



**Diversity Matters North West**  
**Bereavement Support Services Consultation**  
**August 2024**

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# Introduction

Diversity Matters Northwest started in 2007. We are a medium sized, award winning, charity based in Tameside, at the Hyde Healthy Living Centre, from where we host and co-ordinate regular activities for the local community, with the help of our 60 bilingual volunteers. We have a board of 8 trustees, representative of the local community and 8 staff members. Taking on our grow our own approach, we also have a small pool of casual workers, providing a first step into employment for many of the vulnerable women we support from minority communities. We are a user led, independent charity working to combat health inequalities, social exclusion and to promote community cohesion.

Diversity Matters Northwest empowers individuals and organisations to embrace diversity as a strength rather than a challenge. By highlighting success stories and providing resources, the initiative encourages a culture of acceptance and understanding. This organisation not only benefits the individuals directly involved but also enriches the larger community by promoting social cohesion and economic growth. By working together to dismantle barriers and celebrate differences, Diversity Matters Northwest is helping to create a brighter and more inclusive future for everyone in the region.

Bereavement can be a challenging and difficult time for the South Asian community. This is mainly due to a combination of cultural, social and emotional factors.

## Cultural/Taboo

The process for burial in the 'Bangladeshi, Pakistani, Gujrati and Punjabi' community has seemed to be a quick process as opposed to other communities.

'Mourning for the deceased is observed for three days except for the widow for whom it's 4 months and 10 days"<sup>1</sup>

'According to Hindu death rituals, the body should remain at the home until cremation – this is usually within 24 hours of the death"<sup>2</sup>

From this we can see that timing for mourning is limited within the South Asian community. They are expected to be ok and carry on with their life. The funeral process can cause extreme stress which adds to the layers of grief to somebody already experiencing loss.

## Family/ friends

Many South Asians in Tameside are living outside their home countries, the grief experience can be more isolating. Being separated from extended family members and cultural support systems can amplify the feeling of loneliness, especially if they are unable to return home for rituals or funeral practices due to distance or financial issues.

The loss of a loved one can interrupt the family close knit system. As everyone deals with grief differently. The younger generation may be able to deal with grief better than the older generation as the younger people may investigate more modern ways of coping and the older generation will usually look at traditional cultural ways.

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<sup>1</sup> [Islamic funeral - Wikipedia](#)

<sup>2</sup> [Hindu Funeral Rites and Death Rituals | Funeral Partners](#)

The traditional cultural ways will depend on the different cultures. Many South Asian communities have specific religious practices they need to observe for example praying intensively and chanting for 3 days after a loss and then accepting the situation. This could be perceived as unhealthy as many don't understand the fluctuating 5 stages of grief they may encounter afterwards.<sup>3</sup> The word 'bereavement' can be quite difficult as there are no words that translate to this in South Asian languages therefore some may not even understand the concept.

## Stigma / Mental Health/ Lack of Understanding

In some South Asian communities, mental health issues which are closely linked to bereavement are often stigmatised. Grief can sometimes be misunderstood as a sign of weakness, leading individuals to avoid seeking professional support or talking about their emotional struggles. This lack of openness can make it harder to heal and move forward after a loss.

This report highlights the barriers, difficulties and needs that South Asian people face daily when trying to access Bereavement Services. It will help us better understand the communities needs and develop the project accordingly.

## DMNW Research

During the 12-month bereavement pilot project, we conducted. We have found it to be insightful and eye-opening. We conducted awareness sessions, 1-2-1 counselling, focus group discussions and piloted a mixed gender bereavement awareness session. The pilot project included working with Tameside Oldham and Glossop MIND and their counsellors. We had some teething issues when people were referred at first for 1-2-1 counselling. As it was a 7-week block, we found people couldn't stick to their session every week due to commitments. South Asian women have many domestic responsibilities and additionally with the cost of living, many women have been required to search for jobs, limiting their time. We also found that the counselling service was not flowing as it should be every week due people's lack of understanding of the concept of bereavement and how clinical therapy can support. This caused some clients to quit midway of their 1-2-1 therapy. As a result of this we decided that we needed to raise awareness of what bereavement was so that they could make an informed decision whether clinical therapy was the right option for them.

The aim of the consultations was to find out what the needs are within the community we are working with around bereavement and how we can shape a service to address these based on our experience with the pilot project and the community's current views and needs.

## Methodology

110 people were consulted. By using different methods, we have managed to glean the overall needs for the South Asian 'Bereavement Service'.

### Focus Group

Prior to the consultation and within the pilot project a focus group was conducted with service users who have been involved in the bereavement support project. We had volunteers, interpreters, and clients who participated in the focus group.

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<sup>3</sup> <https://www.cruse.org.uk/understanding-grief/effects-of-grief/five-stages-of-grief/>

The aim was to gather qualitative feedback and insights from the participants who have used the service. It was to understand their experiences and perceptions of the programme. From this we were able to engage in open and honest discussions.

## Questionnaire

A questionnaire was developed which consisted of 29 questions of which 5 related directly to Bereavement services (see Appendix 1)

The questionnaire was conducted to gather valuable insights and data from the South Asian Community. We got to engage with individuals to better understand their preferences and experiences related to Loss & Grief. By collecting their responses, we were able to conclude their needs going forward. The survey was aimed to identify and uncover key issues and inform decision-making processes for the future of the project. The results will be used to establish the bereavement services at Diversity Matters.

