This report is the outcome of national, regional and local consultation events that were held to inform the development of the HSE National Intercultural Health Strategy. A range of minority ethnic organisations, community based and advocacy organisations, individuals, migrant workers, refugees, asylum seekers and Travellers contributed to these consultation sessions and, equally importantly, we also consulted with a wide range of health sector & HSE clinicians and staff.

I want to acknowledge and thank the many organisations, individuals and staff who worked with us - contacting communities, facilitating sessions, outreaching to vulnerable groups and generally providing us with fantastic support from start to finish. A number of the key messages are not confined to health but are pertinent to many providers of public services either statutory, community or in the voluntary sector. The richness of the many contributions I hope are reflected in this document and work has already begun on implementation.

We are keen to continue the process we begun so if you have any comments on this report please let us know at the address on the back cover.

Alice O’Flynn,
Assistant National Director: Social Inclusion
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[ Acknowledgements ]

Photographs on the cover and inside this report show participants during various consultation events. All photographs in this document were taken with permission of participants and are gratefully acknowledged.
[ Summary ]
Summary

1. Introduction

This report summarises the themes and issues arising from the consultations that were carried out between September 2006 and January 2007 to inform the development of the HSE’s Intercultural Strategy in Health. A large number of minority ethnic organisations, community-based and advocacy organisations representing the interests of minority ethnic service users, and HSE staff contributed to these consultations. The richness of the contributions is reflected in this report.

Groups, organisations and individuals contributing to the strategy broadly welcomed the progress that was being made in the provision of culturally responsive health services.

The report shows that there have been some significant developments in recent years in moving towards an intercultural health service. However, it also highlights gaps in provision and awareness about the impact that existing health provision has on minority ethnic health status and their participation in shaping new approaches to health service development. Many of these developments are being shaped by improving access to health services within a framework of equality and social inclusion. It also highlights gaps in provision, awareness and understanding of needs. Further, it identifies the importance of engaging with and including service users in the design and planning of services.

It is also acknowledged that international staff play a major and significant role as skilled health service providers and carers working for the HSE. Providing equality in employment and in human resources policies is important to ensure that international staff are treated equally in terms of working conditions, recognition of skills and experience, as well as opportunities for career development.

2. Who participated in the consultations?

The information and data collated in this report arises from:

- Consultation workshops with minority ethnic groups and community organisations, as well as with HSE staff, held in Dublin, Dundalk, Galway, Sligo and Cork.

- Focus groups held with specific minority ethnic groups: Immigrant Council of Ireland (two focus groups held with migrant workers); asylum seekers (Access Ireland and Spirasi); and a separate focus group held with Muslim women at the Islamic Cultural Centre.

- Written questionnaires completed by staff and community-based organisations, as well as a large number of organisations that contributed through written submissions.

The groups, organisations and individuals that contributed can be found in Appendix 1.

3. Key messages and underpinning principles

The consultations highlighted the need for the strategy to be underpinned by the principles of equality, rights-based approaches, social inclusion, involvement and participation of minority ethnic communities, community-based approaches and quality user-focussed services.

In particular the following issues were highlighted as key messages:

- Cultural competence and the capacity of service provision in the areas of information, communications and service provision.

- Equality of access to services based on principles of human rights, social inclusion and partnership with minority ethnic communities, including understanding of the social determinants of minority ethnic health status and inequalities in health.
• Engagement and participation of minority ethnic communities and new migrant communities in the planning, delivery, monitoring and evaluation of services.

• Specific attention to the needs of vulnerable groups who are at a significant geographic distance from available health services.

• Development of gender sensitivity in service provision and the incorporation of a gender analysis of service developments, including specific support for socially isolated minority ethnic women and those at risk of violence or abuse.

• Integration of intercultural health service developments with the main targets, objectives and principles underpinning the national health strategy and ongoing quality improvements within the health sector in areas such as equality and social inclusion.

• Full implementation of the Traveller health strategy Traveller Health, A National Strategy and continuation of targeted support in the area of Traveller health.

• Build on good-practice developments.

4. Summary of the main issues and barriers highlighted in the consultations

The consultations highlighted a range of cultural, information and communications barriers to the provision of intercultural health services. These include:

• Information and communications barriers in accessing services in appropriate formats, cultural contexts and languages, including an understanding of how the health system works.

• Awareness barriers of staff providing health services, particularly in understanding the needs, expectations and cultural backgrounds of service users.

• Participation barriers in the inclusion and involvement of minority ethnic service users and communities in the ongoing provision and development of health services, and in addressing health inequalities and improving health outcomes.

• Cultural barriers in understanding how the health systems can take account of the diversity of faith systems, cultural understandings, experiences and meanings.

5. Good-practice developments

The report draws on a range of good-practice developments that are helping to shape and improve access to culturally responsive health services and better awareness of minority ethnic health issues. These include:

• Specific projects in the HSE, such as the Intercultural Health Project, and initiatives to improve access to services – including information, translation and interpretation services – for minority ethnic service users in community-based services, hospitals and health centres.

• Traveller health projects that have improved access to health services through peer-led initiatives, including the Traveller primary health care projects across the country.

• Community-based initiatives funded by the HSE and provided by community organisations using community development methods to involve and empower minority ethnic communities.

• Specific initiatives developed in local communities to address inequalities in health, build the capacity of minority ethnic participation in health service developments, cultural mediation projects and projects to improve access to information about health services.
6. Summary of the main priorities

The four main priorities identified in the consultative process are:

• **Priority 1: Information, language and communications** – improve access to information and cultural mediation; provide professional interpretation and translation service; and provision of training for community interpreters.

• **Priority 2: Service delivery and access to services** – provide services on the basis of equality of access in all areas of service provision; provide better systems for inter-sectoral work and the coordination of services; and develop a population health approach that links to the social determinants of health and health inequalities.

• **Priority 3: Changing the organisation** – ensure that the organisation reflects the diversity of Irish society; ensure commitment in the leadership of the organisation to inter-culturalism and equality; enhance learning and development of staff; and improve data collection.

• **Priority 4: Working in partnership with ethnic minority communities** – support and provide resources for minority ethnic community groups tackling inequalities in health in local communities and in representing the diversity of minority ethnic interests; and allow for the ongoing participation and consultation with minority ethnic communities in service developments and in the ongoing implementation of the strategy.
[ 1. Introduction ]
1. Introduction

This report summarises the main themes arising from an extensive process of consultation with individuals and groups that was undertaken to inform the Intercultural Strategy in Health. This was overseen by a Steering Group for the Intercultural Strategy with representatives of the HSE, government departments, minority ethnic organisations, community organisations and minority ethnic service users.

The consultations for the Intercultural Strategy found that migration has affected Ireland’s social care and health services in positive ways by alleviating labour shortages in the health sector. In some cases, highly qualified health professionals or university graduates who have come to work in Ireland are working in jobs that do not utilise their skills and potential fully, resulting in an economic and social loss to Irish society.

Whilst there are some positive developments in the provision of culturally appropriate and competent health services, significant gaps in provision still remain, as well as awareness and understanding regarding the experiences and situations of immigrants in Ireland. Specific examples of what works includes ensuring that health services are provided in culturally appropriate ways that reflect the diversity of the population, cultural awareness and equality training for front-line service providers in health services, and peer-led and community-based approaches.

1.1 Consultation process

The main themes and issues that are raised in this report are the result of a wide-ranging consultative process that was open to HSE staff, service users, and community and voluntary organisations working with minority ethnic communities, including Travellers.

The consultations took place between September 2006 and January 2007 and included:

- A pre-consultation questionnaire completed by individuals and groups working in the HSE and voluntary and community organisations. These were completed prior to the main consultations that took place across the country.
- Five consultation workshops held with service users, community and voluntary organisations and with HSE staff in Cork, Dublin, Dundalk, Galway, Limerick and Sligo. The consultations were attended by 121 service users and representatives of voluntary and community organisations and 105 staff from a diversity of services.
- Written submissions from groups and organisations with an interest in informing the strategy.
- Specific focus groups and consultations held with and by minority ethnic health groups. A large number of community organisations working with minority ethnic groups undertook their own consultative processes and written submissions were also made based on these.

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1 These numbers are broken down as follows:
• Questionnaires administered to migrants from the following communities: Brazilian, Lithuanian, Polish, Latvian, Nigerian, Indian, Slovakian, Sikh and Muslim.

• One-to-one meetings and interviews with service users and representative organisations.

A list of the consultations and participating organisations can be found in Appendix 1.

The consultation process has been central to the development of the strategy. By consulting widely it was considered important to also document and monitor the process of the consultations, thereby building good practice in consultative processes with minority ethnic communities in Ireland. A checklist of issues to consider in developing consultations was also produced as part of this process and can be used as a basis for future consultations in the health sector. This checklist can be found in Appendix 2.

**Pre-consultation questionnaires**

A pre-consultation questionnaire was sent out to HSE service providers and community and voluntary organisations at the beginning of the consultation process. The questionnaire for voluntary and community organisations had two main purposes. First, to identify what types of consultation supports groups and organisations would need to help facilitate their participation in the consultation process. Second, to gain some insights about the provision of services, perceived gaps, experiences and good practices, as well as priorities for the HSE. The questionnaire sent to HSE service providers focussed on the latter issues.

A total of 126 questionnaires were received (100 of which were from HSE service providers and 26 were from other organisations, including voluntary and community organisations).

A list of the questions used as a basis for the Consultation process is found in Appendix 3, while a summary of the main issues raised in the questionnaires can be found in Appendix 4. Appendix 5 contains a summary of the main priorities identified at regional workshops.

**Summary of the main issues and barriers highlighted in the pre-consultation questionnaires**

- **Information barriers**: Lack of information in culturally appropriate and accessible formats, and in relevant languages for migration and minority ethnic groups. Poor signage in other languages or accessible formats in hospitals and health centres.

- **Communications barriers**: Communications barriers arising from a lack of translated materials and provision of interpretation services. Poor quality translation services, no quality standards set. Lack of community-based mediators. Poor communications and coordination between services.

- **Awareness barriers**: Staff lack awareness and understanding of the needs of different cultural, religious and ethnic groups. Poor awareness of service users’ needs and expectations.

- **Specific issues faced by asylum seekers**: Poor facilities in reception centres. Poor access to GPs and other mainstream services. Lack of information and understanding of services. Poor access to transport impedes access to mainstream services such as mental health services.

- **Participation of minority ethnic communities**: Service users are not regularly consulted about the services they receive.

- **Data**: Limited qualitative and quantitative data. Ethnic identifiers are needed in all services.
• **Equality issues**: Equality of access and outcomes are not guaranteed. Limited awareness of equality issues. Specific issues faced by minority ethnic women, for example, in accessing female GPs. Equality monitoring is not mandatory and impedes the planning of services.

• **Staffing and service provision issues**: Staff shortages have a negative impact on the provision of services. Long waiting lists for certain services e.g. SLT, OT. Health promotion and other services need to reach out to minority ethnic communities. Mental health services need to reflect community cultures, needs and backgrounds. Poor coordination of services, lack of a multidisciplinary approach and methods that address the social determinants of health. Limited linkages with other services, e.g. schools, housing and accommodation. Poor coordination of services, lack of a multidisciplinary approach and methods that address the social determinants of health. Limited linkages with other services, e.g. schools, housing and accommodation.

Summary of the main priorities identified for the HSE Intercultural Strategy

• Provision of a national translation and interpretation service that provides culturally appropriate translation of materials and interpretation in clinical and community settings. These should be supported by national standards and accreditation.

• Culturally appropriate and accessible information in accessible formats/languages.

• Training and awareness for staff so that they can be equipped with the resources and competence to provide a culturally responsive service; this includes effective and appropriate induction and orientation of international staff.

• Improved staffing resources in key areas of service provision to improve the quality of services, in particular, so that mainstream services can respond effectively to the needs of people from migrant and minority ethnic communities.

• Improved access to services for asylum seekers, refugees and Travellers.

• Lack of effective mechanisms for consulting with and involving minority ethnic service users in service planning and in the identification of needs.

Actions that can be developed to support staff service providers

• Provision of professional translation and interpretation services

• Improved access to information for service users and service providers, for example, regarding services available and community-based support groups

• Resources to improve understanding of health needs, including needs assessment and research

• Resources to support the provision of community and peer-led services, including the provision of cultural mediators and other community health workers

• Resources to employ key workers/cultural workers in the HSE to improve access to services

• More training for staff in cultural awareness, different cultural norms and the needs of different minority ethnic groups

• Improved data collection and the implementation of an ethnic identifier
1.2 Key messages from the consultation exercise

The consultations found that migration to Ireland has brought many benefits to the economy. However, established minority ethnic groups, including Travellers and people that have recently migrated, experience higher levels of social isolation and exclusion, and greater barriers in accessing services than the majority population. Many organisations stated that health services need to play a key role in the integration of migrants into Irish society. The consultations showed that this needed to be a comprehensive strategy in line with the framework for the integration of migrants outlined in the National Action Plan Against Racism.

The groups and organisations that contributed to the consultation welcomed the strategy. A number of key messages arose regarding the development and implementation of the strategy.

- HSE should provide expertise and leadership in information, interpretation and legal issues
- Improved coordination between HSE and other service providers e.g. Reception and Integration Agency, VEC, other government departments and local authorities.

Cultural competence

Implementing the strategy will require specific attention to enhancing the cultural competence and capacity of service providers in the HSE, including language and communications as well as improving access to information and services. Communities also need to be empowered, through community participation and community development, so that they can be better informed and resourced to improve access to health services and improve health outcomes. This will require ongoing additional resources, a commitment from the top of the organisation to implement the strategy and a continued dialogue with minority ethnic communities in Ireland.

Equality and rights

The strategy should be informed by the principles of human rights, equality, inclusion, involvement and participation of minority ethnic communities, community-based approaches, partnership, accountability and accessible high quality services for all. This should encompass a broad-based approach to health, including measures to address inequalities in health and the social determinants of health.

Planning of services

There are also implications for the long-term planning of services. The impact of these patterns on health planning will need to be considered and the planning, delivery and monitoring of services proofed for their impact on specific migrant groups and communities.

Participation and community engagement

A key factor will be to enhance the engagement of migrant communities, particularly through peer-led and community development approaches. Providing resources for migrant-led and community organisations will need to increase if there is to be a wider engagement with migrant communities in the future. This should also be developed through effective systems in the HSE for the involvement and participation of people from and organisations representing migrant communities in the planning, delivery, monitoring and evaluation of services.
Specific attention to vulnerable groups
There needs to be more attention given to the vulnerability of those migrants living and working in Ireland who experience poverty, poor living conditions, social exclusion, racism and poor access to employment, particularly well paid and secure employment. In particular, the vulnerability of unaccompanied minors, women and children who have experienced trafficking for sexual exploitation, people who have experienced trafficking for work, spouses of work permit holders, and migrant workers who do not fulfil the Habitual Residency Condition raise important challenges for Irish health and social policy.

Gender analysis
Specific issues were raised about the need for a gender-based approach to identify issues that are unique to minority ethnic women regarding full access to childcare and maternity services, and specific targeted support and outreach programmes for women who are socially isolated and at risk of abuse or violence.

Link to health policy agenda
The implementation of the targets, objectives and principles in the national health strategy, *Quality and Fairness: A System for You* (2001), were seen as very relevant to the development of an inclusive and equitable approach to the provision of quality health care services to minority ethnic groups. The principles of equity and fairness, a people-centred service, quality of care and clear accountability were cited by many groups as being important underpinning principles that needed to be realised in the Intercultural Strategy. The priorities of reducing health inequalities and providing equitable access to health services on the basis of need are considered to be particularly important, the full implementation of which could substantially enhance the possibility for services to be provided in culturally competent and inclusive ways.

Traveller health
The implementation of the Traveller Health Strategy, *Traveller Health, A National Strategy* (2002), is viewed as a comprehensive strategy to address Travellers’ health issues that needed to be fully implemented and further developed.

Build on good practices
There are many examples of good practices already in place that are a basis for learning and development. In local communities, these include peer-led schemes, community development approaches, cultural mediation, advocacy and the development of community health networks. In the HSE, this has included the development of intercultural projects designed to enhance service delivery, staff training and capacity building, and pilot projects in the areas of an interpretation service for GPs and an ethnic identifier for the utilisation of health services.

1.3 Summary of suggested priorities and areas for development
Participants at the consultation workshops and those providing written submissions were asked to summarise the three main priorities for the Intercultural Strategy. The priorities for each of the regional workshops and from written submissions can be found in Appendix 4 and 5.

The main priorities identified in the consultative process are grouped into four main areas.

Priority 1: Information, language and communications
- **Information**: accessible information, advice, advocacy and cultural mediation
- **Language and communications**: professional interpretation and translation service; provision of training for community interpreters
Priority 2: Service delivery and access to services

- **Equality of access**: access to services with specific emphasis on enhancing access to GP services, children’s and family services, hospital and community-based services, mental health services and other front-line services
- **Coordination of services**: inter-sectoral and coordinated actions that draw on the wider determinants of health, linking with education, training, work, housing and social welfare
- **Developing a population health approach**: address the social determinants of health and links to health inequalities

Priority 3: Changing the organisation

- **Organisational culture**: change the organisational culture to reflect a multicultural society; commitment from the leadership of the organisation and mainstreaming of interculturalism and equality throughout the organisation
- **Human resources**: recruitment of ethnic minority staff
- **Learning**: Learning and development of staff, peer learning networks, training, awareness tools and resources, learning from and building on what works
- **Data and monitoring**: Development of indicators on minority ethnic health outcomes (qualitative and quantitative), including evidence of progress and monitoring of the strategy; ethnic identifier, monitoring and data collection on service utilisation and quality of service

Priority 4: Working in partnership with ethnic minority communities

- **Supporting community groups**: support for minority ethnic community groups as co-producers of services, community-based planning and development approaches that link to the wider determinants of health
- **Participation and user involvement**: provide for ongoing participation and involvement of minority ethnic communities in the design, delivery and monitoring of services, e.g. through a consultative forum, as well as regular feedback on the implementation of the strategy

In addition, a large number of individuals and groups that contributed to the consultations referred to the need for the strategy to be developed and informed by the following values and principles:

**Equality**
This includes patient-centred approaches based on equality, representation and respect. This is particularly seen as important as the strategy is being drawn up during 2007 European Year of Equal Opportunities for All. Ethnic minority and Traveller organisations cited many examples of perceived direct and indirect discrimination and racism in health services.

**Rights-based approaches**
Several organisations cited the importance of minority ethnic health as a human rights issue (on the basis of Article 25 of the Universal Declaration of Human Rights).

**Inclusion**
Ensuring that everyone is included and that there is equality of access to services through the provision of targeted and mainstream services. In particular, there is the need to understand the importance of community participation as a key element of social inclusion.

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2 “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”
Involvement and participation of minority ethnic communities

Involving people, groups and communities so that the views and needs of different minority ethnic population groups are taken into account; listening to the views and needs of service users; and ensuring that service users are actively involved in the planning, design, delivery and monitoring of services. A key principle should be that there is an effective feedback loop so that there is a direct link between a person participating in the planning of a service and a service outcome.

Community-based approaches

Building on and learning from good practice in services and community-based programmes, with an emphasis on community development and community participation.

Quality user-focused services

Services should be of a high quality and provide enhanced access to services for the groups that experience the greatest barriers and difficulties in accessing services.

Consultation of the Ethnic Minority Health Forum

The Ethnic Minority Health Forum brings together minority ethnic groups across the country to identify and discuss issues and concerns affecting the health and well-being of minority ethnic communities and to decide collectively on actions that can address the needs identified. The forum gives voice to minority ethnic health issues and works within a collective and community development approach. It has identified a number of priorities including training, capacity building and needs assessment.

With the support of the Combat Poverty Agency and in partnership with the Galway Refugee Support Group, Cáirde has begun to initiate a national forum through which local or regional ethnic minority health forums can meet at national level. The objective in establishing health forums is to build leadership in health advocacy and representation amongst black and ethnic minority communities. Based on the model developed by Cáirde in Dublin and the HSE in Cork, this initiative aims to develop collaboration and partnership between ethnic minority communities and local HSE staff and structures.

3 The consultation organised and facilitated by Cáirde was held on 23 January 2007 in Tullamore and included representation from a wide range of community-based minority ethnic groups that are part of the Ethnic Minority Health Forum (facilitated by Cáirde). The following groups were represented at the consultation. Dublin-based groups: Afghan Community of Ireland, Palestinian Community Of Ireland, Congolese Irish Partnership, Somali Community of Ireland, Roma Support Group, Libyan Community in Ireland, Algerian Community of Ireland, Iranian Community in Ireland, Slavianka (Russian women’s group), Iraq Community of Ireland, Women as leaders Programme Cáirde/LYCS, Romanian Community of Ireland, West African Network (WANET), Integration of African Children in Ireland (IACI), AKIDWA, Integration of Nour Women, and Lithuanian Women’s Group. Cork-based groups: ASCAMI, Congolese group, Brazilian group, Ivory Coast community, Togolese community, Cork Intercultural Group, Mungano Le Chile, Nigerian group in Cork. Galway-based groups: Galway Refugee Support Group- MARTA Project, Ethnic Minorities Association, Bringing African Solidarity, Eglinton Hostel Support Group, WANet. Sligo-based groups: Nigerian Association Ireland and Igbo Community. Limerick-based groups: Sudanese Community in Ireland; Association of Cameroonians, Somali Community in Ireland, Congo Lisanga, Guinean group and Burundi Community in Ireland.
Representatives and community leaders from 38 groups based in Dublin, Cork, Galway, Limerick and Sligo attended.

The consultation identified a number of barriers experienced by minority ethnic communities including information, communications and language barriers and, as one participant stated, “bearing the shame of saying that you don’t understand”. A general lack of knowledge and competency about different cultural practices, alongside racism and discrimination, contributes to specific health issues being neglected. One participant said that the experience of accessing services was not consistent but based on a “personality-based nature of service: depends on who you meet”. Specific issues were highlighted about accessing GP services and information about medical cards. Another participant stated: “I have been here five years and still don’t know what is covered by medical card.” Direct provision is seen to affect health status and the equitable access to services, “dehumanises, affects self-esteem and mental health”.

Building on the capacity of the existing ethnic minority health forum members in Cork, Limerick, Donegal, Sligo, Kerry, Waterford and Mayo, and the existing efforts of HSE staff at a local level to engage with new communities, this initiative aims to provide supportive structures and organised opportunities for ongoing dialogue and cooperation. A core focus of this initiative at the local level will be to support ethnic minority communities and HSE staff to engage on the roll-out and delivery of Primary Care.

The consultation followed the same format as the regional workshops and included groups-based discussions that were facilitated and written up by Cáirde.

**Recommendations:**

- **Information and communications:** improve information provision, communications and address language barriers. In addition to providing accessible and professional interpretation services, there is a specific role to be played by community organisations, cultural mediators and link workers who build bridges and form the basis of partnerships between communities and services providers.

- **Cultural competency:** enhance cultural competency by training health care providers; this should be followed up and monitored. Awareness raising to tackle racism and discrimination should also be carried out.

- **Access to GP services:** specific recommendations are made for improving access to GP services, including ensuring that everyone can avail of quality GP services, improved communications and time spent with patients, improved transport and more effective coordination between GPs and other government departments and service providers.

