect the life and beliefs of the dead person in a personal way.

## Post mortems and organ donation/transplant


1. No religious objections to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the individual and next of kin should be ascertained, and consent obtained.

## Contact

No information about a individual should be passed to these contacts without the permission of the individual or next of kin.

### **Matthew Smith, Information Officer**

The General Assembly of Unitarian  
and Free Christian Churches Essex

 020 7240 2384



# ZOROASTRIAN

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The information below is a general guide only. Always check everything with the individual. If in doubt, ask them, or the contact, for advice.

- Children are initiated into the faith between the age of 7 and 15 years old. On the initiation day the sacred *sadra* shirt and *kusti* (girdle) are put on for the first time. These garments are worn at all times and are to be treated with the greatest respect.
- An interpreter may be required.
- The Zoroastrian has a very high standard of hygiene and running water would be preferred for washing. A bowl of freshly drawn water is an acceptable alternative.
- Daily prayers are fundamental. The sacred girdle is tied and untied during the *kusti* prayers, and very sick individuals may need help to do this.
- Zoroastrian faith does not prohibit accepting blood transfusion or donating blood on religious grounds

## Diet

1. No general restrictions but may prefer a vegetarian diet in hospital. Some may not eat pork or meat.
2. Abstention from eating Meat on 4 days of the month

## Care of the dying

1. It is important that the body is bathed before being dressed in white clothing.
2. Most families provide a special *sadra* which is to be worn next to the skin under the shroud with the sacred *kusti*.
3. The family may wish the head to be covered by a cap or scarf.
4. Delays to a funeral will cause distress and any reason for it must be carefully explained to the family.
5. The family may wish to prepare the body for the funeral, but in most cases a Funeral Director will be instructed.
6. Cremation and burial are both accepted. The next of kin will advise.
7. If a Zoroastrian individual has no immediate relatives or friends a fellow Zoroastrian should be contacted if possible.
8. Chanting sacred prayers in the persons ear

## Post mortems and organ donation/transplant

1. Post-mortem examination although prohibited accepted as a necessity.
2. Orthodox Zoroastrians consider the pollution of the body is against the will of God. They are against transplants for this reason and are probably unwilling to receive. However the less orthodox may agree. The wishes of the individual and next of kin should be ascertained, and consent obtained.
3. Organ donation prohibited

## Contact

No information about a individual should be passed to the contact without the permission of the individual or next of kin.

### **Councillor Filly K Maravala**

104 Mortlake Road,

Ilford

IG1 2SY

 020 8478 8828

Email: [cllr.maravala@redbridge.gov.uk](mailto:cllr.maravala@redbridge.gov.uk)

# APPENDIX ONE

## CORONER, POSTMORTEMS AND ORGAN DONATION

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Arrangements for post-mortem examinations involve the Coroner. The Coroners are lawyers, some of whom are medically trained; they are responsible for investigating deaths, when this is required by law. For information about a death which has been reported to the Coroner, contact the Local Coroner's Office (see below). The Coroner may arrange for a post-mortem examination of the body.

The Eastern District of London Coroner's Service covers five London Boroughs - Waltham Forest, Newham, Redbridge, Havering and Barking & Dagenham.

**The Coroners Court** is at:

Queens Road  
Walthamstow  
London E17 8QP  
Telephone: 020 8496 5000  
Fax No: (for Walthamstow, Newham and Redbridge): 020 8496 3378  
Fax No: (for Barking & Dagenham and Havering): 020 8496 3379

The office hours are Monday to Friday, between 8am to 12noon and 1.00pm to 3.30pm

Coroners are independent judicial officers in England and Wales who must follow laws that apply to Coroners and Inquests. They must be a qualified and experienced doctor, solicitor or barrister

1. **What do Coroners do?**

Coroners inquire into deaths reported to them that appear to be of a violent, unnatural, sudden or unknown cause. The Coroner will seek to establish the medical cause of death.

2. **What is the role of the Coroners Officer?**

Coroners Officers work under the direction of the Coroner and liaise with bereaved families, the emergency services, government agencies, doctors, hospitals and funeral directors.

3. **Natural deaths**

If a person dies of an expected illness and a Registered Medical Practitioner has seen them during their last illness and within fourteen days of the death, that doctor can issue a Medical Cause of Death certificate. Under these circumstances there is no involvement of the Coroners Service.

