
National Intercultural Health Strategy 2007 - 2012

Update September 2011



National Intercultural Health Strategy
2007 – 2012



Introduction

Implementation of the NIHS remains challenging as so many priorities within the health services compete within a context of constrained resources and increasing pressures.

Much effort is spent on working in partnership across sectors to address specific recommendations of the NIHS.

At the same time, there has been continued emphasis on supporting the health system itself to become more responsive to the needs of all services users.

Since the onset of the economic crisis, a notion has persisted that most migrants have returned to their countries of origin; this perception has risked the issues in the NIHS being regarded as less relevant. Preliminary findings of the recent Census have proven, however, that migration to Ireland is continuing, albeit on a smaller scale than in the

years prior to 2008. The extent of this migration is demonstrated by the fact that the Department of Social Protection – formerly Department of Social and Family Affairs – issued more than 60,000 PPS numbers in 2009 and 2010. Figures around migration into Ireland are shown in the table below, created by the Central Statistics Office. This evidence provides a renewed impetus to ongoing urgency around implementation of recommendations of the NIHS.

Continuing implementation of recommendations of the NIHS remains critical, especially as service users from diverse ethnic and cultural backgrounds may be significantly – and disproportionately – affected by the continuing economic situation. The impact of the Habitual Residence Condition is an important factor here and some discussions around this have been held with the Social Inclusion Unit in the Department of Health.

As always, your feedback and suggestions are very welcome! Please continue to send comments to socialinclusion@hse.ie

Estimated Immigration classified by Sex and Nationality, 2006 - 2011						
Sex and Nationality	Immigrants					
	2006	2007 ¹	2008 ¹	2009 ¹	2010 ¹	2011 ¹
000						
Persons						
Irish	18.9	20.0	16.2	18.4	13.3	17.1
UK	9.9	5.9	7.0	4.4	2.4	2.6
Rest of EU15 ²	12.7	10.4	8.6	8.6	4.3	5.8
EU12 ³	49.9	52.7	33.7	13.5	5.8	9.0
USA	1.7	2.8	2.0	1.1	0.3	0.3
Rest of world	14.7	17.8	16.3	11.3	4.6	7.6
Total	107.8	109.5	83.8	57.3	30.8	42.3
Males						
Irish	9.5	10.1	7.8	10.0	6.9	9.1
UK	5.7	3.5	4.0	2.5	1.4	1.4
Rest of EU15 ²	6.4	4.8	3.8	3.0	2.0	1.9
EU12 ³	30.7	28.7	15.5	6.6	3.0	3.9
USA	0.4	1.3	1.1	0.4	0.1	0.1
Rest of world	7.6	9.1	7.7	5.6	1.9	3.7
Total	60.3	57.4	39.9	28.2	15.3	20.1
Females						
Irish	9.4	10.0	8.4	8.4	6.4	8.0
UK	4.2	2.5	3.0	1.9	1.1	1.3
Rest of EU15 ²	6.2	5.5	4.7	5.5	2.4	3.9
EU12 ³	19.2	24.0	18.2	6.9	2.8	5.0
USA	1.4	1.4	0.8	0.8	0.2	0.2
Rest of world	7.1	8.7	8.6	5.7	2.7	3.9
Total	47.5	52.1	43.9	29.1	15.5	22.3

¹ Preliminary

² Rest of EU15: countries before enlargement on 1 May 2004 (i.e. Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Luxembourg, Netherlands, Spain, Sweden, Portugal).

