

# Developing a culturally appropriate service

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**Acorns Children's Hospice Trust opened its first hospice in 1988 in Selly Oak, Birmingham, with a ten-bed unit and a small community team. The service was the first in the region for life-limited children. Acorns now has two further ten-bed hospices in Walsall and in Worcester, serving the West Midlands, Herefordshire, Worcestershire and Gloucestershire areas. Its community team has 20 workers across the region, including an Asian liaison officer and an African Caribbean liaison officer. The organisation works with more than 530 children and families, with an additional 200 siblings accessing its support services. Over 35% of these families are from South Asian communities and 8% are from African Caribbean and other Black and minority ethnic communities. Acorns places a strong emphasis on delivering a culturally appropriate service. This has developed over time to meet the changing needs of its families.**

## Aim

Our community team works with a wide range of families, including a high proportion from Black and minority ethnic communities. Our aim is to ensure that all our families receive a culturally appropriate service and we have done this by offering:

- direct support to Black and Asian families
- consultancy, advice and training to staff working with bereaved and non-bereaved families, both inside and outside our organisation nationally and internationally.

**This leaflet is one of a series showing different models for working with the parents and carers of bereaved children and young people. The series aims to provide practical ideas and inspiration for others thinking about setting up services for bereaved families. Funded by the Parenting Fund, the series is produced by the Childhood Bereavement Network, a national federation of over 300 organisations and individuals and Winston's Wish, a national charity helping children and young people rebuild their lives after a family death.**

## Principles

A set of key principles informed the development of our service. Others thinking about setting up a similar service may find it helpful to take these into account in their planning and development process:

- It is important to be aware of the diversity and needs of local communities, for example by identifying population data and by developing links with the voluntary, community and statutory sectors.
- The ethos of providing a culturally appropriate service should be embedded in the policies and procedures of the organisation.
- Staff should be trained and supported to work with Black and minority ethnic families and have received equal opportunity and anti-racist training.
- Staff should reflect the cultural diversity of the population.
- Everyone within the organisation has a responsibility to provide and develop culturally appropriate services at all levels.

## Putting our principles into practice

### 1. Identifying neighbourhood statistics

Using [www.neighbourhood.statistics.gov.uk](http://www.neighbourhood.statistics.gov.uk) we identified the different populations in the communities we serve. This demonstrated our commitment to target families that were not currently accessing services. This exercise showed that in a number of areas – for example Birmingham and Wolverhampton – there is a high proportion of Black/Asian households (over 20%), while in other areas such as Worcester and North Shropshire this is less than 1%. It enabled us to work out where we should target our resources and services. Even in areas with a small ethnic community we aim to develop services to embrace diversity for the benefit of all service users, staff and the organisation.

### 2. Working with the voluntary, community and statutory sectors

We built up a diverse resource list of local organisations which worked with and were important to Black and minority ethnic communities. These are not just focused on bereavement but include:

- religious organisations, including all mosques, temples and gurdwaras throughout the region
- interpreting services and interpreters who can be contacted at short notice
- African Caribbean community centres and Asian resource centres whose activities can complement our work
- disability and education services which have liaison workers who are able to offer specific support and advice to Black and Asian communities
- the housing sector
- health workers' groups
- domestic support groups
- legal services
- the Asian media and African Caribbean radio programmes.

We recognise that there may be newer community groups that have not yet developed their own resource centres or other focal points. Therefore we think creatively about how we might contact professionals from those backgrounds, for example using the internet where necessary.

### **3. Developing policies and procedures**

We have developed a number of policies and protocols to promote and ensure an equal service for all our service users:

- an equal opportunity policy
- a statement of anti-racist practice for our community team (see box)
- a complaints procedure which is given to all services users and families in the initial information pack.

Our work in this area is ongoing and we hope to develop a race strategy, in line with the Race Relations Act (amended 2000), which places a duty on all organisations to place race equality at the centre of policymaking, service delivery and employment practice. This would show our commitment to meeting the general duty the Act places on organisations to:

- eliminate unlawful racial discrimination
- promote equality of opportunity
- promote good race relations between people of different racial groups.

Our race strategy would provide a framework to address the actions that are required by the organisation, focusing on both our external and internal responsibilities. This will require an investment of time and resources in relation to the development of both our staff and our processes.

#### **Acorn's statement of anti-racist practice**

The Community Team is committed to anti-racist practice. It is the right of everyone to be treated with equal respect and dignity regardless of race religion or ethnicity.

We will work closely with colleagues and families both within the hospice and team to continue to achieve this target. This will involve:

- valuing individuals' beliefs
- challenging unacceptable practice
- acknowledging the diversity of the geographical area - providing an appropriate service for all diverse community groups, even if this is only one family.
- promoting and maintaining a multicultural environment that is welcoming to all by addressing all religion, dietary, language and social care needs.
- undertaking further regular training
- ensuring our practice is underpinned by the Race Relations Amendment Act 2000.

We will regularly review our approach and check if we are meeting everyone's needs.

### **4. Support and training for staff**

We place a strong emphasis on identifying and supporting the skill base of existing staff when working with ethnic minority groups. Our managers offer line management support, supervision and, where appropriate, enable practitioners to access external consultancy.