- **Improve the health and well-being of residents in accommodation centres:** a number of recommendations concern the system of direct provision and the need to improve mental and physical health and the well-being of people living in accommodation centres, through self-catering provision and improved access to services such as counselling and sexual health.
- **Enhance community participation and address the wider determinants of health:** a strong emphasis was put on the need to build the capacity of minority ethnic community groups and organisations and to address the wider determinants of health in areas such as isolation, childcare, language barriers, accommodation in direct provision etc to improve minority ethnic health
- **Community development:** fund minority ethnic-led organisations and community development and health programmes, including capacity building for minority ethnic groups
- **Employment of more staff from minority ethnic communities in Ireland:** this will require action to address qualifications, recognition and training
[ 2. Minority Ethnic Communities and Health: Feedback from Consultations ]
2. Minority ethnic communities and health

2.1 Introduction

There was a wide diversity of perspectives and experiences provided during the consultations. This is a reflection of the diversity of the population in Ireland. However, the combination of low incomes, social isolation and poverty experienced by many minority ethnic groups is disproportionate to the majority population. A large number of organisations highlighted the importance of addressing the social determinants of health whereby low pay, poor accommodation, poor working conditions, social isolation, discrimination and racism all have an impact on inequalities in health. The link between poverty and ill health is summed up in the written submission by the Combat Poverty Agency “…the strong relationship between poverty and health is well established. Ethnic minorities who are most likely to experience poorer health are those who are living in poverty. These are Travellers, asylum seekers, and some refugees and migrant workers.” These factors have implications for health service delivery and the need for more creative and innovative approaches that address social exclusion and that reach the most disadvantaged minority ethnic communities.

Several organisations raised the issue of the impact of immigration status on people's capacity to improve their health and well-being. The Immigrant Council of Ireland highlighted the difficulties faced by undocumented workers in accessing health services. Caíde highlighted problems associated with accessing secure employment and education opportunities, which have an impact on poverty and social exclusion. Although immigration status can affect entitlements to services, it also has an impact on people's own perceptions of their health.

The consultations raised specific issues faced by Travellers, migrant workers, asylum seekers and refugees.

2.2 Travellers

In the consultations, Travellers pointed to the fact that poor health status is closely connected to poverty, poor accommodation, discrimination, exclusion and marginalisation. Specific issues raised by Travellers include the experience of poorer health outcomes than the rest of the population and the impact on health and well-being of lower levels of education and incomes and poorer quality of accommodation. Key issues are raised by Traveller organisations about the importance of the social determinants of health, particularly in developing actions to address low education and literacy levels, high unemployment, poor accommodation, and the impact of stigma and discrimination on health outcomes. These factors have an impact on access to and the utilisation of health services.

4 The submission from the Combat Poverty Agency presents a range of data of health inequalities experienced by Travellers. Data from 1987 found that the fertility rate of Travellers in 1987 was 34.9 per 1,000 – more than double the national average and the highest in the European Union; Travellers have more than double the national rate of still births; infant mortality rates are three times higher than the national rate; Traveller men live on average 10 years less than settled men; Traveller women live on average 12 years less than their settled peers. In the census conducted in 2002, it was found that only 3% of all Travellers were aged over 65 years compared to 11% of the settled population. In a study on Travellers using Tallaght hospital, it was found that only 2% of all the hospital patients were Travellers aged over 65 years, compared to 34% of hospital patients who were settled people aged over 65 years. The Irish Sudden Infant Death Association’s 1999 Annual Report found that the differential in the longitudinal rates of sudden infant deaths among Travellers was 12 times the rate among the settled population.
The National Traveller Health Strategy (2002 – 2005) set a number of objectives alongside the recognition of Travellers as a distinct minority ethnic group whose perceptions of health needs differ significantly from the settled population. Targeted health work with Travellers has contributed to some of the objectives of the Traveller Health Strategy, notably “the right of Travellers to appropriate access to healthcare services that take into account their particular needs, culture and way of life”. The holistic approach has been important to addressing the broad determinants of Traveller health and a community development model has been important in reaching out to and empowering the Traveller community around health issues.

Traveller experiences of services in Cork and Kerry

A Study of Traveller Experiences of the Services in the Southern Health Board Area was carried out in 2001 as a partnership between West Cork Travellers Centre, Kerry Travellers Development Project, North Cork Traveller Group, and the Traveller Visibility Group.

A written submission by Traveller organisations highlighted the importance of the Traveller Health Strategy in developing actions to meet the health needs of the Traveller community. It was recommended that the rollout of and findings from the All-Ireland Traveller Health Study be the basis of a new refocused National Traveller Health Strategy, as an integral part of the broader Intercultural Health Strategy.

Consultations with Travellers and Traveller organisations

Travellers and Traveller organisations contributed to regional workshops as well as to two national consultations. Over 100 Travellers and representatives of Traveller organisations contributed to the consultations and a separate written report of these consultations was produced. The consultations took place on the basis that there would continue to be a separate Traveller Health Strategy and that the all-Ireland Health Study would be an impetus for the continuation and implementation of the strategy.

The consultations highlighted the extensive evidence that has been collected about Traveller health issues, including the importance of addressing the broader social determinants of health, inequalities in health and access to health care services. Key issues are raised about the intolerable experiences of poor health, low status, exclusion, discrimination and disadvantage in the Traveller community, which has an impact on health, well-being and participation in society. High levels of morbidity and mortality are experienced by Travellers in all age groups. This is coupled with poor access to information and services. However, good practices in consultation and community-based approaches are recognised as major outcomes of the Traveller Health Strategy, although much still needs to be done to fully implement the goals and actions of the strategy.

The key issues emerging from the consultation process are:
- **Traveller culture**: lack of recognition of Travellers’ culture and the need to recognise Travellers as an ethnic minority
- **Racism and discrimination**: racism and indirect and direct discrimination are major factors that have an impact on health and well-being. Attitudes and prejudice towards Travellers need to be urgently addressed

5 Composite submission to the consultation process for the preparation of a National Intercultural Strategy from Travellers and Traveller organisations nationally, Pavee Point, January 2007
- Accommodation: accommodation and living conditions have a major impact on health and well-being. Until Traveller accommodation improves in line with Traveller needs and culture there will be a limited impact on improving health outcomes.

- Education and literacy: Traveller education and literacy issues affect income and participation in employment. These issues have an impact on poverty and exclusion in the Traveller community.

- Participation: participation and engagement of Travellers in the implementation of Traveller-specific policies and strategies needs to be reinforced. Good practices/models of consultation that currently exist need to be mainstreamed.

- Culturally appropriate health services: culturally appropriate health services are necessary to “take on board both the tangible and intangible dimensions of culture. It must accommodate not only what people do, but also their values or what they think and perceive. It must also take account of discrimination at both individual and institutional levels.”

- Data, monitoring and accountability systems: these systems are important to monitor equality of access, participation and outcomes, and also to measure the impact funding has on Traveller health.

- New emerging issues in Travellers’ health: addiction and suicide amongst young Traveller men, violence against women, stress and mental health.

The recommendations made from the consultations are as follows:

- The development, resourcing and prioritisation of in-service training on Travellers for all health service providers. Anti-racism training for front-line staff and managers. Anti-racist codes of practice should be developed in partnership with Traveller organisations.

- Carry out ethnic equality monitoring and equality/Traveller-proof all policies, services/materials.

- Address links between Traveller accommodation and health.

- Prioritise, resource and implement the outstanding actions in the Traveller Health Strategy.

- Implement a social determinants of health approach to Traveller health.

- Provide culturally appropriate health services and resources for Primary Health Care Projects.

- Effective participation of Travellers and Traveller organisations in policy development.

- Facilitate the employment of Travellers in the health services.

- Ensure that new Traveller health structures maintain the quality and relationships that have existed in Traveller Health Units and other models of participation in the past.

- Support targeted initiatives: Traveller health advocates or community health workers, specialist Public Health Nurses etc.

- Mainstream Traveller and Traveller issues into all policies and services, including Traveller-proofing of services.

- Targeted initiatives to address services for women, older Travellers, youth Travellers with a disability.

- Health advocacy needs to be identified as a key role for health institutions.

- Address medical card, provide universal access to medical cards and provide for a national card that can be accessed by nomadic Travellers.

- Raise awareness and provide training for GPs. Fully implement recommendations in relation to the medical card and GP services contained in the National Traveller Health Strategy.

- Prioritise and resource the National Traveller Health Survey. Use the findings to create a more detailed Traveller Health Strategy with clear targets, time frames and resources.
2.3 Migrant workers

The significant increase in migration to Ireland in recent years has implications for the provision of health services. There is a diversity of experiences. For example, many recently arrived immigrants are well educated, young and active in the labour force and present few health problems. However, poor access to services is often experienced by undocumented, low-skilled workers and those seeking asylum or who have refugee status.

Newly arrived migrants have experienced problems in accessing services because of immigration status and the operation of the Habitual Residency Condition. In a consultation with the Immigrant Council of Ireland, undocumented workers spoke about their fear of accessing health services and the problems this presented in the area of prevention and childbirth. One undocumented woman turned up at the hospital on the day she was due to have her baby and did not avail of pre- or post-natal care for fear that her undocumented status would be revealed. The submission from the Migrants Rights Centre Ireland also highlighted the prohibitive costs of maternity care for women migrant workers who are undocumented or who have not been ordinarily resident for sufficient amount of time to benefit from public health care.

Because many migrant workers were underrepresented in the consultations the HSE contracted the Immigrant Council of Ireland to carry out a separate survey of the views and experiences of migrant workers, particularly those working in isolated and low-paid jobs. The survey covered 270 migrant workers from nine communities.

HSE commissioned survey of migrant workers and their access to health services

The survey covered short interviews with 30 migrant workers from each of the Brazilian, Polish, Slovakian, Lithuanian, Nigerian, Chinese, Muslim, Indian and Sikh communities. It was conducted by representatives of community organisations and coordinated by the Immigrant Council of Ireland. In total 270 people were interviewed.

The survey reveals the following key findings:
- Migrant workers on the whole are not accessing health services. The reasons stated concerned the high cost of services, lack of insurance, lack of information and understanding of the system, and language barriers
- A significant number of migrant workers return to their home countries for medical treatment (often because costs and waiting lists are lower)
- Often people are unfamiliar with Irish services because they are organised differently from those in the countries of origin
- In the Brazilian community, many people do not access medical services in Ireland. Many run the risk of being refused leave to land by going home to access medical services.
- In the Indian community there are many professional migrant workers. The majority do not have medical insurance and often prefer to save money to return to India for medical treatment.

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6 The Central Statistics Office population migration estimates that 86,906 people immigrated to Ireland in the year from April 2005 to April 2006; the 2006 Census shows that approximately 10% of the population are from minority ethnic communities, many of whom are recent migrants to Ireland.

7 Brazilian Community, Charleville, Ballyhoura Development Group; Polish community, Mallow (Cork), Avondhu Development Group; Slovakian Community, Charleville (Cork), Ballyhoura Development Group; Lithuanian Community, Dublin by Evelina Saduikyte; Nigerian Community, Mallow (Cork), Avondhu Development Group; Chinese Community, Dublin, Irish Chinese Welfare Association; Muslim Community, Dublin, Islamic Cultural Centre; Indian Community, Dublin, Irish India Council; and the Sikh Community, Dublin, the Sikh Community Association.
- In the Slovakian community, problems of alcohol addiction were raised and the fact that there is no support or preventative work around addiction. Few people accessed medical services and problems of proficiency in English were additional barriers.

- In the Chinese community, many students do not access medical services and many find Chinese medicine too expensive. Many Chinese people access their health care in China (often the cost of a flight is cheaper than accessing Irish health services).

- In the Polish community, the largely younger population have few experiences of medical services in Ireland; the majority access medical services in Poland. Several respondents had had accidents at work and did not know that they could claim benefits; some even went home for treatments.

- The Lithuanian community similarly is a younger community, but many do not access services; the majority of respondents accessed services at home.

- It was pointed out that in several countries there is not a system of GP services, rather health services are accessed directly via a hospital or polyclinic. The Irish system is confusing for some migrant workers who are not familiar with the system of primary health care.

Consultations with the Immigrant Council of Ireland

The consultations with the Immigrant Council of Ireland covered a range of issues, including the importance of cultural mediation. An example was given of a situation at Temple Street Hospital where a cultural mediator effectively prevented a child being taken into care.

Health and well-being of immigrant refugees and asylum seekers

Issues that have an impact on the health of people living in direct provision include poor coordination between reception centres and the HSE, poverty, lack of choices about food, social isolation of residents, and lack of familial and community supports.

Particular issues were highlighted concerning the length of processing cases, which can take up to six years, limited access to information about rights and entitlements, poor access to advice and support about health issues, and a lack of culturally appropriate mental health services. Recommendations concerned the need to improve health and well-being by reducing waiting times for processing cases, improve facilities in reception centres, including food, monitor and log the medication given to people in reception centres, and carry out an impact study of the role of inappropriate diets on the health and well-being of people living in reception centres. It was also suggested that a national sexual health strategy is needed and this should have an inter-cultural dimension. Issues identified include a peer-led HIV/AIDS programme.

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8 Two focus groups were held in November 2006 with representatives from the Immigrant Council of Ireland, migrant organisations, migrant workers, asylum seekers and refugees, voluntary and community organisations (Vincentian Refugee Centre, Canal Communities Intercultural Centre, Tallaght Intercultural Action, North West Inner City Network Intercultural Working Group, Dublin Aids Alliance and the Africa Centre) and service users.
**Access to health services**

Access to health services is affected by problems with medical card eligibility and delays in the administration of medical cards for people transferred to other parts of the country under the refugee dispersal policy. The issue of delays and lack of information about the screening process were highlighted and the need for the provision of voluntary health screening to be culturally appropriate. More information should be provided on a preventative approach to communicable diseases. Waiting times for services were identified as a problem; one case was cited of a Nigerian man with diabetes who travelled back to Nigeria to get treatment as this was quicker than waiting for the service in the Irish health system. Other issues concerned social isolation from family networks, child and family issues, and the need for greater inter-generational and inter-cultural awareness.

**Language and interpretation services**

A number of problems were raised, including poor access to and poor quality interpretation (which can result in problems with diagnosis in emergency situations), and poor quality written translations in leaflets and information. A number of bad practices were cited, e.g. family members providing interpretation, interpreters without training. Recommendations include the need for a professional, high-quality interpretation and translation service.

**Staff issues**

A lack of staff training results in misunderstandings and some difficulties. The ceiling on new staffing in the HSE has also caused some difficulties, e.g. in opening up social work positions to Black and minority ethnic social workers. Overseas doctors can be a good resource for the HSE and value should be given to their competency in language and cultural knowledge. Recommendations concerned the need for more investment in ongoing and regular staff training and in providing culturally appropriate and competent health services. More staff competence is also needed in providing more responsive services to service users, with an emphasis on patient empowerment.

**Information and data**

There is a lack of accessible and culturally appropriate information in areas such as rights and entitlements including the asylum process, rights to work, work visas and entitlements to health services.

The need for sensitive methods for collecting "ethnic identifier" data was highlighted as being very important. (“How can you provide culturally appropriate services if you don’t know your client base and issues that they raise?”)
Written submission: Migrant Rights Centre Ireland (MRCI)

The written submission by the MRCI highlights the experiences of low-paid and isolated migrant workers, including mushroom pickers. It highlights some significant barriers to accessing health care and problems associated with occupational health. Significant problems were identified in the consultations about migrant workers who do not access health services because of a lack of information, or because of cultural or language barriers. In particular, “working long hours, receiving the minimum wage, and in some cases below the minimum wage, puts migrant workers at risk of living in poverty and many struggle to survive”. As a result, the health requirements of migrant workers need to be looked at strategically. Key issues are highlighted in areas such as language and accessible information, access to services, rights and entitlements, and the problems faced by undocumented workers. It states that many undocumented workers have fallen out of the system “through no fault of their own [and] due to various forms of exploitation...This leaves migrant workers in a vulnerable situation, living in substandard and overcrowded accommodation and often forced to work in low-paid unregulated jobs in order to survive”.

A number of concerns were also expressed about the problems of the most socially isolated migrant workers who may experience exploitation, low wages and poor working conditions, for example, resulting from long hours or exposure to chemicals. The MRCI presented evidence that many migrant workers are socially isolated and work in employment at minimum wage or lower, which exposes them to the risk of poverty and exclusion. The MRCI stressed the importance of a gender perspective, particularly because women are most likely to be working in isolated, poorly regulated and lower-skilled sectors. Particular isolation and exploitation is experienced by domestic workers who often do not have recourse to information about rights and entitlements.

It was also found that social isolation and separation from families and children was a source of stress and ill health, particularly for mothers who were working to send money home for their children. The MRCI also raised particular concerns about the plight of women who have been trafficked for sexual exploitation, bonded and forced labour; women who have experienced domestic violence; and the provision of reproductive rights, including access to contraception on prescription, and reproductive health. Other issues raised concern difficulties in accessing maternity services through the public health system for undocumented women and women who have not demonstrated eligibility to services. The MRCI argues that this “is a discriminatory practice”.

Recommendations are made for improved access to health information, more equitable access to services for all migrant workers, irrespective of their status, and for more effective gender and equality-proofing of all health services.

9 Submission to the HSE national Intercultural Health Strategy, Migrant Rights Centre Ireland, February 2007.
2.4 Refugees and asylum seekers

A number of organisations providing written submissions stated that the government’s policy of direct provision for asylum seekers has a negative impact on physical and mental health. According to Combat Poverty’s submission: “Not having the right to work, to participate in third-level education, to cook one’s own meals, to appropriate accommodation, especially for families, all contribute to high levels of poverty, stress, mental illness and poorer health status among asylum seekers.” Cárde similarly states that “asylum seekers are experiencing negative effects of direct provision accommodation on their health and mental health, in particular due to poor living conditions, lack of mainstream entitlement to health and social services/benefits (this leads to poverty and exclusion), lack of entitlement to educational and employment opportunities”.  

The consultation workshops received many comments and feedback about the impact of direct provision on the health of refugees and their children. A number of service users living in direct provision and representative organisations commented on the major impact that poor living conditions have on physical and mental health. In particular, the €19.10 per week that is provided by the State to live on was seen as inadequate and had not been increased in six years. Meals are provided in hostels that lead to health problems and many asylum seekers complain about the conditions in hostels. A lack of meaningful activities, because asylum seekers are not allowed work and are not funded to attend third-level education, leads to further problems of self-esteem and confidence. Some have been living in direct provision centres for more than two years and find it difficult to integrate into society once they are given leave to remain. Evidence presented to the consultations identified high levels of poverty, stress, poor child development, poor mental and physical health, illnesses associated with unfamiliar diets and problems in accessing health services.

Summary of focus groups held with Access Ireland

Two focus groups held by Access Ireland identified the need for users’ fora to take place on a regular basis. Participants attending the focus groups were from: Nigeria, Uganda, South Africa, Latvia, Poland and Roma / Romania. The Nigerian group was the largest and it represented Igbo, Yoruba and Hausa people.

The focus groups identified a range of barriers including accessing GPs, being treated “differently because of their skin colour”, experiences of second-class treatment by virtue of holding a medical card and difficulties in “getting into the health system on arrival”. Examples were given of people with uncertain status and there was a view that the immigration authorities should not interfere with health issues and services.

10 Cárde submission to the Health Services Executive as part of the process of developing a National Intercultural Strategy, March 2007
The other key barrier identified concerned language and cultural differences, examples of which are that many minority ethnic people expect medication for everything; the cultural importance in many ethnic groups of circumcision of male babies; and that doctors and other medical / health personnel often don't listen to patients.

Suggestions for improving access to services included: treat people with equality and respect, listening to people and providing accessible and culturally appropriate information in relevant languages. One issue highlighted was the importance of ensuring that people of different linguistic and ethnic backgrounds clearly understood prescriptions, medication and treatment regimes. Another issue was to ensure that staff are trained in cultural sensitivity and competence. Attention was also drawn to the importance of gender sensitivity in relation to genital, obstetric and other female-only conditions. Participants also identified the provision of cultural mediators, employment of staff from minority ethnic groups (who are already in the country) in the health service and the development of country-wide support and advice services as being important for the development of a culturally inclusive service. Finally, it was suggested that community participation, the establishment of support groups / provide community resources for people to meet and support each other; and establish country-wide support and advice services, including family support services for minority ethnic parents.

Minority ethnic parents are usually on their own and without traditional family supports so they have a great need for guidance and support as they negotiate family life in a new culture. They also often feel ashamed asking for help. A multicultural resource centre that would provide a range of social services, including family support, was suggested. It was also suggested that an ethnically diverse workforce in the health sector should be developed by drawing on the professional resources of people already in the country, such as those who have come through the refugee process.

The main priorities for development were: treat people equally; train personnel in cultural sensitivity; develop cultural mediation as a widely used service; help with the establishment of support groups / provide community resources for people to meet and support each other; and establish country-wide support and advice services, including family support services for minority ethnic parents.

Report of focus groups held with the Centre for Health Information and Promotion, Spirasi

Two focus groups were held with the Centre for Health Information and Promotion at Spirasi in two direct provision centres for asylum seekers: Hatch Hall Reception Centre in Dublin and Mosney Accommodation Centre in County Meath. A report of the focus groups identifies challenges in health provision and proposals for improving health services as envisaged by direct provision residents.

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11 The focus group for Hatch Hall was conducted on 16th November 2006. Fourteen participants attended the session, which lasted approximately three hours. (Attendance sheets are attached and show the breakdown of gender and nationality). The focus group for Mosney was conducted on 23rd November 2006. Thirteen participants attended the session, which also lasted approximately three hours. Hatch Hall provides a reception function for asylum seekers who are fast-tracked through the asylum determination process and are largely monocultural; Mosney is more culturally diverse and functions as an accommodation centre for asylum seekers whose cases may take longer to be determined.
The main challenges identified concerned language and communications barriers. These result in “misunderstanding of behaviour coupled with a strong perception of cynicism amongst health and welfare professionals which impacted negatively on participants’ access to health care.”

Other challenges are associated with the direct provision system. For example, asylum seekers are not always informed about which GP they are assigned and there are problems associated with a lack of necessary time to explain medical decisions.

It was suggested that there needs to be a more systematic approach to accessible information provision, improvements in enabling people to access a broad range of services, improved transport to access services, access to interpretation and translation services, and culturally sensitive service provision. Some concern was expressed about lack of access to Ophthalmic services and access to quality mental health services. People stated that they felt they were a “neglected population” with a loss of dignity and self-esteem. The focus group report stated that, “having no possibility of work and a lack of constructive occupation, residents felt their mental health was adversely affected. Where there was an in-house psychology service available within direct provision, these were held to be working sufficiently well. However, this service was not available on site everywhere.”

Participants’ recommendations include:
- improved access to information in relevant languages; a dedicated information pack detailing health services and their availability for asylum seekers
- multilingual information; improved and standardised interpretation/translation services
- greater understanding by health care professionals of the unique needs of asylum seekers, which requires cultural awareness training and attitudinal changes
- accessible interpretation services
- monitoring of standards of care, increasing the number of GPs providing care for asylum seekers in direct provision
- enhancing access to peer-led service provision
- meaningful participation opportunities for communities (for example, local steering committees to promote health within ethnic minority communities)

Written submission: Galway Refugee Support Group

The submission is based on a review of documentation, of good practices and a special focus group with asylum seekers that discussed the four main questions posed by the HSE in its call for submissions. The experiences of people living in direct provision are typified by the marginalisation of asylum seekers who are unable to work and are forced into dependency and the absence of integrative or practice support services on the ground. The submission highlights poor access to services, particularly in the areas of information, health assessment and counselling; poor-quality food and nutrition; overcrowding in accommodation; lack of independent monitoring of direct provision facilities; no outlet for residents’ complaints; the negative effect on children’s health and well-being; the absence of hand-held medical cards; and a lack of consistency over the provision of travel expenses to medical facilities. Other factors are raised about the adverse impact on health and well-being of poverty, racism and discrimination, and the prohibition of the right to work and carry out education and training.

