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# National Intercultural Health Strategy 2007 - 2012

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## Update September 2009



National Intercultural Health Strategy  
2007 – 2012



# Introduction

This is the third newsletter produced as a means of ensuring all people interested in finding out more about the HSE National Intercultural Health Strategy (NIHS) are kept informed around progress made in implementing its recommendations. We hope you find it interesting and useful!

We had originally planned to compile a newsletter on a quarterly basis; however, it is probably more practical to do this less frequently – from now on, there will be a newsletter twice yearly.

The NIHS has a life span of 5 years and recommendations are thus being implemented on a phased, prioritised basis. The National Social Inclusion Unit of the HSE leads, coordinates and supports implementation of the NIHS, working in partnership with colleagues in other areas of the HSE, as well as with a range of agencies in the voluntary and statutory sectors.

Despite current pressures, since the launch of the strategy in February 2008 implementation has continued on the 3 main themes in the NIHS – Access to services; Data, Information & Research; Staff Learning, Training & Support. This issue mainly reports on actions with regard to Enhancing Access to Services with a focus on the Development and Launch of the Emergency Multilingual Aid.

The Newsletter is distributed to a wide range of stakeholders including our own expanding database of individuals and agencies working the area of Intercultural health. The National Advisory Body also has a remit to forward the update to members of their own constituencies. Even so, we are aware that there may be some who are not on these mailing lists, so please circulate this to anyone you think may have an interest in its contents.

In line with the inclusive, collaborative approach to development and implementation of the NIHS, we continue to welcome and value any queries and comments in relation to it. We would very much like to reflect too, those relevant projects and activities that are taking place across the country, and that are relevant to the recommendations of the NIHS. Please send us any items you think may be informative and interesting! All information and comments should be forwarded to [diane.nurse@hse.ie](mailto:diane.nurse@hse.ie) or to [socialinclusion@hse.ie](mailto:socialinclusion@hse.ie)

## Swine Flu Alert!!

Information about swine flu has been translated into French, Russian, Spanish, Polish and Chinese. This is available for download on the HSE website [www.hse.ie](http://www.hse.ie) Please notify all interested people about this resource!

# Prioritised Themes of Strategy

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## Access to Services and Service Delivery

### Interpretation services

#### Interpreting Services & General Practitioners

- The report “An Evaluation of Uptake and Experience of a Pilot Interpreting Service in General Practice in the HSE Eastern Region” was commissioned by the HSE to evaluate the take up of an interpreting service that was provided in response to an expressed need by GP’s. This project was undertaken by the Department of General Practice at NUI Galway, in partnership with the Centre for Participatory Strategies in Clonbur, Co.Galway.

**The results show that even when interpreters are available at no cost to general practices, their use of interpreters in day to day practice is very low. A range of complex issues have been identified to explain this and these relate mainly to the limited capacity of general practices, as small organisations, to incorporate interpreted consultations into their existing ways of working and, also, a lack of training among the professionals involved (general practitioners and interpreters) which would ensure that the interpreted consultation is a meaningful and productive encounter for all concerned.**



The report is now complete, with the final draft sent to all participants for their observations. Further details around conclusions, publication and circulation of the report will be available in the next newsletter update.

## Data, Information, Research

**Ethnic Identifier:** Inclusion of an Ethnic Identifier into core data sets is a key priority of the NIHS. The importance of this has been described in a previous update. Collection of information on nationality, ethnic identity and language is acknowledged to be good practice as part of ethnic equality monitoring and is essential to inform evidence based planning around health needs of groups from diverse ethnic backgrounds and cultures.

