
National Intercultural Health Strategy 2007 - 2012

Update March 2009



National Intercultural Health Strategy
2007 – 2012

Introduction

Welcome to the second newsletter updating you on progress being made to implement the recommendations of the HSE National Intercultural Health Strategy (NIHS)!

Please circulate this to anyone you think may have an interest in it.

Work continues across a range of settings on implementation of various recommendations of the strategy. This update contains information about these efforts.

A cross sectoral National Advisory Body has been established to support and guide implementation of the strategy. This group is chaired by Ms. Lucy Gaffney, former Chair of the National Action Plan against Racism. A first formal meeting of this group has been held. Members of this group are listed in the update.

The NIHS was developed in a wholly consultative manner and we wish to pursue and honour the collaborative principles embodied in the strategy. Your comments and queries are valued and any feedback you may wish to send to us would be welcome – **please send this to socialinclusion@hse.ie or to Diane Nurse, Social Inclusion, OCEO, Mill Lane, Palmerstown, Dublin 20**

Membership of National Advisory Body

In line with the requirements of the NIHS, a cross sectoral National Advisory Body has been established to advise, guide and support the implementation of recommendations of the strategy. Each member has a remit to communicate progress on implementation to his or her constituency as well as to feed back on relevant issues to the group.The cross cutting nature of recommendations and the importance of coordinated implementation is reflected in the wide ranging composition of membership of this group.

The membership of this group comprises:

Lucy Gaffney (Chair)

Government Departments

Dr Philip Crowley: Deputy Chief Medical Officer Department of Health and Children

Gerry Mangan: Director, Office of Social Inclusion, Department of Social and Family Affairs

HSE

Catherine Murphy: Assistant National Director, Health Promotion, Population Health

Fidelma Browne: Head of Public Communications, HSE

Mary Culliton: Assistant National Director , Consumer Affairs

Ann O'Riordan: Director, IHPH Network,

Breege Kelly: Assistant National Director, Employee Wellbeing,

Tom Ryan: National Planning Specialist, Primary, Continuing and Community Care

Alice O'Flynn: Assistant National Director, Social Inclusion

Diane Nurse: National Planning Specialist, Social Inclusion OCEO

Voluntary Sector

Michael Begley: Director, Spirasi

Fidele Mutwarasibo: Research & Integration Officer, Immigrant Council of Ireland

Paddy Connolly: Director, Cairde

Ronnie Fay: Director, Pavee Point

Service users

Salome Mbugua: Director, Akidwa

Issah Huseini: Director, New Communities Partnership

Individual Experts

Dr Abdul Bulbulia: G.P., Member of Council of ICGP & Chair of the National Traveller Health Advisory Committee

Dr Dermot Ryan: School of Psychology UCD

Jane Pillinger: Independent Researcher & Policy Advisor

John Haskins: Independent Advisor

Philip Watt: Independent Advisor

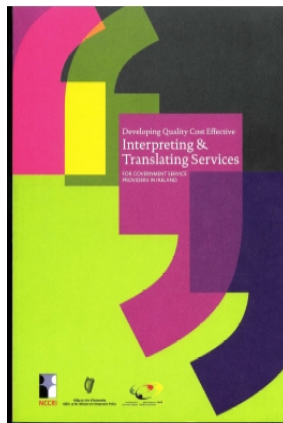
Prioritised Themes of Strategy

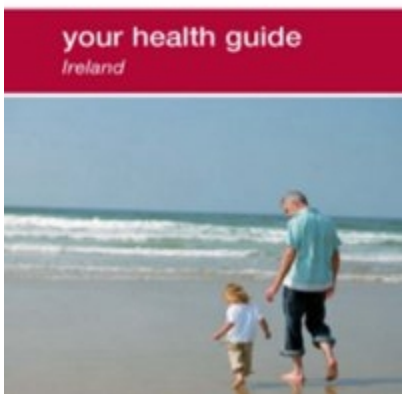
1 Access to Services and Service Delivery

Translation of core information for service users

In Line with our objective of working towards a standardised, high quality approach to translation of prioritised information, the following has been progressed:

- A Reference Group has been established within the HSE to work towards development of a “Translation Toolkit” – this will contain information on good practice when translating core health related material, guidelines on sourcing and managing translation of material, guidelines on sourcing and managing translation of material, and will have a focus on optimising business processes around translation.
- The report “Developing Quality Cost Effective Interpreting and Translation services for Government Service Providers in Ireland” was launched towards the end of 2008. This extensive study was commissioned by the Office of the Minister for Integration and led by the NCCRI. The findings of this report will inform development of models of translation in the HSE.