We also work hard to ensure that our workers from Black and minority ethnic backgrounds do not feel isolated or restricted within the 'cultural norm' or our organisation. This has involved us considering the impact of institutional racism both within and external to the organisation. Our line managers can provide individual support, and in instances where further support is required we engage an external consultant to offer independent advice and support in race, cultural and ethnicity issues. They have the expertise to help workers develop the strategies, framework and boundaries necessary to fulfil their unique role. This person does not necessarily have to be of the same racial or cultural background as the worker, but someone who can support the worker in his/her role. Independent consultants can be found in the statutory and voluntary sectors.

In addition all staff receive our diversity awareness training. The training offers opportunities for staff in developing their knowledge and confidence when working with Black and Asian families. It is delivered on an ongoing basis and addresses current issues, for example asylum, poverty, housing and access to services.

Other issues that have been important in making our programme effective are:

- The commitment of our management and trustees. They have a significant role in promoting diversity awareness throughout the organisation, and managers attend the training programme.
- The availability of a training budget. We need to ensure sufficient funding is provided to develop and deliver the training.
- Ensuring all bereavement support/counselling training for staff is provided from a cross-cultural perspective. Most counselling training takes a 'eurocentric' perspective, whereas death rituals and traditions vary significantly across religions. Our approach recognises this diversity, which helps ensure that practitioners do not unintentionally offend families by being unaware of important issues. We have also developed some literature to aid and support practitioners (see 'references and resources', back page).

Our training helps to ensure that a set of common practice principles underpins all our direct work with children and families:

**Practice principle 1:** We seek to understand the cultural requirements and needs of each family. It is important to **never** assume we know what these are. We always listen and check with families for their views, recognising that these may change. The family are the best point of reference to identify their own unique needs. The areas we clarify with the family are:

- their language needs and whether an interpreter is needed (some families may be initially reluctant to engage an interpreter even though their English may be minimal and professionals need to assess whether this is required)
- their ethnicity
- their religion and what part this plays in their life
- their dietary needs when accessing a service
- any cultural or religious practices which need to be acknowledged, for example not visiting on certain days or at particular times when a family may be praying.

**Practice principle 2:** Our workers are aware of how they may be perceived by families of a different ethnicity or gender to themselves. Sometimes they may have to consider their limitations or training needs in the provision of an appropriate service, and may also be challenged in relation to their own stereotypes and values. In some cases it may not be appropriate for a male worker to offer support to a single female carer - this is always checked

with the female carer. Sometimes it is useful to have a co-worker, particularly as a learning and development experience.

**Practice principle 3:** Our workers will seek consultancy support when necessary. Often a lack of personal knowledge can equal a lack of service for a family. By seeking other sources of advice and information, our workers build a professional network to support their own practice. Services that are able to help may include social services departments and health services. Having a support network also assists in reflective practice, particularly where anonymised case studies are used as a basis for discussion and reflection.

**Practice principle 4:** Our workers consider the appropriateness of the environment they are working in. For example, when working in the family home, they need to ensure there is time and space for confidential discussion, avoiding distractions from extended family members and children. Important questions to address are:

- How appropriate is it to offer bereavement support in the home as opposed to a neutral environment?
- How child-friendly is the office for providing bereavement support?
- How welcoming is the office for Black and ethnic minority families, and how could it be improved (for example through artwork or catering facilities).

**Practice principle 5:** Our workers ensure that the information being given to families is culturally, religiously, racially and linguistically appropriate. This includes leaflets, videos, posters, letters, newsletters and tapes. Where necessary, workers inform the management team when there is a need to adapt information to make it more relevant for families and service users.

### **Black workers' support group**

Since 2001 Acorns has had a Black workers' support group, which meets monthly. It provides workers with a forum for support in addition to meeting a number of specific objectives:

- to influence and inform policy
- to highlight significant issues
- to provide support for Black staff
- to provide an opportunity to meet Black colleagues
- to provide a safe arena in which to air ideas, concerns, difficulties or worries
- to establish a support system that can assist Black staff who are unable to attend the support group meetings
- to help each other to combat any racist and/or discriminatory attitudes within the organisation

- to influence the organisation of visiting speakers and the content of staff training.

## 5. Recruitment procedures

To ensure that staff recruitment reflects the cultural diversity of the population we are working towards setting up a staff group with representatives from all areas of the organisation, including trustees, senior management, practitioners and staff from ethnic minority backgrounds. We recognise that management structures are predominantly represented by middle-aged men from a White ethnic background, which can be in contrast with our service users. We believe that a staff mix at all levels can redress this balance.

We are in the process of making contact with key figures in the community from the Asian and African Caribbean population, inviting them to be trustees.

## 6. Providing and developing culturally appropriate services

We have taken a number of practical steps to ensure that our services are culturally appropriate:

- **Linguistic support**
  - We ensure there is an appropriate interpretation service for families who do not speak the same language as our practitioners. If an interpreter is engaged the worker would need to ensure that they are trained and prepared for the sensitive bereavement issue that is likely to be discussed. We have produced a guidance booklet on working with Interpreters (see 'references and resources' on back page).
- **Translation**
  - We translate our information, where appropriate, into languages spoken in the local community. It is important to clarify what needs to be translated and who we are targeting. Translating leaflets can be a costly exercise and sometimes it is more appropriate to make videos or DVDs in community languages.
- **Adhering to cultural and religious beliefs and practices**
  - We provide a room for quiet prayer, and facilities for washing before prayer
  - We are mindful of different expectations and practices, for example 'tea' in English culture may be a sandwich meal, whereas in Asian culture it is a cup of tea; and when people are fasting there are times they will and won't be able to eat. We have identified a number of useful publications on religious and cultural customs to assist our staff and others (some of which are listed on the back page).