4. **Are all deaths reported to the Coroner?**

No, in most cases, a GP or hospital doctor can certify the medical cause of death and issue the Medical Cause of Death Certificate. The death can then be registered with the Registrar of Births and Deaths. The Registrar may refer deaths to the Coroner if the cause shown is unacceptable or requires further inquiries.

5. **Which deaths need to be referred to the Coroner?**

When the cause of death is unknown or cannot be ascertained. All deaths of an unnatural or violent nature, or where there are suspicious circumstances, are also referred. The Coroner will seek to establish the medical cause of death by post-mortem examination.

6. **What is a Post-mortem examination?**

A post-mortem examination is a medical examination of a body carried out by a pathologist appointed by the Coroner. The Coroner will give notice of the need for an examination unless this is not practicable or would unduly delay the examination.

The consent of the next-of-kin is not required for a Coroner's post-mortem; however the next-of-kin are entitled to be represented at the examination by a doctor of their choice.

7. **Post-mortem report**

This report gives details of the examination of the body. It may also give details of any laboratory tests carried out. Copies of the report will normally be available to the next-of-kin and to certain other parties. A Local Authority administration fee is only applicable when records / reports are over 12 months old.

If the cause of death remains unknown or it is determined to be as the result of a violent or unnatural cause, then a formal Inquest will be opened.

The Coroner will thoroughly investigate the death, obtaining statements from all parties with any useful information. Frequently the police will also assist in the investigation, particularly if there are suspicions surrounding the death.

8. **Bodies brought into the jurisdiction from abroad**

If a body is repatriated to this country it is generally accepted that the Coroner within whose jurisdiction the body will finally lay must be notified. The Coroner will then decide whether an Inquest is necessary.

9. **Bodies to be taken out of the Country**

The Coroner must be given written notice of any body being taken out of the Country (England and Wales). The Coroner will issue an Out of England Order, but is permitted to withhold the transportation for up to four working days in order to make all necessary enquiries.



# APPENDIX TWO

## USEFUL PUBLICATIONS

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*A Handbook of Living Religions*, ed. J. R. Hinnels. Penguin Books 1991.

*Religions in the UK: a Multi-Faith Directory*, ed. Paul Weller, University of Derby, 1993.

*Spiritual Aspects of Healthcare*, David Stoter, Times Mirror International Publishers Ltd, 1995.

*The Spiritual Challenge of Healthcare*, M. Cobb and V. Robshaw, eds, Churchill Livingstone, London, 1998.

*Healthcare Chaplaincy Volunteers: a Training Resource*, Church House Publishing, London, 2001.

### Useful Websites

*The Religious Education Council of England and Wales* <http://www.religiouseducationcouncil.org>

*NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Individuals*, 2003.

<http://www.doh.gov.uk/chaplain/nhschaplaincy.pdf>

*Caring for the Spirit: South Yorkshire Workforce Development Confederation*, 2003.

<http://www.sywdc.nhs.uk/>

The National Multi faith Group for Healthcare Chaplaincy <http://www.mfghc.com>

# APPENDIX THREE

## NAMES

The British system of names is only one of many, but it is one that people in the Health Service use automatically and on which all Health Service records are based. However, in some other systems of names there is no surname, that is, no last name shared by the whole family, and a person's first name is not always their personal name.

Note that the term 'Christian name' may offend non-Christian individuals. Names based on different naming systems can lead to people having several sets of notes. It is also easy to cause offence or embarrassment by using people's names wrongly.

THE BRITISH NAMING SYSTEM		
<b>First name</b> <i>Personal/Christian name)</i> Used by family and friends e.g. Mary	<b>Middle name(s)</b>  Geraldine	<b>Surname</b> <i>(Family name)</i> Most important name for records Brown
OTHER SYSTEMS		
CHINESE		
<b>Family name</b> <i>First</i> e.g. Pang	<b>Personal names</b> <i>Normally all used together</i> Tak Choi	
MUSLIM		
<b>Religious name</b> <i>Not used alone to address a person</i> e.g. Mohammed	<b>Personal name</b>  Yunus	<b>Hereditary name</b> <i>Men only</i> Khan
<i>Use the two names together as a polite form of address <b>or</b> use "Mr Khan"</i>		
SIKH		
<b>Personal name</b> <i>Could be male or female</i>  e.g. Dilvinder	<b>Religious title</b> Male = Singh Female = Kaur Singh or Kaur	<b>Family name</b> <i>Often not used</i>  Heer
<i>Use the two names together as a polite form of address</i>		
HINDU		
<b>First name</b> e.g. Nirmala	<b>Middle name</b> Devi	<b>Family name</b> Vasani
<i>The first and middle names are normally written together: Nirmaladevi</i>		
<i>Because polite Hindi usage is often just the first and middle names, some individuals' names may have been incorrectly recorded without a surname, e.g. Mrs Nirmala Devi instead of Nirmaladevi Vasani.</i>		