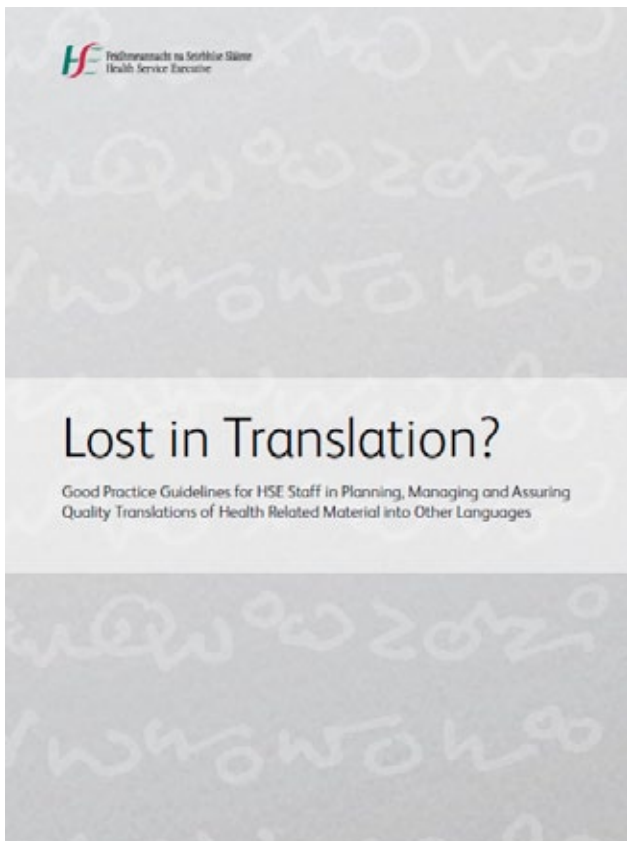
³ EU12: defined as the 10 accession countries that joined the EU on 1 May 2004 (i.e. Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia), and includes the 2 new accession states that joined the EU on 1 January 2007 (i.e. Bulgaria and Romania).

Prioritised Themes of Strategy

Translation

Mention has been made previously of a resource being developed to support staff in good practice around all aspects of effecting translation of health related materials.

This resource, “Lost in Translation?: Good Practice Guidelines for HSE Staff in Planning, Managing and Assuring Quality Translations of Health Related Material into Other Languages” has now been completed. It is presently being printed, with arrangements being made for distribution.



A small quantity of hard copies will be available, while it will also be made available for download.

The body of the Guide comprises a description of aspects of translation and outlines the process best followed when identifying a need for material to be translated. It contains a series of practical points and tips, including – for example – why and when materials should be translated, how to work with a Translator, how to assure quality translations, what to include in specifications for translation requirements etc.

2. All About Translation

What is a Translator/ Translation?

Translation may be broadly defined as “the conversion of written text from one language to another.”

What is the difference between Interpreting and Translation?

An Interpreter converts information from an oral or sign language into another language, as a means of enabling communication between two parties who use different languages. A Translator carries out the same task with written information.

What kinds of translations are there?

Sight translation: an oral rendering of a written source text in another language – for example, a patient might bring medication from their country of origin with them and a medical professional in Ireland might need a linguistic professional to translate the enclosed patient information leaflet.

Gist translation: a rough-and-ready written summary of a source text. This would be appropriate in cases where accuracy is not required. If the text is not too specialised and the user of such translations is satisfied that it does not pose a risk to patient safety, this type of translation could be done by a Machine Translation programme such as Google Translate. **However – due to the very real risks of inaccuracies in translation - this is presently not recommended good practice in the HSE.** Note: Documents containing patient data or copyright protected material must not be processed using web based Machine Translation engines.

Professional translation: an appropriate rendering of a source text in a foreign language, which fulfils the purpose of the original text and takes into account the cultural background and needs of the readers. This type of translation will include as a minimum two functions - translation and revision – performed by two separate qualified translators with relevant experience as described in the Standard EN15038:2006. **These are the usual translations required as good practice in the HSE.**

Translated material in the health services: Why do we need this?

Translations have a number of benefits – they can reduce the need for an interpreter in some situations, provide more information than can be offered verbally at one time, and can be used to reinforce important health messages. Access to written, translated information allows service users to reflect and return to this material at their own pace for any clarifications of elements of the verbal consultation about which they may have been confused.

However, it is important to emphasise that all translated written information is intended to **reinforce** communication in clinical practice situations; this should not **replace** communication in such situations. In these instances, where a patient is not proficient in English, the services of a professional Interpreter will be necessary. International research has clearly shown that language difficulties between patients and healthcare professionals can lead to inappropriate or inadequate treatment.

