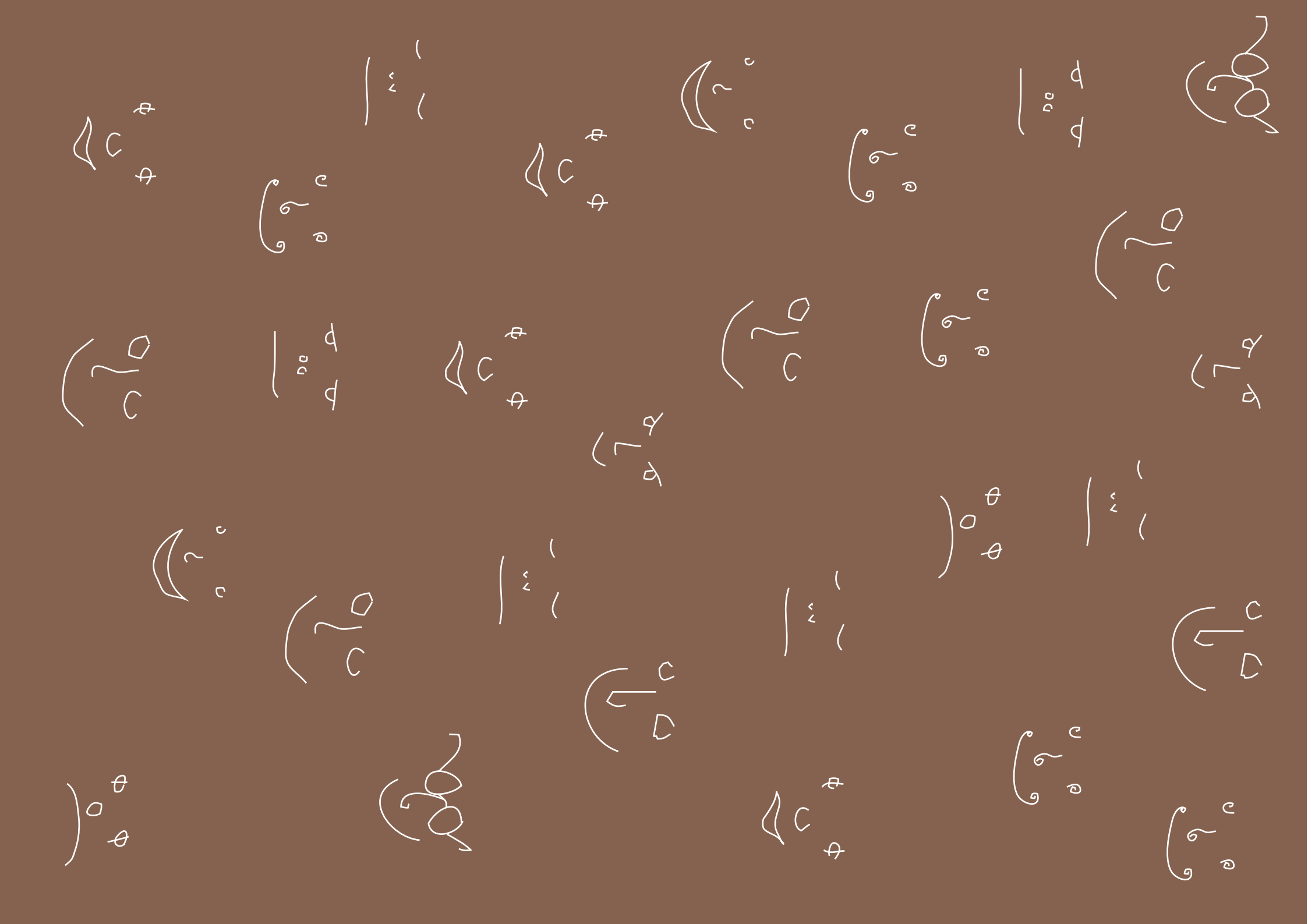
Regional Health Strategy for Ethnic Minorities

Eastern Regional Health Authority



0 Contents

0 Foreword

Ireland attracts increasing numbers of persons from many different countries and cultures, representing a range of ethnic minority groups. The participation of people from these heterogeneous groups in our society contributes to a rich mix of diversity. At the same time, it has become evident that persons from these groups may experience unique health and related social support needs. This is particularly the situation for those vulnerable persons who may be seeking asylum or be employed as migrant workers. It is in an effort to respond to such needs that this Regional Health Strategy has been developed.

I welcome the development of this strategy, the nature and scope of which is strongly attuned to those principles of people centeredness and quality, enshrined in the National Health Strategy: Quality and Fairness. The Authority is committed to the implementation of its recommendations – given the necessary resources – and will work actively in partnership with all stakeholders towards achieving meaningful health outcomes for all persons from ethnic minority communities within the East.

Réamhrá

Meallann Éire níos mó agus níos mó daoine ó thíortha agus ó chultúir éagsúla a léiríonn réimse grúpaí eitneacha mionlaigh. Cuireann rannpháirtíocht dhaoine ó na grúpaí ilchineálacha seo in ár sochaí leis an éagsúlacht shaibhir inti. Ag an am ceanna, is léir go bhféadfadh riachtanais sláinte agus tacaíochta shóisialta ghaolmhara ar leithligh ag na daoine sna grúpaí seo. Tá an cas amhlaidh do na daoine i mbaol go háirithe a d'fhéadfadh a bheith ag lorg tearmainn nó a d'fhéadfadh a bheith fostaithe mar oibrithe inimirceacha. Is mar gheall ar an iarracht freagra a thabhairt ar na riachtanais sin a rinneadh Straitéis Sláinte Réigiúnach a fhorbairt.

Cuirim fáilte roimh fhorbairt na straitéise seo, a bhfuil a nádúr agus a scóip curtha in oiriúint do phrionsabal na ndaoine tús áite agus caighdeán, atá ina ndlúthchuid den Straitéis Náisiúnta Sláinte: Ardchaighdeán agus Cothroime. Tá an tÚdarás tiomanta dá mholtaí a chur i ngníomh — mar gheall ar na hacmhainní riachtanacha atá aige — agus oibreoidh sé go gníomhach i gcomhpháirtíocht leis an lucht leasa ar fad chun torthaí sláinte a mbaineann brí leo a bhaint amach do gach duine ó phobail eitneacha mionlaigh san Oirthear.

Avant-propos

L'Irlande attire un nombre croissant de personnes issues de pays et cultures différents représentant de nombreux groupes de minorités ethniques. L'insertion dans notre société de personnes provenant de groupes hétérogènes contribue à créer une diversité d'une grande richesse. Il s'avère également que les personnes issues de ces groupes peuvent avoir des besoins spécifiques en matière d'assistance médicale et sociale. C'est le cas notamment des personnes vulnérables, demandeurs d'asile ou employés en tant que travailleurs migrants. C'est pour s'efforcer de répondre à ces besoins que la Stratégie médicale régionale a été élaborée.

Je me réjouis du développement de cette stratégie, dont la nature et la portée sont vraiment orientées vers la mise en avant des individus et la qualité, éléments qui font partie intégrante de la stratégie médicale nationale : qualité et égalité. L'autorité est chargée de

mettre en application les recommandations de la stratégie (dans la mesure où elle dispose des ressources nécessaires) et travaille activement avec l'ensemble des actionnaires dans le but d'obtenir des bénéfices significatifs au niveau de la santé pour les personnes issues des minorités ethniques de l'Est.

Prefacio

Irlanda atrae a un número cada vez mayor de personas de muchos países y culturas diferentes que representan a una variada gama de grupos étnicos minoritarios. La participación de la gente de estos heterogéneos grupos en nuestra sociedad contribuye a su rica diversidad. Al mismo tiempo, se ha hecho evidente que las personas de estos grupos pueden presentar problemas sanitarios únicos y necesidades de apoyo social específicas. Ésta puede ser la situación en particular de aquellas personas vulnerables que buscan asilo o que llegan como trabajadores inmigrantes. El desarrollo de la Estrategia Sanitaria Regional representa un esfuerzo para responder a estas necesidades.

Doy la bienvenida al desarrollo de esta Estrategia Sanitaria Nacional, la naturaleza y el alcance de la cual están totalmente en sintonía con los principios de calidad y de acción centrada en las personas: Calidad e Igualdad. Las Autoridades se han comprometido con la implementación de sus recomendaciones – siempre que se disponga de los recursos necesarios – y trabajarán activamente en asociación con todos los actores sociales implicados para conseguir resultados sanitarios significativos para todas las personas de las comunidades étnicas minoritarias que viven en el Este.

Prólogo

A Irlanda atrai um número cada vez maior de pessoas de diferentes países e culturas, representando uma vasta gama de grupos étnicos minoritários. A participação de pessoas destes grupos heterogéneos na nossa sociedade contribui para um conjunto muito rico de diversidades. Ao mesmo tempo, tornou-se evidente que as pessoas destes grupos poderão sofrer de necessidades únicas de saúde e de apoio social com isso relacionadas. Esta situação aplica-se particularmente a todas as pessoas vulneráveis à procura de asilo ou que possam encontrar-se empregadas como trabalhadores migrantes. E foi num esforço para dar resposta a essas necessidades que esta Estratégia de Saúde Regional se desenvolveu.