The above is a broad outline only. There are many variations. Ask how the individual would like to be addressed, and how to pronounce the name. It is worth making a note of these in the notes. If a individual's notes cannot be found, it is worth looking under different spellings or under another of the names used by the individual. Main source of information: *Caring in a Multiracial Society* by Alix Henley, Dept of Community Medicine, Bloomsbury Health Authority.

# APPENDIX FOUR

## USEFUL CONTACTS

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### **Barking, Havering and Redbridge University Hospitals Trust**

King George Hospital  
Tel: 020 8983 8000 or 0845 130 4204

### **Queens Hospital**

Tel: 01708 435000  
Bereavement Service Tel: 01708 435490  
Chaplain Tel: 01708 504329 or 503201  
Web: [www.bhrhospitals.nhs.uk](http://www.bhrhospitals.nhs.uk)

### **Barts Health NHS Trust**

Whipps Cross University Hospital  
Tel: 020 8539 5522  
Chaplaincy Service Tel: 020 8539 5522 ext: 5005  
Web: [www.whippsx.nhs.uk](http://www.whippsx.nhs.uk)

### **The Margaret Centre**

Whipps Cross Hospital  
Tel: 020 8535 6605  
Fax: 020 8535 6952  
Email: [margaretcentre@bartshealth.nhs.uk](mailto:margaretcentre@bartshealth.nhs.uk)  
Web: [www.whippsx.nhs.uk](http://www.whippsx.nhs.uk)

### **St Francis Hospice**

Broxhill Road  
Havering-atte-Bower  
Romford  
Essex RM4 1QH  
Tel: 01708 753319  
Web: [www.sfh.org.uk](http://www.sfh.org.uk)

### **Outer North East London Community Services**

Web: [www.onelcommunityservices.nhs.uk](http://www.onelcommunityservices.nhs.uk)

### **Macmillan Specialist Palliative Care Team**

Tel: 0208 491 3390

### **North East London NHS Foundation Trust (NELFT) Trust Head Office**

Goodmayes Hospital  
Barley Lane  
Ilford Essex IG3 8XJ  
Tel: 0300 5551200

## Bereavement services and support

### Queen Victoria Register Office

(to register a death)

Tel: 020 8708 7123

Web: [www.redbridge.gov.uk](http://www.redbridge.gov.uk)

### Redbridge 'Tell Us Once' Service

Tel: 020 8708 7123

Web: [www.redbridge.gov.uk/tellusonce](http://www.redbridge.gov.uk/tellusonce)

### Westerleigh Group

(management of Council's cemeteries and Forest Park crematorium)

Tel: 0117 937 1050

Web: [www.westerleighgroup.co.uk](http://www.westerleighgroup.co.uk)

### Forest Park Crematorium

Tel: 020 8501 2236

Web: [www.forestparkcrematorium.co.uk](http://www.forestparkcrematorium.co.uk)

### Cruse Bereavement Care

Tel: 0844 477 9400 or 0808 808 1677

Web: [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)

### Child Bereavement Charity

Tel: 01494 568900

Web: [www.childbereavement.org.uk](http://www.childbereavement.org.uk)

### Natural Death Centre

Tel: 01962 712 690

Web: [www.naturaldeath.org.uk](http://www.naturaldeath.org.uk)

### Sands

Tel: 020 7436 5881

Web: [www.uk-sands.org](http://www.uk-sands.org)

### DirectGov

(Information on bereavement)

Web: [www.direct.gov.uk](http://www.direct.gov.uk)

### Department for Work and Pensions

Tel: 0800 085 7308

Web: [www.dwp.gov.uk](http://www.dwp.gov.uk)