Recommendations include:

**Reception phase:**
- The Intercultural Health Strategy should provide for adequate counselling and health assessment services and support by a peer-led information service at reception

**Direct provision**
- The abolition of direct provision should be a recommendation of the strategy and the detrimental effect on mental, emotional and physical health should be highlighted
- A cross-sector independent monitoring body should be set up
- Guidelines should be put in place to guarantee the quality and variety of food
- The strategy should set out the health implications of sustaining the €19.10 welfare support ceiling on the health and well-being of people in the asylum process, and the prohibition on work, education and training should be removed
- The HSE should empower and resource community and voluntary support groups
- There should be a psycho-social approach to addressing the mental health needs of people in the asylum process and the need for fast-tracking family reunification
- Accommodation supports should be given to people with refugee status to reduce the risk of mental stress

**Addressing barriers in access to services**
- Develop a human rights approach
- Provide training in cultural awareness, anti-racism and diversity
- Provide advocacy and cultural mediation services
- Provide targeted health service initiatives to address mental health needs
- Provide effective, accessible and accurate information

- Provide resource materials for staff
- Allocation of a GP by the HSE to asylum seekers and refugees
- Mainstream interpretation services
- Provide funding for community-based initiatives

**Effective design and delivery of services**
- Community development and community-based approaches
- Participation of service users in the planning, design and delivery of services
- Empowerment and skills development so that communities can respond to their own needs
- Positive actions should be put in place to create a more diverse workforce, including training for ethnic minorities and progression within the health services, and a more effective mechanism for the recognition of qualifications

**Written submission: Cáirde**

The submission uses learning from Cáirde’s work with ethnic minority communities to inform its recommendations for the Intercultural Strategy. Cáirde highlights a number of problems associated with immigration status, discrimination and racism, and access to services. In particular, it points to the extent of inequalities in health faced by minority ethnic groups in Ireland. The submission highlights the importance of improving access to primary care services, to building capacity and participation of minority ethnic communities, and improving data collection.
Primary care services
- Disadvantaged minority ethnic groups should be named as a target group
- Information should be provided to groups about the establishment of primary care teams and networks to ensure adequate registration with primary care teams at local level
- Primary care teams should undertake local health needs assessments, with the participation of minority ethnic groups
- Information about entitlements should be provided in languages that are accessible to local communities
- Address unequal access to primary care services at GP level, including access to female professional staff
- Full interpretation services to all community members
- Opening times that extend beyond normal working hours
- Staff at all levels should be provided with anti-racism and equality training

Capacity building and participation
- Support local structures and forums to enable collaboration and cooperation between ethnic minority communities and HSE staff
- Provide training and capacity building to ethnic minority community members on health issues and collaborative working with the HSE
- Provide new ways in which HSE information can be disseminated to minority ethnic communities
- Provide HSE staff with development opportunities by supporting HSE staff to engage with ethnic minority communities and to provide joint local and national events that model collaborative working
- Specific recommendations are made about the need to fund the establishment and capacity of local ethnic minority health forums, including their role in monitoring the implementation of the Intercultural Strategy and in outreach work in their own communities

Research and data collection
The submission highlights the importance of a community development approach to conducting research. Such an approach will draw ethnic minority communities into dialogue on an area of primary health concern, mental health. Specific recommendations concern the need to:
- Address the information deficit regarding the health status and health needs of minority ethnic groups by providing funding that supports ethnic minority communities to engage in research within their own communities
- Prioritise research initiatives that adopt a community development approach to such research
- Invest in the appropriate use of the ethnic identifier at the point of access of health services to develop specific targeted initiatives to deliver equal access to services, as well as positive and equal health outcomes for minority ethnic groups

Other recommendations
- The strategy should have a commitment to establishing a monitoring committee. Representation from ethnic minority communities should be selected via the establishment of health forum structures
- There should be an agreed terms of reference and budget for this. There should be cross-cutting responsibility in the monitoring and delivery of other health strategies critical to the health and well-being of ethnic minority communities in areas such as sexual health, women’s health, men's health and mental health

NCCRI consultation Intercultural Strategy in Health, 29.11.06
This consultation brought together a range of policy makers from the HSE, NCCRI, Pavee Point, the National Action Plan Against Racism, the ERSI and the Women’s Health Council.
• Service delivery: Key issues were raised about how to provide socially inclusive services. It was recommended that targeted and mainstream approaches are needed. The experience of gender mainstreaming is useful learning in this context. Specific issues were raised by GP access and coverage. Many GPs state that they do not have room on their books and the assumption is that it takes longer to deal with minority ethnic groups, which is not always the case.

• Staff training: Learning, training and development needs are currently being addressed in pilot projects. However, there are problems in releasing staff, which means that few staff have been through training. A number of suggestions were made about the rethinking of training and how to mainstream services so that they are accessible to everyone.

• Needs analysis: Action needs to be put in place to carry out more needs assessments at front-line service levels to identify what the needs are of specific groups.

• Managers: Managers in the HSE have key roles to play in stimulating an intercultural approach to the planning and delivery of services.

• Policy makers: A number of issues were raised about how policy makers can be more informed and responsive to the needs of a modern intercultural health service. This also means that policy makers need to ensure that there are adequate budget allocations for staff training and intercultural work at all levels of the organisation.

• Organisational culture: An intercultural health service has to be led from the top; senior management commitment is critical to an effective strategy. However, there was a perception of gaps in awareness and understanding of the issues amongst senior policy makers.

• Legal protection: There has been a limited number of cases under the equality legislation so it is difficult to know the full scope.

• Complaints: There is a need for an accessible, culturally appropriate and independent complaints procedure.

• Information: Access to information is a key issue.

• Gender: Health and well-being of women. Issues of access to female practitioners and doctors. Need to develop sensible procedures (e.g. ensure there is a woman chaperone if there is no woman doctor or nurse on duty). Issues of gender-based violence need to be addressed. Male circumcision needs to be built into mainstream education and training on interculturalism.

• International research has identified the importance of addressing wider health and well-being issues related to accommodation, housing etc through a population health-based approach using the wider determinants of health. Inequalities in health have implications for other services.

• Dependency on services can result from direct provision. Key issues arise when people leave direct provision, particularly in meeting medical care bills. There is a need for step-down facilities that provide full supplementary welfare benefits.
It is a huge issue to not have a budget. This also raises issues about how people integrate and how integration programmes can help with this e.g. budgeting, community welfare issues, access to services etc.

- There is often disease stereotyping: There is a need for balance in order to promote screening whilst challenging stereotypes and perceptions of society. For example, identifying HIV in maternity is important.

- Benchmarking, monitoring, evaluation and data collection are important. Ethnic data collection in local health settings. Revision of medical card to have ethnic identifier.
[ 3. Thematic issues raised in consultations ]
3. Thematic issues raised in consultations

3.1 Introduction

The issues raised about intercultural approaches to health were both wide ranging and specific. This section summarises the main issues that are grouped under the following four headings:

- Information, language and communications

- Culturally appropriate service delivery and access to services

- Changing the organisation

- Working in partnership with ethnic minority communities

Written submission from Dun Laoghaire-Rathdown County Council Anti-Racism and Diversity Steering Committee

A survey of the County’s minority ethnic groups was carried out in 2006 to inform the drawing up of the County Council’s Anti-Racism and Diversity Plan, required under the National Action Plan Against Racism 2005-2008. The survey comprised of 81 persons from 23 minority ethnic backgrounds interviewed in 10 focus groups.

The findings highlighted positive and negative experiences of accessing health care services. Measures were proposed to alleviate racism in a health care setting by introducing cultural education for health care workers and the employment of culturally trained patient liaison officers in every hospital. Other recommendations concerned the need for professional interpreters to be available in all health care settings, better education and training of health care workers in relation to the cultural, religious, social and medical needs of minority ethnic groups and the provision of prayer facilities in hospitals.

3.2 Information, language and communications

Information, language and communications were raised as priorities in the consultations. In the regional workshops and in the written submissions this was the major priority identified for the strategy. A key factor is that many minority ethnic groups are unaware of how the health care system works, what services exist and how they can be accessed. When services are accessed, problems then arise with language and communications.

Information

“People don’t understand the Irish health care system and don’t know where to get the proper information. The biggest barrier is language barrier. People don’t know whom to talk to about being treated – there’s no map to be followed that would get people to the right person.”

A lack of access to information, including cultural barriers in accessing information, was highlighted as a barrier to an intercultural health service. Information provision needs to take into consideration different cultural meanings and understandings, as well as literacy issues. It is important to understand how and why some illnesses or health practices are perceived and treated differently in other cultures, for example in areas such as addiction or mental health. Information is particularly hard to find in rural areas. For example, the Buncrana CIC and the Immigrant Outreach Committee of the Inishowen Partnership have stressed the important role that local networks, Citizens Information Centres and libraries can play in improving access to information for socially isolated rural migrant workers.

13 Submission to the HSE Intercultural Strategy from the Dun Laoghaire-Rathdown Council Anti-Racism and Diversity Steering Committee of the County Development Board, 6 March 2007

Some problems were highlighted in the consultations about the access to information about medical card entitlements, such as who is entitled to one and what that entitlement covers. For example, many migrant workers do not know that they could be entitled to a doctor-only medical card. Also certain drugs and treatments are not covered by the medical card, which causes undue hardship, particularly for migrant workers on low incomes and people living in direct provision.

Suggested actions arising from the consultations:

- Accessible and culturally appropriate information on access to services, rights and entitlements, and medical card entitlement should be available in locations where Travellers, refugees, asylum seekers and migrant workers are most likely to access information.

- This should take account of migrants‘ networks, meeting places and formal and informal information sources such as newspapers, libraries, hostels, shops etc.

- Work in partnership with mainstream information providers through the Citizens Information Board and the Citizens Information Centres, as well as through local area-based partnerships and community and voluntary organisations.

- Public health nurses can have a key role in providing information to the Traveller community who may not access written material due to low levels of literacy.

- In addition to accessible and culturally appropriate information, advice and advocacy services, there should be an expansion of resources for peer-led community-based programmes to enhance access to information, advice and advocacy.

- Support should be given to community groups to run health awareness and information campaigns.

- Improve links between ethnic minority communities and the health services so that there are better flows of information.

- Increase the level and provision of community-based outreach health services to Travellers and ethnic minorities.

- Develop services, information and other materials in partnership with ethnic minority individuals and groups.

- Establish a central unit within the HSE to provide guidance about culturally appropriate information and a service to intercultural-proof all leaflets and other forms of information.

- Establish a national cultural mediation service, using the experience of and learning from existing community-based projects.

Written Submission: Access Ireland - Cultural Mediation and Its Role in Promoting Interculturalism in the Health and Social Services

Cultural or intercultural mediation is a set of skills aimed at improving access and quality of care to minority ethnic users of the health and social services by facilitating reciprocal knowledge of cultures, values, traditions, rights and social systems. Individuals, usually from the minority ethnic population, are trained to work as cultural mediators, working as a communication link and cultural broker between service providers and their own cultural or ethnic groups.
They are sometimes referred to as intercultural mediators, intercultural link workers, health advocates or cultural interpreters. The aim is to improve the access and quality of care delivered to the minority ethnic population while increasing the responsiveness of the service to the socio-cultural and health needs of that population. Cultural mediation projects have been running in a number of European countries and in North America for over a decade. According to Access Ireland, the introduction of cultural mediation in all of these countries came from the same awareness that informs the HSE Intercultural Health Strategy, that refugees and migrants do not have equality of access to health services because of language and cultural barriers arising from different understandings of and approaches to health and illness and a lack of knowledge on the part of service providers of illness patterns and health needs of different minority ethnic population groups.

In 2002 Access Ireland developed the first cultural mediation programme working with refugees and minority ethnic populations in Ireland. Many of those who have trained as mediators already had extensive experience in health and social work in their own countries and have contributed creatively and with great commitment to the development of the service. Before embarking on the project, a needs assessment was carried out to identify the main cultural barriers experienced by service providers. The response from one Rwandan man was seen to capture the views of many minority ethnic users of services: “In each culture there are norms and values. Some doctors might oblige a person to do something against his culture. But if he [the doctor] had some knowledge, he would understand.”

Following this, a nine-month cultural mediation training project was established. Mediators are now available on a sessional basis in the greater Dublin area for health service workers and for members of the minority ethnic population who request them.

Mediators have been used extensively by social workers in families where there is a concern about parenting or childcare issues; by psychologists where there has been a query about learning difficulties with particular children; in hospitals, particularly in children’s hospitals, in many cases including those of an ethnic-specific related illness such as sickle cell anaemia or where there is a supernatural explanation of the cause of illness.

The extent and length of interventions by the mediators has ranged from a single pre-treatment meeting with the service provider to appraise them of cultural and other issues to a series of tri-partite meetings with both client / patient and service provider aimed at facilitating long-term communication.

**Roma Cultural Mediation Project**

This project is funded through the EQUAL programme and is part of a Development Partnership involving Access Ireland, the Roma Support Group, the HSE, City of Dublin VEC, Tallaght Intercultural Action and Dublin City University. The goal is to develop a cultural mediation service that will improve the interactions between the Roma population in Ireland and professionals providing services. There are two main objectives: first, to provide Roma people with greater equality of access to health, social, educational and probation services; second, to develop appropriate professional and intercultural competences amongst service providers. A specialised and customised training programme has been established.
Language and communications

“There was nearly a major problem when the son of a female patient was providing interpretation for his mother in Accident and Emergency Services; the danger of misdiagnosis is always there.” (Contribution made by a HSE staff member to the Dublin consultation.)

“One interpreter who had volunteered to interpret mistook the translation for gallbladder as a kidney problem; this nearly led to a loss of life. This is an example of how things can go badly wrong if there is no professional service.” (Contribution made by a member of staff speaking at the Cork consultation workshop, 1 December 2006.)

A second main barrier raised is language and communications. A key issue raised in all of the consultations is the need for timely and good quality interpretation for medical consultations and in community-based settings. This also applies to improving the range and diversity of information provision and for the translation of information materials. An issue raised repeatedly is the importance of ensuring that interpretation and translation of materials is carried out in culturally appropriate and informed ways. Other issues are raised about the need to provide community-based peer-led programmes for improving communications, for example through cultural mediators, advocates for mental health and other services, and mentoring programmes. The objective is to bridge the gap between poor access to information in services in minority ethnic communities and the provision of services in accessible and responsive ways.

Suggested actions arising from the consultations:

• The introduction of training for community interpreters to provide enhanced access to information about services

• A national HSE policy on using interpreters and translators, including guidelines and quality standards on appropriate training for interpreters, establishing standards for interpretation and methods for monitoring the service

• Set standards for the quality and checking of translations, e.g. health information, clinical leaflets etc

• Establish dedicated budgets for translation and interpretation in all hospitals and community-based health services

• Examine models and practices from other countries and from the sign language services for the deaf community in Ireland to inform the development of professional and accredited interpretation and translation services

• Put in place a range of community-based schemes in the area of cultural mediation, advocacy and mentoring

• In all of these programmes, it will be important to examine best practice in Ireland and in other jurisdictions and learn from good practices in community-based approaches.

Written submission: Gort Regional Alliance for Community and Environment (GRACE Ltd)

GRACE is a community development company that acts as an umbrella association for 30 established and newly formed groups in the Gort region (Co Galway). A feasibility study was recently undertaken to look into the possibility of setting up an accredited interpretive service from the GRACE/GEM Programme (Gort Embracing Migrants).
GEM is a programme of integration at grass-root level. It involves a range of services including setting up a steering committee consisting of a wide, cross-section of the community and which includes the Superintendent of the Garda, the local school principal, business people, advocacy workers, migrant representation, GRACE, NUIG outreach community development programme, local GP, Family Resource Centre and the Brazilian Association, as well as a multilingual mid-eastern European community volunteer worker. The committee is designed to reflect many of the views of the whole community on issues such as education, health, business, law, social inclusion, employment needs, networking, arts, sports, leisure and music for integration. The objectives of this committee are to develop overall integrated programmes and to problem-solve “demonstrating unity, transparency and equality for all members of Gort’s modern, yet traditional multicultural society”.

Gort has a population of 1,300 Brazilians who came to work in a meat factory. They have integrated well with the local community. However, once the new member states joined the EU, it became more difficult for Brazilians to obtain work permits. Many are undocumented with few rights. Many have no English or Irish language skills and this has presented a number of communications barriers. One of the problems identified through the GRACE/GEM programme was the fact that, whilst interpretive services do exist in this region, there is no accredited interpretation service available. Therefore, issues of regulation, standards, professional ethics, confidentiality and accessibility need to be addressed to ensure correct diagnosis and prescription, prevent medical mishaps and avoid the possibility of future litigation. Another concern that was identified was to avoid exploitation by amateur, untrained, self-appointed interpreters.

The research methodology used in all GRACE activities is a simplified Participatory Learning and Action approach. It was found that the majority of interpretation took place on a voluntary basis by friends, family or volunteers. This might present many problems, as in medical settings the interpreter is all too often a family member or friend. While some patients may like the comfort provided by a friend, friends may be embarrassed by some medical conditions and may not have the necessary vocabulary to be able to interpret accurately. This may affect the doctor’s diagnosis and could also be an issue where informed consent is concerned. In cases of domestic violence or sexual abuse, the abuser could also be the interpreter. A child being used as an interpreter was identified as a major concern by most people interviewed. Most felt that this might be considered exploitation.

The study presented an identified need for a community-based, accredited interpreting training course and service or agency. Recommendations include the need to build on interpretation services that exist and to work with existing interpreters to upgrade interpretation standards to an accredited, professional recognised level, and to establish an on-call community-based, not-for-profit interpreting service that offers subsidised, essential, community-based interpreting services with interpreters made available within one half-hour.

3.3 Culturally appropriate service delivery and access to services

“This has taken us by storm; we are not ready and equipped or coping effectively.” (HSE staff member speaking at Sligo consultation workshop, 22 November 2006.)
Equality of access to services

In the consultations a number of factors were highlighted as having an impact on equality of access to services. The most notable inequality raised in the consultations is that of differential rights and entitlements, and therefore access to health services, that exist because of a person’s immigration status. Undocumented migrants regularly do not access services because of a fear of their status but also because of the costs of services; recently arrived migrants are unable to access services such as the medical card because of the Habitual Residency Condition; and refugees and asylum seekers experience other barriers by virtue of direct provision. Often staff do not understand the different rights and entitlements.

Equality in the provision and receiving of services means that services are provided on the basis that no one group, culture, value system or practice is dominant or considered the norm. In this respect, services need to be provided in ways that are responsive to and understanding of the diversity of the community to whom and with whom services are provided. This has implications for the delivery of services and requires that there is more awareness and understanding of migrants’ economic, social and cultural backgrounds.

A strategic focus to equality in health by the Equality Authority has resulted in a number of initiatives to promote equality in health through Equal Status Reviews of health services. The publication *The Equal Status Act and the Provision of Health Services* and the development of a National Framework of Equality in Health have included measures to ensure that health services become “culturally competent” within a framework of equality and diversity, by taking account of the needs of migrants in the planning, delivery and monitoring of services.

**Examples cited in the consultations of intercultural approaches to the delivery of health services**

- The ARCSS (Asylum Seeker and Refugee Counselling and Support Service) has been developed at Mosney Accommodation Centre. The centre has nearly 700 residents from over 70 countries. The project was set up to refer people into counselling who had suffered trauma in their country of origin. It has since been extended to include those who experience trauma as a result of being in the asylum process. A multidisciplinary steering committee is made up of regional directors from community care, psychology, counselling and PHNs etc. A project worker is employed on site to provide support, advocacy and referral into counselling. Counsellors meet clients in locations outside the accommodation centre and use interpreters where necessary.

- An oral health information translations committee has been established in the LHO North Dublin. It was established to develop accessible information and posters on dental health services for adults and children in different languages. The project has a committee with representatives from dental health, health promotion, user groups and support groups. The posters were made available nationally and a document outlining the process for the project has been produced, which could be useful for other projects of this nature. The process of the project helped staff to understand the importance of using plain English to make information resources accessible to a wide range of groups.
• Dublin North Central LHO is a site for the HSE Intercultural Project. It is developing a whole organisational ethos and approach to interculturalism, diversity learning and sharing, and rolling out training in cultural diversity to build on staff skills to enhance service delivery to minority ethnic groups. Activities developed include infant feeding guidelines in appropriate languages, information kiosks where clients can access information, and involvement of ethnic minority communities in mediation and dialogue with staff.

• In Galway, a speech and language therapy special interest group has been established to work with multilingual and multicultural clients. It is currently preparing a position paper on this topic.

• The Health Promotion Department in HSE West has initiated a number of projects. There is a health promotion project on cultural diversity; easy-to-read cards have been translated for clients coming into Accident and Emergency Services, and there has been translation of admission details into several languages.

Written submission from Women’s Aid

“Domestic violence has a significant impact on women’s physical, sexual and mental health. The dynamic of domestic abuse involves the perpetrator deliberately controlling many aspects of the victim’s life, including who she sees, where she goes, access to money and to relevant supports. Accessing health services can therefore be difficult for women who experience domestic violence as their partner may prevent them from attending GP, A&E etc, in order to prevent disclosure. It is also the case that the manner in which services are delivered can impede a woman’s help-seeking. For Black and minority ethnic women who experience domestic violence, there are additional barriers which they must negotiate in attempting to access health and other services.”

Some of the issues raised in the consultations show the ill-health problems related to cultural traditions and gender roles, language barriers, respect of religious practices, a woman’s right to be able to see a female practitioner, family responsibility and issues concerning the need for gender-sensitive services in areas such as maternity services, child and family services, cervical screening and domestic violence services.

Pregnancy-related issues are a specific concern, particularly because there is substantial evidence to show that minority ethnic women often receive inadequate or no antenatal care and experience higher levels of still birth and infant mortality.

A number of submissions refer to the need to ensure that a gender mainstreaming approach is put in place so that gender is effectively integrated into the planning, design and monitoring of services.
Written submission from the Women’s Health Council (WHC)\(^\text{15}\)

A number of specific issues faced by women from minority ethnic communities are highlighted by the separate consultations undertaken by the WHC with women’s organisations. In particular, evidence is given that ethnic minority women are doubly discriminated against because of both their gender and their ethnicity. “This double discrimination in turn affects all aspects of their lives including their health.”

Key issues are raised about ensuring that gender is an integral part of cultural competence, that there are possibilities to introduce targeted actions and positive actions to ensure that health services meet the needs of minority ethnic women. Recommendations are made to integrate gender as a social determinant of health in the strategy, to introduce a positive duty to promote equality, to implement a whole systems approach that addresses the mainstreaming of services as well as specific targeted actions, and a community development approach.

Four main priorities are identified: access to information and services, mental health, reproductive and maternity care, and violence against women. It was also found that asylum seekers, refugees and Traveller women required additional supports related to their specific situations and experiences.