Eu congratulo o desenvolvimento desta estratégia, cuja natureza e âmbito se encontra em forte consonância com os princípios de qualidade e centrados nas pessoas, consagrados na Estratégia de Saúde Nacional: Qualidade e Justiça. Esta Autoridade está empenhada na implementação das suas recomendações – dados os recursos necessários – e irá trabalhar activamente em parceria com todos os interessados no sentido de alcançar resultados de saúde significativos para todas as pessoas de comunidades de minorias étnicas de Leste.

Предисловие

Ирландия влечет к себе все более растущее число людей из самых разных стран и различных культур, представляющих собой целый диапазон групп этнических меньшинств. Участие таких объединенных в столь разнообразные группы людей в жизни нашей страны вносит неоценимый вклад в обогащение многообразной палитры существующего здесь и развивающегося человеческого общества. В тоже время стало очевидно, что некоторые члены таких групп могут иметь свои весьма индивидуальные нужды как по поддержанию здоровья, так и по вопросам социальной помощи. Это особенно сильно затрагивает те группы людей, оказавшихся в самой значительной степени уязвимыми, которые обратились за политическим убежищем или являются работниками по найму из-за рубежа. В ответ на эти проблемы и по этим причинам и была разработана программа Regional Health Strategy (Региональная стратегия в области здравоохранения).

Я приветствую развитие и продвижение этой стратегии вперед, сущность которой, как и ее возможности и границы, наиболее сильно воплощаются в принципах, по которым в центре

внимания стоят помощь конкретным людям и достижение самого высокого качества осуществляемой работы, поставленных во главу угла всей Национальной стратегии в области здравоохранения (National Health Strategy): Качество и Справедливость. Органы власти и управления самым активным образом способствуют внедрению в жизнь рекомендаций это программы, ограниченные, естественно, существующими рамками доступных для этого ресурсов, и будут также и впредь активно работать в тесном контакте со всеми заинтересованными сторонами в целях достижения в области здравоохранения значительных результатов для всех людей из общин этнических меньшинств стран Востока.

序言

爱尔兰吸引着越来越多来自不同国家与文明的代表各种族民族群体。社会中这些多群体的参与有助于丰富民族多样性。同时，不同群体的人们显然需要独特的健康及相关的社会支援，特别是对于那些作为移民工作者来寻求庇护或就业的弱势人群。我们正努力响应“地区健康策略”中详述的这些需求。

我十分高兴能看到此策略的延续发展，“国家健康策略：质量和公平”中铭记的强调适应于以人为中心、质量第一原则的性质和范围。本机构致力于执行其建议，即提供必要的资源，并会积极与所有股东合作，从而使所有来自东方少数民族群体的人们的健康达到令人满意的成果。

تقديم

تجتذب أيرلندا أعداداً متزايدة من الأشخاص من دول وثقافات عديدة، حيث يمثلون قطاعاً من جماعات الأقليات العرقية. وتسهم مشاركة أولئك الأفراد، المنتمين لجماعات متباينة الطباع والسلوكيات، في إثراء التنوع في مجتمعنا. وفي نفس الوقت، أصبح من الواضح بصورة جلية أن أفراد هذه الجماعات قد تتولد لديهم احتياجات صحية خاصة، وما يصاحبها من دعم اجتماعي مطلوب. وهذا هو الموقف الذي ينطبق بالتحديد على تلك الفئات الضعيفة المعرضة للمعاناة، كطالبي اللجوء السياسي، أوالعمال المغتربين. ولذا قمنا بوضع "الإستراتيجية الإقليمية للصحة" هذه، في إطار الجهود المبذولة للاستجابة لمثل هذه الاحتياجات.

وأنا أرحب بوضع هذه الاستراتيجية، التي تتناغم طبيعتها ومجالها تناغماً كبيراً مع مبدئي التركيز على الفرد والجودة، اللذين تقدسهما "الإستراتيجية الوطنية للصحة "، ألا وهما: الجودة والعدالة. وتتعهد "الهيئة" بتطبيق توصيات هذه الاستراتيجية - حال توفر الموارد اللازمة - كما ستعمل بدأب من خلال شراكات مع كافة أصحاب المصالح والأطراف المعنية، نحو تحقيق نتائج صحية جادة لجميع الأفراد المنتمين لجماعات الأقليات العرقية في الشرق.


1

1 Executive Summary

With the rapid increase in numbers of persons from ethnic minority groups residing in Ireland in recent years, has emerged a growing appreciation of the specific – and sometimes additional – health and related social support needs of this heterogeneous group of people.

In the Eastern region, the health needs of asylum seekers and refugees, as a distinct, socially excluded group, have been recognised and addressed since 1996, when asylum seekers began to arrive in the country in significant numbers. The ERHA Service Plan for 2003 identified the need for development of a Regional health strategy for this particular group.

For this purpose, a Steering Committee was established by the Authority in January 2003. During the extensive consultation process which followed, it became increasingly evident that health needs of asylum seekers and refugees formed only one element of the health needs of a broader constituency of ethnic minorities. Principles of equity and access thus demanded that a strategy should reflect the health and social support needs of migrant workers, foreign students, and any other national or non national ethnic minority group or individual living in the East, as well as those needs of asylum seekers and refugees. The process of development of this strategy, together with names of participants, is outlined in Section **11**.

It should be noted that, while Travellers constitute one of the largest ethnic minority groups in Ireland, the current implementation of the National Traveller Health Strategy rendered it unnecessary to include issues specific to this group in the strategy for ethnic minorities; however, many findings of the National Traveller Health Strategy, together with its implementation are relevant and valid for development of the health strategy for ethnic minorities and inform a number of its aspects.

Issues which arose during development of the strategy, related both to specific priorities, such as identified health issues of ethnic minority women, mental health needs of persons from ethnic minority groups, and so on, as well as to broader service issues, including the urgent need for development of a formal accredited interpretation service. While specific health needs should be addressed in line with the actions proposed in the strategy, priority service issue recommendations may be grouped around:

1. Development of an interpretation service
2. Resourcing of non-Governmental organisations (NGO's), and
3. Provision of cultural awareness and antidiscrimination training for staff in the health services together with appropriate resourcing and support of staff.

Active involvement of persons and agencies from ethnic minorities in planning, design and delivery of the recommendations of the strategy is key to effective and sustainable implementation of the strategy. Details around issues and related proposed actions are contained in Section **6.**

Service issues relating to priority areas, such as addressing language and communication needs of ethnic minority service users, or provision of staff training in cultural awareness and antidiscrimination practices, appear to be a common theme across a number of sectors, including Departments of Justice, Equality and Law Reform, Social, Community and Family Affairs, and Education, in particular. Promotion of a broad, intersectoral approach is essential in order to facilitate integrated, comprehensive mechanisms of addressing such common issues. Such an approach would limit additional resources required, reduce fragmentation of service delivery, as well as promote enhancement of good, consistent planning and practice across all sectors. It is for this reason that establishment of a Regional Implementation Forum is strongly urged in this strategy.

At the same time, however, it has to be acknowledged that significant allocation of resources is required in order to effectively address all priority areas outlined in this strategy. Details of estimated funding requirements are contained in Section **9.**

While provision has been made for establishment of mechanisms addressing priority areas contained in the strategy, it is evident that a number of systems are required to provide support to this process and to facilitate its optimal implementation. These support systems are listed in Section **7**, while the structure via which overall implementation is accomplished, is delineated in Section **8**.

The National Health Strategy; Quality and Fairness, contains commitments to provision of quality health care, delivered equitably to address the individual and unique needs of all persons. This health strategy for ethnic minorities aims to ensure provision of such excellent, equitable, appropriate, people centered health and social care to all persons of ethnic minority groups. Implementation of this regional health strategy would thus be a significant milestone towards attaining the vision of the National Health Strategy.

2

2 Context

Ireland is fast becoming a truly multicultural society. Persons from different ethnic minority groups are settling in the country in increasing numbers. These persons may arrive in the country as asylum seekers or refugees, may be employed non nationals and their family members, or may be foreign students. Travellers also constitute a distinct ethnic minority group of Irish people, with their own distinctive lifestyle, traditions and lifestyle. As a National Health Strategy for Traveller Health is currently being implemented, it is not thought necessary to duplicate work here. Thus the Regional Health Strategy for Ethnic Minorities, while incorporating similar principles and models to that used in the Traveller Health Strategy, will not specifically address needs of the Travelling Community. While greater awareness exists around the influx of new arrivals, it is also important to note the existence of long established groups of ethnic minorities in the Eastern region, many of whose members have resided in the country for some decades. The presence of such a heterogeneous group of people contributes to a rich mix of diversity.