## Voluntary and community support and faith groups

### Redbridge Faith Forum

Tel: 020 8708 2478

Email: [faith.forum@redbridge.gov.uk](mailto:faith.forum@redbridge.gov.uk)

Web: [www.redbridgefaithforum.org](http://www.redbridgefaithforum.org)

### Awaaz (Voice of Women)

Mrs. Bushra Tahir

1 Holstock Road, Ilford IG1 1LG

Mob: - 07956661508

Email: [awaazgroup@hotmail.com](mailto:awaazgroup@hotmail.com)

### Redbridge Buddhist Cultural Centre

9 Balfour Road

Ilford

Essex IG1 4HP

Tel: 020 8478 8286

### Redbridge Council of Churches

12 Aldersbrook Road

Wanstead

London E12 5HH

### Salvation Army Corps

15 Clements Road

Ilford

Essex IG1 1BH

Tel: 0208 478 2961

Email: [Ilford@salvation.army.org.uk](mailto:Ilford@salvation.army.org.uk)

### The Vine United Reformed Church

Riches Road

Ilford. Essex Ig1 1JH Tel: 020 8514 8770

Email: [vine.church@btconnect.com](mailto:vine.church@btconnect.com)

### Ilford (High Road) Baptist Church

322 High Road Ilford

Essex IG1 1QP

Tel: 020 8514 1679/8514 8220

Web: [www.ihrbc.org.uk](http://www.ihrbc.org.uk)

Email: [ihrbc@talktalk.net](mailto:ihrbc@talktalk.net)

### Ilford Islamic Centre & Mosque

54/58 Albert Road

Ilford

Essex IG1 1HW

Tel: 020 8553 5739

Email: [Ilford-islamic-centre@hotmail.co.uk](mailto:Ilford-islamic-centre@hotmail.co.uk)

### League of British Muslims UK

Ilford Community Centre

4 Eton Road

Ilford. Essex IG1 2UE

### Vishwa Hindu Parishad (UK Ilford)

Ilford Hindu Centre

43 Cleveland Road Ilford

Essex IG1 1EE

Tel: 020 8553 5471

### Gurdwara Singh Sabha London East

722/730 High Road

Seven Kings, Essex IG3 8ST Tel: 020 8478 6451

### Churches Together in Redbridge

13 Tudor Close

Chigwell

Essex E11 2JU

Tel: 020 8500 8354

### Bengali Welfare & Cultural Society (Redbridge)

Cardinal Heenan Centre

326 High Road

Ilford, Essex IG1 1QP

Tel: 020 8989 7460

### Diocese of Brentwood

Cathedral House

Ingrave Road

Brentwood, Essex. CM15 8AT

Tel: 01277 232266

Email:

[generaloffice@dioceseofbrentwood.org](mailto:generaloffice@dioceseofbrentwood.org)

### Redbridge Greek Community Association

258 Cranbrook Road

Ilford

Essex IH1 4UR

Tel: 020 8554 2146

### Somali Consortium

Cardinal Heenan Centre

326 High Road

Ilford

Essex IG1 1QP

Tel: 020 8262 2988

## General support

### Age UK Redbridge

Tel: 020 8220 6000

Web: [www.ageuk.org/redbridge](http://www.ageuk.org/redbridge)

### Redbridge Equalities and Community Council

Gants Hill United Reform Church

39 Woodford Avenue

Ilford, Essex

IG2 6UH

Tel: 020 8551 8178

### Redbridge Carers Support Service

Tel: 020 8514 6251

Web: [www.rcss.org.uk](http://www.rcss.org.uk)

### Refugee and Migrant Forum of East London

Tel: 020 8478 4513

Web: [www.ramfel.org.uk](http://www.ramfel.org.uk)

### Redbridge CVS

Tel: 020 8553 1004

Web: [www.redbridgecvs.net](http://www.redbridgecvs.net)

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## General information and advice

### MyLife (online information website)

Web: [mylife.redbridge.gov.uk](http://mylife.redbridge.gov.uk)

### FiND (Families information direct)

Web: <http://find.redbridge.gov.uk>

### Citizens Advice Bureau

Tel: 020 8514 1878

Web: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

### Redbridge One Stop Shop

Tel: 020 8554 5000

### Interpreting Service

Tel: 0845 4647

Web: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

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