Specific issues that have an impact on the health of minority ethnic women in Ireland are:

- **Access to services**: the need to improve access to services as minority ethnic women experience greater distance from services and have poor access to information

- **Maternity care and reproductive health**: provide more information and improve access to maternity and reproductive health services; issues concern lack of information about how to access services, racist attitudes, limited support and anecdotal evidence of migrant women accessing unsafe backstreet abortions

- **Mental health**: specific supports need to be put in place to tackle mental health problems arising from isolation, lack of support and poverty

- **Screening**: address the need for information about and improve access to cancer screening

- **Practical supports**: improve practical supports particularly for women parenting alone or experiencing health problems, particularly women living in HIV

- **Violence against women**: issues are raised about the need for the HSE to address gender-based violence, including domestic violence and female genital mutilation (FGM)

- **Issues faced by women asylum seekers**: adjusting to new gender roles, gender-based persecution and FGM, trauma from migration, mental health, sexual health and reproductive health, lack of practical and psychological support, lack of information and awareness

- **Issues faced by Traveller women**: depression and poor access to mental health services, drugs and suicide, reproductive and sexual health, violence against women and the need for targeted services for Travellers.

The WHC is carrying out research on violence against minority ethnic women, with a view to establishing best practice guidelines for access to services and care. This is on the basis that international evidence points to the fact that minority ethnic women experience disproportionate risks of physical abuse and violence.

\(^\text{15}\) The Women’s Health Council, Submission to the HSE National Intercultural Health Strategy, December 2006
Focus group with Muslim women, the Islamic Cultural Centre, Dublin, December 2006

In a focus group with 15 Muslim women, specific attention was given to improving access to information and services in a culturally appropriate and gender-sensitive way.

Key issues were raised about being able to have access to a female doctor, particularly when physical examinations were taking place. Several women stated that it is usually possible to request a female doctor in advance if you live in the city. However, this is more difficult in rural areas. In the event of a female doctor not being available, and particularly if treatment was taking place in an emergency, being able to have a female colleague or friend present was considered to be important. The women also raised issues about respect for and knowledge of religious practices, cultural norms and beliefs.

Written submission by the Institute of Public Health in Ireland

The Institute of Public Health stressed the importance for the Intercultural Strategy to address the social determinants of health and health inequalities through more joined-up approaches to policy and service delivery. “It is clearly recognised that people from many ethnic minority backgrounds, and asylum seekers, refugees and Travellers in particular, are at a particular risk of experiencing poverty. It is therefore imperative that combating health inequalities form a core part of the intercultural strategy and that links be made with existing policy and practice in the area of health inequalities on the island of Ireland.”

The submission calls for specific action to address food poverty of people living in direct provision and research socio-economic inequalities and low birthweight babies in minority ethnic communities.

Specific recommendations made by the institute concern:
- A population health approach to improving the health of ethnic minority groups, which needs the full engagement of all sections of the Population Health Directorate and the Primary, Community and Continuing Care Directorate of the HSE
- Setting out how the needs of ethnic minority groups will be addressed within the roll out of the existing health strategy and in new and emerging areas of health policy
- Improved intelligence on health status and needs of ethnic minority groups
- Improved access to food choices, dietary intakes and nutrition of ethnic minority groups living in direct provision accommodation centres
- The birth outcomes for ethnic minority families and the need for appropriate surveillance and action, in the light of international experience.

Coordination of services

Many service users and service providers highlighted the importance of inter-sectoral working and coordinated actions that draw on the wider determinants of health, linking with education, training, work, housing and social welfare.

Developing a population health approach

A strong message from a large number of written submissions and from the consultation workshops suggested that there needed to be a broad approach in the strategy to address the social determinants of health. This was seen to be particularly important in order to address health inequalities as experienced by minority ethnic groups. To do this requires better coordination of services and an inter-sectoral approach.

16 Institute of Public Health in Ireland Submission to the HSE Intercultural Strategy, 23 February 2007
According to the Combat Poverty Agency’s written submission17 (a composite submission from consultations held with Traveller organisations and minority ethnic organisations):

“Like the rest of the population, the health of people from minority ethnic groups is influenced by a broad range of factors including economic, social, political and environmental conditions, access to food, education, work, good quality accommodation and housing, social and community networks, as well as individual factors. Policy and action on health needs to be geared towards meeting these social determinants of health… For members of minority ethnic groups, particularly those who experience exclusion such as Travellers, and asylum seekers and some refugees and migrants, racism and discrimination can also impact negatively on their health status. Being able to access and utilise health services is just one of many important influences on health.”

Key issues are raised about the need to address poor living conditions experienced by Travellers and refugees living in direct provision, in partnership with local authorities and RIA. Education and literacy are also raised as important social determinants of health. For example, many children from migrant families arrive in Ireland with little or no English and have significant language support needs, whilst adult Travellers and members of ethnic minorities may have low levels of literacy or English language.

Improving access to specific services
Comments and suggestions concerning a large number of service areas were highlighted in the consultations. These include child and family services, maternity services, speech and language therapy services, addiction services, nutrition and dietetic services, and a range of hospital services. Two areas of service provision were highlighted as being particularly important: GP services and mental health services. Key issues were raised about the capacity of services to deliver patient-centred care and particularly services that treated people with respect and dignity.

“Primary care services must take into account the demographics of the area in which they are located and gain a full understanding of the needs of minority groups and how these needs impact on their health and their access to health services.” Submission from Cáirde

Examples of primary care projects cited in the consultations

- In 2004, the Primary Care Department of the HSE West (Galway) established an Asylum Seeker/Refugee Committee to provide a collaborative approach to addressing the needs of asylum seekers and refugees. The committee has representatives from the Primary Care Department of the HSE West, NUI Galway and the Galway Refugee Support Group. A number of projects have been developed, including: The Fellowship in Asylum Seeker/Refugee Health, which is designed to contribute to the improvement of health care of refugees and asylum seekers; the MARTHA Project (Migrants Asylum Seekers Refugees Training for Action), designed to give minority ethnic groups a voice; and the CARe (Communication with Asylum Seekers and Refugees) project, which has resulted in an action research project using a peer-researcher model.

17 Submission to the Intercultural Strategy by the Combat Poverty Agency
Traveller Primary Health Care Projects are cited by a number of organisations as representing good practice. There is a general perception that these projects should be evaluated and that best practice should be replicated to other communities. For example, the Chinese community in Northern Ireland have introduced a similar initiative involving community link workers.

General Practitioners

A large number of Travellers and minority ethnic groups stated that they had experienced difficulty in getting on a General Practitioner’s list. These issues are confirmed by research carried out by the Department of General Practice at NUI Galway, whose submission to the Intercultural Strategy highlighted problems faced by asylum seekers in accessing GPs.18

This includes lack of coordination with other services, inaccessible information and limited access to interpretation services. Transport costs to visit the GP can be prohibitive, for example in rural areas and particularly for asylum seekers living in direct provision. Nomadic Travellers highlight difficulties in accessing GP services in different locations. GPs often say their lists are full; medical staff do not understand cultural practices or illness patterns and diseases from the developing countries; Travellers and people from ethnic minorities report short visit times with doctors, often leaving without examination, but with a prescription and no understanding of the diagnosis.

“It took me six years to get myself and my children registered with a GP in Dublin after I came back from England. I had to visit over 20 GPs to get three refusals in writing, they said their GMS list was full, and then the health board allocated me to one of the GPs who refused me, it doesn’t make me comfortable going to see him, as I know he didn’t want me in his practice.” (Traveller, Dublin quoted in submission of Travellers and Traveller organisations to the National Intercultural Strategy, January 2007.)

“There are no services for someone like me. It is really hard coping with children in an accommodation centre. Stress is very high and life is difficult. There is no one to turn to. Sometimes I feel so down and so alone.” (Asylum seeker speaking at consultation workshop in Galway, 2006.)

There is a perception that some GPs do not take time to listen to ethnic minority patients and that there is an overemphasis on medication. For example, one asylum seeker stated that medical problems, such as gastric disorders, arising from culturally inappropriate food in direct provision accommodation centres was treated with medication, when the solution was to provide self-catering or food that is culturally appropriate.

Other asylum seekers spoke about the need for the need for culturally appropriate mental health services and barriers in accessing services because of long waiting times for referrals and the fact that the only provision of counselling for survivors of torture is available through the Centre for Survivors of Torture in Dublin.

18 Fellowship in Refugee and Asylum Seeker Healthcare Report for Submission to National Intercultural Strategy, prepared by Dr Hans-Olaf Pieper, Department of General Practice, NUI Galway, 13 February 2007
Example cited in the consultations:
Fellow in Refugee and Asylum Seeking Healthcare, Department of General Practice, NUI Galway

The Fellowship in Refugee and Asylum Seeking Healthcare has been developed as a good model of interagency collaboration between the Primary Care Department, HSE West, the Department of General Practice (NUI Galway) and the Galway Refugee Support Group. The Fellow is a GP with a special interest in refugees and asylum seekers to work with the target group in improving access to health services. The Fellow was established as an outcome of research on access to GPs and the experience of living in direct provision accommodation. The Survey of Asylum Seekers' General Practice Service Utilisation and Morbidity Patterns, carried out by Julie McMahon at NUI Galway, collected data on 171 asylum seekers and 342 Irish citizens. The research showed that asylum seekers were more likely to be diagnosed and treated for psychological problems. The research on The Impact of Direct Provision Accommodation for Asylum Seekers on Organisation and Delivery of Local Health Service, is currently being written up.

The Fellow has put in place:
- An information pack, General Practice Care for Asylum Seekers and Refugees, for GPs in Galway
- A multilingual poster for GP practices providing practical assistance and information

Mental health and addiction services

Many issues were raised in the consultations about the need for more attention to be given to the development of culturally appropriate and responsive mental health services. Issues raised include insufficient mental health and addiction services and the need for culturally appropriate mental health services. Dealing with high rates of addiction amongst some minority ethnic communities and the high incidence of suicide in the Travelling community pose a number of important challenges for service providers.

The findings of a HSE conference on mental health services held in Sligo in 2006 was signalled as an important step towards understanding the mental health needs of minority ethnic communities.

Example cited in the consultations:
Health needs assessment of immigrants in Cork and Kerry

A Better World – Healthwise: health needs assessment of immigrants in Cork and Kerry was carried out in 2002. The health needs assessment aimed “to establish the health needs of immigrants and asylum seekers and to identify those aspects of their lives in Ireland that influence their health and well-being, in order to prevent the manifestation of social and physical ill health”. The assessment identified the issues connected with the needs of different population groups, the impact of living conditions on asylum seekers living in detention centres, language and communications, living conditions and circumstances, information, cultural issues, general physical and mental health and the use of health services. Recommendations were made in the following areas: health services, other government departments and agencies, and health-related information.
Child and family services

A number of submissions highlighted the need for inter-generational and inter-cultural awareness in understanding family structures in dealing with conflicts between teenagers and their families (the issue of “clash of cultures” was raised). At the consultation with the Immigrant Council of Ireland, it was suggested that children from minority ethnic backgrounds are more readily taken into care than Irish children. There are also issues of intercultural adoption and fostering and the need for social workers to have more awareness of family and culture e.g. African family structures. Although some work has begun on cultural competence in social work training, it is not considered to be sufficient.

Written submission from the Children’s Research Centre, Trinity College, Dublin

The submission highlights some specific health issues experienced by children from minority ethnic groups. The National Children’s Strategy puts an emphasis on addressing the social determinants of ill health amongst children and the need to address the poorer health experienced by children of disadvantaged groups, including Travellers.

Language and communications barriers are considered to be particularly important for minority ethnic children. Inadequate information also means that “negotiating unfamiliar health services places additional strain on parents of sick children”. In addition, the difficulty of using children and family members as interpreters in the health care setting is highlighted: “The use of children as interpreters may place inappropriate responsibilities on them and should be allowed only as a last resort.”

The Children’s Rights Alliance has called for specific training for interpreters working with children. The submission also stresses the importance of: improved communications and information that focuses on the needs of children; effective forms of consultation with minority ethnic communities, participatory services and a community development approach; and the need to address the physical and psychological health needs of unaccompanied minors seeking asylum.

Specific concerns have been raised about unaccompanied minors / separated children and young people who require targeted support and interventions. The Health Service Executive has estimated that around 250 unaccompanied minors have gone missing and that some of them could be at risk of labour and sexual abuse, and exploitation. The differential treatment given to unaccompanied minors raises important concerns about child health and welfare, since accommodation takes place in private hostels that are not subject to inspection by the Irish Social Services Inspectorate, in contrast to services for cared-for Irish children. This has resulted in calls for additional resources and improved levels of services for unaccompanied minors by refugee support groups. Of particular concern in this group is the group referred to as “aged out minors”. This is a group of approximately 250 young people who originally came to Ireland as separated children seeking asylum and were placed in the care of the HSE. However they are now aged between 18 and 21, hence the term “aged out”, and come under the remit of the Department of Justice, Equality and Law Reform. The majority of them have not received a decision as to whether they will be allowed to remain in Ireland. As separated children seeking asylum they have the same unique protection, health and welfare needs as their younger peers but fall into an even greater gap in service provision.
Specific issues related to other services raised in the consultations

The following is a selection of issues raised about other services:

• Specific expertise development and specialised interpretation services in the area of speech and language therapy, social work, family and children’s services, and counselling and therapy services

• Working with minority ethnic women’s groups and organisations to disseminate knowledge and information about maternity and sexual health services

• The provision of culturally appropriate and accessible complaints services.

Suggested actions arising from the consultations:

• Provide an ethos and a cultural competence framework for the future development of services so that cultural competence is mainstreamed into all health care settings. This includes developing policies, procedures and protocols for service delivery and a whole organisation approach

• Put a system in place for intercultural-proofing the planning and monitoring of all services

• Incentivise health and other service providers to model good practice in coordinating services and promoting intersectoral working practices, for example in promoting improved education and literacy services among ethnic minorities and Travellers

• The HSE should remove any barriers that exist for Travellers, refugees, asylum seekers and migrant workers enrolling with a GP. This should include the right to a “roaming” medical card

• Accommodation providers should be required to ensure that there is access to information about services and access to the full range of appropriate health care services, including GP services

• Increase the level and range of mental health and addiction services that are culturally appropriate and accessible to minority ethnic communities and Travellers

• Provide resources for community-based mental health advocacy services, and preventative work on suicide and addiction, for different minority ethnic groups

• Improve understanding of and capacity to respond to the causal factors that have an impact on mental health, such as the effect of living conditions, discrimination and isolation on mental health and well-being in the Traveller community and other minority ethnic groups

• Identify specific cultural practices and norms in relation to intercultural fostering and adoption, and minority ethnic children in care.

• Develop gender-sensitive policies, practices and procedures that take into account the unique experiences of women from different minority ethnic backgrounds and put a system in place for gender mainstreaming within an overall framework of equality mainstreaming.
Summary of focus groups / written consultations from HSE services

Addiction services: focus group\(^{19}\)
A focus group held with HSE staff and NGOs to inform the strategy stressed the need for a more focussed approach to understand how addiction is perceived and treated in other countries and how language and concepts around counselling and addiction can be developed in culturally appropriate ways. Key issues were raised about language, culture, information, barriers in accessing services, stigma and discrimination.

Suggested actions:
- Develop a targeted national intercultural drugs strategy
- Identify information and undertake research to better inform understanding of how to provide culturally appropriate services so that appropriate actions can be taken
- Provide accessible and appropriate information for a wide range of communities, using minority ethnic newspapers, radio and television, information leaflets, as well as resources for communities to provide appropriate addiction information
- Use innovative approaches to outreach and counselling in partnership with minority ethnic communities
- Raise awareness and capacity of intercultural issues, for example through the integration of cultural awareness training into all induction sessions

City Wide Drugs Crisis Campaign\(^{20}\)
A written submission from the City Wide Drugs Crisis Campaign highlighted the challenges of making links with minority ethnic communities regarding drugs issues. A good example is cited of a multicultural outreach project that has been developed and implemented by Dublin Aids Alliance. The campaign states that “it is essential that this work is developed within the context of an overall strategy that is based on a community development approach to ethnic minorities and drug use”, which is in line with the principle of community participation that underlines the current National Drug Strategy and the role within the strategy for the Traveller Specific Drug Initiative. The main elements of a community development approach seen to be important in underpinning future work in this area are: outreach; community networks; local community projects; leadership training; and peer education. It is recommended that community drugs projects need to be developed in partnership with minority ethnic communities and community development projects. The HSE should develop specific language and information supports, partnership working and a community development approach.

Written submission from Community Nutrition and Dietetic Service, HSE West\(^{21}\)
The submission stated that the Primary Care Dietetic post currently provides a limited service to Travellers, refugees and asylum seekers. There are long waiting lists for the service and few resources. Developing best practice in nutritional promotion requires policy development, a supportive environment, personal skills development and community participation. In particular, it is necessary to identify the needs of minority ethnic groups and new services developed to meet these needs.

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\(^{19}\) Summary of report from the Focus Group in Relation to Addiction for the HSE Intercultural Strategy, 12 December 2006 (organised by the National Drug Strategy Team).

\(^{20}\) Written submission from Citywide Drugs Crisis Campaign in relation to the development of HSE Intercultural Strategy, 21 December 2006

\(^{21}\) Written submission to inform development of the HSE National Intercultural Strategy, Community Nutrition and Dietetic Service, HSE Galway
Suggested actions:
- Provide catering audits, assessments of the nutritional status of asylum seekers in direct provision accommodation centres, including menu planning and recipe compilation
- Develop a healthy food and nutrition policy and nutrition education for professionals working with minority ethnic communities
- Provide further resources for additional dietetic services for minority ethnic groups and staff training

Examples cited in consultations that have an impact on access to culturally competent services

- Louth African Women’s Support Group has developed a set of guidelines, training and support programmes for the health sector to inform foster parents of the cultural norms and backgrounds of African children taken into their care.
- The Mater Hospital has undertaken a needs assessment of migrant patients. Cultural information and communications have been identified as top priorities for the hospital.
  Attention is being given to the issue of language, including body language, cultural interpretation and cultural competency training.
- HSE family services in Donegal liaise with local schools to coordinate actions for support of minority ethnic children; this is carried out by liaison officers in schools who link with public health nurses, schools and family services.
- Primary care needs assessments are undertaken to facilitate the participation of minority ethnic communities in needs assessments in specific primary health care sites (funded by the HSE in the East Coast).
- Information leaflets have been issued for people from minority ethnic communities, for example in the area of oral health information, and multicultural health leaflets in partnership with community groups.

- ICGP Guide for GPs working with minority ethnic communities.
- Information health days for various minority ethnic communities (e.g. Islamic Centre, Dublin; Rialto Community Network).
- Funding of trained community mediators working in health centres.
- Funding for community-based resources, for example, Tallaght Intercultural Action.

Hospital-based services
Although many of the issues raised in the consultations concern all health services, there are some issues that are particular to hospital-based services.

The consultations raised a number of issues about accessing culturally appropriate hospital services and ways to improve people's experiences of inpatient settings. This included access to culturally appropriate diets; an awareness of and initiatives linked to religious festivals; knowledge of religious practices in areas such as diet, access to female doctors, childbirth, death and bereavement; and the provision of a multifaith chaplaincy.

In some cases, hospitals are finding that they are the front line and first point for minority ethnic people accessing health services. This has put huge strains on their information, interpretation and translation services, particularly regarding how the health service works and signposting people to relevant services. Staff at the Mater Hospital stated that it would be helpful to have a coordinated approach to information, particularly on how health services work, in relevant languages so that there is not duplication of effort in this area.
Diversity and cultural competence: St James's Hospital

Diversity and cultural competence are increasingly important issues for St James's Hospital both in regard to staff and the patients availing of services. The hospital has reported an increase in patient diversity accessing all services, as well as staff diversity and country of origin.

A Partnership Group was established in 2003 to advise and assist the hospital in developing appropriate strategies to address the changing workforce and patient demographic. In April 2004, a cultural diversity officer was appointed to facilitate the identification and implementation of appropriate diversity strategies within the hospital.

A number of initiatives have been undertaken. These are:
- Cultural needs analysis to address patients' and staff needs
- Improvement of interpretation and translation services
- Promotion and revision on policies within the hospital to ensure that they reflect commitment to cultural diversity and equality
- Training needs analysis of staff in relation to cultural diversity
- A cultural diversity communications strategy
- Ongoing delivery of cultural competence training to all hospital staff

In particular, there is a need for accessible forms of communications and information within a hospital setting. According to a written submission from Cork University Hospital:

"Language and understanding of the system are main barriers. While people may understand English, they may not be aware of how to access services (for example, showing up at a hospital rather than community services such as GPs) or not accessing services as they are not aware of what is on offer. In the area of HIV, it may well be fears of confidentiality or fear of deportation. It is also an issue in this area among some groups who have not got the money or information to avail of specific vaccinations or follow up."

A number of organisations highlighted the need for a liaison worker or cultural mediator who are in touch with their community and can work as a resource for information and for directing people to appropriate services. This is particularly important because, in some cultures, hospitals represent the front line of health care. Other issues are raised about the need for more time in between appointments as working with interpreters can slow down consultations, and the need for consent forms and other vital information to be translated in to relevant languages.
Examples cited in the consultations of hospital services that are developing an intercultural focus to their service delivery

• The National Intercultural Hospitals Initiative is developing a number of initiatives in hospital settings and building on the experience of the WHO European Migrant Friendly Hospitals pilot projects. A European Taskforce on Migrant Friendly and Culturally Competent Healthcare has been set up in the framework of Health Promoting Hospitals.

• The Mater Hospital has put in place a number of different initiatives as part of its intercultural project. It has developed staff guidelines on how to access an interpreter. Halal foods are available to patients and staff. A resource manual “Point to talk” has been devised by the speech and language therapy department for basic communications with patients with language / communications difficulties. A patient information booklet has been written to provide information on all aspects of the hospital e.g. paying for patient stay. The booklet is being updated and will be provided in a number of different languages.

• Nursing staff have attended a successful cultural awareness day with input from people from different nationalities. Two modules on equality and diversity were delivered as part of the People Management Training Programme during 2004 and 2005. It is planned that this will be rolled out across the hospital.

• Connolly Hospital, Blanchardstown, is participating in the HSE’s Intercultural Project. It is also a partner in the World

• Health Organisation’s Migrant Friendly Hospital pilot project. Through this project, a needs assessment was carried out. Three major issues were identified as barriers: language and communication barriers; lack of timely access to translators; and cultural barriers. This resulted in two projects: Improving Interpretation in Clinical Communication and Improving Cultural Competence for hospital staff in providing cross-cultural care. These projects are currently being disseminated nationally through the Irish Health Promoting Hospitals Network initiative “National Intercultural Hospitals Initiative” as an effective way to overcome these gaps and to build on the evidence-based European project.

• A Care for People Dying in Hospitals project has been developed in the Dochas Centre, Our Lady of Lourdes Hospital, Drogheda. The project has devised information resources to aid people who are experiencing dying, death and bereavement. One of these concerns Care of the Muslim Patient, which is a booklet with information for staff to respond to the diverse and complex needs of Muslim people attending the hospital. It covers dietary needs, responding to bereavement and practices following death. Staff have felt better able to care for patients appropriately, which has helped to foster understanding and the integration of needs, wishes and desires in the approach to care provided by staff. This is seen to illustrate the potential to be gained from an information provision approach.

• The social work department at Our Lady of Lourdes Hospital in Drogheda has produced a maternity information booklet in five languages.
3.4 Changing the organisation

"Culturally competent health care does not require each practitioner to be acquainted equally well with each culture; instead it require a health system to have the capacity to deal equally well with the health and welfare problems that can be presented by members of different cultures within the Community." (Maclachlan, 2006:212)

There was evidence from the consultation of examples of good practices in the development of an intercultural health service. However, many of those participating in the consultations highlighted the need to improve organisational culture, human resources, learning, and data and monitoring.