Furthermore, the answers will help us guide future actions and ensure that the perspectives of the participants are effectively considered in the planning and development of the Bereavement Project going forward.

### *Method 1*

#### **Telephone Contacts**

Beneficiaries were contacted individually to ensure we were giving them our full attention and time whilst on the call. This method was quick, and from this we understood if one person didn't answer to go to the next person and so forth. We were able to leave messages for call backs if people were busy. We've found out that after 3pm proved to be challenging as people had children to pick up from school and some children had after school activities. Therefore, calls were limited after 3pm every day.

### *Method 2*

#### **Accessing local groups, face to face on an individual basis**

This method was the strongest and most effective way to engage with people. This meant we gave them our full attention and it helped build the connection with them. As we spoke to them directly it helped them to open more. This method helped build trust and they felt comfortable answering without being judged when they initially didn't understand some of the content. During this method we have found many people who couldn't understand the term 'bereavement' so this had to be explained meaning more time was needed during the one-to one consultations. Some did not want to participate in some questions relating to some circumstances due to personal reasons. But however, at the same time some felt at ease and were able to express more. We had casual workers in who were bi-lingual and had training before hand to deal with these situations when carrying out the consultations.

We also conducted consultations as a small group in the DMNW centre. This was very informative, and they all engaged very well as they shared their own opinions comfortably. They all elaborated on their concerns which has given us an insight on their real-life experiences.



## Method 3

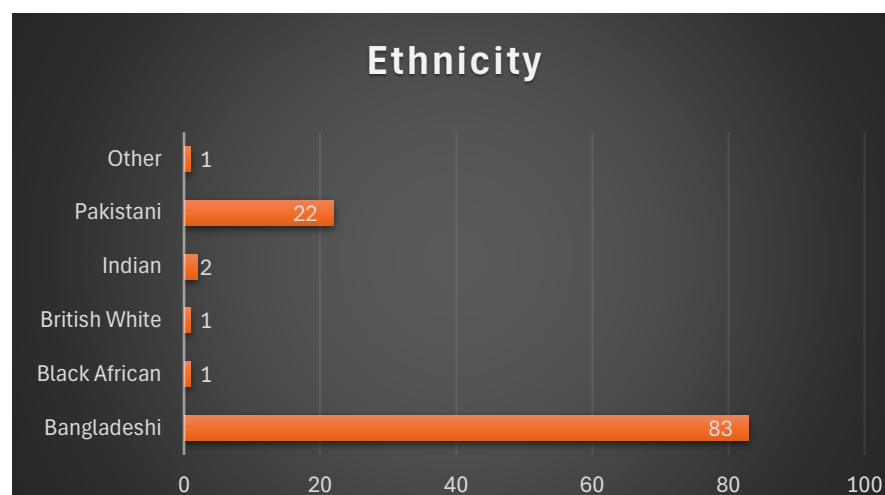
### Outdoor Outreach at Ashton/Hyde

We attended the Hyde Mela, Hyde Market and Ashton Market. This method proved to be a little difficult with the uncertainty of the weather. People were rushing and weren't interested in speaking as they had "chores" to do. We did the outreach during 10-3pm. We chose these times as we thought it would be best to capture people early when they have dropped off their children and early afternoon times was best to capture those that are going to lunch from work. The face-to-face method in the outdoor area was not practical as the hustle and bustle of everyday life was evident and we found more of a reluctance for engagement.

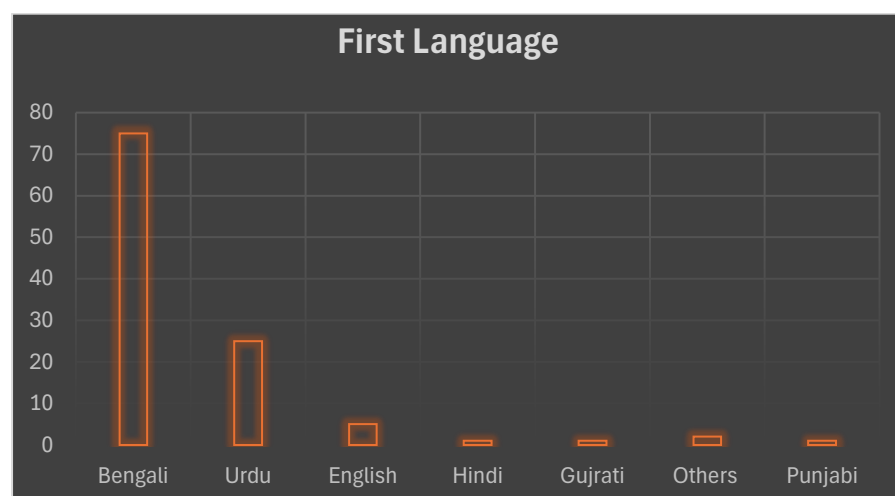
## Findings

### Questionnaires

Findings from the consultations, awareness sessions, focus group, 1-2-1 counselling and the local desktop research are summarised below:



By looking at this graph above we can see the Ethnic Minority group which stands out is overwhelmingly Bangladeshi with 83 out of 110 participants identifying as Bangladeshi. This represents **75.5%** of the total.



