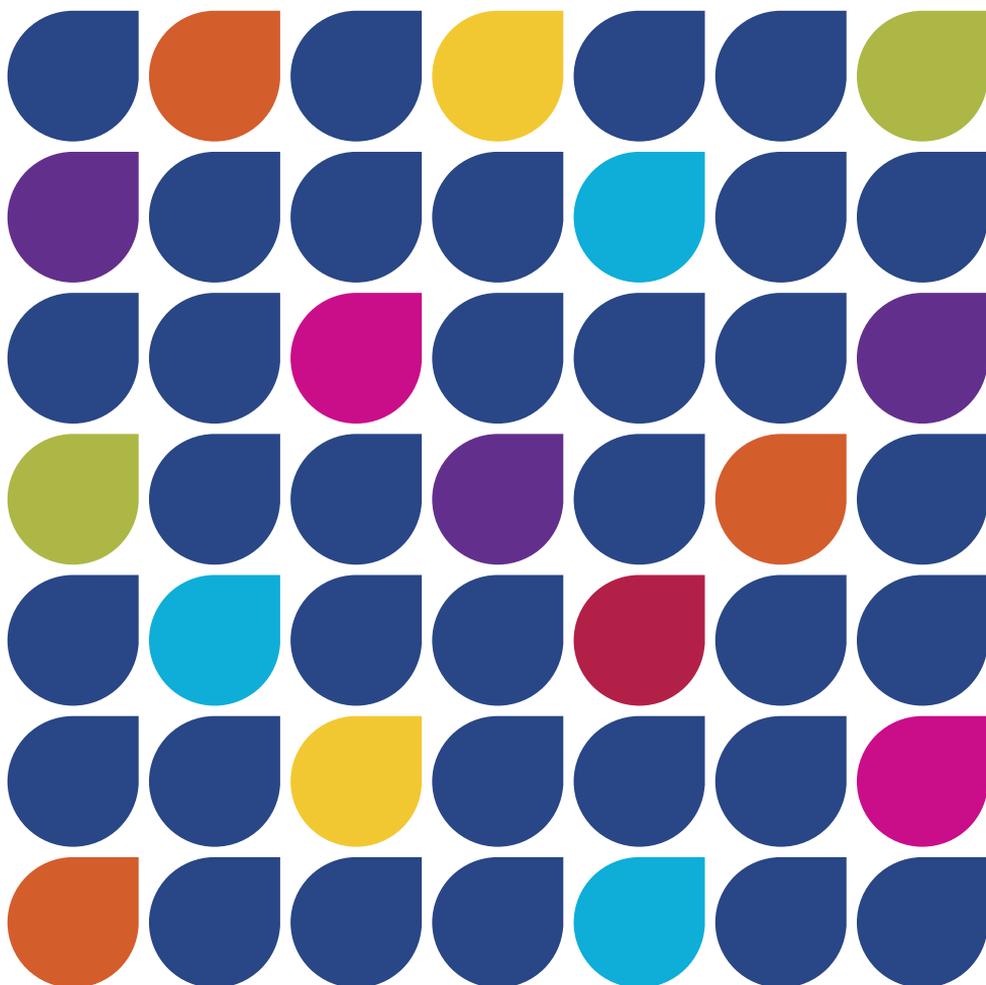


# Equality and Diversity

GOOD PRACTICE TOOLKIT



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

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



- Employees communicate with many people, face to face, by telephone, email, letter or fax and much of the correspondence generated enters the public domain. This communication has an impact on the recipient, and may be remembered for a very long time. The language used can have an effect on the recipient's perception of the service and may be repeated to other people.
- The use of discriminatory, prejudicial or exclusive language indicates a lack of professionalism and encourages the exclusion, devaluing and stereotyping of groups or individuals. Discriminatory or exclusionary language may be directed at many different groups identified for example, by age, disability, gender, race, religion, or sexual orientation.
- It is important to remember that 'language' does not just mean the words you say. It can include visual representations and body language. The written or printed word in particular may have a far greater impact because of its permanence and the likelihood of it reaching more people.
- This guide aims to provide the tools to help you become more aware of the many different practices that may be required when dealing with a modern diverse society. It is important to remember that if you are unsure about the needs of the service user or staff member then ask the appropriate questions, as assumptions can and often, do offend whereas questions addressed correctly don't.

# COMMUNICATING WITH A PERSON WITH A PHYSICAL DISABILITY

## WHEELCHAIR USER

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

## GENERAL PHYSICAL DISABILITY

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



# COMMUNICATING WITH DEAF AND HARD OF HEARING PEOPLE

## LIP READING

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

## HEARING AID & LOOP SYSTEM

- Even if someone is wearing a hearing aid it doesn't mean they can hear you.
- If a person is wearing a hearing aid and the loop system is being used, ensure they switch their hearing aid to the 'T' position.
- Do NOT shout.

## INTERPRETER

- We do not support the use of family members/friends as interpreters.
- If an interpreter is required, they should be booked prior to the visit.
- If possible brief the interpreter in advance.
- During the appointment speak directly to the service user.
- Allocate more time for appointments.