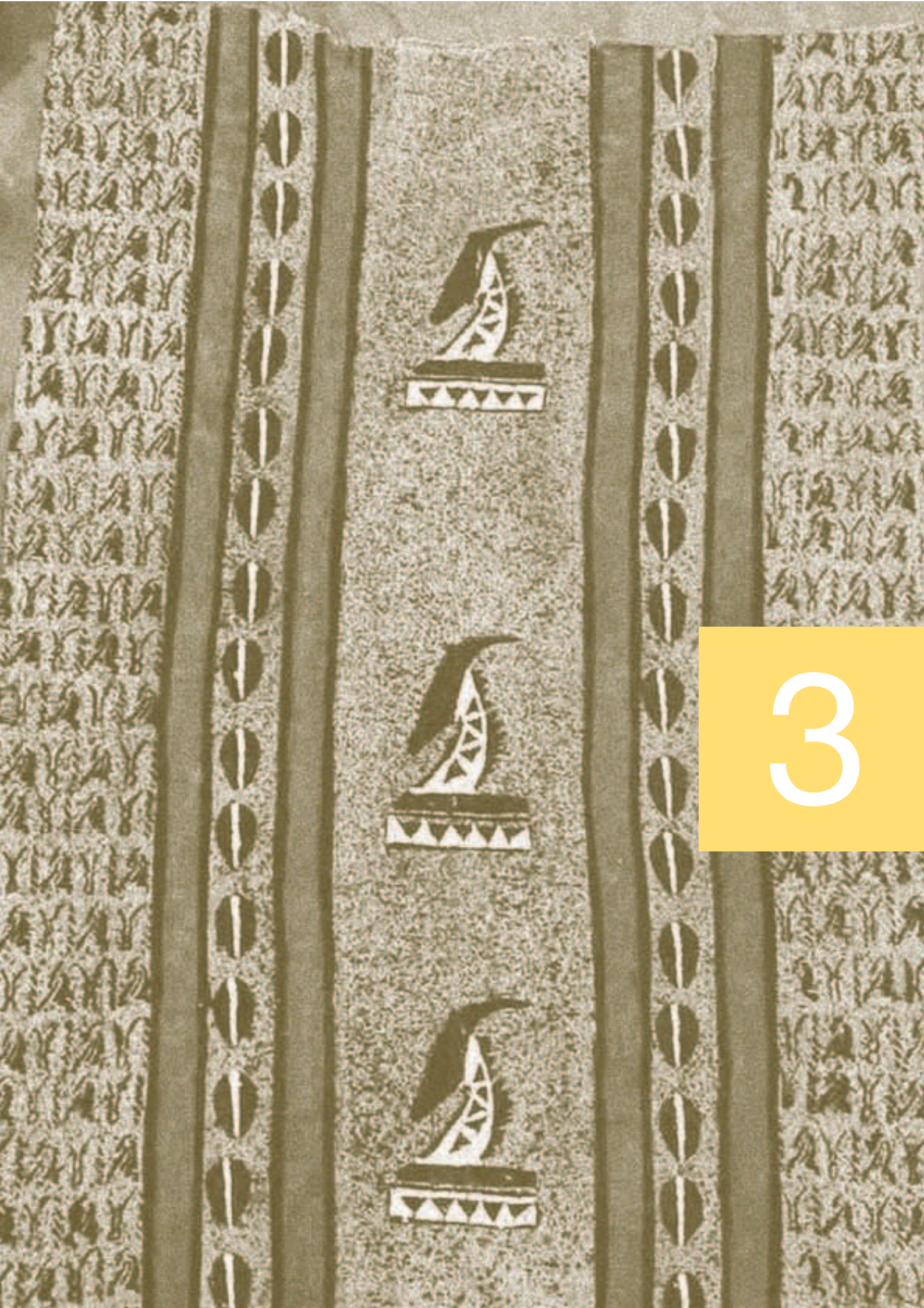
It is estimated that approximately 200,000 persons from various ethnic minority groups are currently residing in Ireland, the majority of whom live in the Eastern region. Travellers are estimated to be the largest ethnic minority group, with a population of approximately 25,000 persons, while there is a long established Jewish community, alongside growing Islamic, Asian, African, Eastern European and Chinese communities.

Approximately 11,000 asylum seekers and refugees are estimated to enter Ireland each year since 1998; there are now refugees and asylum seekers from over 100 countries, living in Ireland, including persons from Vietnam, Bosnia, Kosovo, Nigeria, Romania, Algeria, Congo, Somalia, Zimbabwe, and from ethnic groups transcending geographical boundaries, such as Roma and Kurds. Top stated countries of origin of those applying for asylum seeker or refugee status were Nigeria (34.8%) and Romania (14.4%).

Since 1999, Irish businesses and employers have actively recruited skilled workers outside the European Economic Area in efforts to address skills and labour shortages. In 2002, approximately 40,000 work permits were issued to migrant workers. While many migrant workers will remain in Ireland for a comparatively short period, others will remain, seeking long term residency or citizenship.

It is currently estimated that there are 160 nationalities living in Ireland (Department Social, Family and Community Affairs 2002). The heterogeneity of this group is reflected in the estimate that approximately 80 – 100 languages are spoken in the Eastern region.

Each ethnic group shares a collective identity, based on a sense of common history and ancestry. Ethnic groups possess their own cultural identity, language, customs and practices, while every individual will possess his or her own unique life experiences and health, social, emotional and psychological needs. Individuals from specific groups may be more likely to experience additional difficulties, for example, asylum seekers and refugees may have been subjected to violence and torture in their countries of origin, while migrant workers may experience significant social isolation and deprivation. Other vulnerable groups may include older refugees, single women and mothers, and separated children. Ethnic minorities thus constitute a heterogeneous group of people from a range of different countries, and with diverse health and social experiences. Such cultural and religious differences, language barriers, experience of poverty, isolation, prejudice and discrimination may contribute to difficulty to adapting to life in a strange new host country. Racism may be an additional factor leading to social exclusion. Coupled with all this may be heightened stress levels, which further undermine physical health and social well being.
While generalisations should be avoided, it is nevertheless acknowledged that ethnic minorities tend to be a socially excluded, vulnerable group whose health needs should receive special attention. Within this context, it is accepted that the group of asylum seekers is especially vulnerable. Minority ethnic communities are often marginalised and bear an undue burden of health problems, discrimination and inequality. The relationship between socioeconomic status of socially excluded groups and health status is well established, with World Health Organisation health targets incorporating measures towards addressing health inequalities through the tackling of poverty (W.H.O. 1999). It is thus incumbent on the health system to be responsive to such issues and to promote enhancement of a service, which reflects and values ethnic diversity.



3

3 Legislative & Policy Framework

A number of international and European policies and directives underpin the delivery of health care and social support to ethnic minority groups. These include:

> EU Directive 2000/ 43/ EC, which contains measures towards implementing principles of equal treatment between persons irrespective of racial or ethnic origin. With rights extending beyond those found in Ireland's Equal Status Act, this directive prohibits discrimination on grounds of racial or ethnic origin in access to, inter alia, health care and social protection. This directive, formally implemented in July 2003, holds significant implications for provision of services to persons of ethnic minority groups,

Within the Irish context, specific cross cutting strategies and commitments address the treatment of persons from socially excluded groups:

> Sustaining Progress: Social Partnership Agreement 2003 – 2005, which expresses commitments towards the delivery of a fair and inclusive society via various means, including actions aimed at reducing health inequalities, improving access to public health services, and ensuring equality for all. The modernisation clause of Sustaining Progress also contains: Action / Commitment 10:
The public service will continue to build on the significant progress which has been made in regard to policies on equality and diversity in order to promote equal opportunity in all aspects of civil and public service employment.

> The Equal Status Act 2000, outlaws discrimination in relation to access to services on nine grounds including race and membership of the traveller community. The Act also allows for positive action to cater for needs of disadvantaged groups or persons who may require services, facilities or assistance.

> The Employment Equality Act, 1998 outlaws discrimination in relation to access and conditions of employment on nine grounds including race, religion and member ship of the traveller community.

4

4 Healthcare Framework

The future direction of health care in Ireland is outlined by the National Health Strategy: Quality and Fairness (2001), which, guided by core principles of equity, people centredness, quality and accountability, contains a number of recommendations and actions, aimed at targeting health inequalities, especially as they apply to socially excluded groups with special health and care needs. The needs of ethnic groups fit into this strategy. (**Action 18:** A programme of actions will be developed to achieve the National Anti Poverty Strategy and health targets for the reduction of health inequalities)

Other documents relevant to development of a strategy for ethnic minorities, which have been considered are:

> Traveller Health : A National Strategy 2002- 2005

> Health Promotion Strategy: 2000-2005. This strategy acknowledges the need to develop appropriate, sensitive, responsive health promotion programmes in order to facilitate improvement in health status and social gain of all persons from traditionally excluded or disadvantaged groups. It requires the development of both mainstream and individual actions to address inequities or disadvantages faced by certain groups.

> Primary Health Care Strategy: 2002. This emphasizes the commitment of the health system towards ensuring a more equitable, accessible, appropriate and responsive range of quality basic health and personal social services for all. Intrinsic to this strategy is the involvement of the community in making decisions around planning and development of health services to meet the health and social care needs of their own communities.

> Action Plan for People Management: 2002. In addition to setting out a range of actions to develop good practice human resource management across the health service, this plan contains specific actions relating to the promotion of diversity and equality measures.

> National Aids Strategy: 2000. This aims at developing and coordinating an integrated response to issues around HIV / AIDS and makes recommendations around the care and treatment of vulnerable groups, including the group of non Nationals, in this regard.

5

5 Principles, Values Underpinning Strategy

> Equality of access and participation is key to effective healthcare provision for ethnic minorities, and governs all approaches to it. Persons from ethnic minority communities should enjoy access to a similar range and quality of health services as the local community. Aspects of health promotion, service planning and service delivery thus demand the use of innovative, flexible approaches aimed at ensuring that persons from ethnic minorities enjoy equal access to health services, receive services appropriate to their needs and are enabled to benefit maximally from such services.

> Development of a health strategy for ethnic minorities requires that cognisance be taken of the present situation and circumstances in which persons from ethnic minorities receive health care, the health status and specific needs of ethnic minority groups, and the extent to which the current system of healthcare provision and support addresses these needs, relative to other care groups. This strategy therefore leads in identifying key issues and priorities for this care group and in proposing means through which appropriate, responsive programmes could be developed and implemented. A key element of the strategy is comprehensive assessment of need for ethnic minorities.