From looking at the results of this question we get to see the overwhelming response from those who speak Bangla **68%**.

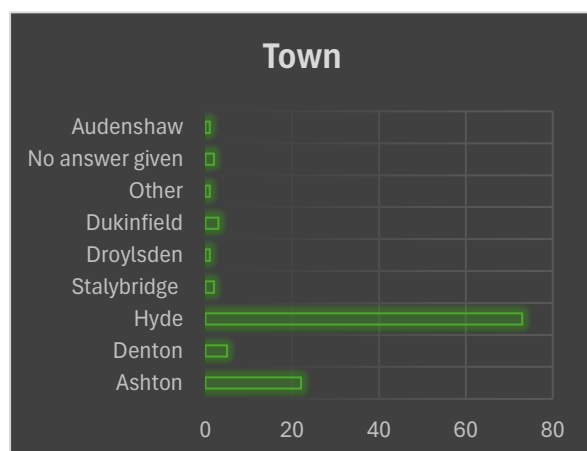
22% of people's first language was Urdu.

These results aren't surprising as the locations where we conducted the questionnaires were in the heart of the Bangladeshi and Pakistani communities. DMNW have a track record working predominantly with the Bangladeshi community and therefore we would expect more people from this community to engage with us.

**4%** of people whose first language is English were also from a younger generation who may have grown up in a well-educated background and they are used to using English language in professional and academic settings.

Lastly, we have Gujarati, Punjabi speaking at **1%** which indicates that we didn't reach many people from these communities or that there are less people in Tameside speaking these languages.

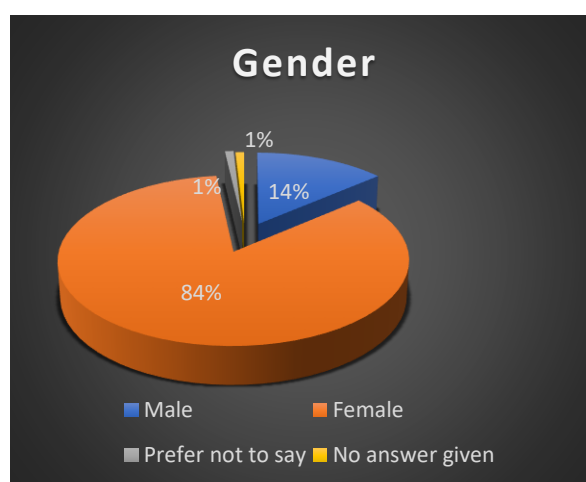
The results indicate a strong dominance of Bangla speakers (**68%**), with smaller groups which consisted of Urdu, English, Punjabi, Gujarati, and other language speakers. This language distribution offers important understanding of the cultural, linguistic, and social norms of the surveyed population. It suggests that communication and education should prioritize the Bangladeshi community more but also consider the needs of smaller language communities to ensure inclusivity and accessibility. The graph represents the different languages in the South Asian Communities and showed quite strongly of which language is dominant.

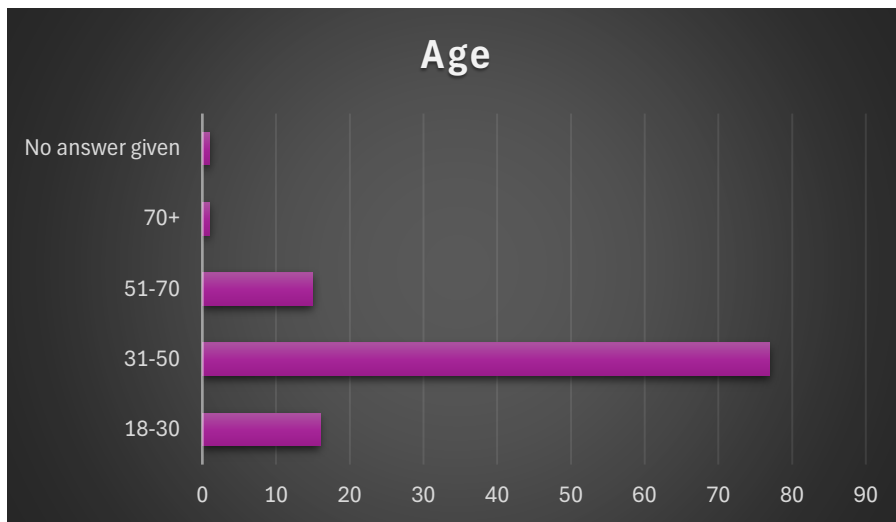


We can see that most of the people surveyed were from the Hyde area at **66%** which made up of **73/110**. Following closely with Ashton **20%** and Denton **4%** of people that come from these towns.

We also see that people from Hyde are actively looking for support. This can be quite accurate, speaking to people in DMNW sessions they have expressed that they no time to travel due to childcare and family commitments.