Translated material can be used to communicate:

- Availability of services
- Details of rights, obligations and entitlements
- Information on medical and other associated issues

Examples of Translated Information that are useful in the HSE include:

- Basic information on health services and means of accessing these
- Generic information on illnesses and chronic conditions
- Specific information related to prevention and care in certain unexpected situations e.g. pandemics
- Detail on medication, dosage, treatment, procedures which an individual patient may need
- Administrative information e.g. Personal information, admission forms
- Consent forms where a patient may require a specific procedure, treatment or surgical intervention.

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Price / Cost

- How are costs agreed?
- What does the quote include?
- Are additional costs incurred for changes after the initial handoff of source files, implementation of client review feedback, layout check etc?

How will payment be phased and made?

Production

Contact / Liason

- Who does the Translator / Translation Service Provider contact for any clarifications – Does he / she have contact details of the relevant person?
- Do you have the Translator's / Translation Service Provider's contact details and have you agreed on ongoing liason?

Final Proofing / Sign off on Project

- Has the Translator / Translation Service Provider signed off on the final copy?
- Have you made arrangements for uploading onto a website / printing etc?
- Has the Translator / Translation Service Provider checked the document once it has been uploaded?

Postscripts

Payment

Have you checked and signed off all invoices for processing and payment?

Have you checked that payments have been made and received?

Storage of Translated Material

Have you stored the electronic material safely and accessibly?

Have you made back up documents?

Are your colleagues aware of the location of stored copies?

Follow up and Evaluation

Have you circulated information in respect of the translated material to relevant parties?

Have you forwarded a copy of the translated material to socialinclusion@hse.ie?

Have you made arrangements for inviting comments and feedback?

Have you any arrangements for review/ adaptation of the material within a certain time frame?

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The Appendices contain a number of useful resources, including a checklist, sample forms, and useful additional resources. Users of the resource should find the Case Study in Appendix 1 very helpful as a practical, real life example of planning and managing translations in an evidenced, cost effective way. This Case Study was compiled by Alison Harnett of the National Federation of Voluntary Bodies (Providing Services to People with Intellectual Disabilities) in partnership with HSE Social Inclusion. It describes the process followed in translating material from the Informing Families website – www.informingfamilies.ie – which provides information for families of children with disabilities, particularly at the time of their child's diagnosis.

Appendix 1: Case Study

Translation of the *Informing Families* website

Introduction

The National Federation of Voluntary Bodies (Providing Services to People with Intellectual Disabilities) and the HSE National Social Inclusion Unit collaborated during the writing of this *Good Practice Guideline* to undertake a case study translation. The purpose of this case study was to provide a real life example of how the guidance provided can be used to produce quality assured translated materials. The case study involved the translation of materials from the 'Informing Families' website, which provides information for families of children with disabilities, particularly at the time of their child's diagnosis.

The work to develop the information resource took place as part of a wider project to implement the *Informing Families* guidelines on a pilot basis in the Cork region. A Steering Group of parents and professionals guided the work of this project and a smaller 'Information Working Group' focused specifically on the information resource development. You can find out more about the Informing Families Cork Pilot Project on www.informingfamilies.ie.

The Informing Families project, led by Alison Harnett, was presented with an award of the Taoiseach's Public Service Excellence Awards in 2010.

The steps taken to translate the website will be explained in detail, but first we present a summary of the overall process that was used:

Summary of steps taken to translate the Informing Families website

- STEP 1: Assessing the need for translated information
- STEP 2: Finalising the English language content
- STEP 3: Prioritising materials to be translated
- STEP 4: Choosing the languages
- STEP 5: Choosing the translation agency
- STEP 6: Briefing the translation agency
- STEP 7: Translation production (including term base & quality assurance)
- STEP 8: Ensuring that the translated materials are culturally appropriate
- STEP 9: Publishing the translated material online
- STEP 10: Reviewing the materials

It is worth noting that the translation of the Informing Families website involved a significant volume of translation in one large project. However, each of the steps outlined above are relevant for even very short one-off pieces of translation, and these steps do not need to take a long time. For many small projects, they simply require the person managing the translation to plan ahead (e.g. asking yourself questions such as: *What reference materials could be relevant for this piece of information? How will I brief the translators? and Who can I consult with from the service user point of view?*). An investment in this planning at the outset will save time, money and will ensure better quality in the translated materials produced.