# COMMUNICATING WITH BLIND AND PARTIALLY SIGHTED PEOPLE



## INTRODUCTION

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

## APPROACH

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

## ASSISTANCE

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

## ACCESSIBLE FORMATS

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

## GUIDE DOGS

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

## TERMS

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

## OTHER CONSIDERATIONS

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

# COMMUNICATING WITH A PERSON WITH A LEARNING DISABILITY

## LANGUAGE

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

## WRITTEN DOCUMENTS

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

## OTHER CONSIDERATIONS

- Consider giving the first appointment of the day.
- Keep the service user informed of any delays.

# COMMUNICATING WITH A PERSON WITH MENTAL ILL HEALTH

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

## DO...



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

## DON'T...



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

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

## LANGUAGE

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

## PHYSICAL CONTACT

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

## RESPONSE BY A PERSON WITH ASD

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



## SENSORY STIMULI

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

# COMMUNICATING WITH DIFFERENT GROUPS

## LGB PEOPLE

### GENERAL GUIDELINES

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



# COMMUNICATING WITH DIFFERENT GROUPS

## AGE

### OLDER PEOPLE

#### DO... ✓

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



## DON'T... ✘

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

## YOUNGER PEOPLE

### DO... ✔

- Explain your service's policy on confidentiality to the young person at the start.
- Listen to the young person – not the adult with them.
- Ensure the young person has the opportunity to ask questions.
- Thank the young person for coming and reinforce that you would be pleased to see them again.

### DON'T... ✘

- Patronise or make assumptions.
- Swamp young people with literature. Explain why you're giving them particular leaflets and ensure they are appropriate for their age.
- Pressure the young person to come back. Remember it's their decision to return.
- Try to act too cool. You'll only alienate the young person.

## CHILDREN

### DO... ✔

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



# COMMUNICATING WITH DIFFERENT GROUPS

## GENDER IDENTITY

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### WOMEN

- Women on average live 5 years longer than men and are twice as likely to use our services.
- Women are the key users of services, whether they are accessing these services for themselves, their friends or family.
- Women are the key frontline deliverers of our services.

### MEN

- Men often have difficulty accessing services because many find it difficult to ask for help.
- There is a common misconception that services are geared specifically for women and children (for example posters depicting women and children and mothers in a caring role).
- Information should be made accessible for men.
- Services should be targeted at men so they are in no doubt that specific services are available for them.

### TRANS

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

# COMMUNICATING WITH DIFFERENT GROUPS: BLACK AND MINORITY ETHNIC

## GENERAL GUIDELINES

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

## ENGLISH AS A SECOND LANGUAGE

- Use short sentences and simpler language.
- If someone does not understand what you are saying, do not just keep repeating it, try saying it a different way.
- Consider translating basic information.
- You must consider if an interpreter is needed.
- We do not support the use of family members/friends as interpreters.
- During the appointment speak directly to the service user.
- Allocate more time for appointments.



# COMMUNICATING USING APPROPRIATE LANGUAGE

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

## DO SAY... ✓

- Disabled people / people with disabilities
- Disabled Person
- Person who has / person with / person who has experience
- Person with a disability
- Wheelchair user
- Deaf without speech
- People with learning difficulties
- Mental health difficulties
- A person with epilepsy
- A person with cerebral palsy
- A person who has / with arthritis
- A person of restricted growth

## DON'T SAY... ✗

- The disabled
- Invalid (this can be construed as 'not valid')
- Victim of / crippled by / suffering from / afflicted by
- Handicapped, cripple
- Confined to a wheelchair / wheelchair bound
- Deaf and dumb / deaf-mute
- Mental handicap / retarded / mongol
- Mental
- An epileptic spastic arthritic
- Dwarf / midget

# CUSTOMS & CULTURES

- This information provided is not definitive, nor exhaustive, and is only intended as a practical aid for those people who have first hand dealings with service users and visitors.
- If you have any enquiries about a particular faith, please contact your line manager. If possible, try to anticipate problems and consult them in advance.
- It is also important to recognise that there can be variations within these religions, and that an individual's personal belief regarding an issue may differ from that of their religion.
- It is therefore essential that the views of the individual or family concerned should always be sought and respected.
- DSN recognises that in the North West we have a multi cultural community and a work force from a wide range of religions and backgrounds.



## BUDDHISM

### BELIEFS

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



### DIET

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

### DRESS/MODESTY

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

### SERVICE RELATED ISSUES

- Opportunities for peaceful meditation are appreciated.
- Some Buddhists take monastic vows, which can involve wearing distinctive clothing and following further precepts.

- Buddha images, rosaries and meditation stools might be used. Care and respect is needed when handling objects.
- The idea of overcoming 'suffering' and 'unwholesome mental states' is a key feature of Buddhism but how this relates to mental health issues for an individual will vary.

### SIGNIFICANT DATES

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

**Note** Different traditions celebrate different festivals and in different ways.

## CHRISTIANITY

### BELIEFS

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

### DIET

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

### DRESS/MODESTY

- No specific requirements.