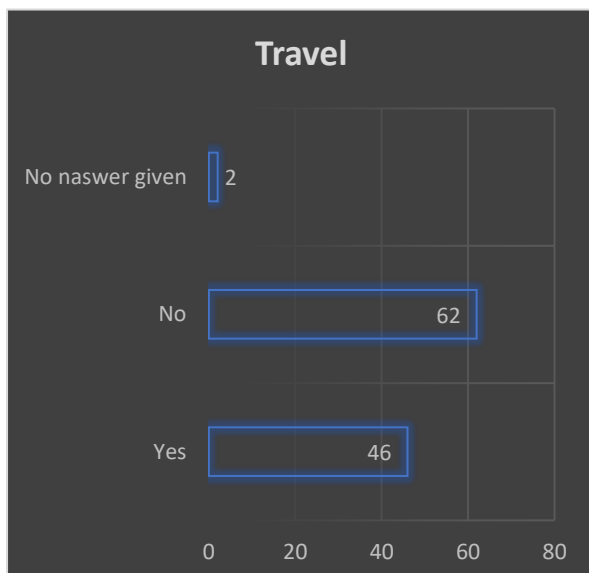
Most of the participants in the group identified as being female at **84%**, making females the most represented gender from the consultations that was carried out. This pie chart indicates how hard it was to engage with the 'males'. They were reluctant to speak, and this may come from the community cultural stigma where they find talking to women is prohibited. This didn't come as a surprise as DMNW work predominantly with the females, so we have built up relationships from our interactions.





As you can see from the graph, the largest proportion of participants falls within the 31-50 age group which makes up **70%**, this makes up the majority. This age range represents a significant portion of the total, this could indicate that individuals in the group were most willing to engage and are actively seeking support. It could also indicate that during the days that we conducted our outreach the older population were in doors or did not have mobile phones that we could contact them on.

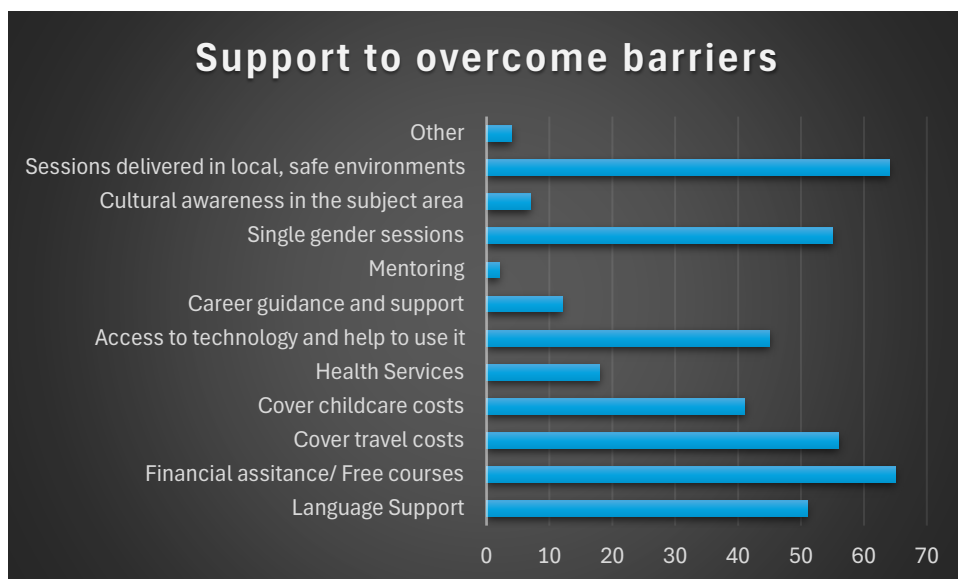
We can see that people from this age group would possibly be in a significant life stage which includes raising families and may want more information on what is out there to prepare them for the future or people in this stage of life would be more aware of themselves and what they need. People in this age group usually would feel more inclined to socialise through accessing our courses and training to help them for their future.



Participants were asked if they were willing to travel to access services and **57%** of them said 'no'. This is due to people having barrier to travelling such as not being able to drive, not being able to use the public transport, family commitments and financial restraints.

However, **42%** of people did say they are willing to travel to access services, however when we spoke, they mentioned only if someone is with them as they don't feel confident enough to travel alone.





We asked 110 people what support is needed to overcome the barriers they face to access services. They were able to choose more than one option and most of them needed financial assistance and free courses available this was coming on top at **59%** responses. Whilst speaking to these people they have elaborated on the fact that the financial side of life has impacted them during covid where they have lost income and jobs. If there is free financial assistance, they would be able to travel to other places. By looking at this graph we can also see that **58%** participants preferred to have the services delivered locally and in safe places they feel comfortable in, and it is easy to get to on time.

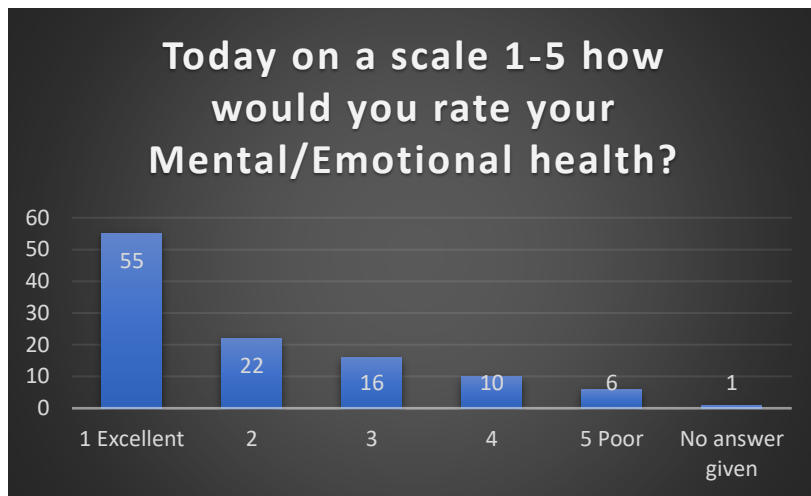
We had **51%** responses for covering travel costs, and **50%** responses came through if we had single gender sessions, this shows the participants will be more interested in joining in with services if we organised more single gender sessions with language support.