A number of organisations highlighted the importance of developing a cultural competence framework for health services on the basis of a whole organisational approach developed by the NCCRI and IHSMI (2002). This framework covers four main areas: the ethos of the organisation; policies and practices in the workplace; service delivery and awareness; and attitudes and behaviour of staff.

Organisational culture and human resources

"The HSE is a tree, now it needs branches." (Participant from the Nigerian community speaking at the consultation with New Communities Partnership, Dublin 13 December 2006).

"Service providers need to be trained to be more responsive as many give the impression that they can’t be bothered." (Participant speaking at the Cork consultation, 1 December 2006).

In particular, many people stated that members of minority ethnic communities in Ireland and Travellers are under represented in employment in the health services. This has an impact on the culture of the organisation and its ability to respond effectively to the needs of all groups. It is suggested that more diversity in staffing and employment in the HSE could help to effectively implement an intercultural health service so that it has the capacity to be responsive to the diversity of the population. This requires action on human resources coupled with a commitment to an intercultural culture from the top of the organisation. The Irish Nurses Organisation highlighted issues faced by international staff working in the HSE and for more attention to be given to the induction and orientation of new staff so that they can become familiar with the Irish health care system and the cultural context within which they are working.

Learning and development

A large number of submissions and comments were made in the consultations about the importance of building the capacity of staff to provide an intercultural service. Training of staff at all levels of the organisation, from the front line to senior managers, was seen to be essential to this. A number of commentators raised the issues of incorporating anti-racism, intercultural knowledge and understandings of different cultural norms and practices, in partnership with minority ethnic organisations.

The learning and development of staff, including peer learning networks, professional, induction and ongoing staff training, awareness tools and resources, learning from and building on what works, are some of the suggestions that were made for the HSE to be a learning organisation. The importance of learning and development is that it creates a dynamic and change-orientated organisation that builds diversity and interculturalism into its everyday policies, practices and procedures.
National Intercultural Healthcare Project

The HSE’s National Intercultural Healthcare Project has been established to create an ethos of health care delivery that is carried out in a culturally appropriate way. The project is based on the 2005 framework ‘Learning, training and development needs of health services staff in delivering services to members of minority ethnic communities’, which was led by the former ERHA and included stakeholders such as NCCRI, minority ethnic community organisations and health sector providers. The framework sets out an action plan to support the upskilling of staff to work with the diversity of ethnic communities in Ireland today. To this end, it recommends that many elements of a whole organisation approach need to be implemented concurrently in order for learning, training and development interventions to be fully effective.

A set of demonstration sites, which had already developed some capacity in intercultural health care, have taken the lead in implementing the initiative. Six of these sites are local health offices located across the four administrative areas of the HSE: Meath LHO, Dublin North Central LHO, Dublin South West LHO, Sligo/Leitrim LHO, Limerick LHO and Cork South Lee LHO. The remaining six are hospital settings, namely the Children’s University Hospital Temple Street, the Rotunda Maternity Hospital Dublin, Connolly Hospital Blanchardstown, St James’s Hospital, Adelaide and Meath incorporating National Children’s Hospital, and Sligo General Hospital.

Dublin North Central LHO, for example, has developed an Implementation Group for the project locally that is multidisciplinary and culturally diverse. It has implemented four programmes of intercultural training for staff from across a number of disciplines and diversity management training for senior staff from these same disciplines. It is working with the NGO Cáirde to produce information for service users that is culturally appropriate and available in the key languages of local minority ethnic communities. Cáirde is also assisting Dublin North Central to develop a structure to ensure that the voice of minority ethnic communities are represented in future health policy in the area. The other five LHOs are implementing similar initiatives, some of which are linked to direct provision centres. In the hospitals, for example, the Children’s University Hospital Temple Street has developed a project that is managed by the long standing Diversity Group, which is sponsored by the CEO. The Diversity Group, which is multidisciplinary and representative of minority ethnic staff, recruited champions in key areas of the hospital whose role was to promote the project and ensure that its outcomes are embedded. Training has been implemented with staff and managers across these areas and the hospital is developing a specialised training programme for staff working in child mental health. An interfaith room has been set up and child-friendly and culturally friendly signage is being developed to guide the patient journey within the hospital. Literature is being translated and the hospital is working on a feasibility study in relation to a greater scope of food provision for minority ethnic communities. Rotunda Maternity Hospital is implementing similar initiatives and is also conducting an outreach project among minority ethnic women to evaluate the barriers to the take up of antenatal services.

The project is due to be completed in autumn 2007 and will be externally evaluated.
Data and monitoring

"How can you provide culturally appropriate services if you don’t know your client base and issues that they raise?" (Participant at the Immigrant Council of Ireland focus group consultation, 27 November 2006.)

A large number of contributors to the consultations discussed the lack of information about the health status of Travellers, migrant workers, refugees and asylum seekers in Ireland. This lack of data makes it difficult to highlight specific health issues experienced by minority ethnic groups and to effectively plan and monitor services to meet identified needs. Many people stated that, for the Intercultural Strategy to have an impact, it must be seen to be working and to be achieving realisable outcomes. The limited information on the health status of Travellers and other ethnic minorities means that policy and services cannot be planned in the most effective way. In particular, the submission by the Institute of Public Health in Ireland provides a number of suggestions about how to utilise and build on existing data sources, as well as disseminate the learning of the ethnic identifier pilot projects in the Rotunda Hospital and Tallaght Hospital.

The limited knowledge and data about migrants’ health care needs has implications for health policy and planning. Improved data can help to inform policies on service planning and provision, settlement, social inclusion and integration. More ethnic identified data collection and detailed evidenced-based research needs to be put in place to inform policy developments and service planning. Further research is necessary to determine whether there is sufficient access to screening, early detection and treatment, and also the barriers that may exist.

Suggested actions arising from the consultations:

• Implement training and development programmes along with positive action measures to facilitate minority ethnic employment in the HSE

• A policy and resources to enhance learning and build capacity and awareness of how to provide culturally competent services should be put in place. This should include anti-racism training and awareness raising for all staff, provided in partnership with members of ethnic minority community and Travellers. This should also be included as part of all vocational or professional training of health service staff and personnel

• Develop mechanisms for recognising the skills of overseas staff, particularly to examine ways by which the skills and qualifications of asylum seekers can be utilised through refugee community mediator, doctor or nurse training programmes

• A strategy on the collection of data should include the qualitative and quantitative development of indicators on minority ethnic health outcomes, evidence of progress and monitoring of the strategy, the development of an ethnic identifier, monitoring and data collection on service utilisation and quality of service
Examples of learning and developed initiatives cited in the consultations

Training on the health needs of minority ethnic groups and asylum seekers in Ireland: This training programme has been developed for staff working in the HSE West on cultural awareness and competencies for service providers. It builds on the recommendations from the national conference held in Sligo in 2006 Addressing the Mental Health Needs of Minority Ethnic Groups and Asylum Seekers in Ireland.

These issues were raised at a national HSE conference on the Challenges of Addressing the Mental Health Needs of Asylum Seekers and Minority Ethnic Groups in Ireland, held in Sligo in January 2006. The conference addressed how the recent increase in immigrant minorities requires service providers to expand their knowledge-based cultural skills in order to provide appropriate support to people with different health beliefs and expectations. Specific interventions or support may be needed to ensure that these groups obtain equality in health outcome. In particular, the stresses experienced by newly arrived migrants can result from cultural dislocation, language and cultural barriers, and previous experiences of strife and trauma. Key issues that need to be addressed are the identification of mental health needs in an increasingly diverse population, and plans for service provision and training needs.

3.5 Working in partnership with minority ethnic communities

The consultations heard of the intrinsic value for the HSE at all levels and particularly for frontline service providers to work in partnership with minority ethnic communities. This included resources and models to support minority ethnic community groups as co-producers and providers of services, alongside community based planning and development approaches that link to the wider determinants of health.

Participation and user involvement

Many groups and organisations stated that it was essential to provide for the ongoing participation and involvement of minority ethnic communities in the design, delivery and monitoring of services. This should take place at local levels in the planning of local health services as well as at national level in the broad planning, development and implementation of actions under the Intercultural Strategy.

Examples cited in the consultations

The North West Inner City Intercultural Group covers an area where 22% of residents were born overseas. It has been working with local communities to establish one-stop shops and culturally appropriate health services, based on the polyclinic model. There has been very good engagement with local health care staff and there have been some positive outcomes. The “black” and “white” days organised by the CWO have been stopped by the local community as this was seen as divisive.
Dublin Aids Alliance has carried out focus groups with minority ethnic groups on sexual health. This has been carried out through street outreach. Key issues that have been raised concern a lack of orientation to the health care system; poor access to GP and hospital care; issues about abortion (many women from China and Eastern Europe did not know that abortion was illegal in Ireland); information about contraception and how to cope with unplanned pregnancies; and availability of medication. Dublin Aids Alliance provides free condoms on the street and to organisations. They believe that the same practice should take place in reception centres.

Galway Refugee Support Group: MARTA Programme

The Galway Refugee Support Group was established in 1988 as a community-based organisation working from community development principles of “participation, empowerment, capacity building, an emphasis on collective rather than individual action, and working from an anti-racism, anti-sexist perspective and a commitment to human rights and solidarity”. It has developed a range of projects and initiatives including information, public education, development of women’s groups and childcare initiatives, policy development, anti-racism, delivery of health projects, research, specific intercultural projects, networking and advocacy training for asylum seekers and refugees.

The MARTA programme (Migrants, Asylum Seekers and Refugees Training for Action) aims to reduce health inequalities by empowering users to work as community representatives with the HSE West Multidisciplinary Committee. The committee has since been disbanded but the project continues as an important consultative mechanism. The submission to the strategy recommends that this mechanism be used for the planning, design and evaluation of health services.

Community development and community participation

Community development and community participation have been shown to empower communities to identify health needs, advocate and lobby for positive changes in services and address the underlying issues that cause health inequalities. As the Combat Poverty Agency’s submission notes: “It empowers communities to participate in the decisions that affect their lives to bring about positive change for their communities.”

The growth of peer-led and community development approaches to migrant health is a response to policies to tackle health inequalities and social exclusion in health. Within the HSE, the development of a national social inclusion framework has highlighted the importance of these local and community-based approaches to health gain.

The consultation process noted a large number of successful models of community participation and community development where minority ethnic groups had had a positive impact in the development and provision of services. Examples of this is the programme of support provided by Spirasi’s Health Information Programme (HIP), through a peer-led project that trains groups of asylum seekers and refugees in health issues and resources, using visual, multilingual and audio communication aids. Another example is Cáirde, a voluntary organisation providing support to a range of minority ethnic groups in Ireland who experience inequality because of difficulties accessing suitable services, poverty, unemployment and negative experiences of health services. For example, a Women’s Health Action development programme is designed to address the health inequalities experienced by women. A key role is given to empowering women to build their own capacity to address their health needs.
Examples cited in the consultations of community development and community-based initiatives

- The Galway Asylum Seekers Community Newsletter is an online magazine providing news, stories and important information on a range of issues, including educational and health programmes, support services/ agencies and contact details. The service is maintained by asylum seeker volunteers living in the Galway region. It is the result of an Internet course that was run for residents at the Eglinton Hotel by NUI Galway and assisted by the HSE’s public health nurse office. An inter-agency advice group oversees the project, which also has the purpose of empowering and informing residents through active participation.

- The Cultural Mediation Service provided by Access Ireland was pointed to by one service provider working in a reception centre as good practice. Based on this model, it was recommended that cultural mediators should be employed in each LHO.

- The Ballyshannon/Bundoran NYP (Foroige) is running a Cultural Awareness Programme aimed at 10-12 year olds from the settled and Travelling communities. The objective is to enable young people to become culturally aware and respectful of other cultures, traditions and values. A schools programme provides support for young people from a diversity of cultures. The aim is to ease the transition into second-level school.

- Lifestart in Sligo has established a Family Visitor Service for Travellers. Family visitors call once a month to provide information, support and guidance on early childhood development. In Leitrim, a Lifestart programme is provided for Muslim families living in Manorhamilton.

- Cavan Partnership has undertaken research “Living with new communities”, which recommends that services should be delivered to people in their communities (e.g. having language classes in places of work).

- A “Positive Mental Health through Psychosocial Art Programme” has been carried out with Kosovar Refugees in Kildare and Baltinglass.

Suggested actions arising from the consultations:

- Provide for a minority ethnic consultative forum to influence the implementation of the strategy to monitor and receive regular feedback on the implementation and impact of the strategy.

- Enhance the investment to build the capacity and effectiveness of community development and community participation on the basis that this will provide a cost-effective investment in the long run.

- Expand and further develop the primary health care projects for Travellers and use this community development and peer-led model for other groups.

- Develop capacity and funding for community-based mentoring, mediation, information, needs assessment and peer-led projects.

- Structures and support should be put in place to enable Travellers and minority ethnic groups to be represented on national structures, local health panels and governance structures established for the primary care teams.
Examples cited in the consultations

**Traveller Primary Health Care Projects**

Traveller primary health care projects (PHCPs) have been established in locations across the country. They are provided for in the National Traveller Health Strategy 2000-2005. PHCPs are community-based peer-led projects. In the consultation in Cork, one Traveller woman stated that the PHCP was "an example of a partnership of equals where there are equal voices". Community health workers undertake a four-year training programme, which is based on community development and participatory learning methods. The focus is on empowering and supporting participants, building personal and group skills and team working, and building on participant's prior experience. The training programmes have increased knowledge, confidence, capacity and group working skills. Priorities have been established in women's health, child health, dental health, mental health, health promotion, child safety, improving access to health services, building participation and providing training to HSE staff on Traveller culture and health. Community health workers improve the links with key health service providers through presentations and awareness raising, and through the development of standard operating procedures. Additional targeted training has been held on suicide prevention, drugs awareness and mental health, child safety awareness and smoking cessation. Projects have also been undertaken in the development of Traveller-proofed resource materials and needs assessments in a number of areas, including child safety, smoking cessation, diabetes, heart health and dental health.

During the consultations, a number of issues were raised about the future development of PHCPs. First is the need for the ongoing training and development of community health workers, including possibilities for further specialisation in mental health, suicide prevention, maternal health and other areas of health promotion. This also includes the development of long-term training opportunities and professional development, with opportunities for progression into mainstream health care service provision. Second is that, according to comments from Traveller representatives in the consultations, backed up by independent evaluations of services, the PHCPs for Travellers have been very successful. The community development and peer-led approach has been important to providing outreach, information and advocacy, as well as helping with the engagement of Travellers with key services. This provides a model for other excluded or marginalised minority ethnic groups. Third, is that the projects have also been successful in raising awareness with health service providers about Traveller culture and awareness.

Comments from participants at the regional workshops included:

"The primary health care project is really good...we are role models in our community and this is good for our children and for other women." (Participant from Donegal Travellers PHCP at the Sligo consultation.)

"It has been important that we can challenge discrimination in the Traveller community...we can link how poor accommodation and discrimination make people sick...this is important to the focus of our work as the determinants of health matter." (Participant from Pavee Point at the Dundalk consultation)
"As community health workers, we have the knowledge of our community. We can take health issues to people who wouldn’t normally use health services. We know where people are coming from. We can help people to feel more knowledgeable about their health.” (Participant from Pavee Point at the Dundalk consultation)

“We play important advocacy roles and we know where people are coming from. We do outreach and this works to empower people.” (Participant at the Cork consultation)

“We know what Travellers health problems are...we can reach them in their own communities and we are trusted to do that.” (Participant at the Galway consultation)

Cáirde Community Development and Health Programme

Cáirde is a non-governmental organisation that works with minority ethnic communities to reduce inequalities in health using a model of community development and community participation. It works on the basis of the principles of equality and human rights, participation, capacity building and community development. The community development model works on the basis that health and well-being are linked to social determinants of health such as poverty, psychosocial factors, education, employment/unemployment, housing, transport and gender discrimination.

As part of Cáirde’s work, a Community Development and Health Programme has been developed. There are four phases to the programme. The first phase is capacity building, which builds the capacity of minority ethnic groups to understand and analyse health inequalities. Second is the needs assessment phase, which involves participants in assessing the health needs and issues faced by minority ethnic groups in the north inner city of Dublin. Third is the action phase, where a community health team is established and priority actions are identified. The fourth phase is mainstreaming, whereby the learning from the programme is fed into service provision in the HSE, for example in primary care and the NAPS Health Working Group.

“The community development and health training, to me as a member of the minority ethnic community in Ireland, was mind transforming. I experienced a paradigm shift in my perspectives around social issues in my community...now I feel strong and passionate about community development and health roles in my community, and I am ready to make a career in this field.” (Participant who completed the programme)

Cáirde: Assessing the Health and Related Needs of Minority Ethnic Groups in Dublin’s North Inner City

The community development approach to health informed the community health needs assessment carried out in the north inner city of Dublin. Sixteen members from minority ethnic communities were trained to carry out the interviews with over 100 people. The needs assessment identified specific issues related to poverty and low incomes, poor quality housing, racism and discrimination, problems in employment and poor access to services.


The assessment of the health and related needs of minority ethnic groups in Dublin was carried out as part of a wider Community Development and Health Programme in primary care for minority ethnic groups. A participatory research method was used in the research for the needs assessment whereby minority ethnic community groups were involved at all stages of the research process. This not only helped to focus the research appropriately, but also built the capacity of the communities participating. Thirteen volunteer community health workers from minority ethnic communities were recruited and trained to carry out the needs assessment. The assessment involved a community consultation and a consultation with service providers, and a questionnaire was used to carry out 101 interviews of people living in the area. The results of the needs assessment were followed through the Ethnic Minority Health Forum.

Preliminary findings from the needs assessment revealed that:

- Immigration is a factor affecting health, and immigration status was found to be a barrier to accessing employment and educational opportunities, as well as health and social services

- Minority ethnic communities expressed dissatisfaction with their accommodation, much of which is in the privately rented sector where living conditions are poor. They lack the security of tenure afforded to tenants of public housing

- Racism and discrimination is an everyday experience that has an impact on health and well-being, sense of belonging and trust

- Employment and education opportunities are more limited for minority ethnic communities, who often work in low-paid and insecure employment, or who are unemployed or not entitled to work

- There are a wide range of issues in people's lives that cause anxiety, stress and depression

- There is a low take up of health services, including a lack of knowledge about the services that are available, and a lack of entitlement or restricted entitlement to services resulting from immigration status. Services are expensive or not available at times that people want them. Good communication and inter-personal skills amongst staff were seen to be a key factor in helping people access a service.

3.6 Implementing and monitoring the strategy

Finally, the consultations raised a number of challenges for the full implementation of the strategy. This included the ongoing participation of the Ethnic Minority Health Forum or another consultative body constituted to monitor the implementation of the strategy, and mechanisms to implement the strategy across all areas of service provision and through each LHO and hospital setting.

Suggested actions arising from the consultations:

- Put in place an annual reporting framework and performance indicators for the implementation and roll-out of the strategy

- Specific targets and timeframes for implementation of key actions are needed

- Provide a resource base to enable implementation in areas where there are cost implications (interpretation and translation services, enhanced information provision, staff training and additional community-based and community-participation projects)

- Ensure that a minority ethnic health forum, with links to local groups and organisations, monitors the ongoing implementation of the strategy.
[Appendices]
APPENDIX 1: LIST OF WRITTEN SUBMISSIONS

Written submissions received from:

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<th>Written Submissions</th>
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<tr>
<td>Access Ireland, Dublin</td>
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<td>Anti-Racism and Diversity Steering Committee</td>
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<td>Children’s Research Centre, Trinity College Dublin</td>
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<td>Citywide Drug Crisis Campaign</td>
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<td>Combat Poverty Agency</td>
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<td>Communication with Asylum Seekers and Refugees (CARe) , Dept General Practice, NUI, Galway</td>
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<td>Community Nutrition and Dietetic Service, HSE West, Galway</td>
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<tr>
<td>Composite submission from a range of migrant organisations by Immigrant Council of Ireland</td>
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<td>Composite submission from Travellers and Traveller organisations, Pavee Point</td>
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<td>Dr Hans-Olaf Pieper, Dept General Practice, NUI, Galway</td>
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<td>Drug Treatment Centre Board, National Drugs Strategy</td>
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<td>Dún Laoghaire-Rathdown County Council</td>
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<td>Galway Refugee Support Group</td>
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<td>Gort Regional Alliance for Community and Environment (Grace)</td>
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<td>HSE Focus Group in Relation to Addiction</td>
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<td>Institute of Public Health in Ireland</td>
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<td>Mayo Intercultural Action</td>
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<td>Migrants Rights Centre, Dublin 1</td>
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<td>Ms Emer Nowlan</td>
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<td>National Consultative Committee on Racism and Interculturalism (NCCRI)</td>
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<td>National Ethnic Minority Health Forum, Càirde</td>
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<td>Presentation Centre for Policy and Systemic Change</td>
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<td>Traveller Health Unit, Mayo</td>
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**Questionnaires completed by:**