> Designing services for the majority of the population may have the effect of inadvertently discriminating against certain groups, such as ethnic minority communities, through neglecting to recognise, respond to, and plan for their particular needs and circumstances. While mainstream healthcare delivery should be adapted, where appropriate, to enable access and participation by all socially excluded groups, it may thus be necessary, given the unique needs of persons from ethnic minority groups, to develop additional programmes which target the particular health needs of this group.

> Utilisation of a Community development approach, in which all ethnic minority communities are actively engaged in the planning, design, development and implementation of health programmes is crucial to effective management of ethnic minority health needs. Peer led programmes are an essential component of this approach. Implicit here, is the provision of appropriate support and resourcing to all ethnic minority communities in order to ensure positive, sustainable health and social gain for persons from these communities.

> In attempting to address health care needs of ethnic minorities, training of key frontline health workers in aspects of cultural awareness, antiracism, and other areas relevant to ethnic minorities should be accorded priority. Such training should, in time, be extended to all workers within the health sector. Provision of training would be instrumental in encouraging respect for the diversity of service users, insight into traditions, values and practices, and should, subsequently, facilitate a sensitive, holistic management of all users' varying health needs.

> Ongoing collection of data pertaining to health status and needs of ethnic minorities, together with monitoring and evaluation of the effectiveness of implementation of specific programmes is critical to facilitating improvements in health and well-being of persons from ethnic minorities. In this regard, ethnic monitoring is regarded as a key priority. At the same time, appropriate research, based on agreed identified priorities, should be encouraged and supported.


6

6 Key Issues & Actions

Issues of particular relevance to ethnic minorities are grouped in terms of specific identified health care priorities (**6.1)** or around organisational or infrastructural aspects, enhancement of which is critical to achievement of favourable outcomes in healthcare delivery to persons from ethnic minorities (**6.2**.) Many aspects described in this section are interrelated, with improvements or enhancement in one area being reflected in altered outcomes in another, e.g. Enhanced access to primary care services may result in more appropriate usage of A and E Departments, while improved awareness among staff of the needs of minority ethnic groups may impact on general uptake of services…

6.1 Health Care Issues

6.1.1 Health Promotion

The National Health Promotion Strategy is equally applicable to ethnic minorities as to the majority of the population. However, it will differ in its application to ethnic minorities for a number of reasons mainly related to language and cultural differences but also related to the amount of health information newly arrived immigrants may have received in their country of origin.

Information on health and health services needs to be available in relevant languages. Much of the health promotion material and messages currently in use in Ireland will be of value to ethnic minorities. In some instances translation of the material may be sufficient. However, in many cases the material may also need to be culturally adapted. Some people from ethnic minorities may not be functionally literate even within their own language. This will require a greater emphasis on visual and spoken messages. In some instances too, health information may need to be targeted for special groups, e.g. by age and gender.

The manner in which the material is disseminated is of crucial importance. Peer-led approaches are likely to be most successful from both a language and cultural point-of-view. Due consideration should be given to the most appropriate settings within which programmes are provided. The Traveller Primary health project may serve as a useful model here. This will require training people to be health promoters within their own communities.

The involvement of users i.e. people from ethnic minorities, in the design of new materials, the adaptation of existing materials and the delivery of health promotion programmes is of critical importance.

Currently many health services and health professionals are translating or adapting materials in response to an identified need. However, this can involve much duplication of effort. In order to address this issue, it is recommended that a Coordinator for the region is appointed, to ensure the most efficient and effective use of these efforts and to ensure the maximum dissemination of best practice across the region.

As the need for health promotion input is immense, there is also a need to prioritise actions. Ethnic minorities with the greatest need should be targeted in the first instance. Furthermore, the needs of ethnic minorities with the greatest numbers in the region should be prioritised in order to facilitate maximal outcomes for the least amount of inputs. Due consideration should also be given to the fact that it is often persons or groups who are most isolated, who may experience greatest need.

Proposed Actions:

Service Providers – in partnership with representatives of persons from ethnic minority groups – will endeavour to ensure that all health promotion programmes are culturally sensitive and responsive to the needs of service users from ethnic minorities; where necessary, health promotion programmes may be developed / adapted in order to meet these criteria. Such requirements should be included in the ERHA Service Plan for 2004.

The appointment of a designated Coordinator will facilitate optimal use of resources and promote an integrated approach to identifying, prioritising and providing appropriate health promotion programmes.

Health needs of persons of ethnic minority communities should be placed on the agenda of the proposed

National Health Promotion Forum; to ensure that health issues relevant to this group are adequately addressed, a person with expertise in these issues should be invited to join this Forum.

6.1.2 Primary Health Care

Primary health care delivery provides the appropriate setting in which 90% of persons' health and social care needs may be met. Its inclusive approach contains guiding principles strongly attuned to the needs of all socially disadvantaged groups. Incorporated in this approach is a strong emphasis on working in partnership with individuals and communities to improve their general health and social well being. A number of actions exist within the Primary Health Care strategy, towards facilitating enhancement of service provision to disadvantaged groups. The implementation of the Primary Health Care Strategy thus provides a unique opportunity to address the needs of ethnic minority service users and thereby influence improved health status for members of ethnic minority communities. The processes involved in establishment of teams to serve designated areas or communities will serve to identify the health and social care needs of persons from ethnic minorities within such populations and to prioritise development of actions to address such needs. It may prove advisable in certain identified areas of need, to provide for the appointment of a key worker across three or more teams, to link in with the primary health teams in highlighting aspects of need and in working with families from disadvantaged groups. It is evident that networking by all members of primary health care teams within their own teams and with representatives of local groups, is crucial to effectively addressing health and social needs within communities.

Ensuring equity of access and participation to primary health care for ethnic minorities is crucial to effective service provision for this group, especially since this is often the first and ongoing point of contact with health care services. The nature of primary health care lends itself to the development of multidisciplinary teams, competent in addressing the primary health care and related needs of persons from socially excluded groups. Public health nursing, in particular, renders much community support and plays a vital role in promoting and maintaining health of persons at local level. The piloting of a programme to explore means of involving members of ethnic minority groups in identifying and addressing specific healthcare issues of persons from ethnic minorities is currently under discussion. In some areas, specialised teams already exist at community level to address specific needs of service users, and it may thus prove feasible to build on such existing resources, rather than duplicating resources. In all instances, linkages should be forged with primary health care teams to ensure that the needs of persons from ethnic minority groups in the community served by that team are adequately addressed.

Intrinsic to provision of such enhanced primary care services is allocation of adequate resourcing.

G.P.s provide a vital service to persons from ethnic minority communities. Registration with a G.P. enables continuity of care, and facilitates appropriate, thorough health assessment and treatment. Anecdotally, however, persons from ethnic minority communities report difficulty in accessing GP services. Persons from ethnic minority communities may present with multiple health and social care difficulties, with additional language and communication barriers requiring lengthy, sometimes unplanned, consultation. It appears that certain G.P. practices may accept clients from ethnic minority communities, with the result that these practices may become overloaded, while at the other extreme, some G.P. practices may not welcome applications from members of these groups. The implementation of a number of recommendations of the Primary Health Strategy, whereby service users may self refer to members of the Primary health team and may be enrolled with both the team and with the G.P. working in that team, is anticipated to promote access to primary care services.

Special consideration may still, however, need to be given to means of facilitating access to G.Ps. Recommendations should address identified issues and should be designed to ensure continuity of care to clients. At the same time, provision of appropriate support to G.P.s should be explored, with G.P. access to interpreting services regarded as a priority. The booklet distributed to all G.P.s in September 2003 by the Irish

College of General Practitioners: "General Practice care in a multicultural society: A guide to support services for asylum seekers, refugees and migrant workers", provides a valuable means of referral for G.P.s to relevant services; means of making this guide more widely available beyond all primary health teams should be discussed with its distributors.

It is further recommended that, wherever culturally appropriate and preferred, patients should have access to same gender G.Ps.

Difficulties in accessing medical cards are also experienced by persons from ethnic minorities when moving from one area to another. The findings of a National group investigating this will inform further developments here. However, it is recommended that the medical card system should be enhanced so as to enable patients to keep their own medical card, together with a hand-held record of health care. Such "roaming" cards should be durable and user friendly. Work around this in regard to the Traveller community should inform recommendations here. Additionally, current work around developing capacity for the electronic transfer of patient information will inform and influence development here.

G.P.s play a vital role in caring for patients with both physical and associated mental health needs. International evidence demonstrates that approximately 40 – 50% of persons attending G.P. services do so directly as a result of psychological distress or indirectly due to associated mental health issues. It is likely that figures for attendance of persons from ethnic minority groups could be even higher than this, were they able to access G.P. services optimally. The W.H.O.: "Mental health: New Understanding, New Hope" confirms that much treatment of mental health issues may be delivered within a primary health care setting. Consideration should thus be given to ways of ensuring that mental health needs of patients from ethnic minorities are addressed within this framework. Further discussions of mental health and related issues among members of ethnic minority communities is found in **6.1.2.3**

Similar considerations should be attached to the provision of addiction services by G.P.s to persons from ethnic minority groups**. 6.1.2.10**

Proposed Actions

Close, formal linkages should be maintained with those involved in implementing the Primary Health Care strategy to ensure that the needs of persons from ethnic minorities are adequately recognised and addressed. The Primary Care Steering and Implementation Groups are essential structures in this regard.