- **Dietary needs**
  - We provide choices for staff and service users, for example Halal food, choices for vegan vegetarians, choice, different dishes from Asian and African Caribbean cultures
  - we keep the cooking vessels separate, for example vegetarian pots and meat pots.
- **Personal needs**
  - We consider the implications on staffing, for example where a young man would prefer to be cared for by a male nurse or a female worker is only able to work with prepubescent young people due to her faith.
- **Environment**
  - We give resources to staff to provide a culturally sensitive and welcoming environment. Our management team offers support for any relevant changes.

Some of these aspects are described in more detail in the next section, which covers the range of specific interventions we have developed.

## The interventions we offer

Since we were established in 1988 we have evolved and modified our practice specifically to meet the needs of ethnic minority families and carers. We now have a range of interventions which are either aimed primarily at ethnic minority families or which have been structured to take account of their specific and individual needs. The main areas are:

- group work
- bereavement support
- work with volunteers
- interpretation services
- events to celebrate diversity in the workplace
- liaison services.

## Group work

Acorns provides a variety of groups to support both children and families:

- Asian mothers' group
- Muscular Dystrophy parents' support group
- fathers' support group
- North mothers' group
- grandparents' group.

Each group was set up with a specific purpose in mind, but the overall aim of our group work is to ensure that people have a forum to discuss issues which are relevant to them and their children in a mutually supportive environment. All of the groups are funded by Acorns, which covers food and costs for trips in full.

### **Asian mothers' group**

This group provides an opportunity for Asian mothers who have terminally ill children to meet and provide support to each other in relevant community languages. Its objectives are to:

- ensure Asian women have a forum to discuss issues which have cultural relevance to them and their children
- ensure the organisation has an awareness of the needs of Asian families and is then able to meet those needs
- reach out to isolated female carers, providing an opportunity for women to socialise in a forum with others in similar circumstances
- promote ongoing care and parenting for the siblings of the life-limited child.

The group is open to bereaved and non-bereaved parents. There are currently 30 members of the group and between seven to 15 attend each discussion session. Five languages are spoken in the group: English, Urdu, Hindi, Punjabi and French. If a member of the group does not speak any of the above languages the group facilitator organises an interpreter.

Originally the group was very informal, offering people the opportunity to meet over lunch and consider care practice within the organisation. The group has now evolved to include discussion sessions led by the facilitators, as well as activities and day trips. It also provides an opportunity to look at training options for further education to support and empower women in their personal development and build their confidence in sharing information. The group has written and published two Asian newsletters and two mothers have spoken at a national conference on the value of the group.

Our Asian liaison officer co-ordinates the group. She speaks four languages. The group is also supported by an external group worker who speaks English and French. It is important for the co-ordinator to feel comfortable with the support worker and for them to share similar values and perspectives, with a sound awareness of South Asian cultures.

When considering venues we are aware that using a public house and/or the hospice where their child died may not be appropriate. Successful venues chosen used in the past have included leisure centres or community rooms. We have also organised a number of visits, for example to Blackpool, restaurants, country parks, theatre trips and picnics.

The group is held on a weekday from 9.30am to 2pm (or longer if the group is meeting for a day trip). This is preferable to weekends as older children are at school. We provide transport and childminding facilities for pre-school children,

including arrangements where mothers give each other lifts.

Feedback from women who have attended the group are:

- It provides an opportunity to talk about the impending death of their child as husbands and wider family often do not want this to be discussed.
- It enables them to discuss their religious beliefs in relation to the death of their child and, in some cases, their anger with God.
- The discussions offer support to the mothers on how to support the brothers and sisters of the dying child.

One member, whose child needed turning and moving every half hour through a 24-hour period, attends every meeting and she stated 'it's very important to me as it is my time'.

### **Muscular Dystrophy parents' support group**

This group was founded in the North area and widened its remit to include parents in the South area in 2004. It provides a mutually supportive environment for parents of young people with Muscular Dystrophy who use Acorns and may wish to meet other parents. Its specific objectives are to:

- provide a forum for parents to meet socially three to four times a year
- give parents the opportunity to discuss issues informally with each other.
- help parents and carers feel supported and empowered to parent the siblings of their ill child.

The group is open to families who have a child or young person with Muscular Dystrophy, of which there are 69 families in Acorns' West Midlands service area. On average 20 parents attend each event. The main language spoken at each event is English. The group is a mixed group and parents are from various ethnic backgrounds. If a parent does not speak English, an interpreter could provide support, or a friend or relative could attend. The group's facilitators can also help interpret and offer various cultural perspectives and insights. The group's facilitators are the Asian liaison officer (who speaks four languages), the African Caribbean liaison officer, four community workers and an activity worker from the Acorns team.