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<tr>
<td>ARCSS Asylum Seeker and Refugee Counselling and Support Service, Mosney Reception Centre</td>
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<td>Balseskin Asylum Seekers Reception Centre, Dublin 11</td>
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<td>Bereavement Counselling Service, Dochas Centre, Our lady of Lourdes Hospital, Drogheda</td>
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<td>Child and Family Centre, Dublin 10</td>
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<td>Clinical Nurse Specialist, St Joseph’s Community Intellectual Disability Services</td>
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<td>Community OT, Inter-country Adoption Services, Dublin 10</td>
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<td>Department of Public Health, Eastern Region</td>
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<td>Hospital Rehabilitation Services, Cavan General Hospital</td>
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<td>LHO Dublin North Central, Ballymun, Dublin 9</td>
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<td>LHO North Dublin, Coolock Health Centre, Cromcastle Road, Coolock, Dublin 5</td>
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<td>Mater Misericordiae University Hospital, Dublin 7</td>
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<tr>
<td>Occupational Therapy, LHO-NW, PCCC, HSE Dublin North East, Rathdown Rd, Dublin 7</td>
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<td>PHN Services, Mosney Health Centre, Julianstown, Co Meath</td>
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<td>Primary Community and Continuing Care Services, Cavan / Monaghan</td>
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<tr>
<td>Psychology Service for Refugees and Asylum Seekers, The Lodge, St Brendan’s Hospital, Rathdown, Dublin 7</td>
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<td>Public Health Nurse, Northern Area, HSE</td>
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<td>Public Health, Lisburn St Medical Centre, Dublin 7</td>
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<tr>
<td>Public Health, Summerhill Health Centre</td>
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<tr>
<td>Rotunda Hospital, Dublin 1</td>
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<tr>
<td>Screening and PHN Service, child and family health, LHO NWD, PCC, HSE Dublin N East, Dublin 7</td>
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<tr>
<td>Traveller Health Services, Dundalk, Co Louth</td>
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<table>
<thead>
<tr>
<th>Dublin /Mid Leinster</th>
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</thead>
<tbody>
<tr>
<td>Assessment Team, Regional Health Assessment Team for Asylum Seekers, Lissywoollen, Athlone, Co Westmeath</td>
</tr>
<tr>
<td>Ballinteer Health Centre, Dublin 16</td>
</tr>
<tr>
<td>Co Longford Primary Health Care Project for Travellers</td>
</tr>
<tr>
<td>Community Services, Cherry Orchard Hospital, Dublin 10</td>
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<tr>
<td>Connolly Hospital, Blanchardstown, Dublin 15</td>
</tr>
<tr>
<td>Day Hospital, Naas General Hospital</td>
</tr>
<tr>
<td>Family Support and Child Protection Service, Our Lady’s Clinic, Patrick St, Dun Laoghaire</td>
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<tr>
<td><strong>Family Support Service, Child and Family Centre, Ballyfermot</strong></td>
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<tr>
<td><strong>Health Centre, Newbridge, Co Kildare</strong></td>
</tr>
<tr>
<td><strong>Health Promotion Department, Civic Buildings, Main St, Bray, Co Wicklow</strong></td>
</tr>
<tr>
<td><strong>HSE Intercountry Adoption Services, Dartmouth House, Ballyfermot</strong></td>
</tr>
<tr>
<td><strong>HSE Oral Health Promotion, Blanchardstown, Dublin 15</strong></td>
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<tr>
<td><strong>HSE Primary Care Dept, Bray, Co Wicklow</strong></td>
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<tr>
<td><strong>Learning and Development Centre, St James's Hospital</strong></td>
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<tr>
<td><strong>Meath Community Unit, Dublin 8</strong></td>
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<tr>
<td><strong>Naas General Hospital</strong></td>
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<tr>
<td><strong>Occupational Therapy Department, LHO North West Dublin</strong></td>
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<tr>
<td><strong>PHN for Travellers, Health Centre, Tullamore, Co Offaly</strong></td>
</tr>
<tr>
<td><strong>Physiotherapy Department, Midland Regional Hospital, Tullamore</strong></td>
</tr>
<tr>
<td><strong>Regional Centre for Nursing Education, Midland Regional Hospital, Tullamore</strong></td>
</tr>
<tr>
<td><strong>Screening and Medical Service for Asylum Seekers and Refugees, Dept Public Health, HSE, Stewarts Sports Centre, Palmerstown Dublin 20</strong></td>
</tr>
<tr>
<td><strong>Social Work Department, Bridge House, Cherry Orchard Hospital, Dublin 10</strong></td>
</tr>
<tr>
<td><strong>Speech and Language Therapy Service, Chapter House, Mullingar</strong></td>
</tr>
<tr>
<td><strong>Speech and Language Therapy, Loughlinstown Health Centre, Loughlinstown</strong></td>
</tr>
</tbody>
</table>

| **HSE South** |
| **Asylum Medical Support Service, Cork** |
| **Human Resources, Waterford Regional Hospital** |
| **Occupational Therapy Department, South Tipperary Community Services, Clonmel** |
| **Primary Care Services for Asylum Seeker/Refugee, Waterford** |
| **Psychology Service, Cork University Hospital** |
| **Speech and Language Therapy Department, City General Hospital, HSE** |
| **Speech and Language Therapy Department, Cork University Hospital** |

| **HSE West** |
| **Aras Mhuire Community Nursing Unit, Tuam, Co Galway** |
| **Child Psychiatry, HSE, River House, Ennis, Co Clare** |
| **Children – Asylum Seekers Service, HSE, River House, Ennis, Co Clare** |
| **Community Health Services Ballybofey, Co Donegal** |
| **Community Nursing, Co Clinic, Letterkenny, Co Donegal** |
| **Community OT Service, HSE, Castlecourt House, Roscommon** |
| Community Services, HSE, Markieviz House, Sligo  |
| Community Welfare Service, West City Centre, Galway |
| Family Support Services, HSE, West City Centre, Galway |
| Health Promotion, HSE West, Lanesboro Road, Roscommon |
| Health Screening Service, Buncrana Health Centre, Buncrana, Co Donegal |
| Health Screening Services, HSE, Galway |
| Nowdoc, GP Out-of-Hours Service, NW area |
| Primary Care Centre, Sligo |
| Psychological Services, JFK House, HSE West, Sligo |
| Public Health Nursing Department, Markieviz House HSE, Sligo |
| Public Health Services, County Clinic, Letterkenny, Co Donegal |
| Sligo Family Resource Centre, Sligo |
| Social Work Department, Markieviz House HSE, Sligo |
| Social Work Services, Shantalla Health Centre, HSE, Galway |
| Social Work/Fostering Service, HSE, River House, Ennis, Co Clare |
| Speech and Language Therapy, Abbeytown House, Roscommon |

**Community organisations / other**

- Ballyshannon / Dundoran NYP (Foroige)
- Bradog Regional Youth Service, Macro Community Resource Centre, Dublin 7
- Callan Community Network, Callan, Co Kilkenny
- Clarecare Primary Health Care Programme for Travellers
- Clondalkin Partnership
- Clondalkin Travellers Development Group
- Community Foundation for Ireland
- Cope Waterside House Domestic Violence Refuge, Galway
- Department of General Practice, NUI Galway, Galway
- Donegal County Childcare Committee
- Ennis CDP Ltd
- Irish Family Planning Association
- Irish Nurses Organisation
- Leitrim Lifestart
- Mayo Traveller Support Group, Castlebar
- Open Heart House, Dublin
<table>
<thead>
<tr>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outhouse, Dublin</td>
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<tr>
<td>Sligo County Childcare Committee, Sligo</td>
</tr>
<tr>
<td>Sligo-Leitrim Home Youth Liaison Service</td>
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<tr>
<td>Southern Gay Men’s Health Project, Cork</td>
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<tr>
<td>The Loft Youth Project, Letterkenny, Co Donegal</td>
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<tr>
<td>The Sexual Health Centre, Cork</td>
</tr>
<tr>
<td>Vincentian Refugee Centre, Dublin</td>
</tr>
<tr>
<td>Wicklow Child and Family Project</td>
</tr>
<tr>
<td>Women's Aid</td>
</tr>
</tbody>
</table>
APPENDIX 2: CONSULTATION CHECKLIST

Planning
☐ Has there been consultation with local community groups to plan the consultation, including the most appropriate methods to consult with different groups?
☐ Has there been consultation with local community groups to find out what languages written information should be translated into, and what languages should interpretation be provided for on the day of the consultation?
☐ Have the specific dietary, childcare, transport and other needs of minority ethnic communities concerned been incorporated into the planning of consultations?

Translation and interpretation
☐ Have flyers and adverts for the consultation been translated into the relevant languages?
☐ Is written information provided in plain English and has it been Traveller-proofed?
☐ Have written translations been checked for accuracy?
☐ Is interpretation provided at the consultation?
☐ Have interpreters been booked?

Childcare
☐ Are childcare costs covered? If so, ensure that you have a system for identifying the costs covered.
☐ If childcare is provided in a crèche or facility provided on the day of the consultation, has it been checked for the provision of culturally appropriate play facilities?

Travel expenses
☐ Are travel costs covered? If so, ensure that you have a system in place for reimbursement.

Venue and food
☐ Is the consultation being provided in a venue that is accessible to community groups e.g. on bus routes, in an easy-to-find location?
☐ If food is provided, have you checked that the venue can provide culturally appropriate food e.g. vegetarian, Halal food?

Methods of consultation exercise
☐ Are the questions that are being discussed clear and accessible to a range of minority ethnic communities?
☐ Have you equality-proofed your questions and methods to ensure that they do not make inappropriate assumptions or promote stereotypes of particular groups?
☐ Are facilitators properly briefed about the objectives of the consultations and are they trained to be culturally aware?
☐ Have facilitators been recruited from minority ethnic communities?

Writing up of consultations
☐ Have the issues raised in the consultations been written up? If so, are they written in accessible and plain English, and translated into relevant languages?
☐ Have the people that attended the consultations been given copies of the report / notes from the consultations?
APPENDIX 3: CONSULTATION QUESTIONS

1. Questions for consultation workshops and focus groups held with community organisations, minority ethnic organisations, services users and HSE staff (Dublin, Dundalk, Galway, Cork and Sligo).

   a) What are the main barriers and problems experienced by ethnic minority communities in accessing health services?

   b) How can the Health Services Executive improve the design and delivery of its services so that it can improve the health and well-being of minority ethnic groups?

   c) What do you think are the three most important things that the health services should consider / address?

   d) What support can be given to minority ethnic groups and organisations to enhance access to health services?
2. HSE Pre-Consultation Questionnaire

Intercultural Strategy in Health
Feedback form

We are interested to have feedback from individuals, groups and organisations representing ethnic minority groups.

Part I: contact information and supports

a) Contact details

Name:___________________________________________________________________________

Address:_________________________________________________________________________

Email:____________________________________________________________________________

Telephone:________________________________________________________________________

Are you willing for us to contact you for further information or to invite you to a consultation event?

☐Yes  ☐No

b) Consultation supports

We want to make sure that no individual or group is excluded from participating in this consultation.

For this reason, we would like to know if there are other resources that would help you to participate in the consultations for the Intercultural Strategy?

Please tick those that are appropriate to you:

☐ Other language versions of printed materials / interpretation at consultative events If so, please state which language(s)........................................

☐ Capacity building activities / more information for participants

☐ Childcare costs

☐ Transport costs

☐ Other, please state what these are........................................
Part II: feedback and comments

a) Are you currently involved in providing health-related services to persons from diverse cultures and ethnic groups? If yes, please briefly describe. Please indicate whether these services are delivered in partnership with the HSE or not.

b) Please briefly describe what you think are the main gaps that currently exist in the provision of health services? How do you think these gaps can be effectively overcome in the future to ensure that service users from these groups may effectively access and use health services?

c) What do you think are the three most important things that the health services should consider / address in enhancing aspects of service provision?
d) In your role around service delivery to persons from diverse cultures and groups, are there ways in which your group/organisation would like to be supported in the future so that you can ensure improved access to health services for persons from these groups?


e) Are there models of good practice that can be used to exemplify how services can be developed in the future? If so, please could you provide some brief information about specific projects or initiatives so that we can build on what works. Information around any projects in which you have been / are involved would be especially helpful.


f) Please provide any further information/comments


Thank you very much!


Please return to: Diane Nurse, Health Services Executive, Social Inclusion Unit, Mill Lane, Palmerstown, Dublin 20. Email: diane.nurse@mailf.hse.ie before 30 September.
APPENDIX 4: SUMMARY OF THE MAIN ISSUES RAISED IN THE PRE-CONSULTATION QUESTIONNAIRES

<table>
<thead>
<tr>
<th>Service provider</th>
<th>Main barriers</th>
<th>Priority 1</th>
<th>Priority 2</th>
<th>Priority 3</th>
<th>Actions that could be developed to support service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HSE Dublin /North East</strong></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
| Community OT, Intercountry Adoption Services, Dublin 10 | - Information for newcomers  
- Equitable & equal service  
- Education of service users | Intercultural training | Anti-discrimination policies | Ethos of access and equality | - Policies, procedures and positive ethos  
- Funding and time |
| Rotunda Hospital, Dublin 1 | - Gaps in staff understanding of different cultures  
- Gaps in patients’ understanding of the services provided  
- Need to build capacity in intercultural awareness amongst staff through training. Also need to assess patients’ perceptions of the service provision and delivery | Communication: signage, language and translation | Consultation with patients about their needs | Training for staff especially those with direct contact roles | - The Rotunda has been selected as one of the sites for the HSE’s Intercultural Project and this will result in a number of initiatives, including the training of staff |
| Mater Misericordiae University Hospital, Dublin 7 | - Printed information about health services in all languages in relation to access, costs, medical issues  
- Gaps in training for staff on culture and medical issues for patients from different ethnic groups | Information | Interpretation | Training | - Advice on the role of primary care services, emergency department, dietary education and systems for staff and patients  
- Ministers available from all religions |
<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Key Challenges</th>
<th>Staff Training and Support</th>
<th>Cultural Awareness, Anti-Racism and Diversity Training for Staff</th>
<th>Flexibility on Service Availability to Reduce Stress and Pressure During Clinic Times and to Facilitate Migrant Workers</th>
<th>Key Challenges</th>
</tr>
</thead>
</table>
| Primary Community and Continuing Care Services, Cavan / Monaghan                | - Communication and interpretation  
- Staff training  
- Tracing clients and ethnic identifiers  
- Eligibility of services for asylum seekers | Active training and recruitment for HSE positions from different ethnic groups             | Cultural awareness, anti-racism and diversity training for staff | Flexibility on service availability to reduce stress and pressure during clinic times and to facilitate migrant workers | - Cultural awareness, anti-racism and diversity training for staff  
- Interpretation and cultural support services  
- Improving waiting times and clinic facilities  
- Protocols on sharing information  
- Developing a system for parenting support that embraces language and culture  
- Language classes for staff  
- Improve links with minority ethnic groups and create new roles for individuals within the health system to improve service access and provision |
| Public Health, Lisburn St Medical Centre, Dublin 7                              | - Poor communication between services  
- Lack of information for PHNs re housing, benefits, entitlements etc | Clients needs                                                                              | Culture                                                         | Availability of information | - More information on services/needs of clients and early referral of clients /notification if clients move into area and are vulnerable |
| Traveller Health Services, Dundalk, Co Louth                                    | - Equality of outcome for service users still a problem  
- Real consultation with service user and not interpretation of their needs will help overcome gaps | Equality of outcome                                                                         | Inclusion of user in service design and decision making         | - Traveller health services need to be funded to allow for the employment of support workers at a number of different levels to work with the Traveller community on accessing services | |
| Public Health, Summerhill Health Centre                                          | - Access to GPs  
- Lack facilities in reception centres  
- Poor communication with Justice Dept  
- Lack of written information for AS | Integration and improved communication between services                                    | Clarification of roles and responsibilities                     | Information that is culturally informative and culturally sensitive | Communication and more support from HSE in areas such as information |
| Psychology Service for Refugees and Asylum Seekers, The Lodge, St Brendan’s Hospital, Rathdown, Dublin 7 | - Information for users and providers  
- Appropriate signage in different languages/map of services  
- Availability of and funding for trained interpreters/cultural mediators  
- Training and support for staff in cultural competency | Staff training and support                                                                | Trained interpreter services                                   | Accessible and clear information to users and providers | - Liaison with communities and ethnic groups via cultural mediator, community development worker, project worker role  
- More focussed consideration at policy and practice level of the role of socioeconomic factors in health  
- Role of cultural factors in access to health service |

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<table>
<thead>
<tr>
<th>Location</th>
<th>Issues</th>
<th>Training of staff</th>
<th>Open days to market what the centre is doing with potential links to other specialist services e.g., psychology</th>
<th>GP service provided with 24-hour cover</th>
<th>Additional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balseskin Asylum Seekers</td>
<td>- Slow process in arranging appointments with specialists</td>
<td>Training of staff</td>
<td>Open days to market what the centre is doing with potential links to other specialist services e.g., psychology</td>
<td>GP service provided with 24-hour cover</td>
<td>- As listed in previous three points</td>
</tr>
<tr>
<td>Reception Centre, Dublin 11</td>
<td>- Special problem and great need for psychiatric services</td>
<td></td>
<td></td>
<td></td>
<td>- Emphasis on integration and cooperation between different services</td>
</tr>
<tr>
<td>PHN Services, Mosney Health</td>
<td>- Need for clear information on health services in different languages</td>
<td>Easily accessible, user-friendly information</td>
<td>Hand-held records – national template</td>
<td>Research with different groups of ethnic minorities to see what they want/need</td>
<td></td>
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<tr>
<td>Centre, Julianstown, Co Meath</td>
<td>- Interpretation services and budget for same</td>
<td></td>
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<td>- Support network to link with people in this area</td>
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<tr>
<td></td>
<td>- Training for staff</td>
<td></td>
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<td>- Better support services, family support, transport etc</td>
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<tr>
<td></td>
<td>- Training for ethnic minorities on use of services</td>
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<td></td>
<td></td>
<td>- Access to information and latest research re what works and does not work, what needed etc</td>
</tr>
<tr>
<td>LHO North</td>
<td>- Provision of culturally appropriate information</td>
<td>Increased availability of culturally appropriate information on health and social services, how to access, eligibility etc</td>
<td>Provide cultural diversity training to all staff to enable them to provide appropriate services to this client group</td>
<td>Develop user forums or peer working models to allow clients to participate in identifying their needs and planning service delivery to meet their needs</td>
<td></td>
</tr>
<tr>
<td>Dublin, Coolock Health</td>
<td>- Quality interpretation services when required</td>
<td></td>
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<td>- Increased profile needs to be given to the delivery of appropriate services</td>
</tr>
<tr>
<td>Centre, Cromcastle Road,</td>
<td>- Increase awareness about eligibility to health and social care services</td>
<td></td>
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<td></td>
<td>- Need to establish demand for services and carry out needs assessments in each LHO area to meet needs effectively</td>
</tr>
<tr>
<td>Coolock, Dublin 5</td>
<td>- Improved signage in primary health care centres and hospitals</td>
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<td>- Allocation of resources including staff to areas that have higher percentage of clients from different cultures</td>
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<tr>
<td></td>
<td>- Resources to cover translation costs</td>
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<td>- Availability of resources to implement the measures mentioned to improve service delivery to this group</td>
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<td></td>
<td>- Integrated computer systems to track clients</td>
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<td></td>
<td>- Cultural diversity training to staff</td>
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<td></td>
<td>- Establish ethnic identifier on all assessment tools, referral forms, application forms etc</td>
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<td></td>
<td>- Develop innovative ways to consult with user groups to establish needs and involve clients</td>
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<tr>
<td>Location</td>
<td>Issues Faced</td>
<td>Solutions实施</td>
<td>Other Measures</td>
<td>Notes</td>
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</tbody>
</table>
| LHO Dublin North Central, Ballymun, Dublin 9 | - Communications difficulties  
- An absence of health information leaflets and written information in different languages  
- Training for staff and ethnic groups on cultural diversity and health care delivery | Provide clear information on all health services, including entitlements and how to access services  
Ongoing training for managers and staff. Ethnic identifier of population to identify needs | Avoidance of ghettoisation of ethnic groups in housing | - National health promotion information and campaign regarding immunisation, breast check etc in different languages  
- Recognition of extra resources needed to provide services in areas with a high minority ethnic population  
- Availability of interpreters, mediators and resource materials |
| Public Health Nurse, Northern Area, HSE | - Information and signage not suitable for people with poor literacy skills or no English  
- Cannot assume that non-Irish nationals are literate in their own language of origin  
- Health care staff use too much jargon, need to reflect on this practice | Needs led, listen to the client and respond to needs identified  
Regular awareness training each session to build upon the last | Utilise the enthusiasm of staff who wish to work with diverse populations | - Health education packages to meet needs and make them culturally appropriate  
- Provide training to my colleagues on the needs, experiences and beliefs of various cultures |
| Occupational Therapy, LHO-NW, PCCC, HSE Dublin North East, Rathdown Rd, Dublin 7 | - Lack of access to information on services and entitlements  
- Lack of equitable service to all  
- Information in various languages  
- Education to user group and health care staff  
- More multicultural health services that make easier to cater to the minority groups  
- Lack of equality and equity | Intercultural training and education  
Creation of anti-discrimination policies and procedures that protect minority group employers | Place emphasis on creating an ethos that promotes access and equity within the organisation. Message of tolerance, access and equity for all | - Creation of policies and procedure and a positive ethos is first step  
- Funding and time also important |
| Screening and PHN Service, child and family health, LHO NWD, PCC, HSE Dublin N East, Dublin 7 | - Communication with public and with service provider  
- Culturally appropriate health services training and information for staff  
- Culturally appropriate and responsive services, treatments for ethnic groups | Information re health service access  
Ethnic identifiers to facilitate preparation for service delivery and culturally appropriate delivery | Availability of cultural awareness training and materials for use during consultation etc with ethnic groups e.g. leaflets, booklets etc | - Ethnic identifier usage to establish usage of the service |
| Hospital Rehabilitation Services, Cavan General Hospital | - Language, more information for staff re different health perceptions in different cultures | Language  
Accessible information | On-call interpreters | - Understanding of cultural issues re health |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Concerns/Challenges</th>
<th>Solutions</th>
</tr>
</thead>
</table>
| ARCSS Asylum Seeker and Refugee Counselling and Support Service, Mosney Reception Centre | - Language, multilingual information made available and interpreting services  
- Cultural gender issues e.g., availability of female GPs for women whose culture prohibits attending male GPs | Cultural competence training for health care providers  
Health impact assessment for all health care centres  
Use of peer-trained educators from minority ethnic community to deliver health promotion | - Improved access to interpreters would help emotionally isolated clients  
- Improved access to information on cultural mores and health care practices of various nationalities that reside in Ireland would serve to enhance understanding of issues facing service users |
| Bereavement Counselling Service, Dochas Centre, Our Lady of Lourdes Hospital, Drogheda | - Lack of information a big gap  
- Lack of availability of translators/interpreters to staff and service users  
- Poor staff-to-staff and staff-to-patient communication | Information provision – printed material explaining services and cultural/ethnic reactions to health information is necessary to create greater understanding  
Accessible and authoritative translation and interpretation services for publications and accessible translators to enhance communication particularly in highly sensitive situations e.g., informing family members of death of loved one etc | - Translation services for assistance with the development of ethnic and religious publications |
| Clinical Nurse Specialist, St Joseph’s Community Intellectual Disability Services | - Communication difficulties  
- Access to counselling services for people who have experienced post traumatic stress disorder  
- Cultural differences and different approaches to care  
- Continuity of attendance and comprehension of goals | Cultural and religious beliefs and approaches to care  
Access to counselling services  
Promoting and facilitating spoken English | - Links to RIA and other agencies  
- Links to local literacy groups  
- Improved translation services  
- Cultural awareness |
<p>| Child and Family Centre, Dublin 10 | | | |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Services Provided</th>
</tr>
</thead>
</table>
| Occupational Therapy Department, LHO North West | - Lack of access to information for newcomers about health care services  
- Lack of quality and equity in the health care service | Intercultural training and education  
Anti-discrimination policies  
Ethos that promotes access and equity in the organisation  
- Positive ethos is needed to support staff through the whole organisation |
| Speech and Language Therapy, Loughlinstown Health Centre, Loughlinstown | - Access to interpreter  
- Need for more therapists to look at provision of services in schools/preschools | Ensuring children have access to good preschool services  
Develop parent training courses for this client group  
Improve services in general to reduce waiting time e.g. for speech and language therapy  
- More training for staff  
- Information for interpreters  
- Posts to be developed to provide a service to this group |
| HSE Oral Health Promotion, | - Programmes on health promotion for various ethnic groups  
- Educate care workers on various cultures  
- Link with ethnic groups to find their needs | Educate staff on cultural practices  
Meet with ethnic groups to ascertain their needs  
Community-based services  
- More funding to develop programmes targeting these specific groups |
| Health Centre, Newbridge, Co Kildare | - Long waiting lists  
- More professionals need to be employed  
- Provision of tertiary services locally | Past history of the groups including medical and social background  
Language barrier  
Tracking system to locate families who have medical appointments pending when they move house/location  
- Access to simple pictures or diagrams where language barrier exists  
- List of contact numbers e.g. RIA , Spriasi within one book |
| Physiotherapy Department, Midland Regional Hospital, Tullamore | - Interpreters for daily interaction  
- Health promotion in different languages  
- Information about how to access services available | Targeted health promotion  
Engaging members of minority communities to deliver the message  
Community outreach  
- Language /interpretation support  
- Structures whereby can access key leaders of these communities  
- Stronger links between health and education/VEC |
| Regional Centre for Nursing Education, Midland Regional Hospital, Tullamore | - Access to translation services in the Acute area | Cultural information for staff/training  
Signs and other information available in languages apart from English  
Better on-the-ground translation facilities |
<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Details</th>
<th>Cultural Competence Details</th>
<th>Needs Assessments Details</th>
<th>Other Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and Medical Services for Asylum Seekers and Refugees, Dept Public Health, HSE, Stewarts Sports Centre, Palmerstown Dublin 20</td>
<td>Language services, Culturally competent services, Education – information for users with regard to structures and differences in Irish health care services, Recognition of needs of these diverse groups</td>
<td>A standardised, accredited interpretation service, Cultural competence training to both organisations and individuals</td>
<td>Needs assessments – targeted interventions / evaluations, Access to appropriately qualified interpreters</td>
<td>Access to health care information that is culturally and linguistically appropriate, Information on support organisations/ service for EMG’s, Cultural competence training and access to cultural mediators</td>
</tr>
<tr>
<td>Family Support Service, Child and Family Centre, Ballyfermot</td>
<td>Language, Beliefs and attitudes, Overstretched services</td>
<td>Staff training, Easy access to local appropriate interpretation services</td>
<td>Assistance to teams in generating writing material, Training in understanding different cultural expectations of the service being provided</td>
<td>The implication for treatment in the cultural context, Access to health care information that is culturally and linguistically appropriate, Training in understanding different cultural expectations of the service being provided</td>
</tr>
<tr>
<td>HSE Intercountry Adoption Services, Dartmouth House, Ballyfermot</td>
<td>Provision of multidisciplinary post-placement services for children and families, Transracial adoption issues, Dealing with racism, Support for young people</td>
<td>Child-centred and client-centred approach, Culturally inclusive; diversity represented at all levels of the HSE</td>
<td>Client participation and feedback, General cultural awareness training, Anti-racism training should be obligatory</td>
<td>General cultural awareness training, Training in understanding different cultural expectations of the service being provided, The implication for treatment in the cultural context</td>
</tr>
<tr>
<td>PHN for Travellers, Health Centre, Tullamore, Co Offaly</td>
<td>Local community initiatives needed e.g. speech and language in community preschools, Literacy-proofed health centres, Health information</td>
<td>More primary care at local level and nearest point of contact, Public health nurse advocate to gain access to services and identify needs</td>
<td>Greater flexibility in service provision e.g. out-of-hours social work, mobile clinics etc</td>
<td>Admin support to write up reports and project suggestions and tracking system, Greater flexibility in service provision e.g. out-of-hours social work, mobile clinics etc</td>
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</table>