Where specialised multidisciplinary teams already exist at community level, the feasibility of linking with them, or building on their capacity, to establish greater synergy in addressing particular needs of service users from ethnic minority groups, should be explored. At the same time, proposals for piloting a project aimed at promoting optimal participation of persons from ethnic minority groups in the implementation of the primary health care strategy should be further explored and developed.

All primary health programmes affecting ethnic minorities will be developed in partnership with representatives from these communities. Such programmes will be developed within a needs assessment framework. The effectiveness of these programmes will be periodically evaluated and, where appropriate, adapted and replicated in communities with significant numbers of service users from ethnic minorities.

Funding should be made available to facilitate training of frontline staff and provision of support to representatives working in this area. Such training should form part of the context of training already being developed as part of the primary health strategy.

Reporting mechanisms around measuring and recording uptake of primary health services should be discussed and agreed with relevant service providers.

Much has been accomplished via the National Traveller Health Strategy in addressing issues around access of the Traveller community to G.P. services. To avoid unnecessary duplication of effort and resources, it is advisable to draw on the experience and advice of the Traveller Health Unit in relation to these issues. Informal links should thus be established with the Traveller Health Unit, to ensure awareness of ongoing developments

in relation to Travellers' accessing of G.P. care. Liaison here with both Traveller Health Unit and Primary health care stakeholders should inform further progress towards facilitation of access by disadvantaged groups to quality G.P. and other primary health services.

Mechanisms of providing additional support to G.P.s working with patients from ethnic minority groups should be explored. Practical measures, including provision of access to a centralised interpretation service should be negotiated against the background of proposed national revision of G.P. contracts.

6.1.2.1 Impact on Health Services

Service users from different ethnic minority groups, coming from other countries with different health care systems, may be unfamiliar with referrals, waiting lists, appointments, and processes used in accessing health services. This may result in inappropriate usage of health facilities, causing increased pressure on various health structures. Expectations relating to health care may also be different, with similar potential for difficulty in accessing health care appropriately and in interfacing positively with health care personnel. The need for clear explanation and support in learning to access health care optimally, as outlined in **6.1.1** is further reinforced here.

The pilot, peer led Health Information project, developed in partnership between the Northern Area Health Board, Spirasi (Spiritan Asylum Services Initiative) and the Reception and Integration Agency, could - following formal evaluation - serve as a useful model for the dissemination of health information to ethnic minorities. This project was developed with the primary aim of increasing the capacity of asylum seekers to make more informed decisions about their health care, through facilitating an improved understanding of access and interaction with statutory health services during the reception phase of the asylum process. During a 6-month period, at least 868 persons attended one of the 57 morning sessions held for this purpose. The annual cost of this pilot programme is 200,000 euros; expansion to address the needs of persons of ethnic minorities beyond those needs of asylum seekers, is estimated at an additional 300,000 euros for the region.

Large numbers of persons from ethnic minorities requiring health services have impacted on the workload of health service providers, with little corresponding increase in staff ratios. Certain services experience particularly increased demand, e.g. maternity services, A and E departments, Infectious disease clinics and Public Health Nursing. Information around numbers of persons utilizing health services is classified in terms of Irish / non National service user. Such figures do not present an accurate picture of numbers of persons from ethnic minority groups using services, although it would seem that a large number of "non Nationals" may be persons from ethnic minority groups. Within this context, then, the 3 Maternity hospitals in the East report a 50% increase per annum in the number of non National women delivering babies, with almost 4000 births recorded to non National mothers in the 7-month period between January and July 2003. This appears to represent approximately 23% of the total number of births in this region. The group of non National mothers presents particular issues of care, distinct from the indigenous population, with many arrivals late, and frequently unscheduled, in pregnancy, and with significant additional medical demands due to diagnosis of medical complication and/or a range of infectious diseases. Such situations pose significant challenges to the existing capacity of the health service. It is estimated that – assuming this level continues – and that an additional 15% level of resources is required for the variety of specialist services needed for this group, the total costs of non National births in the 3 Maternity hospitals amounts to 29.1 million euros for 2003. Similar increases in pressures are reported in Infectious Disease clinics across the region. Capacity and resources available to the region to deal with such pressures, needs to be increased.

While fewer difficulties have been reported by secondary and tertiary service providers, it would appear that persons from ethnic minority groups may present at this level of care for treatment best performed at a primary level of care. It is anticipated that enhancement of primary care Out of Hours initiatives, where G.P.s, Social Workers and other health professionals are available,

may assist such situations. At the same time, familiarization of people from ethnic minorities of the best means of accessing appropriate services, will further ameliorate these situations.

No information is available to assess whether fewer persons from ethnic minority groups are referred to secondary levels of care. Research may be necessary to explore such issues.

Where persons from ethnic minorities are discharged from hospital, it cannot be assumed that an extended family support system is available to provide nursing and support during convalescence. Appropriate community based care should thus be sourced and delivered where necessary.

The nature of work with service users from ethnic minority groups may be both rewarding and challenging. However, the demands and complexity of such work may prove particularly stressful and emotionally draining for persons providing these services. It is acknowledged that health workers themselves may need support, and that consideration should be given towards development of programmes designed to provide this. In this regard, the Cultural Mediation project, in which a team of 6 Cultural Mediators were trained through the Access Ireland training programme in 2002, may be used to assist in reducing stress and pressure felt by many frontline health service providers.

Proposed Actions

Health promotion programmes should include information on appropriate use of hospital services, including A and E services, Maternity services and all In - and Out - Patient services.

The current pilot initiatives in relation to provision of health information and cultural mediation are being evaluated, and, if proved effective, should be supported and further enhanced.

Capacity should be developed in those clinical services experiencing increased pressures. Links with the planners of acute hospital and maternity services should be maintained and strengthened in order to jointly develop means of reducing these pressures and enhancing the capacity of services to address such pressures.

A Traveller research project is currently exploring low reported uptake by Travellers of general hospital services, and the reasons behind this. Findings here may hold implications for ethnic minorities and should thus inform further recommendations around facilitation of appropriate access to and usage of secondary services.

Protocols should be drawn up in partnership with relevant front line staff so that, in situations of inappropriate presentation to hospital services, all users may be facilitated to access more appropriate levels of treatment.

Training should be provided to all front line hospital staff around the needs and perspectives of service users from ethnic minority groups (**6.2.4.3**). Specific programmes, designed to provide support to health workers, should also be developed and implemented.

6.1.2.2 Health Screening

Communicable disease health screening, including screening and vaccination for TB, hepatitis and polio, is offered only to persons from certain groups, i.e. asylum seekers and refugees. Screening for varicella and rubella is also offered to women of child bearing age and those who are immuno compromised within the asylum seeker / refugee group from the asylum seeker / refugee group. All pregnant women attending the three maternity hospitals are offered antenatal serological screening for HIV, syphilis, and rubella.

Due to the short period of time spent by the majority of asylum seekers in Dublin Reception Centres, vaccinations are not provided there, but may be offered in accommodation centres, following dispersal. This service includes those dispersed to Health Board areas outside the East. The dispersal process may have an impact with regard to the smooth flow of information with regard to the screening process, access to laboratory results and so on; in this regard, there

is a need to develop mechanisms to ensure more effective flow of information.

Health screening at the Reception Centres is, thus, by and large, confined to screening for infectious disease. The screening process is guided by the recommendations of the Department of Health and Children's Expert Group on communicable disease screening for asylum seekers. Where appropriate, the clinics also refer to the Psychology services. Consideration should be given to broadening the current screening process to form a general health needs assessment.

Proposed Actions

It is recommended that the current screening process be reviewed. Such a review should, ideally, form part of a national review, as, in many instances, the screening process may only be commenced in the Eastern region, with implications for other areas to which persons are dispersed.

6.1.2.3 Mental health

Even with the paucity of data available, it is generally acknowledged that persons from ethnic minority groups may experience a greater level of psychological distress than would the local population. Incidence of depression, psychosis and post traumatic stress disorder is accepted to be higher in persons from ethnic minority groups than in the indigenous population. This may be related to experiences of loss or displacement, coupled with difficulties in adapting to life in a new country. Social isolation and poverty have an additional detrimental effect on psychological well being.

The length of time spent by asylum seekers in direct provision, as the system is presently applied, together with restricted access to employment, can cause further stress, impacting on psychological well-being.

While issues relating to womens' health are discussed in **6.1.2.6**, it is worth noting that a number of men from minority ethnic groups may experience difficulties relating to change in role and cultural identity, perception of disempowerment, and so on, with implications for mental health.

Cultural factors may exert a profound influence on motivation and ability to access mental health services, with concepts around mental health differing greatly within and between various ethnic minority groups. When assessing health status, cultural factors should be taken into consideration and great care should be taken before pathologising what may, in fact, be a natural response to an abnormal situation. A holistic, multiagency approach to care should be adopted here, with some attention being paid to addressing practical issues where appropriate. Use of trained interpreters is essential in assessing mental health status and in agreeing on appropriate treatment.

Persons from ethnic minority communities will also experience mental health issues identical to that of the indigenous population, unrelated to torture, dislocation, and so on. Here, community based services should be accessible, flexible and appropriate, utilizing close links with community mental health teams as well as with the relevant local representative community organizations.