Progress around implementation of an ethnic identifier is well advanced in projects at the Rotunda and Temple Street Hospitals respectively.



|   |   |  |
|---|---|--|
| <p><b>What is an Ethnic Group ?</b></p> <p>The term "ethnic group" has a wide meaning. It is not the same as race, nationality, ancestry or place of birth.</p> <p>An ethnic group can be broadly defined as a group of people who share:</p> <ul style="list-style-type: none"> <li>• Common ancestors</li> <li>• Geographical origin</li> <li>• Language</li> <li>• Culture</li> <li>• Religion</li> </ul> <p>When you come to the hospital, we will be asking you to choose from a list about your ethnic group.</p> | <p><b>Why should I answer this question ?</b></p> <p>Information about the ethnic group of our patient is very important for us to collect. With this information we can plan and deliver the right services for all our patients.</p>  <p><b>Is this for everyone or only for people from a minority ethnic group ?</b></p> <p>No, all patients attending our hospital will be asked the same question.</p> | <p><b>Who will use this information ?</b></p> <p>The information will be used locally to improve services and will also be sent to HSE for patient profiling purposes.</p>  <p><b>Will my information be linked with my other personal information ?</b></p> <p>No, our findings will be used to improve the delivery of the health services. No personal information will be disclosed and individuals will not be identified through the process.</p> |
|---|---|--|



### **Ethnic Identifier Project Implementation:**

*“In 2008 the Rotunda Hospital and the Children University Hospital Temple St were asked by the HSE to pilot a joint project with regard to Ethnic Identifier. This project had been initiated in the ‘90’s in the Rotunda Hospital but was not a success. We found that this was due to lack of training that staff received before asking patients about their ethnicity. The front line staff had no idea why the information was being collected, what to do if some one refused to answer or what to say to patients who felt that they were not represented by any of the chosen categories.*

*We used this information while mapping out our project plan last year. Our committee met regularly, we organised training for all front line who would be expected to ask the question, we did a mail shot to all Dublin based GP surgeries to advise them that we would be asking the question and the reasons why and we enclosed in every new patients appointment information letter an additional letter and leaflet that pertained to ethnicity. We decided to role this out on a gradual basis i.e. to commence asking the question only in the Out-patient dept of each hospital and then roll it out to other areas i.e. admissions, A & E etc. We met regularly, discussed frankly any obstacles and tweaked our project plan along each step of the way as necessary.*

*We also got the leaflets translated into a number of different languages and have put all leaflets in a shared drive that can be printed out in all front line areas as the need arises. This has reduced printing costs.*

*So far this project has been a complete success. Patients have obliged in answering the question, for the most part front line staff have felt comfortable asking this question and dealing with any queries raised. The fact that this was a joint project has worked in our favour. Front line staff from both hospitals trained together thus developing good working relationships. We were able to pull on the experience of both staff groups and the different client base of each hospital and use each other as a sounding board”.*

Niamh Moore  
Deputy Patient Services Manager  
Rotunda Hospital

## Breakdown by Ethnicity for 1<sup>st</sup> Visit Appointment

**1st January 2009 to 21<sup>st</sup> September 2009**

|                        | Number of<br>Appointments | Percentage      |
|------------------------|---------------------------|-----------------|
| White Irish            | 1757                      | 46.83 %         |
| White Irish Traveller  | 52                        | 1.39 %          |
| Other White Background | 1051                      | 28.01 %         |
| BLACK IRISH            | 3                         | 0.08 %          |
| Black African          | 310                       | 8.26 %          |
| Other Black Background | 29                        | 0.77 %          |
| CHINESE                | 57                        | 1.52 %          |
| ASIAN IRISH            | 5                         | 0.13 %          |
| Mediterranean          | 1                         | 0.03 %          |
| OTHER ASIAN B/G        | 342                       | 9.12 %          |
| ROMA                   | 44                        | 1.17 %          |
| OTH/INCL MIXED         | 11                        | 0.29 %          |
| Not Known              | 51                        | 1.36 %          |
| PATIENT REFUSED        | 16                        | 0.43 %          |
| REFUSED TO ANSW        | 23                        | 0.61 %          |
|                        | <b>3752</b>               |                 |
| <b>Percent:</b>        |                           | <b>100.00 %</b> |