STEP 1: ASSESSING THE NEED FOR TRANSLATED INFORMATION

The importance of information for families when their child is diagnosed with a disability:

In 2007 the National Federation of Voluntary Bodies launched the *National Best Practice Guidelines for Informing Families of their Child's Disability*. The Guidelines are evidence-based, having been developed through a significant consultation and research phase that included 22 focus groups of parents and professionals and a survey of over 500 families and 1500 professionals in Ireland.

Through this research it became clear that one of the most important needs of families at the time of their child's diagnosis with a disability is for up to date, accurate and appropriate information. This information should be positive, realistic and hopeful in tone, should include details of entitlements and benefits, supports available to the family and information regarding the diagnosis. The research also reported that over 63% of parents were not given written information at the time of their child's diagnosis.

Parents of children with disabilities from diverse ethnic backgrounds

Research has shown that parents of children with disabilities from diverse ethnic backgrounds can be particularly socially isolated and can struggle to access entitlements and benefits (Hatton et al. 2003). Professionals can find it challenging to provide adequate support to families whose first language is not English. There is very little information available for the

This resource will be of much benefit in ensuring production of accurate, appropriate translated material that can be updated or amended in cost effective ways. There is much potential in this for avoiding duplication of material and for making value for money savings.

Please let us know if you would like a copy of this resource.

Collaborative Work Linked to Recommendations of the NIHS

Traveller Health

The health and support needs of Travellers are addressed in the NIHS. The overall findings of the All Ireland Traveller Health Study – launched late in 2010 – further confirmed the vulnerable health status of this group.

A final part of the study – the Birth Cohort Follow Up Report – has just been published by the Department of Health. This report presents the one year follow-up of Traveller infants born on the island of Ireland between October 2008 and October 2009. The research informing the report consisted of a detailed longitudinal study investigating health-related issues of maternal and infant health status and the health services utilisation experience of 508 Traveller families and their infants. This was completed with the cooperation of Traveller mothers themselves, public health nurses and other healthcare staff.



Key findings of the study include the following:

- Traveller parents are younger in comparison to the general Irish population with an average age of 27.5 years for Traveller fathers and 25.9 for Traveller mothers. This is a difference of 7.1 years for fathers and 5.7 years for mothers when compared to the general population.

- Traveller mothers have a shorter birth gap between pregnancies and higher parity and stillbirth rates compared to the general population. On average, 5.0% of Traveller mothers have had at least one stillbirth compared to the 1.6% average of the general population.
- More Traveller mothers now present for the first booking visit to the hospital for antenatal services than reported in the past, with rates almost the same as the general population (22.5% versus 28% at 3 months).
- More Traveller mothers (81.5%) had shared ante-natal care between maternity hospitals and General Practitioners than the general population (76.6%). However 2.1% of Traveller mothers had no ante-natal care compared to 0.2% of the general population.
- The breastfeeding rate for Travellers was still very low. Only 2.2% of Traveller mothers initiated breastfeeding compared to around 50% in the general population.
- Average birth weight of Traveller infants was comparable to the general population.
- Traveller babies have a comparable growth rate with the general population at 9 months of age.
- Public Health Nursing, community-based health services and Primary Health Care (General Practitioner) services are the main services utilised by Traveller mothers and their infants during the first year of life.
- The commonest complaint that Traveller infants attended health services for was for respiratory-related conditions. This was also the case in the general population.
- While Traveller infant mortality rates have decreased since the 1987 study, the study team found a higher infant mortality rate than the general population. This was 12.0 per 1,000 live Traveller births in 2008/2009 and 14.1 in 2007/2008 compared to 3.9 and 3.2 per 1000 live births in the general population for the same periods.

These findings, together with the priorities identified via the overall study, will continue to inform ongoing work.

Oversight and governance in respect of Traveller health is provided through the HSE National Traveller Advisory Forum, which is chaired by Social Inclusion and comprises HSE and Traveller representatives. This group links closely with the Department of Health's National Advisory Committee.