- Language services
- Culturally competent services
- Education – information for users with regard to structures and differences in Irish health care services
- Recognition of needs of these diverse groups
- Access to appropriately qualified interpreters
- Access to health care information that is culturally and linguistically appropriate
- Information on support organisations/ service for EMG’s
- Cultural competence training and access to cultural mediators
- Language- Beliefs and attitudes- Overstretched services
- Provision of multidisciplinary post-placement services for children and families
- Transracial adoption issues
- Dealing with racism
- Support for young people
- Child-centred and client-centred approach, Culturally inclusive; diversity represented at all levels of the HSE
- Client participation and feedback
- General cultural awareness training
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- Admin support to write up reports and project suggestions and tracking system
- More information sharing across counties
<table>
<thead>
<tr>
<th>Learning and Development Centre, St James’s Hospital</th>
<th>Interpretation and translation services</th>
<th>Non-discrimination</th>
<th>Equality data monitoring</th>
</tr>
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<tr>
<td>- National standard in interpreting services required</td>
<td>- Equality data monitoring not mandatory and make difficult to improve health care access for the ever-changing patient groups</td>
<td>- No policies for guaranteeing equal access to health care</td>
<td>- Dedicated team of experts needed in the HSE and DOHC to provide practical support, expertise, information guidelines and legal redress in relation to provision of health care to ethnic minority patients.</td>
</tr>
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<td>- Very few real partnerships between voluntary sector, communities and health service</td>
<td>- Make difficult to improve health care access for the ever-changing patient groups</td>
<td>- No policies for guaranteeing equal access to health care</td>
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<th>Good quality translation service</th>
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<th>Including marginalised minority groups in consultations and in planning for service provision</th>
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<th>Staff training</th>
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<td>- Staff training for both managers who plan local services and front-line staff.</td>
<td>- Important also for services to be user friendly so that uptake is good.</td>
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- Training must be flexible, interesting and enjoyable |
- Work needs to be done with managers and they need to do the training with their staff
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<th>Recommended Actions</th>
<th>Notes</th>
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| Co Longford Primary Health Care Project for Travellers | - Literacy barriers  
- Lack of cultural awareness among staff | Employ all community health workers for travellers around the country  
Use people, images and language from all ethnic backgrounds in health promotion materials  
Fund and support groups to literacy-proof training programmes | - Support the training of the current graduates to become employed as community health workers within the large Traveller population  
- Support and funding towards the development of literacy-proofed materials, which can be used for all ethnic groups |
| Speech and Language Therapy Service, Chapter House, Mullingar | - Access to translators and training for health care staff in same  
- Need for literature to explain the services in different languages and sensitive to different cultures  
- Lack of knowledge by therapists of various cultures and practices | Training for health care staff  
Literature in different languages  
Easy access to trained translators | As already mentioned |
| HSE Primary Care Dept, Bray, Co Wicklow | NA – not involved at moment | Improving communication on availability of services  
Provision of training to all front-line staff in customer focus and communications skills  
Greater emphasis on health promotion principles to be incorporated into the structure of health service delivery | NA - not involved at moment. |
| Naas General Hospital                  | - Availability of professional medical staff training in working with interpreters  
- Information leaflets explaining the health service to immigrants in own language  
- Availability of GP services  
- Avail of potential from employees to establish in-house pool of interpreters | Developing a professional medical interpreter service  
Staff training re working with interpreters  
Provision of information in appropriate languages | - Policy and guideline development re the use of interpreters  
- Training |
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<th>Approaches</th>
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<tr>
<td>Health Promotion Department, Civic Buildings, Main St, Bray, Co Wicklow</td>
<td>- Language&lt;br&gt;- Custom and practice differences, concerns regarding authority figures&lt;br&gt;- Service provider misconceptions regarding migrant and immigrant workers&lt;br&gt;- Unaccompanied minors</td>
<td>Support to groups involved at local level with cultural and ethnic minorities&lt;br&gt;Training of all frontline personnel&lt;br&gt;- More information on cultural diversity presented in a format that allows for easier consideration in application to adaptation of training programmes</td>
</tr>
<tr>
<td>Family Support and Child Protection Service, Our Lady's Clinic, Patrick St, Dun Laoghaire</td>
<td>- Interpreter services more easily accessible&lt;br&gt;- Cultural workshops for staff to learn regarding cultural needs of clients and children in care needed</td>
<td>Internal interpreter service providing information in different languages&lt;br&gt;Staff training&lt;br&gt;Clear evidence of anti-discriminating policy visibly on display in offices&lt;br&gt;- Staff training re issues</td>
</tr>
<tr>
<td>Connolly Hospital,</td>
<td>- Language/communications barriers&lt;br&gt;- Lack of timely access to translators&lt;br&gt;- Cultural barriers</td>
<td>Improving interpretation in clinical communications&lt;br&gt;Culturally linguistically adequate information and education in mother and child care&lt;br&gt;Cultural competency – training for health care staff&lt;br&gt;- Connolly Hospital has been accepted as a pilot site for the HSE National InterCultural Healthcare project, which includes strategies to improve access to health services</td>
</tr>
<tr>
<td>Day Hospital, Naas General Hospital</td>
<td>- More health promotion posters and heightened awareness of our many new cultures</td>
<td>Specific needs of health e.g. sickle cell anaemia in some cultures&lt;br&gt;Brochures in different languages in health education in key areas GP surgeries etc&lt;br&gt;Informed international staff on the ground to orientate&lt;br&gt;- Continuing information and collaboration through hospital workshops etc</td>
</tr>
<tr>
<td>Meath Community Unit, Dublin 8</td>
<td>- Attitudinal barriers from staff members, challenge through training, policy and management procedures&lt;br&gt;- Quality and standard of many of our primary health care centres – capital investment in improving buildings</td>
<td>Attitudinal barriers from staff&lt;br&gt;Practical template for LHO areas to guide managers in providing socially inclusive health care&lt;br&gt;Consultation with ethnic minority communities&lt;br&gt;- Two key members of staff required to roll out the plan in working on the three previous points here</td>
</tr>
</tbody>
</table>
| Ballinteer Health Centre, Dublin 16 | - Lack of interpreters trained for work in the health service  
- Lack of knowledge on languages spoken by clients  
- Lack of resources in different languages  
- Lack of training for professionals on working with different ethnic groups  
- Difficulty engaging families in services due to fact that they have not been adequately informed | Involvement of ethnic groups themselves in addressing service provision | Ensuring quality of access for all clients; ensuring language barriers do not prevent clients receiving an appropriate health service | Ensuring some centralised resources so that individual services do no have to replicate work already done |
|----------------------------------|--------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| HSE South                        | Speech and Language Therapy Department, City General Hospital, HSE | Access to bilingual co-workers/interpreters  
- Information regarding other languages, their culture etc | Information and training | Providing access to interpreters/bilingual co-worker/assistants | More resources in order to provide a better service to people from different cultures |
|                                  | Asylum Medical Support Service, Cork | - Psychiatric services, counselling lacking  
- Major issue lack of interpreter services or rather lack of use of available interpreter services | Emphasise rights of people to be heard and understood at primary care level | Need to educate new comers of expectations regarding appointments, cancellations etc | Health education re rights to services |
|                                  | Speech and Language Therapy Department, Cork University Hospital | - Knowledge within the service re communities attitudes to their own health and what they can do and ask etc, roles within families  
- Consultation with the various cultural and ethnic groups | Provision of appropriate translation facilities. Provide resource centre nationally where people can go for information and advice | Develop comprehensive training programme reflecting cultural and ethnic mix e.g. parental roles, interface between male/female etc | Consult with representatives of various ethnic and cultural groups re their needs in order to access and partake in health service |
<p>|                                  |                                  |                                            |                                                  |                                                   | As mentioned |
|                                  |                                  |                                            |                                                  |                                                   |</p>
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<tr>
<th>Department/Service</th>
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<th>Action/Recommendation</th>
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<tr>
<td>Occupational Therapy Department, South Tipperary Community Services, Clonmel</td>
<td>- Greater advocacy and interpretative service is needed to advise therapist on cultural differences and expectation re family and to facilitate effective communication</td>
<td>Cultural information available on intranet to highlight health issues</td>
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<td></td>
<td></td>
<td>Access to specific culture advisor to give insight to client and their situation</td>
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<td></td>
<td></td>
<td>As mentioned</td>
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<tr>
<td>Psychology Service, Cork University Hospital</td>
<td>- Outreach and education/awareness training for these groups on services available</td>
<td>As mentioned</td>
</tr>
<tr>
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<td>- Training of professionals on needs of these groups</td>
<td></td>
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<tr>
<td></td>
<td>- Better access to interpreters</td>
<td></td>
</tr>
<tr>
<td>Primary Care Services for Asylum Seeker/Refugee, Waterford</td>
<td>- Problem re transport of AS/R in direct provision when leaving hospital</td>
<td>To recognise the wide cultural diversity among this client group</td>
</tr>
<tr>
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<td>- Level of service provision in meeting mental health needs of all ethnic minorities</td>
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<td></td>
<td>- Serious lack of information provision for non-Irish nationals</td>
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<td></td>
<td>- Lack of co-operation and sharing of information among the various statutory agencies, which leads to overlaps in services and may result in fraudulent benefit claims</td>
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<tr>
<td></td>
<td>- Lack of statistical information re numbers of migrant workers in Ireland impedes effective planning</td>
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<tr>
<td>Human Resources, Waterford Regional Hospital</td>
<td>N/A</td>
<td>Awareness of different cultures</td>
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<tr>
<td>Service Provider</td>
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</tr>
<tr>
<td>Social Work Services, Shantalla Health Centre, HSE, Galway</td>
<td>Language barrier, Education in cultural differences, System to track asylum seeking families, Access to clinic-based services</td>
<td></td>
</tr>
<tr>
<td>Speech and Language Therapy, Abbeytown House, Roscommon</td>
<td>Improve access to services (language and location main barriers)</td>
<td></td>
</tr>
<tr>
<td>Psychological Services, JFK House, HSE West, Sligo</td>
<td>Lack of access due to language barrier, Lack of staff training on different cultures, Lack of interpreters for clients with no English</td>
<td></td>
</tr>
<tr>
<td>Health Promotion, HSE West, Lanesboro Road, Roscommon</td>
<td>Information in variety of languages, Greater liaison with cultural workers to identify access opportunities, Service provider training</td>
<td></td>
</tr>
<tr>
<td>Aras Mhuire Community Nursing Unit, Tuam, Co Galway</td>
<td>Good language translation locally, Understanding the issues that non-nationals face, Understanding the different types of non-nationals</td>
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<td>Improve service integration (e.g. between health, education, justice) so that people do not get lost in the system.</td>
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<tr>
<td>Work on cultural awareness integration</td>
</tr>
<tr>
<td>Communicating with clients where language a barrier</td>
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<tr>
<td>More training and information</td>
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<tr>
<td>More access to interpreters</td>
</tr>
<tr>
<td>More education and training of staff on cultures and nationalities</td>
</tr>
<tr>
<td>More visual information to help people access health system and more support staff to help them understand the system</td>
</tr>
<tr>
<td>Specific cultural workers such as key workers to liaise with health/disability providers and link in with clients</td>
</tr>
<tr>
<td>Easy access to translation services for clients</td>
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<td>Easy access for materials to be translated into different languages</td>
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<td>Service Provider</td>
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<td>Community Nursing, Co Clinic, Letterkenny, Co Donegal</td>
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<tr>
<td>Community Services, HSE, Markieviz House, Sligo</td>
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<tr>
<td>Health Screening Service, Buncrana Health Centre, Buncrana, Co Donegal</td>
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<tr>
<td>Primary Care Centre, Sligo</td>
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<tr>
<td>Public Health Nursing Department, Markieviz House HSE, Sligo</td>
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<tr>
<td>Social Work Department, Markieviz House HSE, Sligo</td>
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<tr>
<td>Sligo Family Resource Centre, Sligo</td>
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| Community OT Service, HSE, Castlecourt House, Roscommon | Easy, timely and appropriate access to services             | Education and training to HSE employees | - Availability of information on cultural and religious difference  
- Specialised accommodation sensitivity toward those with disability  
- More team working/collaboration |
| Child Psychiatry, HSE, River House, Ennis, Co Clare | Staff cultural understanding                                 | Translation services             | - Easy access to translation services  
- Easy access to advice |
| Social Work/Fostering Service, HSE, River House, Ennis, Co Clare | Translation service                                         | Job-specific training in relation to different cultural groups | - Translators  
- Written materials (leaflets, posters, application forms etc) to be translated into different languages  
- More staff specifically trained in different cultural backgrounds as contact person. |
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<td><strong>Children</strong>&lt;br&gt;Asylum Seekers Service, HSE, River House, Ennis, Co Clare</td>
<td>- Lack of training and awareness at all levels HSE&lt;br&gt;- Lack of translation/interpreter service within HSE properly trained staff and a protocol around confidentiality&lt;br&gt;- Lack of national procedures for reception into care and aftercare of separated children seeking asylum&lt;br&gt;- Inappropriateness of direct provision accommodation for families in the long term – more than one year</td>
<td>Need for intercultural awareness – not a specialist concern&lt;br&gt;Need to be able to provide services not only from a Western perspective&lt;br&gt;Mental health services will be challenged even further unless specialist staff with broad experience are recruited&lt;br&gt;- Need social work service and mental health service to back up the existing services re direct provision</td>
</tr>
<tr>
<td><strong>Community Health Services Ballybofey, Co Donegal</strong></td>
<td>- Provision of good translation service&lt;br&gt;- Education in the use of translation service and explanation of legal responsibility e.g. informed consent on part of clients</td>
<td>Staff training in culture and language issues&lt;br&gt;Setting up of a health translated information database for everyone to access&lt;br&gt;Nationwide translation service, translator training in correct behaviour and procedures&lt;br&gt;- Great difficulty arises with asylum seekers with mental health issues, being moved by RIA, Dept Justice without any liaison with HSE. Many of those clients become homeless</td>
</tr>
<tr>
<td><strong>Family Support Services, HSE, West City Centre, Galway</strong></td>
<td>- Language support for non-nationals&lt;br&gt;- Stigmatisation&lt;br&gt;- Lack of respect for other cultures&lt;br&gt;- Lack of celebration of positives and cultural differences</td>
<td>Awareness raising and training for staff&lt;br&gt;Acceptance that it takes longer and costs more to do this work&lt;br&gt;Include the communities themselves in developing leaflets, promoting services etc&lt;br&gt;- Funding to expand the remit of the SPARK project&lt;br&gt;- Families should be treated the same regardless where they come from&lt;br&gt;- PHN, SW and family support services should be improved</td>
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<td><strong>Public Health Services, County Clinic, Letterkenny, Co Donegal</strong></td>
<td>- Difficulty in accessing GPs, especially for nomadic Travellers&lt;br&gt;- Difficulty in receiving notices of health appointments due to postal problems and poor literacy skills</td>
<td>Support/promote work of community health workers from the Traveller community&lt;br&gt;More training in Traveller culture for health personnel&lt;br&gt;Interagency approach, health, education, Garda, housing authorities, Traveller organisations to tackle problems at community level between settled and Traveller communities&lt;br&gt;Need for administrative and I.T. support for all designated PHNs for Traveller health</td>
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<td><strong>Health Screening Services, HSE, Galway</strong></td>
<td>- Accessing GP Services&lt;br&gt;- Hepatitis B follow up</td>
<td>All forms should indicate whether a translator is necessary or not&lt;br&gt;All forms etc should have a current mobile phone number&lt;br&gt;Budget allocated to PHN/social worker for emergency child protection when clear that intervention is needed to help parent to cope&lt;br&gt;- Text reminders for appointments&lt;br&gt;- Improved access to adult counselling&lt;br&gt;- Better information from CWO re medical card applications, doctor only medical card etc</td>
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<td>Community Services, West City Centre, Galway City</td>
<td>Health Screening Services, Castlebar, Co Mayo</td>
<td>Public Health Services, The Annex, West City Centre, Galway City</td>
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<td>- Fragmentation of service. No notice of people’s arrival or departure from Galway area</td>
<td>- Lack of interpreter services in HSE</td>
<td>- Lack of multidisciplinary approach to care of this group</td>
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<td>- Various new policies</td>
<td>- Access to interpreters</td>
<td>- Lack of consultation with AS/R groups re their health care needs</td>
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<td>- Language barrier when seeking out a GP</td>
<td>- Staff education awareness of their position legally</td>
<td>- A more holistic approach needed, focus groups to hear people's needs</td>
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<td>- Screening ad hoc and fragmented follow up</td>
<td>- Dietary requirements are not being met in direct provision centres</td>
<td>- Need for regular circulation lists of dispersed persons from RIA. HSE should make direct contact with RIA to manage an asylum seeker programme</td>
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<td>Designated teams with standardised approach to enable policies/standards to be drawn up</td>
<td>Interpreter services</td>
<td>A comprehensive health needs assessment for all new and existing asylum seekers</td>
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<td>Liaison between acute/hospital services and community personnel, currently ad hoc and fragmented</td>
<td>HP material in languages as required</td>
<td>Services should be integrated with the general population as much as possible and thereby link in with other services</td>
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<td>Communication/translation service and information pack for new arrivals on primary health care</td>
<td>Training of staff on intercultural care</td>
<td>HSE and NGO service providers need to have a comprehensive and co-ordinated approach to care</td>
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<td>- Education currently non existent or ad hoc</td>
<td>- Proper data bases</td>
<td>- Development of a national health specific interpretation service</td>
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<td>- Regional/national groups to standardise approach</td>
<td>- Information and technology developments to facilitate these data bases</td>
<td>- Support and training for HSE staff in relation to culture, myths, practices, immunisation/vaccination, torture, abuse, racism</td>
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<tr>
<td>- Supports for staff as area of service provision is multi problematic and distressing and stressful</td>
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<td>- Development of ethnic identifiers</td>
</tr>
<tr>
<td></td>
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<td>- All HSE staff working in this area to have external supervision and reflective practice diaries which will not only enhance care but will care for the carer</td>
</tr>
<tr>
<td>Organisation</td>
<td>Issues</td>
<td>Consultation</td>
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</tr>
</tbody>
</table>
| Asylum Seeker/Refugee Committee, Primary Care Department, HSE West, Galway | - Ethnic minority participation in decision making  
- Supports for GPs and health care professionals  
- Need to address fact that, despite higher prevalence of psychological distress in this group, Irish GPs cannot refer directly to public psychological services and so they are referred to psychiatric services, sometimes inappropriately | Consultation with ethnic minority groups | Assessing how research feeds into service development and policy changes | Evaluations of service developments and service delivery | - Training in cross-cultural care delivery  
- Intercultural exchange  
- Research funding |
| Community Welfare Service, West City Centre, Galway | - Providing ongoing and up-to-date contact with our service regarding their movements, current address, employment and education | | | | |
| Nowdoc, GP Out-of-Hours Service, NW area | - Language barrier  
- Poor cultural awareness  
- Patients not registered with GPs, follow up proves difficult  
- Dental problems  
- No out-of-hours social work service  
- Inappropriate use GP OOH services | Ensure patients understand how health service works | An improved interpreter service | Support groups | - Staff training re multicultural issues  
- Telephone conferencing i.e. patient/nurse/interpreter service |
| Department of General Practice, NUI Galway, Galway | - Language support and interpretation services  
- Provision of services, trained interpreters  
- Attention to complexity of needs around support in consultations | Consultation with ethnic minorities | Support for service providers | Research /service evaluations | |
| Leitrim Lifestart | - Language barriers  
- Muslim culture, men have control over the phone and make decisions about whether or not organisation gain access to the home | | | | |
| Irish Family Planning Association | - Linguistic and geographic barriers to groups accessing services  
- Lack of culture of preventative health services in some cultures  
- Gaps in knowledge in medical profession  
- Problems faced by women in direct provision accessing services | Specific education programmes aimed at community leaders to improve access to sexual and reproductive services | Capacity building for service providers in relation to cultural issues | Improved access to interpretation services  
- Intercultural Strategy needs to incorporate provision for a specific strategy on reproductive and sexual health  
- IFP A needs a dedicated outreach service  
- Access to interpreters  
- Resources for additional information materials in different languages  
- FGM coalition needs core funding to support primary care workers |
|----|----|----|----|
| Irish Nurses Organisation | - Staffing levels and retention of staff can impact on the delivery of a quality service  
- International staff experience difficulties because of inadequate induction / cultural awareness training on arrival  
- International staff have a less favourable legal position than Irish colleagues; forthcoming Employment Permits legislation could disadvantage international nurses because they will be bonded to their employer for one year  
- Many international staff work below their skill levels, particularly in the private sector where there are less favourable terms and conditions of employment  
- Good quality interpretation and translation services are not always available, which can result in misdiagnosis and misunderstandings | Appropriate diversity training and training in intercultural / inter-faith awareness; this should include a focus on Traveller health issues | Effective orientation and induction of international staff to ensure they are familiar with the Irish health care system and interculturalism; international staff should not be disadvantaged in their terms and conditions of employment because of a less favourable legal status | Ensure that staffing levels and resources are in place to provide a good quality intercultural service  
- Resources to ensure that staff have access to training, cultural awareness and interpretation facilities  
- Mechanisms to ensure that international staff are not disadvantaged and that their skills and qualifications are recognised  
- Traveller health issues need to be a high priority  
- Guidelines on inter-faith issues  
- Consultations with the INO regarding ongoing developments in this area |
<p>| Community Foundation of Ireland | - Lack of appropriate material about health services and entitlements | Culturally appropriate health services – training for staff | Relevant health information in different languages | Information days and consultation days on health issues with minority ethnic-led organisations |</p>
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Issues</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vincentian Refugee Centre, Dublin</td>
<td>Language difficulties in relation to health issues and understanding rent issues and linking to CWOs in health centres, Lack of knowledge of home management, which causes stress and health-related problems, Clients are unfamiliar with the HSE and how it works</td>
<td>A user-friendly and culturally sensitive service, Preventative health work in the community, Empower and involve ethnic groups</td>
</tr>
<tr>
<td>Open Heart House, Dublin</td>
<td>Problems in understanding and knowing how to access services, Need for a campaign to raise awareness</td>
<td>Assess the needs of minority ethnic people through focus groups, Culturally and linguistically appropriate services and facilities</td>
</tr>
<tr>
<td>Ballyshannon /Dundoran NYP (Foroige)</td>
<td></td>
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</tr>
<tr>
<td>Mayo Traveller Support Group, Castlebar</td>
<td>Service provision: work left on the whole to Traveller organisations rather than HSE, Projects should be piloted by Traveller organisations and then rolled out if successful by HSE</td>
<td>Ethnic identifier, Anti-racist training, Interagency working</td>
</tr>
<tr>
<td>Ennis CDP Ltd</td>
<td>Low attendance at GPs surgeries, Fears of accessing hospitals and GPs, Homelessness resulting in mental health issues, Inadequate housing and lack of flexibility for Travellers regarding accommodation</td>
<td>Language and awareness of cultural issues, Sensitivity around cultural differences and understanding of equality, Emphasis on primary health care and effective delivery</td>
</tr>
<tr>
<td>Community Foundation for Ireland</td>
<td></td>
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</tr>
<tr>
<td>Wicklow Child and Family Project</td>
<td>Lack of literature in different languages, Appropriate provision of interpreters</td>
<td>Make services more accessible to all groups, Health promotion literature in different languages</td>
</tr>
<tr>
<td>Sligo County Childcare Committee, Sligo</td>
<td></td>
<td>Commitment to development of this service, Multi annual funding, Provision of further supports</td>
</tr>
<tr>
<td>Location</td>
<td>Challenges</td>
<td>Solutions</td>
</tr>
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</tr>
</tbody>
</table>
| Donegal County Childcare Committee | - Interpretation services  
- Poor coordination of services | Cultural sensitivity training  
Appropriate interpreters available as required  
A welcome pack for new families with appropriate health care information  
Development of support for children and families, including parent and toddler groups |
| Clarecare Primary Health Care Programme for Travellers | - Understanding of Traveller culture and to ensure that service provision is accessible to all, through equality of access, participation and outcome | Anti-racism training for all staff  
Understanding cultural diversity and cultural awareness  
Accessible information for all |
| Outhouse, Dublin                 | - Lack of targeted services for ethnic minorities  
- Lack of translated materials | Targeted provision of outreach services  
Information in different languages  
Health promotion initiatives carried out with peers |
| Southern Gay Men's Health Project, Cork | - Information in relevant languages  
- Training and awareness  
- Need for staff to be skilled up | Visibility  
User-friendly services, literature, posters, interpretation services  
Promotion of services in centres where diverse cultures and ethnic groups meet |
| Bradog Regional Youth Service, Macro Community Resource Centre, Dublin 7 | Lack of knowledge about services available to newcomers | Bilingual aids  
Public awareness  
Expedient services for all that access services  
- Short awareness videos using local young people to promote health issues |
| Sligo-Leitrim Home Youth Liaison Service | - Language barriers  
- Cultural differences when relating to HSE staff | Coordination between departments  
Utilise local community groups  
Share ideas  
- Continued financial support  
- Build coordination between HSE and youth service |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Issues</th>
<th>Solutions</th>
</tr>
</thead>
</table>
| Callan Community Network, Callan, Co Kilkenny   | - Little or no consultation with ethnic minority groups in areas such as fostering and child welfare  
- Lack of training and support for front-line service providers | Non-discrimination and diversity sensitive service provision  
Practice based cultural competence  
Consultation of groups to inform policies | - Development of diversity specialists and provision of diversity-proofed and inclusive programmes |
| Clondalkin Partnership                           | - Language barriers  
- Racism and discrimination  
- Lack of consideration by some GPs and health centres  
- Lack of understanding and respect for different cultural beliefs  
- Inequality in service provision | Anti-racism and cultural diversity training  
Translation and interpretation services  
Consideration and allowance for people's cultural beliefs and practices | - Help and support in advocacy, awareness and training in areas such as Sickle Cell and Thalassaemic diseases, HIV, sex education for young adults and family planning  
- Support in raising sensitive issues around childbirth and circumcision |
| Clondalkin Travellers Development Group          | - Health clinic in Ballyfermot is no longer operational  
- More female nurses and GPs in local area | More knowledge and understanding of Travellers' health needs  
Continued support for PHC programme and understanding the role played | Training for GPs  
- Continued funding and support for PHCPs |
| Cope Waterside House Domestic Violence Refuge, Galway | - Lack of translation service  
- Anti-racism policies and procedures  
- Structures to facilitate consultation on needs of specific groups  
- Ongoing training for staff on cultural diversity | CWOs should be allowed discretion under the Habitual Residency Condition regarding women from accession countries  
In the context of domestic violence, the HSE should provide supervised access | HSE and Department of Education should provide transport costs for children in refuges attending school |
| The Sexual Health Centre, Cork                  | - Integration of services between the HSE and other government services and NGOs  
- Problems faced by asylum seekers with HIV include isolation, depression, lack of control over their lives | Access to information about services, overcoming linguistic barriers and providing sensitive services with time to talk  
Health and social inequalities | One size does not fit all  
- Greater acknowledgement of the role of NGOs in health service delivery  
- Need for real consultation and partnership |
| The Loft Lk Youth Project, Letterkenny, Co Donegal | - Waiting times for services, including child and family mental health, education assessments, speech therapy and specialised services | Consultation with young people about best-practice models | Invest money into community sector projects | Provide education around emerging new cultures, practices and traditions in the workplace | - Education for young people on how to access health services - GP service within the youth project - Trained psychologists and counsellors in the project - In-service training on other cultures, languages and traditions |
|--------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|
| Women’s Aid                                      | - Women from minority ethnic communities may be more vulnerable to domestic violence; racist attitudes and beliefs can be perpetuated by professionals; women who do not speak English and Traveller women experience specific barriers in accessing domestic violence services | Interpretation service | Specific initiatives to address the exclusion of Traveller women | Anti-racism training needs to be provided for health care providers | - Improved communications between health care providers and domestic violence services - Training for staff - Provide mobile health clinics for Traveller women - Posters and leaflets in relevant languages |
APPENDIX 5: Summary of the main priorities identified at the regional workshops in Galway, Sligo, Cork, Dublin, Dundalk and Limerick.