## Staff Resources/ Learning/ Training/ Support

### Language Identification Card

|    |  |    |   |
|----|--|----|---|
| 1  | الكلمة اللغة العربية<br>I speak Arabic             | 11 | Aš kalbu lietuviškai<br>I speak Lithuanian  |
| 2  | Ja govorim bosanski<br>I speak Bosnian             | 12 | زه به ویندو ژبه خبرې کوم.<br>I speak Pashto |
| 3  | 我讲普通话<br>I speak Mandarin<br>(Simplified Chinese)  | 13 | Mówię po polsku<br>I speak Polish           |
| 4  | 我講粵語<br>I speak Cantonese<br>(Traditional Chinese) | 14 | Falo Português<br>I speak Portuguese        |
| 5  | Mluvím česky<br>I speak Czech                      | 15 | Vorbec Româna<br>I speak Romanian           |
| 6  | Je parle français<br>I speak French                | 16 | Я говорю по-русски<br>I speak Russian       |
| 7  | Ich spreche Deutsch<br>I speak German              | 17 | Hovorim po slovensky<br>I speak Slovak      |
| 8  | Magyarul beszélek<br>I speak Hungarian             | 18 | Waxaan ku hadaa Soomaali<br>I speak Somali  |
| 9  | Labhraimse Gaelige<br>I speak Irish                | 19 | Hablo español<br>I speak Spanish            |
| 10 | Es runāju latvieki<br>I speak Latvian              | 20 | میں اردو بولتا/ بولتی ہوں۔<br>I speak Urdu  |

|  |  |
|--|--|
| 24. How bad is the pain?   | 24. Jak silny jest ten ból?              |
| <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>No Pain<br/>0<br/>Żadny ból</p> <p>Mild Pain<br/>1-2<br/>Ślaby ból</p> <p>Moderate Pain<br/>3-4<br/>Umieđredniy ból</p> <p>Moderate Pain<br/>5-6<br/>Umieđredniy ból</p> <p>Severe Pain<br/>7-8<br/>Silny ból</p> <p>Worst Pain Possible<br/>9-10<br/>Najgorszy mođliwy ból</p> |  |
| 25. Have you had any bleeding?   | 25. Czy miała/a Pan/i jakieś krwawienie? |
| Point where  | Proszę wskazać gdzie.                    |

Some information on the EMA was provided in the March edition of this newsletter. More detailed information on it's development, purpose and content is outlined below:

The EMA is a resource designed to assist frontline staff in communicating safely and effectively with patients who present in acute or emergency situations, and who are not proficient in English. Use of this aid will enable staff to make an initial assessment, while awaiting the services of an interpreter. The EMA is therefore not intended to replace the services of a professional Interpreter.

The EMA was developed as a collaborative initiative of the Health Promoting Hospitals Network and the National Social Inclusion Unit of the HSE. This project forms part of implementation of recommendations of the HSE National intercultural Health Strategy, particularly as these relate to reducing barriers to access to health services for people from diverse ethnic and cultural backgrounds. The nature and content of the EMA takes account of consultation with frontline staff and of relevant evidence based research around similar initiatives in other jurisdictions.

The resource comprises:

- **Welcome / Overview Sheet**
- **Language Identification Card**
- **“On Speaking Terms”**: A Manual providing guidance to staff on accessing and using Interpreters.
- **Twenty individual phrasebooks in those languages identified as presently most widely spoken in Ireland viz. Irish, French, Polish, German, Hungarian, Czech, Bosnian, Latvian, Lithuanian, Portuguese, Romanian, Russian, Slovak, Spanish, Arabic, Cantonese, Mandarin, Pashtu, Somali and Urdu.** These booklets contain common questions and statements to help frontline staff, as well as some patient led questions relating to their needs and discomfort.
- **CD containing digital versions of the contents of the EMA.**

All parts of the resource are available for download on the HSE website [www.hse.ie](http://www.hse.ie)

While the scope of the resource is directed towards patients who do not speak or understand the English language proficiently, there is also potential for it to be used by staff as a support in communicating with patients who may be deaf or who may not be functionally literate.



**Galway  
University  
Hospital**



**Letterkenny General Hospital**

The EMA was rolled out across all hospitals from the end of July. The launch was marked by promotion events at a number of hospitals, including Our Lady of Lourdes in Drogheda, Sligo General, Letterkenny General, Connolly Hospital in Blanchardstown and the Children’s

University Hospital at Temple Street. The rollout of the EMA has attracted considerable interest, with reports in a number of newspapers and journals, an interview on the Pat Kenny Show and an insert on the RTE evening news. Although the EMA has only been in hospitals for less than 2 months, experiences of staff have been very positive, while agencies representing service users have also given the resource a resounding welcome. EMA boxes will be made available to these agencies so that they may advise their members of its availability, should an emergency situation arise, necessitating a sudden visit to hospital.