This is expected as majority of the participants are from the Bangladeshi community. Most people from this community showed preference for single-gender sessions when accessing services and courses. This often comes from a cultural, religious, and social factors. Many people feel more comfortable in gender-segregated settings due to traditional norms that emphasise modesty and respect, especially in a predominantly Muslim society where there are guidelines about gender interactions. For women, single-gender spaces can provide a sense of safety, privacy, and freedom to participate without the pressure of judgment or unwanted attention. This is especially important for families, who may feel more at ease knowing their loved ones are in environments that align with cultural values and personal comfort.

Looking more closely at the cultural aspect in the subject area showed that we had only 7 responses. We believe some people didn't understand this question. This question needed more time to explain. However, from speaking to the community we have found that they do prefer a culturally sensitive session. Culturally sensitive sessions mean to be sensitive about different cultures and norms. Having knowledge on different cultures brings about a strong understanding and helps people feel more comfortable.

What was surprising was only **6%** responded to having a need for cultural awareness in the sessions. This reflects to the lack of understanding of this and having spoken to a lot of people face to face it became apparent that this can be a beneficial added support that would make everyone feel

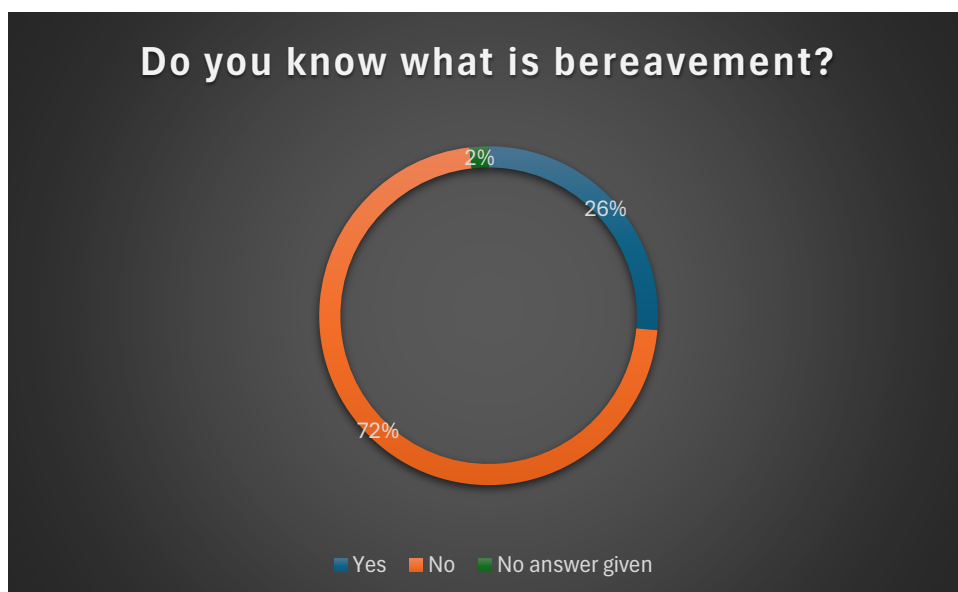
included e.g. if someone knew about the norms in specific cultures it would make the participants feel comfortable and more engaged in the session.



We surveyed 110 people and asked them about how they are feeling on a scale 1-5, 1 being excellent and 5 being poor. We had a high result of people feeling 'excellent' at **50%** which we found surprising.

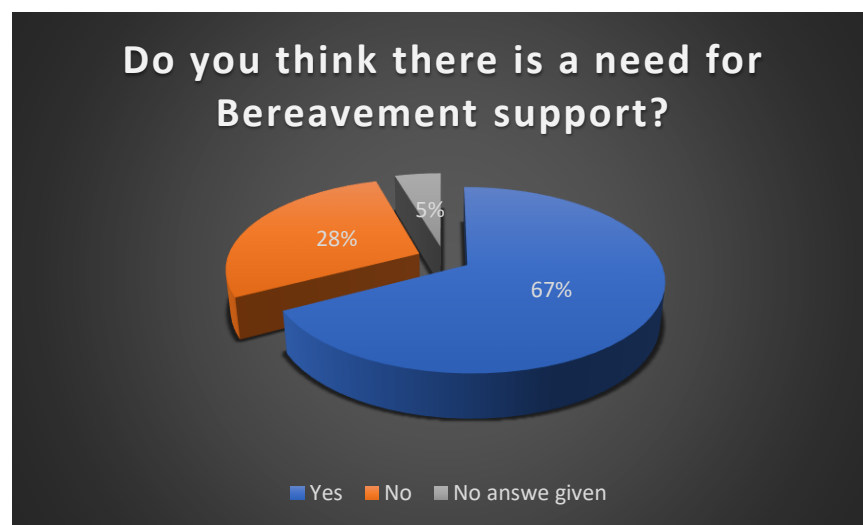
Many South Asians may describe their overall mental and emotional health as excellent due to cultural norms, familial support, and a strong sense of community. This positive self-assessment can often mask underlying issues, as individuals may feel pressured to maintain a facade of well-being, aligning with social expectations.