The group usually meets on a Friday evening for about three hours. An evening session is preferred by parents so that they can arrange appropriate childcare.

The structure of the group has varied over its three to four years of operation to allow a mixture of both social and supportive elements.

The venue for each meeting is carefully considered to ensure the needs of individual parents can be met as far as possible. In the past the group has met at a hotel, a greyhound stadium, in the hospice and at a local community arts room. It has also held barbecues and skittles evenings. On one occasion the group members brought other family members along for a family event at a bowling alley. This was arranged on a bank holiday to allow the child with Muscular Dystrophy and their siblings to attend. We are looking into the possibility of facilitating some group sessions during the day to give those who find evening sessions difficult the opportunity to attend.

In 2004 the group conducted an evaluation to establish whether it was functioning in the way the members wanted. This established that, overall, parents were happy for the group to continue to meet three to four times per year. Three-quarters of those responding said they did not mind where the group met geographically. A majority expressed an interest in a variety of activities and said they would enjoy an occasional family event. Some of the comments to arise from the evaluation were:

- 'enjoy coming to events and talking to others'
- 'value information from speakers'
- 'enjoy hearing other parents' views and how they cope'
- 'some parents can be a bit too deep in conversation and this unnerves us slightly'
- 'activities tend to be sport-based and some parents compete harder, which can be offputting for the likes of me who is not sporty and doesn't have a partner'.

### **Fathers' support group**

To provide an opportunity for fathers to meet and discuss issues and feelings in relation to caring for their life-limited child. The aims of the group are to:

- provide a forum for fathers to discuss how they support/parent their child
- enable fathers to network and share experiences with other male parents and carers
- offer opportunities for fathers and male carers to share their experiences from a male perspective within a safe group environment.

The group is open to bereaved and non-bereaved parents and has been attended by six fathers. The predominant language spoken at the group is English. However, Punjabi is spoken by two of the fathers attending the group and one of the group facilitators, so there are times when Punjabi is also spoken.

There are four group facilitators: two female workers (one White British worker and one South Asian) and two male volunteers (one White British worker and one South Asian). This is a new group and we expect that, over the long term, the female workers will withdraw so that in the long-term the group will be facilitated by trained male volunteers.

The fathers and male carers choose the venue and the activity, which have included bowling, archery, meals out and paint balling. Meetings are held on a weekday evening and a Sunday morning activity has also been planned to accommodate the fathers' wishes. The group is centred around the chosen activity and informal discussion occurs between the facilitators and fathers during this time. After the activity there continues to be a level of discussion over a light meal. Discussions have included adaptations to home, how to choose a mobility car, impact on relationships and impact on other siblings.

We have not yet formally evaluated the group however, the facilitators meet following each group to debrief and plan future meetings. Following these debriefing sessions the following practical changes have been put in place:

- letters are sent to all fathers on the mailing list inviting them to the next group
- reminder phone calls are made to all the fathers following the letter being sent
- group membership has been opened up to other male carers, for example grandfathers, uncles and older sons.

Group members appreciate the opportunity for the break in routine, which tends to comprise going to work, coming home and taking care of their child while their wife prepares the meal, then sharing the care of the ill child during the evening.

### **North mothers' group**

This group provides support to mothers whose child is a client of Acorns Hospice, giving them the opportunity to meet other mothers. Its specific objectives are to:

- ensure women have a forum to discuss issues which are relevant to them and their children
- reach out to isolated female carers to enable them to socialise with other mothers in similar circumstances.

The group started in August 2004 and is open to both bereaved and non-bereaved mothers. There are 35 members in the group, with between four and ten attending each discussion session. There are two group facilitators: one White female worker and one Black African female worker. The group meets either during the day or the evening, and lasts four hours. Each meeting is activity-based, with the opportunity for informal discussion.

Venues have included the pub, bingo and two hotels.

We evaluated the service in 2005, sending out 85 questionnaires, from which we received 15 responses. Suggestions from respondents for future sessions included massage sessions, cinema trips and shopping. Other feedback from group members has been consistently positive and the women have enjoyed meeting other mothers in the group.

### **Grandparents' group**

This group aims to provide an opportunity for grandparents living in the same area to meet and share experiences in relation to the death of their grandchildren. Its specific objectives are to:

- understand and validate their experiences
- enable them to tell their stories
- offer reassurance and support on how they can support their bereaved child (the bereaved parent).

The groups are closed, time-limited groups, only available to grandparents whose grandchild was a client of Acorns and subsequently died. The first group consisted of four grandparents. We are now running a second group with a planned six sessions. Both facilitators are White women employed by Acorns. The key facilitator is the community team worker based in the same geographical area as the grandparents. The co-facilitator is head of research and development within Acorns and has a background in teaching in special schools. English is the only language spoken at the group, however if a group member did not speak English the facilitators would organise an interpreter.

The group originally met at a local hotel, however this had emotional connections for one of the group members so the venue was changed to another hotel, beside a river and with quiet meeting rooms. The group meets every six to eight weeks, in the evening. Most of the group are either employed or undertake voluntary work during the day, so evenings are best time to meet.