1. Galway consultation: priorities identified for the Intercultural Strategy

<table>
<thead>
<tr>
<th>Service users / community and voluntary organisations</th>
<th>HSE staff and service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 1</strong></td>
<td><strong>Group 1</strong></td>
</tr>
<tr>
<td>• Improve access to services and put in place a system for advocates and extend the Primary Health Care Project to help to break down barriers and build confidence</td>
<td>• Put in place multidisciplinary committees for intercultural health services / and intersectoral working</td>
</tr>
<tr>
<td>• Enhance access to information about services and entitlements</td>
<td>• Develop mentoring programmes (big brother / big sister example)</td>
</tr>
<tr>
<td>• Training and awareness of staff in partnership with minority ethnic communities</td>
<td>• Put in place after care for “aged out minors” (unaccompanied minors who leave the care system after the age of 18 years)</td>
</tr>
<tr>
<td><strong>Group 2</strong></td>
<td><strong>Group 2</strong></td>
</tr>
<tr>
<td>• Address the stress, depression and alcoholism associated with living in direct provision</td>
<td>• Communications and information in appropriate formats</td>
</tr>
<tr>
<td>• Address employment barriers for Travellers, particularly for young Travellers who have identified discrimination and stigma as major barriers</td>
<td>• Adopt a social model of health based on social inclusion</td>
</tr>
<tr>
<td>• Improve Travellers’ access to and incentives to take education and training</td>
<td>• Develop the culture of the organisation through training and other learning</td>
</tr>
<tr>
<td><strong>Group 3</strong></td>
<td><strong>Group 3</strong></td>
</tr>
<tr>
<td>• Continue to support community organisations and empower people to be advocates</td>
<td>• Equality-proofing HSE services</td>
</tr>
<tr>
<td>• Education and training, training the trainers approaches in partnership with Traveller and minority ethnic organisations</td>
<td>• Training for staff in key professional areas such as nurse practice training, GP training and ongoing training</td>
</tr>
<tr>
<td>• Community development approach</td>
<td>• Use learning from other countries and other models – learn from what has already been successfully carried out</td>
</tr>
<tr>
<td><strong>Group 4</strong></td>
<td><strong>Group 4</strong></td>
</tr>
<tr>
<td>• Address language barriers</td>
<td>• Training in cultural awareness</td>
</tr>
<tr>
<td>• Train and build capacity and knowledge of staff (in partnership with community organisations)</td>
<td>• Interpretation and communications that is professional and standardised</td>
</tr>
<tr>
<td>• Community development and community participation</td>
<td>• Continue with the models that work e.g. Traveller health units; primary health care projects</td>
</tr>
<tr>
<td></td>
<td>• Develop a resource base: employment of people from minority ethnic communities</td>
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</tbody>
</table>
2. Sligo consultation: priorities identified for the Intercultural Strategy

<table>
<thead>
<tr>
<th>Service users / community and voluntary organisations</th>
<th>HSE staff and service providers</th>
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</thead>
<tbody>
<tr>
<td><strong>Group 1</strong></td>
<td><strong>Group 1</strong></td>
</tr>
<tr>
<td>• Improve access for Travellers by using the telephone when there is a hospital appointment or a follow-up appointment. This helps avoid literacy problems, problems with post arriving, non-delivery to halting sites etc</td>
<td>• Make information accessible for all e.g. through Traveller and intercultural-proofing</td>
</tr>
<tr>
<td>• Provide more accessible information about rights and entitlements</td>
<td>• More data and analysis of the problems faced by minority ethnic groups to build the knowledge base</td>
</tr>
<tr>
<td>• Employ people from minority communities as paid workers and as volunteers; examine the model of the PHCPs for other minority groups</td>
<td>• Introduce a liaison person/ link worker/ cultural mediator</td>
</tr>
<tr>
<td>• Make information accessible for all e.g. through Traveller and intercultural-proofing</td>
<td>• Use skills and experience of minority ethnic groups</td>
</tr>
<tr>
<td><strong>Group 2</strong></td>
<td><strong>Group 2</strong></td>
</tr>
<tr>
<td>• Access to good quality interpretation services</td>
<td>• Introduce cultural competency projects in each LHO area / training of front-line staff</td>
</tr>
<tr>
<td>• Improve access to information in relevant languages and literacy-proofed</td>
<td>• Improve communications and information, standard procedures for interpretation e.g. ethnics and confidentiality</td>
</tr>
<tr>
<td>• Deal with the health problems associated with direct provision and improve access to services for asylum seekers</td>
<td>• Develop a mainstreaming model and access to mental health services</td>
</tr>
<tr>
<td>• Introduce cultural competency projects in each LHO area / training of front-line staff</td>
<td>• Build knowledge of staff through an accessible intercultural website with updated information; staff handbooks on how to work in intercultural practices / reference book</td>
</tr>
<tr>
<td><strong>Group 3</strong></td>
<td><strong>Group 3</strong></td>
</tr>
<tr>
<td>• Traveller- and equality-proof all services and ensure that this includes the monitoring of services and participation of minority ethnic groups</td>
<td>• Introduce ethnic minority advocacy workers working in the community to identify needs</td>
</tr>
<tr>
<td>• Improve access to information and interpretation</td>
<td>• Equality-proofing is necessary for integration</td>
</tr>
<tr>
<td>• Community development should be supported</td>
<td>• Capacity building for staff and for community groups</td>
</tr>
<tr>
<td>• Raise awareness of staff working in the HSE through training and capacity building</td>
<td>• Data and ethnic monitoring</td>
</tr>
<tr>
<td><strong>Group 4</strong></td>
<td><strong>Group 4</strong></td>
</tr>
<tr>
<td>• Communications and information</td>
<td>• Strategies for positive action to recruit from ethnic minority communities and involvement in strategic planning and identification of service needs e.g. in service plans</td>
</tr>
<tr>
<td>• Training for front-line staff, GPs, nurses and other health professionals should include anti-racism and increased knowledge and awareness</td>
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</table>
3. Cork consultations: priorities identified for the Intercultural Strategy

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<thead>
<tr>
<th>Service users / community and voluntary organisations</th>
<th>HSE staff and service providers</th>
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<tbody>
<tr>
<td><strong>Group 1</strong></td>
<td><strong>Group 1</strong></td>
</tr>
<tr>
<td>• A public service that is accessible to all (this means providing good quality translation, accessible information, appropriate training and cultural awareness)</td>
<td>• Communications and information about needs / liaison person for language and culture</td>
</tr>
<tr>
<td>• Community development and local action with a focus on outreach workers and peer-led approaches</td>
<td>• Effective training at all levels in all disciplines</td>
</tr>
<tr>
<td>• Inclusive services that overcome the possible implications of segregation that arises from a perceived threat of infectious diseases from childhood e.g. in preschool crèche to adult, which can lead to segregation and racism</td>
<td>• Minority ethnic children's needs should be prioritised: early intervention, preschool services, early primary education, maternity services</td>
</tr>
<tr>
<td><strong>Group 2</strong></td>
<td><strong>Group 2</strong></td>
</tr>
<tr>
<td>• Intercultural training for all staff</td>
<td>• Awareness of staff through training and other learning</td>
</tr>
<tr>
<td>• User partnerships and participation: listen to Traveller voices</td>
<td>• Services should be open and accessible to the whole community</td>
</tr>
<tr>
<td>• Continue to fund and extend the primary health care projects for Travellers</td>
<td>• Intersectoral work needs to be prioritised so that there is a wider focus on the social determinants of health (to include education, local authority, housing etc)</td>
</tr>
<tr>
<td><strong>Group 3</strong></td>
<td><strong>Group 3</strong></td>
</tr>
<tr>
<td>• Enhance the role of community development and resources for community groups</td>
<td>• Link the development of the primary care strategy to the provision of culturally appropriate and accessible services for minority ethnic groups</td>
</tr>
<tr>
<td>• Include minority ethnic groups in the design and delivery of services</td>
<td>• Enhance the role and profile of community development approaches and build bridges with local groups</td>
</tr>
<tr>
<td>• Make training of staff a priority</td>
<td>• Continue to resource and expand the ethnic minority health forum in Cork</td>
</tr>
<tr>
<td><strong>Group 4</strong></td>
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<tr>
<td>• Improve information and communications and be proactive to ensure that information reaches those who are do not access it</td>
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<tr>
<td>• Work in partnership with ethnic minority communities to hold health information days</td>
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<tr>
<td>• Develop intercultural working practices through information and exchanges of knowledge between HSE and minority ethnic groups</td>
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</tbody>
</table>
4. Dublin consultation: priorities identified for the Intercultural Strategy

<table>
<thead>
<tr>
<th>Service users / community and voluntary organisations (morning session)</th>
<th>HSE staff and service providers</th>
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</thead>
<tbody>
<tr>
<td><strong>Group 1</strong></td>
<td><strong>Group 1</strong></td>
</tr>
<tr>
<td>• Person-centred approach/ user-friendly services;</td>
<td>• Professional translation and interpretation and improved communications</td>
</tr>
<tr>
<td>• Intercultural competence/ training of staff</td>
<td>• Improved and accessible information about how the system works</td>
</tr>
<tr>
<td>• Interpretation services and information provision (using HIP model)</td>
<td>• Training and education of service providers</td>
</tr>
<tr>
<td></td>
<td>• Better access to services by removing barriers to accessing GP and other services</td>
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<tr>
<td><strong>Group 2</strong></td>
<td><strong>Group 2</strong></td>
</tr>
<tr>
<td>• Improved communications, including quality interpreters</td>
<td>• Education/training and awareness for staff about people’s culture and background</td>
</tr>
<tr>
<td>• Peer-led approaches and cultural mediation</td>
<td>• Information about how services operate, particularly pre-departure</td>
</tr>
<tr>
<td>• Community development approach, including outreach and proactive funding</td>
<td>• Accessible and professional interpretation services</td>
</tr>
<tr>
<td>• Wider understanding of the determinants of health (concerning reception centres)</td>
<td>• Mental health services: accessible and culturally competent</td>
</tr>
<tr>
<td><strong>Group 3</strong></td>
<td><strong>Group 3</strong></td>
</tr>
<tr>
<td>• Professional interpretation services and culturally aware staff</td>
<td>• Address needs of a more diverse workforce in the HSE</td>
</tr>
<tr>
<td>• Information in key languages; need an innovative information strategy</td>
<td>• More and improved interpretation, information and communications</td>
</tr>
<tr>
<td>• Cultural mediators who are trained, and who use a community development approach</td>
<td>• Creativity in information provision</td>
</tr>
<tr>
<td>• Create a more multicultural workforce</td>
<td>• Provide training at all levels of the organisation</td>
</tr>
<tr>
<td>• Interdepartmental networking and coordination</td>
<td>• Use model of PHCPs in Travellers for other groups</td>
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<tr>
<td></td>
<td>• Address issues such as circumcision; FGM of girls is a hidden issue</td>
</tr>
<tr>
<td><strong>Group 4</strong></td>
<td><strong>Group 4</strong></td>
</tr>
<tr>
<td>• Interpreting services (quality, availability and standardisation)</td>
<td>• Improve and make mental health services culturally relevant</td>
</tr>
<tr>
<td>• Training for health service staff in anti-racism and interculturalism</td>
<td>• Communications and information in different formats</td>
</tr>
<tr>
<td>• Improved two-way communication</td>
<td>• Community development and peer-led programmes</td>
</tr>
<tr>
<td>• Community development and community participation</td>
<td>• Wider understanding of determinants of health</td>
</tr>
</tbody>
</table>
5. Dundalk consultation: priorities identified for the Intercultural Strategy

<table>
<thead>
<tr>
<th>Service users / community and voluntary organisations</th>
<th>HSE staff and service providers</th>
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<tbody>
<tr>
<td><strong>Group 1</strong></td>
<td><strong>Group 1</strong></td>
</tr>
<tr>
<td>• Place health in the wider social, cultural,</td>
<td>• Training of staff: intercultural knowledge and capacity and specialised training for specific dedicated staff</td>
</tr>
<tr>
<td>environmental and economic context so that there</td>
<td>• Senior management involvement and commitment</td>
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<tr>
<td>is a better understanding of what influences health</td>
<td>• Improve access to information and communications (including interpretation)</td>
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<tr>
<td>status and health outcomes</td>
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<tr>
<td>• Education and training of all staff and medical</td>
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<td>professionals</td>
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<tr>
<td>• Integration issues (support in integration into</td>
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<tr>
<td>work, school, employment etc)</td>
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<tr>
<td>• Services need to be more culturally appropriate</td>
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<tr>
<td><strong>Group 2</strong></td>
<td><strong>Group 2</strong></td>
</tr>
<tr>
<td>• Consultations with people from minority ethnic</td>
<td>• Staff training and awareness</td>
</tr>
<tr>
<td>communities need to be meaningful, with follow up,</td>
<td>• Communications and interpretation, alongside supports to learning English as an important element of integration</td>
</tr>
<tr>
<td>outcomes and monitoring. This should be carried</td>
<td>• Provision of information using different models of information provision</td>
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<tr>
<td>out through a partnership approach</td>
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<tr>
<td>• Improve access to culturally appropriate</td>
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<tr>
<td>information and communications</td>
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<tr>
<td>• Improve mainstream services so that they</td>
<td></td>
</tr>
<tr>
<td>are accessible to all minority ethnic communities</td>
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</tr>
<tr>
<td><strong>Group 3</strong></td>
<td><strong>Group 3</strong></td>
</tr>
<tr>
<td>• Take into account the determinants of health as a</td>
<td>• Invest resources and time in developing culturally appropriate services</td>
</tr>
<tr>
<td>central element of the strategy</td>
<td>• Training of staff at all levels and to take account of cultural norms</td>
</tr>
<tr>
<td>• Training and awareness in Traveller culture and</td>
<td>• Provide staff with the tools and knowledge to do their jobs, including translation</td>
</tr>
<tr>
<td>the cultures of other minority ethnic groups for</td>
<td>• Mainstreaming through PCCC, social inclusion and the roll out of the primary care strategy through multidisciplinary teams in each LHO area</td>
</tr>
<tr>
<td>all staff</td>
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<tr>
<td>• Support integration into society through</td>
<td></td>
</tr>
<tr>
<td>employment, training etc</td>
<td></td>
</tr>
<tr>
<td>• Accessible information and communications</td>
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</tbody>
</table>
6. Limerick consultation: priorities identified for the Intercultural Strategy

<table>
<thead>
<tr>
<th>Service users / community and voluntary organisations</th>
<th>HSE staff and service providers</th>
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<tbody>
<tr>
<td><strong>Group 1</strong></td>
<td><strong>Group 1</strong></td>
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<tr>
<td>• Training and cultural awareness for staff</td>
<td>• Provide more intercultural support and training to HSE staff</td>
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<tr>
<td>• Accessible information: standardised and also through HIP and peer-led projects</td>
<td>• Improve language and communication</td>
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<tr>
<td>• Access to language classes for migrants and orientation on arrival</td>
<td>• Address equality legislation issues</td>
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<tr>
<td>• Minority ethnic people should be trained for jobs in the HSE: positive action</td>
<td>• Tackle personal prejudice</td>
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<td>• Interpretation service</td>
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<td>• Outreach into local communities</td>
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<tr>
<td><strong>Group 2</strong></td>
<td><strong>Group 2</strong></td>
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<tr>
<td>• Training, interpretation and information (leaflets and work with community groups on anti-racism)</td>
<td>• Communication and language services</td>
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<tr>
<td>• Community advocacy; reduces gap between service providers and users, and balanced representation of all minority ethnic groups (equality of access, participation and outcome)</td>
<td>• HSE to encourage integration / active recruitment for people from ethnic minority communities</td>
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<tr>
<td>• Enhance resources</td>
<td>• Needs assessment, in partnership with minority ethnic communities</td>
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<td><strong>Group 3</strong></td>
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<tr>
<td>• Needs assessment, with involvement of locally based community groups</td>
<td>• Change attitudes through education and information: “Attitudes can only be changed by educating and informing people”</td>
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<tr>
<td>• Training and information, locally based and peer led</td>
<td>• Use embassies as source of information</td>
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<td>• GP services: appointments, language, time problems, problems in accessing the service</td>
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<td><strong>Group 4</strong></td>
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<tr>
<td>• Staff training (orientation, language, standards of practice, ethos, cultural diversity, integration-proofing, linked to gender-proofing, how people can understand the system)</td>
<td>• Translation services</td>
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<tr>
<td>• Community role; peer-led and community-based resources</td>
<td>• Health information in accessible ways</td>
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<tr>
<td>• Language</td>
<td>• Links with ethnic minority communities</td>
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<td><strong>Group 5</strong></td>
<td><strong>Group 5</strong></td>
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<tr>
<td>• Interpretation and support workers</td>
<td>• Interpretation and support workers</td>
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<tr>
<td>• Information provision</td>
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<tr>
<td>• Person-centred services</td>
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