Roma Health Issues: Decade of Roma Inclusion 2005-2015

Health needs of the Roma community also fall within the remit of the NHIS. An EU Framework for National Roma Integration Strategies up to 2020 was published in April and endorsed in July. This framework recognizes the socially excluded situation of Roma throughout Europe and charges commits all 27 member states to developing targeted policies which systematically tackle the socio-economic exclusion of and discrimination against Roma people throughout the EU. Improving access to healthcare is explicitly referenced in the framework, with an aim of “reducing the gap in health status between the Roma and the rest of the population.”

In this context, it is important to note that the term “Roma” encompasses “groups of people who have more or less similar cultural characteristics, such as Sinti, Travellers...”

The framework can be accessed via www.eu2011.hu/files/bveu/documents/An_EU_Framework_for_National_Roma_Integration_Strategies_up_to_2020.pdf

Concerns around the vulnerable situation of many Roma led the HSE and Pavee Point to collaborate in planning and holding a series of thematic seminars around identified health and care issues. The theme of the first seminar included general and contextual issues, as well as focusing on issues around Child protection. The seminar was very well attended by health service providers, planners, and community health workers from both statutory and voluntary sectors, as well as by Roma representatives. A second seminar will continue to address Child protection issues, with Public health concerns around facilitating access to services and improving uptake of vaccinations examples of areas to be discussed.

The HSE is also supporting appointment of a Roma Outreach Worker via Pavee Point who will have responsibility for facilitating Roma links with appropriate health services and supporting them in accessing these, as well as documenting issues of concern and informing learning around the situation of Roma in Ireland.

Partnership with NGOs: Update on Cairde Expansion

Working across sectors in collaboration with NGOs is a critical and valued element of the NIHS. Cairde is a community development organisation, working

to reduce health inequalities amongst ethnic minorities through provision of information and advocacy. Its website reflects the range of activities it undertakes in this regard. The website may be accessed at www.cairde.ie

Members of Cairde have been involved in the NIHS from its beginning and have always been available to provide advice and support around its implementation.

Due to an increased demand on Cairde's services the organisation decided to open a branch of Cairde Health Information and Advocacy Centre in Balbriggan. Balbriggan has one of the largest ethnic minority populations per capita in Ireland as a result of relatively low rents and high concentration of new housing developments.

Cairde Balbriggan Centre was opened in January 2010 with support of the Social Inclusion Unit HSE North Dublin. The Centre provides individual advocacy and information to local residents, runs various health promotion workshops and supports new and existing community-based groups in taking an active role in analysing and addressing their needs through community development and integration work.



Cairde Balbriggan premises

In May, Cairde initiated the “Integration through Common Experience Project”. The project aims to create a space for integration through activities that respond to the needs of all communities in Balbriggan and to develop a focal point for integration in town by providing minority ethnic communities and longer-resident Irish communities with opportunities to share common experiences and difficulties.



Participants in Integration through Common Experience Project

Other Information of Note

Transcultural Nursing Conference

The 2nd European Transcultural Nursing Conference - www.nm.ul.ie/etna/ - was held at the University of Limerick from 30th June to 1st July. This event offered a useful forum for sharing of good practice and for learning from outcomes of various innovative projects.

HSE National Social Inclusion made a presentation at the Conference: **An Integrated Approach to Meeting the Health and Care needs of All Service Users: The HSE National Intercultural Health Strategy (NIHS).**

The presentation provided a picture of the HSE's approach to implementation of the NHIS – with an emphasis on progressing this against a landscape of increasing pressures and diminishing resources. It outlined the development of the strategy (including the Consultation model used to inform development), progress around implementation thus far – highlighting the rollout of the Emergency Multilingual Aid and Intercultural Guides, together with the anticipated Guide around Effecting Translation of Health related material – and the various measures used to ensure that the health needs of members of diverse groups are kept on the overall health agenda.

Challenges to implementation were referenced as well as the risks emerging for this vulnerable group as a result of the current climate. Ongoing priorities were also discussed in the presentation – use of an Ethnic Identifier is a key area of good practice in this regard.