Provision of psychosocial support, as offered within peer led programmmes by various NGOs is one effective means of alleviating some portion of psychological distress; at the same time, a range of further appropriate interventions should be designed and implemented, with the aim of improving and enhancing well being. Such interventions could include training of local community members in developing listening and counselling skills, provision of parent education groups, and so on, as appropriate..

Input of NGOs is crucial in aspects of mental health provision. International experience tends to demonstrate that many survivors of torture find it more acceptable to avail of services provided by an NGO than by a statutory agency. The Centre for the Care of Survivors of Torture, managed by Spirasi, is an example of an NGO providing such a service in the East. Such initiatives, best placed to provide appropriate services for specific needs, should receive ongoing support and resourcing to enable further expansion and enhance-

ment of these services, subject to ongoing monitoring and evaluation of the effectiveness of such services.

A dedicated Psychological service is currently available for asylum seekers; consideration should be given to extending access to this service to other members of ethnic minority communities. This clearly would hold implications for the capacity of this service, as it presently operates.

Psychiatric illness may be present in certain members of ethnic minority groups, either of a long-standing nature, or linked with experiences such as torture and violence. Cultural differences and language difficulties may increase potential for misdiagnosis. In instances of psychiatric illness, a comprehensive, culturally appropriate range of services for persons requiring psychiatric input should be developed. In this regard, there is a strong need for input of a Consultant Psychiatrist who possesses specialist expertise in trans cultural issues.

Proposed Actions

All systems and practices impacting on psychological well being of persons from ethnic minority communities should be examined, with the aim of ameliorating as many aspects of these as is feasible.

Implementation of the Primary Health Care Strategy will facilitate establishment of links between community based service providers, N.G.O. s and representatives of ethnic minority communities, and facilitate early intervention and treatment for service users from ethnic minorities. Establishment of such links should be actively forged and consolidated.

Firm links should be established between Health Promotion coordinators and N.G.O.s in developing training programmes for frontline personnel, specifically aimed at promoting knowledge around cultural practices and perceptions in relation to mental health, as well as at facilitating awareness of the needs and barriers faced by members of this group. Programmes should also incorporate an element of ongoing support to frontline personnel.

The development by NGOs of appropriate training programmes for staff, as well as development of peer led programmes designed to provide some psychosocial support to service users, should be strengthened and resourced.

When funding and priorities allow, consideration should be given to input of a Consultant Psychiatrist with expertise in working with people from ethnic minorities. Mechanisms through which such professional skills could best be utilized, for example, via joint posts, sessional input etc. should be explored in consultation with planners for Mental Health, to ensure that proposals and development are consistent with the recommendations of the Mental Health Strategic Framework for the Eastern region.

6.1.2.4 Maternity Care:

Maternity hospitals are among those services reporting increased demand, and subsequent impact on their capacity to provide adequately for all those persons requiring care. While some increased funding has been allocated to the Maternity hospitals to enable them to increase capacity in addressing increased activity levels caused by increases in numbers of births generally in the East, as well by impact on the service caused by increased utilization by non Nationals, it is acknowledged that the resource and capacity implications extend beyond the funding made available to the Authority for this purpose. In addition, there are issues of care presented by ethnic minorities' use of maternity services, which stretch beyond resource availability.

Issues discussed in **6.1.2** and **6.1.2.1** around impact on services, access to services, and inappropriate usage of services are all particularly relevant to aspects of maternity care. A common difficulty encountered by service providers is that of expectant mothers from ethnic minority groups presenting on an unscheduled basis to Maternity hospitals in advanced stages of pregnancy, with significant medical complications and suffering from a range of conditions to a higher extent than usually found in the Irish population. These conditions include Hepatitis B and C, HIV and, in particular, haematological diseases such as sickle cell disease

and thalassaemia, which lead to additional pressures on medical and nursing staff, as well as exponential growth in laboratory and social support workload.

Communication difficulties and cultural differences experienced between patients and staff, together with administrative difficulties encountered in, for example, confirming identity, test results, multiple bookings, follow up etc may lead to immense frustration for all parties involved. Additional issues cited around maternity care for expectant mothers and those in labour, relate to the situation faced by hospital staff in having to access or provide appropriate care for other children who accompany the mother to hospital.

Other issues of concern related to maternity care, include low uptake of antenatal and postnatal care programmes, reported low uptake of family planning services and an apparent low rate of breastfeeding. Certain ethnic groups may be more mobile, with the result that follow up of patients from these groups for postnatal care, may prove problematic. Consideration may need to be given to provision of hand held ante and postnatal cards in such circumstances.

Establishment of the Outreach Maternity Clinic at Balseskin Reception Centre was the product of a joint proactive response by the Authority, Rotunda Maternity Hospital and the Northern Area Health Board – with additional input from the Reception and Integration Agency – to respond to difficulties being experienced in the area of maternity care for pregnant women classified as asylum seekers or refugees. While this initiative has improved the coordination of antenatal services and referral procedures to Maternity Hospitals for this group of women, there is a need to address the issue of maternity care for all women of ethnic minority groups in a comprehensive, integrated manner. Resolution of these issues in order to meet the needs of those delivering and receiving services continues to pose a challenge for the region.

Women from ethnic minority communities may experience additional difficulties postnatally, where potential factors such as social isolation, lack of extended family support, inadequacy of child care facilities, and accumulation of the many losses suffered by migrating may lead to postnatal depression.

The Authority is currently developing a strategic plan for maternity and women's health in the Eastern Region; the outcomes of the needs assessment component, in particular, will further inform action around maternal health needs of women from ethnic minorities in the East.

Proposed Actions

Consideration should be given to establishment of an additional Outreach Maternity Clinic, similar to that established at Balseskin Centre. It is anticipated that a further site should be established in the East Coast. Staff from Balseskin could provide sessional input at this outreach clinic, with need for the appointment of an additional health worker clinic. This clinic would thus serve as a satellite, with seamless referral of persons requiring additional care or investigation, to the main clinic at Balseskin or to one of the Maternity hospitals on the southside of Dublin. This would be a cost effective means of reducing pressures on maternity hospitals, as well as meeting criteria around decentralisation of services to the community. Such an Outreach service could be expanded to offer health promotion and information, parent support groups, parentcraft classes and other appropriate practical advice and support. Involvement of local groups and N.G.O.s would be invaluable in planning and participation in such an integrated approach to aspects of maternity care. The Community Mothers project could be utilised as a model in this regard. Pending evaluation of this initiative, a further outreach clinic may be established in the SWAHB.

The impact on maternity services created by increasing numbers of mothers from ethnic minority communities requiring care, is acknowledged. While ongoing efforts of the Maternity Hospitals to enhance capacity, and to utilise support of locally based N.G.O.s should be encouraged and supported, it is also necessary to advocate to the Department of Health and Children around the need to seek comprehensive solutions to all issues caused by the disproportionate impact on maternity services in the Eastern region.

The issue of children of mothers admitted to Maternity hospitals, requiring care, is of concern. Options, including training and employing persons from specific ethnic minorities to provide some support in such situations should be developed, and resourcing allocated for these eventualities.

6.1.2.5 Sexual health

Persons from ethnic minorities should be offered sexual health care in a manner sensitive to their particular cultures.

Assumptions that service users from ethnic minority groups do not use or wish for Family Planning services for cultural or religious reasons should be avoided. Information on contraception should be made available in various languages, while discussion and support around family planning or sexual health needs should be facilitated by offering a choice of gender of health workers and interpreters.

Sex education and related outreach services are identified as necessary for teenage service users of minority ethnic groups. These users may experience feelings of isolation and stress in attempting to find a balance between belonging to their parents' culture and assimilating the values of their peer groups, and may require additional support around sexual choices here.

In some ethnic minority communities, homosexuality / lesbianism may be a taboo issue, presenting significant barriers to gay men and women attempting to discuss areas of concern around their sexual health.

Similarly, male and female survivors of rape and other forms of sexual violence may feel unable to disclose or discuss feelings around these traumatic experiences. Effective management may be best accomplished within the context of facilitation of general support and provision of practical assistance, rather than by directly focusing on the sexual assault itself.

HIV /AIDS may be a significant issue for members of some ethnic minority communities. Where a person is at risk of HIV, or has been diagnosed HIV positive, testing for other STIs as well as appropriate information around availability of treatment should be offered, with due regard to issues of sensitivity and confidentiality. Programmes offering support and counselling, together with practical advice and assistance may be of much value. Most notified STIs in the heterosexual ethnic minority community are found in women presenting in pregnancy or labour. (ERHA: Public Health). Efforts should be made to target male members of the ethnic minority community, with special focus on treatment of contacts and immunisation of those at further risk of hepatitis.

The illegal practice of female genital mutilation (or female circumcision) may persist; however, insufficient evidence is available in Ireland to confirm this. Further research may be necessary around the issue. Education highlighting the multiple longterm risks and damage to young girls and women subject to this, should be regarded as a high priority, with appropriate programmes developed for use by health service providers, teachers, and communities encountering this practice. It is also thought necessary that guidelines be developed, targeting the prevention of female genital mutilation and allowing for early identification of children at risk of this practice. Healthcare workers should also be conscious that some women may have undergone this procedure, and that this has implications for their care in childbirth, as well as for provision of sexual health services.

