

POLICY TITLE:	Cultural and Religious Needs
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Date of Review:	31/01/2024
Policy Owner:	Colin Quick, Chief Quality Officer
Ratified by:	Jane Stone, Group Director of Nursing
Responsible Signatory:	David Watts, Director of Risk Management
Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • Aims to ensure that patients will feel that the lifestyle experienced in the Hospital/Unit matches their expectations and preferences, and satisfies their social, cultural, religious, recreational interests and needs. • Aims to ensure that patients will feel they are treated with respect and their right to privacy upheld.
Cross Reference:	<p>H11 Informed Consent HR04.1 Equality, Diversity and Inclusion HR07 Disclosures (including Disclosure and Barring Service (DBS), Disclosure Scotland and Access NI) OP17 Advocacy</p>
EQUALITY AND DIVERSITY STATEMENT	
<p>Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.</p>	

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email legalandcompliancehelpdesk@priorigroup.com

CULTURAL AND RELIGIOUS NEEDS

1 INTRODUCTION

- 1.1 The Hospital Director must ensure that if specific groups are catered for then all aspects of care relating to their cultural and religious needs are met as required.
- 1.2 We encourage and support our colleagues to develop cultural awareness and understanding of different needs of different ethnic groups. This will be taken into account when planning care needs. If assessment of health care needs is problematic because of communication difficulties, then interpreting and advocacy services will be accessed. When choosing who is to interpret, care must be taken not to compromise the patient's right to confidentiality privacy and dignity.
 - 1.2.1 Every site has in place a dated, documented procedure for access to translation services. This service must only be provided by adults and must not include family members. This service will be sensitive to the age and gender of the patient requiring the service.
- 1.3 Each patient will be treated as a unique individual and colleagues shall value the contribution each patient can make. Each patient must be treated courteously and their right to have and express, or withhold opinions acknowledged.
- 1.4 Patients, who, for cultural or religious reasons, have preferences about discussing their health needs with professionals of the same sex, shall have their wishes met wherever possible. Where religious beliefs include dietary, dress and prayer requirements these will be met where practicable and safe.

2 INPATIENT ENVIRONMENT

- 2.1 The initial assessment when admitted to the Hospital/Unit shall include how the patient wishes to be addressed, their preferences regarding their everyday activities shall be met and any cultural or religious needs which they have. These preferences shall be reviewed regularly and any changes in their choices met. The patient shall have their own individual private space and the opportunity to choose how they dress within social norms, what they eat and where they eat it, provided it is within the confines of statutory regulations, (special dietary requirements and costs should be met where deemed appropriate) and how they spend their day and subject to the treatment philosophy of the hospital. There will be access to telephones for private conversations and patients will receive their mail unopened.
- 2.2 Patients may wish to maintain their links with their own religious community and this shall be encouraged where possible. The Hospital/Unit shall foster links with local religious and spiritual organisations. Religious and cultural festivals shall be observed and celebrated as appropriate, whilst giving those patients who do not choose to be involved the opportunity to withdraw from the activities.
- 2.3 The Hospital will, where possible, set aside a quiet area for prayer, meditation and reflection.
- 2.4 Patient's health records should contain information about their religion (if any) and care plans should reflect religious and cultural needs as appropriate.
- 2.5 Patients will have access to contact details for chaplains, priests and other religious leaders.

3 VISITING RELIGIOUS LEADERS

- 3.1 Chaplains and other religious leaders are to be invited to attend Hospital/Unit meetings where appropriate and in accordance with consent and confidentiality policies.

- 3.2 Visiting religious leaders and pastoral care workers should be given access to office space and telephones.
- 3.3 Religious leaders will be available to support colleagues as requested.
- 3.4 **Disclosure and Barring checks** - Religious leaders are, in the main, associated with people on an individual not company basis, therefore DBS checks are not mandatory. However, where possible we will aim to ensure that checks are completed and access to patients supervised. Any exceptions to this will be at the discretion of the Hospital Director. (See HR07 Disclosures (including Disclosure and Barring Service (DBS), Disclosure Scotland and Access NI).

4 TRAINING

- 4.1 Induction and ongoing training for all colleagues will include guidance on how to treat patients and meet their cultural and religious needs, and foster a non-discriminatory attitude (refer to HR04.1 Equality, Diversity and Inclusion).
- 4.2 All colleagues should complete the Diversity and Inclusion module on Priory Academy to ensure they are apprised of the content and purpose of the Equality, Diversity and Inclusion policy (HR04.1) as well as the Equality Act 2010.

5 REFERENCES

- 5.1 **Legislation**
Equalities Act 2010