**Temple Street, Dublin.**

**Children's University Hospital**

While ongoing monitoring and evaluation is taking place around the effectiveness of this resource, planning is continuing around its trialled rollout to certain identified primary and community settings. These settings include Primary Care services, Ambulance services, Mental Health settings and Direct Provision Centres. This trial phase will extend from October to March, with learning informing any potential additions to the EMA.



**Our Lady of Lourdes Hospital Drogheda**

## Health Services Intercultural Guide:



| TABLE OF CONTENTS                                  |    |   |     |
|--|----|---|-----|
| Introduction to and use of the Guide               | 5  | Chinese Community   | 93  |
| Development of the Guide                           | 8  | Church of Ireland/Anglican Communion                                  | 63  |
| Contents of the Guide                              | 11 | Church of Jesus Christ of Latter-day Saints (also known as Mormonism) | 71  |
| Terminology and Descriptions                       | 15 | Evangelical Churches  | 77  |
| Good Practice in Person Centred Intercultural Care | 18 | First Church of Christ, Scientist (also known as Christian Science)   | 83  |
| Overview of Headings and Themes                    | 22 | Hinduism  | 89  |
| Other Resources Available                          | 28 | Ish Traveller Community   | 97  |
| Bahá'í   | 31 | Islam (Muslims)   | 105 |
| Baptist Churches                                   | 37 | Jehovah's Witnesses   | 115 |
| Buddhist Traditions                                | 43 | Judaism   | 123 |

Mention was made of this resource in the March update. This guide has been designed to assist staff in caring in sensitive, culturally competent ways for inpatients from diverse religious communities and cultures. It profiles the religious and cultural needs of 25 diverse groups, with reference to those caring for the ill particularly in inpatient settings as well as those involved in care of the dying for both adults and children. The Guide is presently being rolled out across hospitals, hospices, nursing homes and a range of other settings where it could be a positive, practical support for healthcare providers and practitioners. Details from [socialinclusion.guide@hse.ie](mailto:socialinclusion.guide@hse.ie)

# Collaborative Work Linked to Recommendations of the NIHS

## Intercultural Mediation projects:

### Access Ireland Intercultural Mediation Project Update

*This year (2009 – 2010) Access Ireland is the recipient of funding from the **European Integration Fund** (EIF) to implement a project which will develop, refine and work towards mainstreaming aspects of its work. EIF funding works on a model of joint partnership with national bodies, both in terms of funding and collaboration. Access Ireland is delighted to have entered into a partnership with the HSE to advance this project.*

*The objectives of the project are:*

- *To build on the learning and experience acquired over the last eight years in Intercultural Dialogue and Mediation work to develop a best practice model of training in Intercultural Mediation. This will hopefully be a toolkit for both trainers, practitioners and users of Intercultural Mediation*
- *To train a small group of people from a range of minority ethnic / migrant backgrounds who can work as trainers and practitioners in Intercultural Mediation.*
- *To highlight the integration needs of third country nationals and the cultural mediation approach to integration in Ireland through policy and representative fora*

*Further information: [www.accessireland.ie](http://www.accessireland.ie); [gregoreilly@accessireland.ie](mailto:gregoreilly@accessireland.ie); [info@accessireland.ie](mailto:info@accessireland.ie)*

*Ann Moroney  
Director  
Access Ireland*

## Galway Refugee Support Group

A further project around Intercultural Mediation under the European Refugee Fund is underway in Galway, where Galway Refugee Support Group, with funding from the European Refugee Fund, established an intercultural health programme in December 2008. To date, 10 refugees and 14 asylum seekers have received intensive capacity building training from healthcare, communication and mediation professionals and now volunteer as Peer Health Workers and as Intercultural Mediators. Through the intercultural health programme, healthcare professionals now have a unique opportunity to liaise with these two socially marginalised populations on existing and emerging healthcare issues. The front cover of the Peer Health Worker Newsletter produced by the group of trainees is pictured below,

For further information or copies of the newsletter please contact Helen Bartlett at [Helen@grsg.ie](mailto:Helen@grsg.ie)