Male circumcision is regarded as a norm in a number of ethnic minority communities. Safety, and the health of the young male are key overarching objectives around which persons from ethnic minority communities should be engaged in developing solutions to such issues as unregulated circumcision, age at which circumcision should be considered appropriate / inappropriate, and potential for performing circumcisions within approved hospital settings. Procedures for referral of persons to local hospitals for circumcision should be negotiated, in order to minimize the potential of circumcision being practiced in unhygienic conditions by unqualified persons. The debate around circumcision will be further informed by the recommendations of the National group, established under the Chief Medical Officer, currently debating this issue.

A Regional Sexual Health Strategy is currently being

developed in the Eastern region. The multiple, complex needs of persons from ethnic minority groups will be taken into account in this strategy.

Proposed Actions

The Regional Sexual Health Strategy presently being developed in the East should contain an acknowledgement of the differing sexual health needs of persons from ethnic minorities, and address any needs and issues related to this in a culturally sensitive, responsive and equitable manner. Such issues are likely to be identical to those raised above. Recommendations of this strategy are anticipated to address these issues within an integrated, comprehensive framework, and should therefore inform and direct further development of sexual health services for persons from ethnic minorities.

The findings and recommendations of the National group debating issues around male circumcision will be utilized to inform and develop solutions in this area.

6.1.2.6 Women's Health

Women from socially excluded communities are among the most vulnerable groups in any society. The situation of women from ethnic minority groups may be compounded in situations where they are isolated, without extended family support, or belong to cultures where they are traditionally not encouraged to assume responsibility for their own needs. Circumstances of asylum seeking or refugee women may be particularly harrowing, as their traditional roles may have been disrupted, forcing them to take on additional roles and responsibilities, including that of lone parent, head of household, or caring for children in an unfamiliar, often hostile environment. Where a male partner is also experiencing effects of stress, the situation is exacerbated.

All such situations place women at increased risk of poverty, physical assault, sexual harassment, rape and violence. In some ethnic minority communities, women are less likely to be literate, which further disempowers them, while, in situations where a woman's asylum claim is linked to that of her husband, she may be significantly compromised.

In ethnic minority communities where men are traditionally spokespersons for the family, the health and social support needs of women are seldom identified or acknowledged. While little data is available in Ireland around the health needs of women from ethnic minorities, it is acknowledged that this group reports increased levels of depression and poor health. It appears too – anecdotally – that women from ethnic minorities are less likely to avail of health promotion and screening initiatives, such as breast or cervical screening.

In many cultures, rape and domestic violence are taboo issues, and women who have experienced such violation are less likely to seek help or treatment. Unwanted pregnancy may be a result of sexual violence, further isolating women in such circumstances.

Issues around the mental health, maternity, and sexual health needs of women are addressed in **6.1.2.3, 6.1.2.4** and **6.1.2.5** respectively.

The G.P. and other primary health care workers can play in vital role in providing care and support to women from ethnic minority groups; in this regard, it is advisable that, wherever feasible, women be offered a choice of male or female G.P. At the same time, any continuing education programmes offered to primary health care workers should include some awareness raising around issues pertaining to women's' health so that they are best placed to respond sensitively and appropriately to any health issues.

Uptake of health promotion and support opportunities by women of ethnic minorities is acknowledged to increase significantly when offered by female health personnel or community workers. Active efforts should thus be made to resource NGOs in training of female linkworkers to participate in developing, promoting and implementing health promotion and support programmes targeted at women's' health and related needs. The model used by CAIRDE – an NGO which utilizes a community development approach to support and build capacity among women from ethnic minorities - in offering appropriate, empowering supports to women from ethnic minori-

ties is particularly relevant here. Appropriate provision of information, together with practical, emotional and social support may not only empower women to access health services for themselves and their families, but may also signpost them to avail of services in other sectors, including those offered by Departments of Social and Family Affairs, Justice, Education, and so on.

Proposed Actions

Active initiatives aimed at improving the circumstances of women from ethnic minority groups should be developed, and adequate resourcing allocated to agencies offering targeted, evaluated programmes designed to address women's' health needs.

Strong links should be forged between all statutory and voluntary agencies involved in women's' health service delivery. While such operational collaboration should be facilitated by the establishment of the formal structures proposed in **6.2.1**, it is also suggested that a sub group of the proposed Regional Implementation Forum (**8**) be designated to advance a strategic, comprehensive approach, identifying and addressing the health and support needs of women from ethnic minority communities. Such a sub group should report its progress within 6 months of endorsement of this strategy.

6.1.2.7 Child Health

The health needs of children from minority ethnic groups are varied and multidimensional. While children in settled, long standing ethnic minorities may be fully integrated into all aspects of community life, those children from families seeking asylum may be particularly vulnerable. Children not living in the direct provision system are at additional risk of vulnerability to relative poverty and social exclusion, while those children within the direct provision system for a length of time are reported to experience a range of stress related conditions. A number of children from families of ethnic minorities who are seeking asylum have witnessed and experienced traumatic events and a series of losses in reaching Ireland, and may present with a variety of vaguely defined physical conditions, some behaviour difficulties, and developmental delay. Language barriers and difficulties in communication make adjustment to a new way of life more problematic.

Unaccompanied minors / separated children, who apply for asylum in their own right, without family members or guardians caring for them, are especially isolated. The existing service for separated children, operated on behalf of the three Area Health Boards by the East Coast Area Health Board, is responsible for the total care needs of young people under the age of 18 years who arrive at ports of entry in the Eastern region unaccompanied by their parents or guardians, and who wish to seek asylum. Referrals to the Unaccompanied minors service amounted to 98 in 1999, while referrals totalled 863 in 2002; in 2003, a total of 286 referrals have been recorded for the months January to April. Although almost 70% of all referrals are reunited with family, there were 460 young people in care at the end of 2002, with a further 108 young persons being taken into care in the first four months of 2003. This group, together with children of asylum seeking families, requires specialised attention in providing services responsive to their complex needs. Issues relating to accommodation, appropriate care provision, and health education are of particular concern, while the situations of unaccompanied pregnant mothers, those separated children with educational or literacy difficulties, and those separated children reaching the age of 18, are emerging issues requiring urgent development of comprehensive, responsive solutions. The Irish Refugee Council has produced research on the situation of separated children, and the Authority and the ECAHB continue to work proactively to address these complex and increasing needs.

Child trafficking and related exploitation of children is an additional issue in this area, with significant implications for care management and child protection.

In the Eastern region, there are currently 14 WTE's – including 8 Social Workers - working with unaccompanied minors; an additional 8 WTE's are approved, but these posts remain unfilled to date. The total allocation for the East Coast Area Health Board in 2003 for this group is 1,552,500 euros, although the

projected costs at the end of 2003 for maintaining an existing level of service amount to 1,8 million euros.

A proposal for the development of services responding to the needs of separated children has been submitted to the Department of Health and Children on behalf of the Authority and the East Coast Area Health Board; outcomes here will influence future developments in this sector.

While many children from ethnic minority communities who have had their lives disrupted in some way, are generally acknowledged to be resilient in adapting to new circumstances, it should be accepted that all children living in socially excluded environments are vulnerable and that high levels of stress and insecurity impact on development. Intervention strategies should thus adopt a two pronged approach of addressing those factors causing distress as well as providing for development of coping strategies. Support offered to children should thus be multifaceted and geared towards providing as normal a life as possible. Such an approach demands formulation of an integrated care plan and provision of interagency support, via school, family, social and other related community networks. All interventions should engage the family as an entity and should offer associated support to parents around areas of concern.

Understanding of discipline varies between cultures, and issues here should be addressed as sensitively as possible, with the best interests of the child regarded as imperative. Where child abuse is suspected, active intervention should be effected, while, at the same time, awareness of the stresses being experienced by parents should be empathised. Support should thus be provided to parents in facilitating development of parenting skills and in having their own health and support needs addressed.

Adolescent children from ethnic minority communities may require additional psychosocial input to assist them in coping with normal developmental adjustment crises, coupled with the pressures related to assimilating the traditions and demands of a new culture, while retaining a sense of own ethnic identity and associated values. Programmes incorporating elements of lifeskills education, youth mentoring, youth counselling and group activities may be most effective here.

Sexual health needs of teenagers from ethnic minority groups are discussed in **6.1.2.5**

General child health of children from ethnic minorities may be compromised, particularly if these children are living in poor, socially excluded conditions. Although data on uptake of immunisation of children from ethnic minorities is unavailable, it is acknowledged that uptake of immunisation, as well as that of general child health screening, is low. A recent review on Immunisation in the East, completed by the Department of Public Health, has recommended that Public Health Nurses and GPs target disadvantaged groups – including ethnic minorities – as a priority for primary immunization. Further recommendations included the need to provide information on vaccine preventable diseases to this group, being mindful of existing language and cultural differences. Links should be established with the Immunisation Coordinator in each Health Board area. Comprehensive initiatives at primary health level should be developed to address all these issues.

Proposed Actions

All health promotion programmes, particularly those targeted at women, should incorporate information around the benefits of immunisation, as well as around the importance of general child health and development screening and any other identified priority areas.

Recommendations of the Review on Immunisation should be used to inform and develop actions around promoting increased uptake of immunisation.

A sub group of the proposed Regional Implementation Forum should be established in order to formulate and implement a strategic, integrated approach to the health and related social support needs of children from ethnic minorities. Such a sub group should comprise members of the Regional Implementation Forum together with other co-opted stakeholders from sectors including Education and Justice. Terms of reference, findings and recommendations should be available within 3 months of endorsement of this strategy, and should inform further

progress around the needs of children from ethnic minorities. Services for Unaccompanied minors should continue to be developed within the framework of available resources.