### SERVICE RELATED ISSUES

- A healing belief will exist, although this can range from believing God can physically and mentally heal by direct intervention to understanding healing as becoming whole.
- Delusional belief formations often embrace Christian themes. The reverse is also true ie Christians may embrace delusions when mentally ill.
- Homosexual orientation is not condemned, but is seen as wrong in most traditions, although most have movements who contest this view.
- Suicide has traditionally been seen as wrong, but most teachings now show a sensitive side.

### SIGNIFICANT DATES

<b>Ash Wednesday</b>	February/March
<b>Good Friday</b>	March/April
<b>Easter Sunday</b>	March/April
<b>Pentecost (Whitsuntide)</b>	May
<b>Christmas Day</b>	25 December



# HINDUISM

## BELIEFS

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

## DRESS/MODESTY

- Hindu women often wear a bindi which is a red spot worn on the forehead.
- Male Hindus may wear a sacred thread around their arm.

## DIET

- Hindus do not eat meat. Dairy produce is acceptable as long as it is free from animal fat.
- Vegetarian Hindus cannot eat from a plate on which meat has been served.

## SERVICE RELATED ISSUES

- Women may strongly desire to be supported by female staff only.
- Jewellery or clothing may have religious significance, eg a married women's bangles are normally only removed on her husband's death. Some men wear a Sacred Thread over the right shoulder and around the body. None of these items should be removed or cut without permission.
- Family planning – there is no Hindu objection to contraception.
- Some Hindus seek to pray twice a day, before sunrise and at sunset, and any such pattern needs respecting.

## SIGNIFICANT DATES

<b>Makar Sankranti</b>	14 January
<b>Mahashivaratri</b>	February
<b>Holi</b>	March
<b>Rama Navami</b>	March/April
<b>Raksha Bandham</b>	August
<b>Janmashtami</b>	August
<b>Ganesh Chaturthi</b>	August/September
<b>Navaratri (aka Durga Puja or Dusserah)</b>	September/October
<b>Dussehra (aka Vijayadashmi)</b>	September/October
<b>Diwali</b>	Late October/Early November
<b>New Year</b>	Late October/Early November

As Hinduism is a diverse religion, not all Hindus will celebrate the same festivals.



# ISLAM

## BELIEFS

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

## DIET

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

## DRESS/MODESTY

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

## SERVICE RELATED ISSUES

- Many Muslim married women continue to use their maiden name, their children, however, tend to adopt their fathers surname.
- Women may prefer to be supported by female staff only.
- Family planning – Muslims do not approve of contraception. In practice this may vary in approach.

## OTHER CONSIDERATIONS

- Muslims are required to pray 5 times a day – dawn, midday, late afternoon, after sunset and late evening.
- Friday mid-day prayers are particularly important and must be said in congregation.



- Washing in free-flowing water is essential prior to eating, saying prayers and after visiting the toilet.
- Importance is placed on cleanliness and showers are preferred to baths. Women are requested to wash their bodies after menstruation and to shower after childbirth.

## SIGNIFICANT DATES

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

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

# JEHOVAH'S WITNESSES

## BELIEFS

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

## DIET

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

## DRESS/MODESTY

- No specific requirements.

## SERVICE RELATED ISSUES

- Jehovah's Witnesses will accept medical treatment in all other respects apart from those involving the use of blood or blood components.
- When dealing with emergency services it may be necessary to inform staff of their belief if someone is not able to communicate this themselves.

## SIGNIFICANT DATES

**Annual memorial of the death of Christ** Dates vary in line with the Jewish calendar

This is the most important festival.

# JUDAISM

## BELIEFS

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

## DIET

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

## DRESS/MODESTY

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

## SERVICE RELATED ISSUES

- Ensure the Sabbath can be observed by planning of activities. The Sabbath begins at sunset on Friday and lasts until sunset on Saturday.
- Some Orthodox Jews forbid contraception or family planning unless the woman's health is at risk.
- Orthodox Jewish women would prefer to have their bodies and limbs covered. They may also prefer to keep their hair covered with a head scarf. Orthodox men keep their head covered with a hat or skull cap.

## SIGNIFICANT DATES

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

# SIKHISM

## BELIEFS

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

## DIET

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

## DRESS/MODESTY

- Practising males observe the 5 religious symbols (K's) of their faith: Kesh – uncut hair, Kangha – the wooden comb, Kara – metal bracelet worn on wrist, Kirpan – a short sword under the clothing, and Kaccha – knee length underpants.
- Most Sikh men and some women will wear a turban.
- Women dress modestly and some older women will wish to keep their head covered with a scarf. Girls are encouraged to keep their legs covered when they reach their teens.

## SERVICE RELATED ISSUES

- Most Sikhs have three names, a first name, a religious name and a family name. A religious middle name is always SINGH for men and KAUR for women. Some Sikhs just use this religious title.
- Family planning – contraception can be used but is not openly spoken about.

## SIGNIFICANT DATES

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

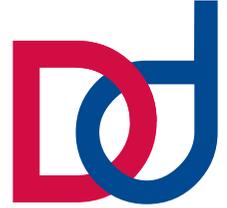


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