We engage with a lot of south Asian people from the local community, and we have found a more defined picture emerging which has revealed gaps in mental health awareness and access to resources. These discussions often uncover struggles with stigma, isolation, and the challenges of navigating mental health within the systems in place, highlighting the need for a more comprehensive understanding of their experiences.



Out of 110 people in the South Asian community, **72%** don't know what the term bereavement' means. Bereavement refers to the period of mourning or grief after someone has passed away. This shows there's a clear need to raise awareness in our community about grief and loss. Understanding bereavement is important because it helps people cope with the emotional and practical challenges that come when someone close to them dies or suffer any loss in their lives.<sup>4</sup>

By raising awareness, we can make sure more people know how to seek support and care during such a difficult time. **26%** said 'yes' they know the term 'bereavement', and **2%** responded to 'no answer given' which means there is definitely a gap in understanding bereavement, it is important there is awareness around this subject because it can help people better cope with loss and provide the necessary support to those going through it, with a hope of reducing mental health and depression referrals to the doctors. Overall, this can cut down on people solely relying on just medication for help.



According to the survey, **67%** of people in the South Asian community feel that there is a need for bereavement support (once we were able to explain what bereavement was), meaning the majority recognise the importance of having help and guidance during times of grief. However, **28%** said they don't think such support is needed, while the remaining individuals didn't provide an answer. This suggests that while most people agree on the need for bereavement support, there are still some who either don't see the need or aren't sure, again highlighting an opportunity to raise awareness and better understand the community's needs around grief and loss. This is possibly because some may not have encountered a loss in their lives or due to the stigma and cultural pressures.

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<sup>4</sup> [Bereavement care for ethnic minority communities: A systematic review of access to, models of, outcomes from, and satisfaction with, service provision | medRxiv](#)

## What kind of bereavement support do you think is needed?



- 1-2-1 Counselling (therapy)
- In person awareness raising workshops
- Peer support group sessions
- Group sessions (gives advice around tools and techniques to deal with emotions)

A substantial **79%** said 1-2-1 counselling is needed as bereavement support. This is surprising as the pilot project proved to be difficult to get people to commit to the sessions. Some didn't complete and family commitments got in the way as there was 7 sessions they had to commit to. There were others factors such as sessions being cancelled due to illness and holidays for example ramadan and Fridays are days many muslims would not want to have counselling sessions during these times. We did glean from the pilot project that most people are only aware of counselling as a support mechanism for dealing with bereavement. However, we did have 3 people who did complete the full 7 sessions. At end of the sessions they felt quoted *"lighter"*.

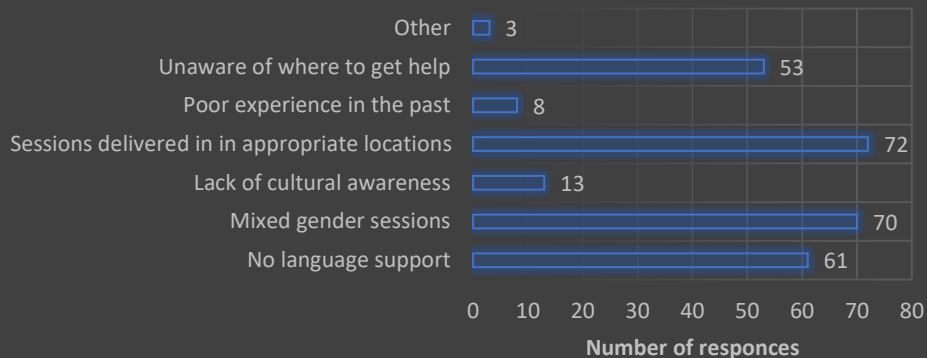
**45%** said bereavement awareness raising workshops should be a support to help people understand what is bereavement and ways to cope.

**42%** said they think group sessions are effective way to support through showing coping tools, techniques and ways to deal with emotions.

**3%** said peer support groups, this was surprising as the feedback from the focus group advised that they wanted a more peer led support group.

**5%** said 'other' which indicates they didn't want to answer or didn't know as they haven't accessed anything like this in their lives.

## What would stop you from accessing bereavement support services if you needed them



**66%** said they prefer to have bereavement sessions to be delivered locally, which is accurate as many women who attend sessions in DMNW and locally feel they are safe locally and can trust the people who deliver the sessions.

**64%** having single gender sessions is better. This is not surprising as we have many women classes already being delivered. This is mainly due to faith and cultures and many faiths don't encourage free mixing which can be a grey area.

**55%** said they will not attend sessions where there are 'No' language support. This is evident in the pilot programme where we had people attending and some people first language wasn't English. We provided language support for the counselling sessions and awareness sessions. We had many people feel comfortable knowing language support was available.

**48%** advised that they are unaware of where to get help, this means more outreach is needed to address this and incorporate this in the awareness sessions.