The sessions offer a combination of therapeutic creative arts to enable group members to explore the complex emotions they have felt following the death of their grandchild, for example sand art, ceramic painting and writing poetry. While the group has been running the facilitators have noted the following emerging trends and issues:

- Grandparents need to have their grief validated, both before and after bereavement.
- Grandparents feel an increased sense of isolation after the death of their grandchild.

- There are differences in male and female responses to grief.
- The accumulation of grief throughout the grandparents' lives seems to be significant.
- The ongoing relationships between paternal and maternal grandparents after the death of a grandchild is fragmented and generally lapses if the grandchild was the only child.
- The groupwork needs to be carefully planned but sufficiently flexible to meet the needs of individuals within the group.
- Grandparents find group support and individual support helpful, although they may not be prepared for the 'rawness' of their grief.
- Where grandparents have autonomy to say what they need, the support offered is likely to be of greater help.

Comments from the group members include:

'When I come to the group I am able to be [ \_\_\_ ]'s grandma for the evening. I don't have to think about anything else. It's the only time I can do that.'

'The group has helped me to think about my own feelings as well as those of my family. I had never done that before because I was always busy taking care of everyone else.'

'I feel good when I have been to the meeting. I think about what we have talked about and that helps a lot.'

'I feel safe to tell you about things I have never told anyone else.'

'I have connected with you. I don't think it could have been the same if you were younger.'

### **Bereavement support**

Bereavement support provides an opportunity for feelings to be expressed and validated, reassuring the individual that their feelings are 'normal'. It is distinct from bereavement counselling though it may involve the use of counselling skills. The importance of respecting cultural diversity and appreciating the significance of rituals are integral when supporting families and children in loss, grief and bereavement.

In our multi-cultural society there are many different ways of approaching death while respecting cultural diversity. Activities and rituals which may appear pointless or unnecessary to those who do not understand the culture will be very important to others. They are often prescribed and may be taken for granted as a process that is held to be correct and a prudent response to a person's death. Rituals and traditions are often rich in meaning and can aid communication between the individuals, their family and the wider community.

Our bereavement support service takes account of these issues to provide varied support which meets people's individual needs and expectations.

- **Referral**

The ethnicity, language and religion of each family member is recorded (this avoids assumptions that all the family are the same ethnicity or are all bilingual).

- **Initial visit**

Prior to any initial visit being completed, the community team worker evaluates the information on the referral form. If the family's/carer's main language was different to that of the worker they would be responsible for finding an interpreter or engaging a liaison officer in the first meeting. - Consulting with either the appropriate liaison officer will often take place prior to the initial interview to enable a white European worker to feel sufficiently briefed on any cultural issues felt to be relevant. In some cases a joint initial visit may be appropriate, as subtle cultural differences may only be recognised by a worker of the same ethnicity to that of the family or a worker with a knowledge of other cultures and ethnic backgrounds.

- **Initial assessment of need**

The worker undertakes this assessment directly with the family members, using our family profile to obtain details of each family member and the support necessary, for example referral to the sibling or adolescent teams or a request for support from a liaison officer. The outcome is evaluated to ensure the organisation can meet the religious and cultural needs unique to each family/carer. As a result of the assessment a number of practices would be employed. For example, a co-worker may be brought in who is of a similar ethnic background to that of the family/carer. The worker may seek regular consultancy from the liaison officers in relation to child or family's specific needs. The worker may also develop links with community support groups which will inform and support ongoing work with the family. For example one worker has made significant links with the Chinese community centre to support their work with a Chinese family.

- **Supporting the family in understanding the diagnosis**

Part of the initial work is to understand the family's perception of the prognosis. Miscommunication can sometimes arise, particularly with Black and ethnic minority families, for example diagnosis and prognosis may be given to one parent who spoke English, so the full ramifications are not

clearly understood by the non-English speaking parent. In some cases the interpreter may not have given correct information, and in some cases African Caribbean families have found the medical profession condescending which has made them reluctant to seek clarification on medical terminology they were unsure of.

- **Empathy and respect for rituals and traditions**

- It is the personal responsibility of each worker to identify the key rituals and traditions of any family or carer they are working with. This will have significant implications when offering them ongoing and future bereavement support.

- When working with people from Hindu, Sikh and Muslim faiths we take shoes off when entering a family's home after death; cover heads at prayer time with a hat or handkerchief, wear light clothing, cover heads with a black, cream or white scarf and do not wear red.

- We also have an artefact cupboard, with artefacts from Hindu, Sikh, Muslim, Christian and Jewish faiths, for example holy water, prayer mats, the Bible, the Koran, prayer beads and prayer tapes. Not every family follows a specific religion or faith, however for those that do; it can be very comforting to provide relevant artefacts in hospices and healthcare organisations.

- **Practical support**

Following the death of someone close, many families not only need bereavement support, but practical support as well. Grief can affect individuals in many ways and knowing there is someone there to help with practical arrangements can help enormously.

The areas in which we offer practical help can include:

- welfare rights, for example applications to the Social Fund, help with funeral expenses, notifying benefit agencies of changes in circumstance

- support to register a death, make arrangements with the coroner, make arrangements to move the body, post-mortem and funeral arrangements, and preparing or washing the body

- advice on organ donation

- engaging specialist funeral directors and organising burial within 24 hours where necessary (for example for those of Muslim and Jewish faiths)

- understanding the choices they have in relation to caring for the body until burial, for example at the hospice, at home or at a funeral home

- understanding the types of burial available, for example cremation, non-religious burials, woodland burials or burial abroad

- support in notifying professionals, family and friends, for example via a 'telephone tree'
- support in liaising with employers to negotiate time off work, support and arrangements for return to work
  - to ensure that siblings are being supported and have access to specific support groups where necessary.