A “**Guide to Health Services**” has been translated into Arabic, Mandarin, Czech, French, Lithuanian, Latvian, Polish, Russian and Spanish. Each translated guide is available on the HSE website for download (www.hse.ie Double click on “Language Hub”)

ARABIC - ادنلری ایف ھی صرلل تاددخلا

MANDARIN - □□□□□□□□

CZECH - Zdravotní péče v Irsku

FRENCH - Services de santé en Irlande

LITHUANIAN - Sveikatos apsaugos paslaugos Airijoje

LATVIAN - Veselības aprūpe Īrijā

POLISH - Służba zdrowia w Irlandii

RUSSIAN - Службы здравоохранения Ирландии

SPANISH - Servicios Sanitarios en Irlanda

Birth and Marriage Requirements: Certain statutory requirements are in force for non EU Nationals wishing to marry in Ireland or needing to register a birth. All information pertaining to requirements for marriage, recognition of existing marriages and registration of births has been translated into a range of languages. These translated documents have been circulated to all offices of the Civil Registration Service throughout the State.

Translated information in respect of registration of birth has been electronically transmitted to most maternity hospitals throughout the country, thereby allowing the staff at these hospitals to print them off when required by individual clients.



**Registering a Birth –
Information Note**

Available in English, French,
Spanish, Arabic, Mandarin,
Russian, Polish,
Romanian, German

Translated information relating to registration of Birth” and as well as translated versions of “Getting Married in Ireland” is now on the HSE website.

Anecdotal evidence from the Civil Registration service indicates that “the ability of new parents and couples getting married within the state, and whose first language isn’t English or Irish, being able to access the translations, have done so very effectively in respect of having their queries answered, thereby reducing the calls in respect of such queries to our offices and equally making their experience with our service a positive one overall.”

• Data, Information, Research

With the current decline in the economy, there exists a common perception that most migrants are now returning “home” to their countries of origin. While it is true that many migrants from diverse backgrounds are leaving Ireland in search of new opportunities, it is equally true that many minority ethnic service users have settled in Ireland, forming relationships, raising families and contributing to a new, diverse society.

It is another common perception that most members of minority ethnic communities live in urban areas. The Irish times of 4 March quotes Seamus Boland of Irish Rural Link highlighting the plight of the many non-Irish Nationals living in rural areas, who, as is the case with Irish citizens, may experience difficulties as the economic recession deepens. “Research has identified the risk of these people being isolated due to a mutual lack of understanding regarding values, cultural and language differences. This increases the risk of exploitation, especially regarding rates of pay, rented accommodation and access to services.....the needs of non-Irish Nationals must not be forgotten in the economic downturn.” Mr. Boland stated that the numbers of “non Irish” in many small rural towns remains well above the national average of 10.1%, with 43.8%

in Gort, 32.1% in Clones and 23.1% in Virginia. Such figures will enable improved evidence based planning in the HSE around the needs of these groups.

The economic situation has impacted on migrants, with a significant rise in unemployment of members of this group. "In the 12 months to October 2008, the number of migrants on the Live Register increased by 100%, from 21,035 to 44,600. The downturn in the construction, hospitality and financial services sectors accounts for the majority of migrant job losses" (Metro Eireann, 4 March 2009). This situation will inevitably increase demand for health and related social services by members of minority ethnic groups.