**12%** advised that a lack of cultural awareness within the programme would deter them from attending, this isn't a huge proportion of response but can be ideal given the fact we work with predominantly 'Bangladeshi' community'. We could also deduce from this that many people in the community are unaware of what cultural awareness/ sensitivity is as this is an approach that DMNW organically include in all of our programmes and therefore could be something that our beneficiaries feel is the norm.

**7%** said they will not attend sessions due to poor previous experiences they've had.

**3%** responded to 'other but didn't elaborate.

## Focus Groups

The focus groups were conducted in the DMNW building which was local and safe environment and the local café shop for the 'men's session.



The aim of the focus group was to see if the needs of the Bereavement Pilot Project was meeting the needs the community, to see what can be improved and to hear ideas going forward.

The feedback from the focus group was positive, they believed support is needed and a lot of outreach and awareness around loss & grief should be implemented in the community and the awareness sessions with language support is important as well as having a safe place to be in.

Our Focus Group from the Pilot Project proved to be a very interesting method. We had the interpreters involved in the counselling sessions, volunteers that were active for the project and the clients.

The focus group focussed on what worked and what didn't. We have identified that there is a stigma surrounding issues around mental health which can make it difficult for people especially the 'men' to seek support when they are struggling.

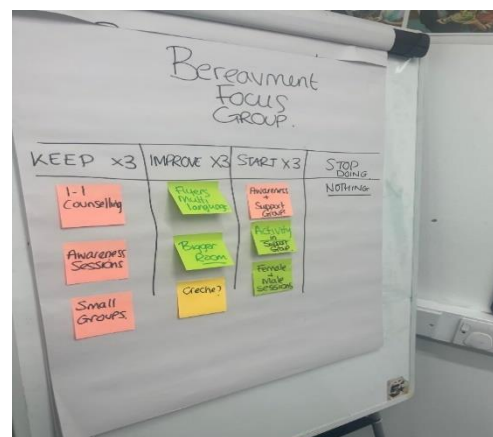
We commented on the 'Counselling' and said this method can help some clients to navigate through the culturally aspects of grief. The support/awareness group can give them the necessary tools to work through their loss in a culturally sensitive manner.

*"I am sad this is finishing" BB*

*"I feel good now that I have shared my thoughts" NA*

*"I feel lighter" NA*

We've had some engagements from clients who wanted to be referred for the counselling, from this we have found people weren't 'ready' as some dropped out from the sessions however, there were some people who benefitted from the full 7-week sessions with a counsellor.



From this we learned that while there is a clear recognition of the importance of bereavement support, many people still struggled with understanding what "bereavement" means, and how to navigate through the grieving process. These insights highlighted a need for increased awareness education, and culturally sensitive support to help individuals cope with loss in a healthier way. With regards to the men's sessions, they feel there is stigma in the community surrounding mental health and majority of men wouldn't want to show their vulnerability in groups and accessing counselling. The men expressed the need for this to be fed back to mosques as many men gather for prayer daily.

## Research on local Bereavement Services in Tameside

During the desktop research phase, we contacted 6 organisations that offer bereavement services locally. None of them provided language support, culturally sensitive sessions, or therapy groups in a suitable community setting.

The services were not located in appropriate settings where people would feel culturally comfortable, easily accessible, and have community connections with. However, they did provide counselling services online, in person and through drop-ins which were open to all.

We have found there is an absence of bereavement services that are specifically tailored to the South Asian community. This highlights a significant gap in 'culturally sensitive support' during one of life's most challenging times. This not only exacerbates feelings of isolation during the grieving process but also hinders effective communication and understanding between service providers and bereaved families. As a result, many individuals are left to cope with their loss without the necessary guidance and resources. There is an urgent need for the development of inclusive bereavement services that respect and reflect the diverse community needs.

## Conclusion

From our research, we explored different ways to find out how to develop our Bereavement Project at DMNW. We conducted questionnaires, focus groups, and desk top research. From this research, we have found that there are NO culturally sensitive bereavement services within Tameside's South Asian community and this service is something that the community wants. Although some of our questionnaire responses are ambiguous around peer support and culturally sensitive support, we

know from our previous sessions and over 16 years of experience this is something that the community benefit from and moving forwards we will consider how we word this in future consultation questionnaires.

Many individuals facing loss feel isolated and unsupported due to services that do not understand or respect their cultural practices and beliefs surrounding grief and mourning. This gap highlights the need for more inclusive support systems that recognise and accommodate diverse cultural backgrounds. By developing services that are tailored to the specific needs of the South Asian community, we can ensure that everyone receives the compassionate care and understanding they deserve during difficult times. Culturally sensitive bereavement sessions ensure that the support provided is not only to be empathetic but also be respectful and relevant to the person's cultural context, making it more effective and accessible for those going through loss. This can be understanding of the specific rituals and ceremonies related to death and mourning as well as being respectful about how things work in certain cultures. It is equally important we understand and see grief through individual's eyes. Such methods can be encouraging to their beliefs such as doing meditation, prayers and chanting, basically what is relevant to the individual to make them feel more comfortable. We have found this to be a very hard process in trying to find a suitable culturally sensitive service that is free and local.