The community team worker will provide bereavement support to families if requested. If grief becomes complicated or protracted, the family member may benefit from formal counselling in which case the community team worker may help the family to access this via their GP, or a bereavement counselling service in their area.

### **Organising a memorable day**

A memorable day is held once every two years. All the families who have lost a child within that period are invited. Families are encouraged to bring extended family members and close friends.

The focus of the day is celebrating the life of the children who have died. The names and ages of all the children are read out by Acorns staff and this is interjected with music and poetry. We plan the day from a secular perspective so no faith or religion is given more significance over another. For example poetry is translated into Urdu and Hindu, music from different cultures is played, and a range of food from different cultures is available. The whole day is inclusive of all the families who use the service.

### **Work with volunteers**

Volunteers play a significant role within the organisation. We have recruited a small number of Black and Asian volunteers, which has been a vital element for us in ensuring that the families we work with receive a culturally appropriate service. This also sends out a positive message to Black and Asian communities that Acorns provides a service to all community groups. Volunteers carry out a range of work with us for example:

- befriending and supporting children and families whose first language is not English
- working in the kitchen to help us offer a choice in meeting different dietary tastes and needs
- assisting the African Caribbean liaison officer in providing training in hair and skin care
- co-facilitating various support groups when working with Asian mothers, fathers and siblings
- supporting the organisation's community fundraising activities

- assisting in celebration days such as Divali and Black history month
- offering transport for parents who need to attend support groups.

We have employed a number of strategies to recruit and support our volunteers:

- Posters targeting Asian communities were written in three languages (including English) and placed in schools, colleges, temples, mosques, gurdwaras and within communities.
- Colleges and sixth form centres with a majority of African Caribbean students were offered the opportunity to visit Acorn hospices. This in turn was an opportunity for us to promote volunteering for Acorns.
- There is ongoing promotional work with all the organisations we come into contact with, reiterating our need for volunteers.
- To retain volunteers, we offer training which promotes anti-oppressive practice. For example our training in meeting the needs of children while considering diverse cultural and religious perspectives helps volunteers from Black and ethnic minority backgrounds to feel engaged and a part of the organisation.
- Recruiting a diverse range of volunteers helps ensure that those from minority ethnic backgrounds do not feel isolated.
- We help all volunteers feel they have a worthwhile role within Acorns and are using their skills and abilities effectively. For example, we have an Asian male volunteer who is a key facilitator in the fathers' support group, which is made up predominantly of Asian fathers.

### **Work with interpreters**

Working effectively with interpreters is a key part of our work. They are important in helping us understand and support adults and children who do not speak English. We have developed links with interpreters who together provide interpretation services covering four languages.

We have taken a number of practical steps to support our interpreters and to ensure our staff work effectively with them. One of the main steps is providing appropriate training both for staff and interpreters. We work with an outside consultant to deliver a two-hour workshop called 'working with interpreters'. This includes:

- Working in partnership with interpreters, which includes preparation work before meeting the families to ensure the interpreters understand the purpose of the meeting and the issues they need to be sensitive to in relation to the families' circumstances (for example are they recently bereaved or is their child currently receiving end of life care?).

- Ensuring staff take responsibility for setting boundaries to ensure clarity of roles between the worker and the interpreter.
- Taking families' wishes, statutory duties and the principle of equality into account when deciding whether to use an interpreter.
- Ensuring interpreters understand confidentiality issues.
- Briefing interpreters prior to interviews, so that they understand the situation and context, and debriefing when the session has ended.
- Guidelines for chairs who are chairing meetings where there is one interpreter who will be interpreting for a number of professionals in the one meeting.

In line with this, we have developed a guidance handbook on working with interpreters. This is a working tool which can be used by the interpreter and Acorn care professionals. The handbook is available from Acorns (see 'references and resources' on back page for details).

### **Events to celebrate diversity in the workplace**

In March 2005, we decided to promote our work with community groups and reinforce our commitment to working with Black and Asian communities. We planned two events, a day event for organisations and professionals and an evening event for families and supporters of Acorns. These were the first major diversity events organised by Acorns and possibly also the first in the field of palliative care and bereavement support.

#### **Celebration of diversity in our workplace:**

The aims of this event were to:

- provide an opportunity to share practice issues and network with other national organisations and service providers
- recognise good practice
- celebrate success.

We invited organisations and agencies from the voluntary and statutory sectors that we have worked with since 1988, with over 34 organisations attending. These included Asian funeral directors, halal food suppliers to palliative teams, bereavement support agencies and women's refuges.

Birmingham's Lord Mayor and a leading academic in the field of cultural studies also attended. More than 30 of the organisations had displays at the event, which was free for attendees and provided them with a useful opportunity to network on an informal basis.

The day enabled Acorns to raise awareness of its work and demonstrate our continuing commitment to working with a range of organisations and community groups to promote diversity in the workplace.