At the same time, our previous newsletter showed the significant numbers of non Irish Nationals employed throughout the HSE. The ESRI Working Paper No. 75: "Projecting the future numbers of migrant workers in the health and social care sectors in Ireland" (January 2009) provides further interesting detail on manpower planning in the health services. This report may be accessed on the ESRI website www.esri.ie

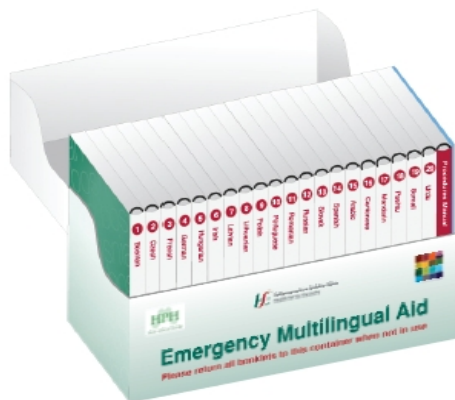
Ethnic Identifier

The need for more consistent collection of Ethnic Equality data is underpinned by Irish equality legislation and an extensive policy framework.

At a legislative level, the *Equal Status Act 2000 to 2004* prohibits discrimination in the delivery of health services for nine grounds, including Race and Membership of the Traveller community. The HSE, DoHC and Equality Authority publication *Equal Status Acts 2000 and 2004 and the Provision of the Health Services* sets out the health services' commitment to planning and delivering services that provide for equality in healthcare delivery for all grounds of the Act. Both the Act itself and the health sector response place an onerous obligation on healthcare providers to develop systems to ensure that potentially discriminatory practices, both direct and indirect, are addressed. Without Ethnic equality monitoring it is not possible for healthcare providers to identify, monitor and address disparities among diverse ethnic groups. From a health services perspective, research has demonstrated that unequal health outcomes can occur on the basis of Ethnicity.¹ To address such inequalities the collection and usage of Ethnic data in healthcare design and delivery is mandatory in such jurisdictions as the U.K National Health Services,² Canada and New Zealand. While the systems are developed to various degrees of sophistications across these health services, Ethnic data has been used, inter alia, to profile usage rates of services by various ethnic groups, identify the health blueprint of diverse groups, plan culturally appropriate services and identify the training needs of staff

¹ See for example Fanning and Pierce *Ethnic Data and Social Policy in Ireland* (2004)

² Ethnic data is collected in England, Scotland and Wales while the system is in the development stage in Northern Ireland



- The need to establish accurate data around the ethnicity of our service users remains urgent and we are continuing to pursue the application of an Ethnic Identifier to support evidence based planning. Pilot projects at the Rotunda and Temple Street Hospitals, involving training of staff in best practice around this are yielding very encouraging results.

3. Staff Resources/Training/ Support/



- Emergency Multilingual Aid Box. (EMA): This EMA box comprising a Language Identification Card, a set of 20 translated phrasebooks, & “On Speaking Terms” a User Manual has been developed in partnership with the Health Promoting Hospital Network– Migrant Friendly Hospitals who piloted and evaluated an earlier version. It will assist staff in communicating with patients in acute or emergency type situations prior to calling for the services of an interpreter. The EMA box will be distributed in May.



- Health Services Intercultural Guide:** This Guide was developed in response to the expressed need by healthcare staff for information, knowledge and skills in delivering care to people from diverse religious communities and cultures. The Guide profiles the religious and cultural needs of 25 diverse groups who are cared for in healthcare settings in Ireland. These groups comprise 21 religious groups, three ethnic/cultural groups and people without religious belief. An extensive consultation and research process was undertaken with *cultural informants* from the groups profiled as well as healthcare providers and practitioners in developing the Guide. It is primarily for staff who care for the ill, particularly in in-patient settings, as well as those involved in care of the dying for both adults and children. It will be available Mid May.

Collaborative Work Linked to Recommendations of the NIHS

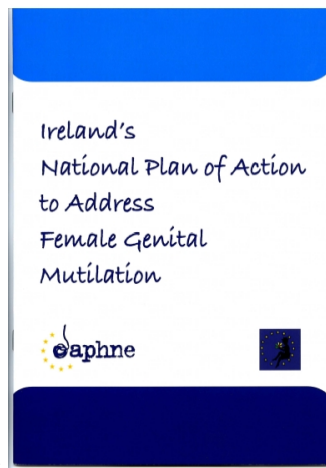
The NIHS emphasises the cross cutting, multidimensional nature of recommendations to be implemented. A partnership approach across all sectors – both within and beyond the HSE - is of critical importance in ensuring a coordinated approach to the implementation of the strategy.

