

HOW Did It Come About?

The Intercultural Health Strategy arose from a commitment in the Irish government's National Action Plan Against Racism which was published in 2005.



Were Ethnic Minorities Consulted?

The information in the Intercultural Health Strategy was put together from meetings, discussions, workshops and focus groups held with ethnic minority groups, individuals, and organisations that work with asylum seekers, like the Immigrant Council of Ireland, Access Ireland, Spirasi and with the health service workers themselves. A separate focus group was held with Muslim Women in the Islamic Centre. All of these events were widely advertised around the country through HSE networks and the media, such as newspapers. Organisations and individuals were invited to take part in it and make their views known. The invitation was circulated in many languages - in English, Chinese, Arabic, Polish, Russian, French and Spanish. Meetings were held in Dublin, Dundalk, Galway, Sligo and Cork. Submissions were written and sent in by various NGOs all over the country - like the Galway Refugee Support Group. Questionnaires were also used in the information gathering. The consultation groups and all the written submissions provided information on the issues and concerns raised, as well as the recommendations or solutions to the problems. A detailed report on the consultation process was published in a number of languages spoken in Ireland and is available on the HSE website.

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What Were the Key Concerns Raised From the Consultations?

There were a lot of issues and barriers raised during the consultation process. The summary of the main priorities which were drawn from both the consultation process and the written submissions were as follows:

- Lack of access to information, language and communication; this means - not knowing how to get information, where to get help and how to make an inquiry or complaint when it is needed
- Lack of a standard interpreting service.
- Lack of access to services - this includes not knowing how and where to see a dentist, gynaecologist, social worker or even how to change from one GP to another.
- Service delivery - this means the health services not having proper understanding and support for the new migrant communities to meet their cultural/religious needs. For instance, in some cultures/religions, male babies have to be circumcised and in other cultures women cannot be seen by a male doctor.
- Changing the organisation - this means increasing the number of ethnic minority staff members employed in the general health services and reflecting the diversity in the population.
- Working in partnership with ethnic minority communities involves supporting ethnic community groups to be equally represented in planning, decision making and the actual carrying out of work that is health related.

WHAT Are The Main Recommendations?

Summary of the recommendations raised from various groups in the consultation process include:

- Improving access to information; this includes translating information into various languages.
- Providing training for professional community interpreters and translation services, so that it becomes easy to get well trained interpreters and translators.
- Equal access to GP services, child and family services, hospital and community based services, mental health and other front-line services; this means receiving equal treatment and attention without discrimination when using any health related service.
- HSE to work with other departments in the best interest of the service users on issues around poverty, direct provision weekly allowance of €19.10 and educational needs of service users
- The HSE to work together with other departments like Education, Training, Employment, Housing, and Social Welfare.
- More ethnic minority staff to be employed to reflect a multicultural society.
- Intercultural awareness training to be put in place for all staff to create a better understanding of the diversity of service users.
- An Ethnic Identifier to be developed and used in the development of policies and services for the community.

In delivering services to the minority ethnic groups, the HSE will take into consideration cultural issues in the following areas:

- Women's health
- Mental Health
- Children
- Ageing and Ethnicity
- Disability
- Sexual Health
- Addiction and Alcohol
- Health screening

Promoting culturally responsive services can be achieved in the following ways:

- **Primary Care:** this is usually the first point of call for all service users such as Community Welfare Offices, GPs and Public Health Nurses.
- **Community Participation and Development;** means when members of the community come together and are involved in working with the health service staff in making decisions, and taking actions on issues that affect their health. .
- **Cultural Mediation;** due to cultural barriers that exist in using various health services, cultural mediation is a way by which the HSE and the various ethnic minority groups can engage with one another to exchange information that is geared towards a better understanding of each other; the HSE here tries to understand different cultural expectations particularly related to health, and on the other hand the ethnic minority is given relevant health information from the HSE. The mediator is the middle person who works with both parties.

Submission by the Galway Refugee Support Group

GRSGs submission was based on a review of documentation, of good practice and a special focus group by asylum seekers that discussed the four main questions posed by the HSE in its call for submissions. The experience of people living in direct provision was typified in the marginalisation of asylum seekers who are unable to work and are forced into dependency and the absence of integrated 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 centres; lack of independent monitoring of direct provision facilities; no outlet for residents complaints; negative effect on children's health and wellbeing; the absence of hand held medical cards; and a lack of consistency over travel expenses to medical facilities. Other factors raised about the adverse impact on health and wellbeing of poverty, racism and discrimination, and the prohibition on the right to work and carry out education and training.

HOW WILL the Recommendations Be Implemented?

The Implementation will be governed by the principles of Equality, Fairness, Interculturalism, Inclusion and Partnership with various ethnic and community groups.

The recommendations in the strategy will be implemented through a joined- up approach, that is the health service working together with other Departments within the health sector and beyond such as Education, Employment etc.

NEW DEVELOPMENTS Since the Strategic Plan

- Some health information has been translated into different languages
- Work has also commenced around improving the current interpreting system with a view to developing a reliable one that works well for all people.
- An Ethnic Identifier field is already included in the data set (information book) of some hospitals like the Rotunda and Temple Street Children's Hospital. This also includes staff support and training which is essential.
- Some hospitals and local health organizations were funded to undertake a range of intercultural health programmes in 2007. It is acknowledged as best practice and is being promoted by the HSE.

Setting up staff ethnic minority health forums; this is a common ground where ethnic minorities and certain staff members of the HSE meet to discuss and understand cultural issues and practice that impact on health and how to reach best ways of working.

- Providing Training and support for staff.
- Identifying local health information that requires improving.
- The Migrant Friendly Hospital Initiative is currently ongoing in some hospitals.

A resource file to help service users and support staff to improve communication is in development and will go into circulation soon. It is a compilation from migrant friendly hospitals and includes examples of good practice.

FACTS

International studies have shown the importance of positive interactions between patients and their GPs.

Mutual respect, equal recognition of knowledge, willingness to interact and openness to change have been shown to be key components of intercultural health practice.

Community Participation in health services has been acknowledged as a key component in improving the health status of individuals and communities since the Alma Ata Declaration by the World Health Organisation in 1978.