We carried out an evaluation after the event which generated 48 responses, of whom 42 felt that the day 'fully met its aims'. A large majority also said that the venue was appropriate, and all respondents said they would attend future events to stimulate networking and promote diversity.

**An evening of cultural delights:** This event was conceived by our Asian liaison officer, who wanted to hold an event which would both promote Acorns and celebrate the diversity of the families we work with. More than 300 people attended, including friends and families who use Acorns and professionals from the local primary care trusts and child bereavement services who work on a day-to-day basis with Acorns. We were also pleased to welcome some of our local councillors to the event. The evening consisted of comedians, dancers, music and food from both Asian and African Caribbean communities. We also had celebratory guests from Asian and African Caribbean radio. Following the success of these two events, we hope to hold more in future.

### **Liaison services**

Acorns employs two liaison officers to provide a cultural community-based service for Black and Asian families with a life-limited child, offering psychosocial support, advocacy and professional liaison. The liaison officers also develop links with local Black and Asian communities and provide support and consultancy services to colleagues within Acorns and to other professionals in external organisations.

On a practical level our liaison officers promote and provide bereavement support from a culturally appropriate perspective, which may differ from a 'eurocentric' approach. Their work sometimes involves irregular and unsociable hours, for example at evenings and weekends to attend functions in places of worship. Our liaison officers have a number of key responsibilities:

- They provide a focus for the work of Acorns in supporting Black and Asian families in the community. An holistic approach is essential, so the support they offer covers affective, cognitive, spiritual, physical, linguistic and religious dimensions.
- They ensure that new referrals are introduced appropriately to the organisation and assessed on an individual needs basis, taking account of the families' religious and cultural perceptives.
- They ensure families are fully aware of all the services within Acorns, as well as other local services, and know how to access them.

- They work, as required, with colleagues both within and outside Acorns.
- They maintain an up-to-date knowledge of all aspects of palliative care and recognition of loss and grief.
- They provide welfare rights advice or ensure that families are linked to individuals and agencies that can supply that advice
- They act as an advocate where necessary.
- They develop an excellent awareness of local, and where appropriate, national resources.
- They facilitate the provision of group work.
- They assist in providing and facilitating training programmes.
- They participate in research and development.

When recruiting liaison officers, we typically look for someone with one of the following:

- a diploma in social work
- a community nursing background
- a counsellor who has qualified with the British Association for Counselling and Psychotherapy or an equivalent health professional, with at least two years' post-qualifying experience.

When specifically advertising for posts such as these, Section 5(2)(d) of Race Relations Act 1976 applies. Our liaison officers are supported by the organisation in a number of ways:

- They receive a salary at the same level as the equivalent social work grade.
- They have a budget to purchase culturally appropriate resources; including religious artefacts, pictures and toys.
- Acorns offers resource training for staff so that it is the responsibility of all the staff in the organisation, not just our liaison officers, to promote a culturally sensitive service (see training section on page 12).
- The liaison officers have regular supervision from a line manager within the organisation to ensure they do not feel isolated. This provides them with the opportunity to discuss strategies for community development work, in addition to ongoing work with colleagues.
- They have access to networking and support opportunities with colleagues from Black and Asian backgrounds working in a similar field.
- Acorns ensures it has the necessary policies, procedures, climate to enable positive feedback, challenge and change.
- Acorns ensures its liaison officers can access training to enhance their professional development.

## **Training**

We believe it is imperative to provide training for staff, volunteers and trustees to help them provide accessible and appropriate services. Based on experience and research, we developed and piloted four modules for diversity training in 2004/5. On the basis of this pilot we have developed our training programme as follows:

- Module 1 is offered to managers. Care staff can attend if they have attended one of the other courses in Modules 2, 3 or 4. Staff who attend this course need to be prepared to have their views and value base challenged.
- We have expanded Module 2 'Working with African Caribbean children and their families' from a four-hour workshop to a full day course. It now includes dietary and medical needs.
- Module 3 includes additional facilitators offering perspectives from alternative south Asian experiences.
- Module 4 has remained the same.

Our programme was developed by our internal team. We also bought in expertise from external agencies when required. The training is delivered by a mix of Acorns staff and external consultants. During the pilot we ran each module at least once over a 12-month period.

The four modules are described on page 12, along with relevant costings, in order to help those who may be considering setting up similar training.

## **What we did**

Developing and delivering a training programme requires an investment of time and resources. The key steps that we went through are:

- Obtain funding
  - our funding came from our core budget.
- Develop pilot modules
  - this stage took us approximately 12 months.
- Evaluate pilot modules
  - our education and training department collated the evaluation forms, reviewing them and comparing after each course.
- Revise modules.
- Communicate training programme to staff
  - we did this via line managers who promoted the courses within the team and we publicised the courses in our communications, including noticeboards and e-mail.
- Run modules
  - we run each of our modules at least once a year.
- Ongoing evaluation
  - we carry this out via our education and training department.

## Acorns diversity training programme

For managers, trustees and staff who have attended one of the other training modules.

### Aims

- To raise awareness the needs of children and families from Black and minority ethnic families
- To translate this into practical action in the workplace.