This has meant that the HSE has also been involved in supporting projects initiated and led by other agencies engaged in enhancing aspects of intercultural health. Some examples of projects in this regard include:

- One Stop Shop Project:** The Immigrant Council of Ireland has led on the Irish component of this Transnational project, exploring the model of a “one stop shop” facility where migrants could access a range of services, such as information related to immigration, accessing various services, applying for entitlements and so on. HSE Social Inclusion has been an active member of the Irish subgroup of this project. The project was supported by the Office of the Minister for Integration. Other partners in the project included Greece, Portugal, Germany, Italy and Spain.

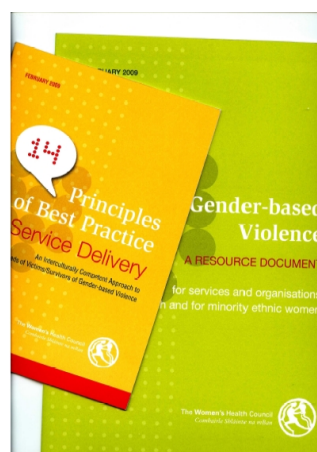
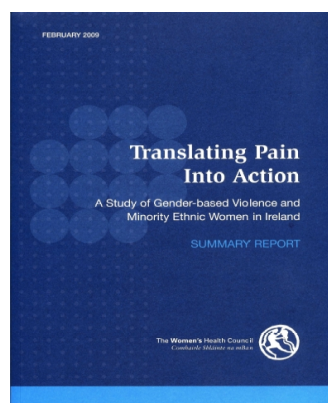
The handbook was launched in Lisbon on 6 February and this, together with country reports in respect of the range of services offered to members of minority ethnic groups in each partner country, may be accessed from www.oss.inti.acidi.gov.pt
- Ireland’s National Plan of Action to address Female Genital Mutilation:** This Action plan was launched on 25 November 2008 – International Day for the Elimination of Violence against Women. Ireland was one of 15 EU countries that developed a National Action Plan against FGM and launched it on this day. The plan builds on recommendations published by the Women’s Health Council in June 2008 aiming to improve the health and wellbeing of women and girls affected by FGM in Ireland.

The HSE has endorsed the plan and has confirmed its commitment to addressing its health related recommendations. Discussions are currently underway around appropriate ways of



achieving this.

- **Women's Health Council Project: Gender based Violence and Minority Ethnic Women:** This research – the first major study conducted in Ireland on GBV and minority ethnic women – was launched by the Ombudsman, Emily O'Reilly, on 24 February. It comprises 3 separate publications:
 - ❖ **Summary Report: Translating Pain into Action**
 - ❖ **Gender Based Violence: A Resource Document for Services and Organisations working with and for Minority Ethnic Women**
 - ❖ **Principles of Best Practice for Service Delivery: An Interculturally Competent Approach to Meeting the Needs of Victims / Survivors of Gender Based Violence**



While the universal nature of GBV is acknowledged, the emphasis of the report is on illuminating the specific risks of GBV faced by Minority ethnic women and the particular barriers they can encounter in accessing required services in Ireland.

The aim of the research was to identify how services in Ireland can best respond to the needs of minority ethnic women who have experienced GBV. The HSE was represented on the Steering Committee guiding this research, and has indicated a strong commitment to progressing the health related recommendations of the report.

All reports can be accessed on the website of the Women's Health Council www.whc.ie

- **Dial to Stop Drug Dealing Campaign:** Four focus groups were held with members of minority ethnic groups were held around the issue of drug dealing in local communities. This project was largely coordinated and hosted by New Communities Partnership and Akidwa. The report of the focus groups is available from socialinclusion@hse.ie This report will be used to inform actions in the current campaign, as well as future campaigns in respect of reaching out to minority ethnic groups and ensuring their views, issues etc are factored into such campaigns. Further information on the national campaign can be found on www.dialtostop.ie
- At a European level, we are represented on COST (European Cooperation in the field of Scientific and Technical Research) Action number ISO603: Health and Social Care for Migrants and Ethnic Minorities in Europe (HOME). Diane Nurse of Social Inclusion and Bridget McGuane of H.R. were invited to make a presentation at a seminar in Barcelona in November. This presentation, "Making systems responsive to the needs of Diverse Patient Populations in Ireland: A Whole Organisation Approach" is available from socialinclusion@hse.ie