Many individuals in the community find it hard to navigate through the systems that are in place especially when there are language barriers. Many organisations have said they do have a service that caters to all, but it isn't culturally sensitive. They offered 1-2-1 counselling and drop-ins but none that provided language support. Most of them said they offer services to all and promote inclusivity but failed to explain how and they advised that this *"wasn't an issue before"*. The services were in buildings which are identified as mental health organisations which again could be a barrier due to the stigma of accessing Mental Health support.

We know from current health statistics that people from South Asian communities are more at risk of death than those from majority communities<sup>5</sup>, and in addition to this our research shows that there are no culturally appropriate services to support family and friends around their loss.

Bereavement is the process of mourning, this can be the loss of a loved one, separating from a loved one, or a loss in general which can significantly impact mental health.<sup>6</sup> It often triggers a complex range of emotions, including sadness, anger, guilt, and confusion, which can lead to conditions such as depression and anxiety. Individuals may experience changes in appetite, sleep disturbances, and difficulty concentrating, further exacerbating their emotional distress. The grieving process is highly individual, and while some people may find solace in support from friends and their community, others might feel isolated or overwhelmed by their grief. Understanding this relationship between bereavement and mental health is crucial for providing culturally appropriate support and interventions, helping individuals navigate through their loss, promoting healing and resilience.

*In the period 2011 to 2014 in England and Wales, both males and females in the White and Mixed ethnic groups had lower life expectancy at birth than all other ethnic groups<sup>7</sup>*

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<sup>5</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/articles/ethnicdifferencesinlifeexpectancyandmortalityfromselectedcausesinenglandandwales/2011to2014>

<sup>6</sup> <https://www.merriam-webster.com/dictionary/bereavement>

<sup>7</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/articles/ethnicdifferencesinlifeexpectancyandmortalityfromselectedcausesinenglandandwales/2011to2014>



## Moving Forwards

Our consultation has told us that moving forwards a bereavement support project should include the following activities:

***Bereavement Awareness Sessions:*** These should be free and be situated in Hyde and Ashton, where the predominant interest was for support. The sessions should be local and in safe community buildings. A bi-lingual session facilitator that the community trusts should be running these sessions as this helps the community feel at ease and seeing a familiar face that they can trust it also promotes cultural awareness.

The sessions should be gender specific even though majority was of the 'female'. We know that the female is more vocal about support in bereavement. However, we can also say from our previous awareness session with men did prove we need 'some' work on this area too. As some have put forward their interest.

With there being a lack of knowledge around what bereavement is and how clinical therapy can help we feel there needs to be a middle ground. To raise awareness of bereavement, support the community with coping techniques to deal with loss, and discuss what talking therapy is and how this can support to deal with emotions.

***1-2-1 Counselling:*** Should be available for both genders and the expectation of clinical therapy needs to be explained and explored during our awareness raising sessions. Language support should be available, located in the DMNW building and with qualified counsellors. Counselling should only be for selected people who understand what bereavement is and are able to make informed decisions around how clinical therapy can benefit them.

***Peer Support Group:*** A support group should be set up for people who are grieving a loss to come together in a safe local environment where they can talk and support each other. This should be offered at a later stage of the programme so that people can get to know each other during the awareness raising sessions.

***Outreach:*** Spreading awareness around bereavement services within the South Asian communities is crucial to support individuals as they navigate the grieving process. By actively engaging with the community, we can build on trust and understanding.

In Conclusion to the research and findings we believe that mental health and bereavement services should be in one session because it addresses the full scope of someone's mental and emotional needs during the grieving process. By integrating both services in one will help identify more clearly the signs and symptoms of those who are struggling. We can then provide additional support such as counselling or resources going forward.

Overall, it will help people identify their own needs and we can provide them with the tools so that they feel empowered to make informed decisions around how they can cope with loss.

We will focus our work with women from the community as they have advised that they want to engage in this support. We will however endeavour to raise awareness of bereavement and continue to explore a support service for and with Men.



# Appendices

## Appendix 1



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## Appendix 2

### Focus Group Briefing

The focus group was aimed at understanding and addressing the unique grief experiences and needs of the people that were involved within the pilot project. The group typically consists of individuals who have had counselling, interpreters, volunteers and people who have attended the bereavement awareness sessions. Through discussions and shared experiences, the focus group seeks to identify cultural practices, beliefs, and challenges related to bereavement, ultimately informing the development of culturally sensitive support services and resources that can help individuals navigate their grief in a manner that resonates with their cultural values.

## Appendix 3

### An explanation of Stigmas and Cultural Practices

1. Cultural norms around grief- Many South Asian cultures deal with grief as a family and with the community. The thought of getting help through services may not be normal and they may just rely on their cultural and spiritual way to process grief.
2. Faith- Each faith will have their own spiritual way to mourn which could be community prayers, chanting and getting help and support through from spiritual leaders.
3. Stigma around mental health- In some cultures there is a stigma where people aren't expected to ask for help for mental health as this seems like a weakness. Some cultures expect people to just 'be grateful' and accept things so this is a reason why people may avoid accessing help for their mental health.
4. Lack of awareness- This is huge finding where people don't seem to know the terms that are used for mental health. In some languages 'bereavement' doesn't have a specific word but it would mean to explain further.
5. Social expectations- Some cultures may expect people to have the strength to 'move on' and seeking support is unnecessary.