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### Module 1: Meeting the needs of children and families from minority ethnic communities

#### Learning outcomes

- To share perspectives on the organisation's journey to date around anti-discriminatory practice.
- To examine the implications of the Race Relations Amendments Act (2000) on the organisation's work with ethnic minority children and families,
- To promote anti-racist practice, incorporating an understanding of racism, oppression and stereotyping within society.
- To examine the concepts of 'equal opportunities', 'diversity' and 'cultural competence'.
- To understand the impact of personal attitudes and values on the work.
- To consider the impact of the White perspective on Black and White people.
- To agree best standards of practice in work with black children and families.
- To explore practical and strategic ways forward leading to the development of individual or team action plans.

**Time required:** 2 days

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### Module 2: Working with African and Caribbean children and families

#### Learning outcomes

- To have a clearer understanding of what it means to be 'African Caribbean'.
- To be aware of the needs of members of the African Caribbean community based on recent research carried out by Acorns.
- To have had an opportunity to develop and discuss ideas on how to improve the quality of service provided to African Caribbean children and families.
- To appreciate the cultural implications of providing appropriate hair and skin care for African Caribbean people and have a detailed understanding of how to meet these requirements.

**Time required:** 1 day

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### Module 3: Asian life-Limited children and their families

#### Learning outcomes

- For participants to understand their own culture and the values that they bring with them into their work.
- To develop a greater insight into some Asian cultures.
- To have reflected on practices within the organisation and plan how they can be improved to be more supportive of Asian families.
- To share good practice and processes used to support Asian families in health and social care.

**Time required:** 2 days

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### Module 4: Working with interpreters

#### Learning outcomes

- To develop skills in interviewing and assessment when working with trained interpreters.
- To be able to interview service users in a suitable manner according to the required legal framework and code of practice.
- To understand the role of interpreters and have developed practice skills in working with trained and professional interpreters.
- To consider the impact of interpreters upon the assessment process and upon the service users.
- To address good practice in the use of interpreters, ensuring that the communication barrier and any subsequent cultural/linguistic/religious differences are fully taken into account.

**Time required:** 2 hours

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## Costs

Activity	Cost items	Total
<b>1. Module development</b>		
Staff time	Total payroll costs:	1188
<ul style="list-style-type: none"> <li>collating and reviewing relevant research</li> <li>collating and reviewing relevant practice information and techniques</li> <li>devising case studies</li> <li>preparation of training packs/handouts</li> <li>preparation of training slides</li> </ul>	£16.50 x 72 hours	
External consultant to input on training programme overall	Meeting to set module content	335
<b>2. Training delivery</b>		
External consultant 1	£990 + VAT + £ 115 expenses per module	2556
<ul style="list-style-type: none"> <li>consultation on Acorn's services and diversity and cultural needs of the children and families we work with</li> <li>reviewing programme</li> <li>delivering programme</li> <li>provision of handouts</li> </ul>	(includes training materials)	
External consultant 2:	Includes expenses and training materials £850 + VAT per day	1998
<ul style="list-style-type: none"> <li>consultation update with Acorns on our services and the diversity and cultural needs of the children and families we work with</li> <li>reviewing the programme</li> <li>delivering the programme</li> <li>provision of handouts supporting the material</li> </ul>		
Staff time:	Assume 2 trainers per module 96 hrs @ 96 x £16.50 total payroll costs	1584
<ul style="list-style-type: none"> <li>reviewing the training programme ensuring the material case studies are relevant to the delegates attending the training</li> <li>review information pack/handouts</li> <li>delivery of training</li> </ul>		
<b>Materials and other resources</b>		
Training booklets	To produce 200 @ £5.00 each	1000
<ul style="list-style-type: none"> <li>staff are supported in the writing and production of these booklets by the education and training department.</li> </ul>		
Food (module 3)	Assume 4 days x 12 people @ £6.00 day	288
<ul style="list-style-type: none"> <li>visiting an Asian restaurant as part of awareness-raising activities.</li> </ul>		
Training aids	Wigs, dolls, posters etc.	600
Transport for visiting local places of worship (Module 3)	Minibus to gurdwara, mosque and temple @ £100/day	200
<b>Training venues</b>		
Conference rooms and refreshments (Modules 1, 2 and 4)	Assume 20 people per module; full day £42/day per head; ½ day module £20/day per head	6640
Room only (Module 3)	£200 per day	800
<b>Miscellaneous</b>		
Travel expenses for staff	Assume 100 miles @40p a mile	40
<b>TOTAL</b>		<b>18,329</b>

## References and resources

Muir, L and Notta, H (1993) 'Asian Mothers Group'. *Groupwork* 6 (2), pp. 122-132.

Acorns Children's Hospice. *Guidance Booklet on Cultural Customs and Religious Practices for South Asian Families – Sikh, Hindu and Muslim*. This includes guidance on meeting dietary needs, protocols on attending funerals etc.

Acorns Children's Hospice. *Guidance Handbook on Working with Interpreters*.

Acorns Children's Hospice. *Enhancing the Quality of care for Sikh, Hindu, Muslim and Christian Families*.

Brown, E (2002) *The Death of a Child: Care for the Child, Support for the Family*. Published by Acorns Children's Hospice.

Asian Mothers' Newsletters (published annually from 2003).

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