Copies of the Powerpoint presentation are available from socialinclusion@hse.ie

HSE Intercultural Guide

The Intercultural Guide has been featured in an earlier newsletter. It was developed by Bridget McGuane of the HSE under the umbrella of the NIHS and profiles the religious and cultural needs of twenty-five diverse groups who are being cared for in healthcare settings.

Approximately 6000 copies were distributed to a wide range of settings across the country, with additional copies downloaded from the HSE website www.hse.ie

It has proved hugely useful and requests for copies continue to reach us. Its value has been acknowledged beyond Ireland too, with a College in the United States requesting permission to use it as tuition material and an article on it included in the recent edition of the Council of Europe and European Commission's Intercultural Cities Newsletter. This article can be accessed at http://www.coe.int/t/dg4/cultureheritage/culture/cities/Newsletter/newsletter16/newsletter16_en.asp



HSE Health Inequalities Framework 2010 – 2012 & Implementation

The NIHS recognized the range of inequalities impacting on health of service users from diverse ethnic and cultural backgrounds. Health inequalities affect many other service users as well and it is in recognition of these that a Health Inequalities Framework has been developed by the HSE. Many of the recommended actions are very relevant to the NIHS. In line with the approach of linking into and supporting relevant actions, Social Inclusion is involved in the implementation of this framework. A description of the framework, and current efforts around progressing its implementation is detailed below.

Health Inequalities

Factors such as socioeconomic status, educational attainment, sexual orientation, gender, age, ethnicity and locality disproportionately influence the health care experience of some individuals, groups and communities – resulting in poor health, stress, chronic illnesses, disabilities and a shorter life span, when compared to the overall population. The HSE Health Inequalities Framework 2010-2012 was developed in order to address these striking variations in health outcomes. The high level actions contained within the framework are designed to enable the HSE to take significant actions to reduce differences in health status.

Framework Implementation

Health and social care services, through their own direct actions, can have a positive or negative impact on health inequalities, independently of other influences. Therefore, the framework and its implementation identifies how the HSE can contribute better to the health of individuals, local communities/economies and the environment by focusing on its role as a health and social care services provider, as an employer, a purchaser of goods and services, a manager of energy, waste and transport, as a landholder and as a commissioner of new buildings and refurbishments.

Framework Implementation Projects

A brief overview of key implementation projects currently underway includes:

HSE Health Equity Audit : Working in partnership with corporate planning, primary care and the acute hospitals, within the context of the HIQA Draft National Standards, this project seeks to systematically incorporate health inequalities measurement and action into the HSE audit cycle of hospitals and Primary Care Teams. For example, as part of a national Community Health Needs Assessment (CHNA) pilot at least 6 primary care teams will incorporate health equity audit as part of their CHNA pilot.

Health Inequalities Resource Development:

A health inequalities training programme and accompanying resources is currently being developed to enable HSE services, with the support of dedicated trainers, to embed a health inequalities dimension into their services. In partnership with the Institute of Public Health (IPH), the training programme and resources will be complemented by a health inequalities hub.

This will serve the purpose of being a 'one stop shop' for up to date research, publications and information relating to health inequalities. The prototype has been built and will be managed and maintained by the IPH.

Gender Mainstreaming: The national Gender Mainstreaming Steering Group and the National Women's Council of Ireland (NWCI) have employed Dr. Jane Pilinger to work with them in order to develop a HSE Gender Mainstreaming Strategy. As part of the process she is currently interviewing key HSE decision makers and linking in with HSE equality officers, social inclusion services, women's and men's health officers. This project has been further enhanced by the recent appointment of a Women's Health and Human Rights Worker, Jacqueline Healy (NWCI), who will support the project goal of completing the Gender Mainstreaming strategy by the end of 2011 and the implementation plan/roll out in 2012.

Further Information

If you would like more information on the HSE Health Inequalities Framework 2010 – 2012, the implementation projects or on any aspect of health inequalities, please contact:

Eddie Ward, HSE Project Manager Health Inequalities | Telephone: (043) 334-2031 | E-mail: eddie.ward@hse.ie

Requests for a pdf version of the HSE Health Inequalities Framework 2010 – 2012 can be emailed to the above address or the document may be downloaded from the HSE Intranet.