6.1.2.8 Older persons

Elders from minority ethnic groups may often experience "double discrimination", which impacts directly on access to health and social services (Age Concern, undated). Numbers of elderly people from ethnic minorities will be anticipated to increase over the next few years. Research aimed at identifying and addressing specific cultural and other issues preventing older service users from ethnic minority communities from accessing and utilising services for older persons is proposed. Forging of links with stakeholders in older persons' healthcare is intrinsic to further planning and development of services for older persons from ethnic minority groups.

Proposed Actions

Research around specific health and social support needs of older members of ethnic minority communities should be initiated; findings and recommendations of such a review should inform prioritisation of actions aimed at improving access to, and utilisation of health services, especially at a community level. Active involvement of representatives of ethnic minorities in this review, should be encouraged and supported.

6.1.2.9 Disability Issues

Little data is available around the incidence of disability and related needs for persons from ethnic minority groups. However, it is reasonable to expect that the incidence of disability is as high, if not higher, than that among members of local communities. It is thus all the more surprising that little or no impact on services provided by health therapists to persons of ethnic minorities appears to be reported. This, however, should not lead to the assumption that disability services are not required by this group.

Cultural attitudes to disabilities may vary and special needs may be difficult to assess and treat because of differing cultural expectations, language barriers etc.

Persons with physical or intellectual disability are more at risk of sexual abuse and violence in any community and are even more vulnerable when they live in conditions of isolation and exclusion. The need for preventive and therapeutic services around this area should thus be actively explored.

Research is needed to explore the area of disability and to address identified issues arising from such research.

Proposed Actions

The implementation of the National Physical and Sensory Disability and Intellectual Disability Databases, and the current Service Mapping project around provision of physical and sensory disability services in the East may reveal some detail around disability needs of persons from ethnic minority groups. However, additional research in this area should be encouraged, with support being available to relevant stakeholders motivated to engage in such research.

Training programmes offered to healthcare personnel should incorporate appropriate material around cultural attitudes to disability, so as to reinforce awareness of possible reasons, for example, why parents of disabled children from minority ethnic groups may not demand treatment for their children, and to present alternative means of offering and providing therapy. At the same time, health promotion programmes for persons from ethnic minorities should provide opportunities for addressing themes around disability.

6.1.2.10 Addiction Services

There has not been a noticeable increase in numbers of persons from ethnic minorities attending addiction services. The voluntary and community sectors have noted a small increase in the numbers of persons seeking asylum, linking in to their services. It appears likely that asylum seekers fear that attendance at an addiction

service may compromise their asylum applications.

The National Advisory Committee on Drugs has commissioned Merchants Quay- an NGO working in the field of addiction - to undertake a study on persons from Ethnic Minorities and their capacity to access addiction services. The outcomes of this study will inform further developments around addiction issues in this group.

Proposed Actions

The findings and recommendations of the Merchants Quay study around Access to addiction services by persons from Ethnic Minorities will inform further planning and development of services for persons of ethnic minority groups.

6.2 Organisational and Management Issues

6.2.1 Data Collection, Monitoring, Standardisation

It is acknowledged that a deficiency exists around information pertaining to health status and health experiences of all those groups in Ireland. Currently information pertaining to persons from ethnic minorities is collected in a fragmented manner by health service agencies. For example, employment information systems developed for national usage in the health services do not currently have the capability to capture information for example on disability and may of the other nine grounds covered in the Employment Equality legislation.

6.2.1.1 Ethnic Monitoring

While some services may record country of origin or legal status, this information is generally of little value from a health perspective. Country of origin should not be confused as an indicator of ethnicity. While information around country of origin may be relevant on first arrival, e.g. in flagging travel from country in which an infectious outbreak has occurred, it is data on ethnicity of service users which is more useful. Such information may identify equality of access to health services for various ethnic minorities, thereby facilitating positive action to address identified inequalities. At the same time, information in relation to ethnicity may facilitate earlier detection and treatment of certain medical conditions, e.g. sickle cell anaemia, which are more prevalent in some ethnic groups. This, in turn, may also facilitate effective targeting of health promotion messages.

It is important to note that information on ethnicity is required to effectively monitor and implement EU Directive 2000/43/ EC, which came into effect in Ireland in July 2003.

It is therefore strongly recommended that all health services collect data on the ethnicity of all service users. Such data collection should be standardized across all Health Boards and voluntary agencies. Modification of existing health information systems be necessary in order to achieve this.

Further work in this area should be regarded as a strategic priority.

6.2.1.2 Collection of Data

Data is key to identification of priority needs and concomitant planning of services to address needs of persons from ethnic minority communities. The collection and monitoring of information should thus be accorded a high priority. Information collected should relate to access to various services as well as to service utilisation and service uptake levels. All data reflecting outcomes from service provision and monitoring should be analysed against equality / diversity standards and agreed Performance Indicators.

Additional efforts should also be directed towards collection and monitoring of data pertaining to representation of persons from ethnic minority groups employed at all levels within health and social services.

6.2.1.3 Standardisation of Information

The influx of large numbers of persons from ethnic minorities into Ireland is a fairly recent phenomenon. Such unanticipated numbers of persons, with different needs, resulted in different practices and procedures around service provision, evolving across different health care providers and areas. Clearly, standardisation is required in all aspects of management here, as well as in relation to data collection, and is particularly relevant to the area of health screening (**6.1.2.2**) and interpretation (**6.2.3.1**).

Proposed Actions

Given the existing weaknesses identified in collecting data around ethnic minorities, as comprehensive as possible assessment of health and related social support needs of ethnic minority groups should be undertaken within 12 months of endorsement of this strategy. Discussion should take place at the proposed Regional Implementation Forum around the most appropriate means of conducting such an assessment.

Close contact should be maintained with representatives of the National Traveller Health Strategy Advisory Committee in order to be actively aware and participative in their ongoing initiatives around collection of ethnicity. Outcomes of related pilot projects will be evaluated, and discussions initiated to extend collection of ethnicity related data to all relevant health information systems.

In the interim, involvement of relevant health information personnel will be sought in order to acquaint them with issues pertaining to ethnicity and the need to amend systems to collect such information.

Negotiations should be conducted with ERHA / Health Board personnel and relevant stakeholders and agreement reached around the nature of data which should be collected, and it's subsequent evaluation and usage. All Agencies providing information should be regularly appraised of findings / conclusions around such information, and the ways in which this data will be used. Implementation of a pilot project in this regard may be considered and will aid in informing means of addressing issues around standardisation of health information required in respect of persons from ethnic minority groups.

6.2.2 Intersectoral Collaboration

Intersectoral working is a core principle in working with socially excluded groups, with coordination and integration of health services and development of partnerships between providers and users of services central to achievement of positive health and social care outcomes.

Inter Departmental Collaboration

In the context of health service provision to ethnic minorities, effective linkages between Government Departments, including Departments of Justice, Health and Children, Environment, Education and Science, Enterprise and Employment, Social and Family Affairs, and Finance, are crucial, if a coordinated response is to be offered to the needs of these communities and individuals. In this regard, there is a clear need to develop structures to support intersectoral working, as well as to link with the efforts of the cross Departmental team, established in 1999 for the purpose of providing a coordinated response to asylum seekers and refugees.

At the same time, links with and between non Governmental Organisations and other statutory agencies, such as Combat Poverty Agency and Family Support Agency, should be encouraged and strengthened. Such linkages should operate at all levels of care.

It is thus recommended that formal structures be put in place at local level to facilitate greater communication and maximal integration of services between the various statutory and voluntary agencies providing services to ethnic minorities. A mutually agreed framework, within which principles, processes, roles and responsibilities in reviewing and implementing solutions at local level, should form an integral cornerstone of such a structure.

Improved linkages between the range of providers of services to users from ethnic minority groups raises the question of the sharing of information between various agencies. For optimal service delivery, there should be maximal sharing of information between agencies in relation to issues, services, policies, practices, procedures with an emphasis on developing best practice models and quality standards.

However, sharing of personal information should respect confidentiality and the principle of consent, and should be in line with the Data Protection legislation.

Non Governmental Organisations

NGOs have a vital role to play in the delivery of an effective health service to ethnic minorities. Many NGOs are support groups, comprising members of ethnic minority groups. Such NGOs are very aware of the issues affecting access to health care and are able to be flexible and creative in the way they respond to meeting need. Participation, consultation and capacity building for NGOs representing the interests of ethnic minority communities is critical to empower them to be adequately equipped to work in partnership with service providers.

Programmes, such as those offered by CAIRDE, focus on building the capacity of ethnic minority groups to identify their own health needs, and facilitating participation in strategies to respond appropriately to these needs. Such a programme, currently costing approximately 160,000 euros per annum may be regarded as a very cost effective means of achieving such objectives. Intrinsic to such programmes is promotion of dialogue between representatives of ethnic minority groups and service providers to ensure optimal collaboration in identifying and prioritising the health and social care needs of persons from ethnic minority groups.

NGOs should thus be supported and adequately resourced to build their capacity to enable them to play an effective role in the planning and delivery of health services to ethnic minorities.

Proposed Actions

A designated person in each Health Board area should be charged with the responsibility of establishing formal linkages at local level with all stakeholders involved in providing care to persons from ethnic minorities; consumer representation within such a formal network should also be facilitated.

+Funding should be allocated to NGOs to resource their participation in all aspects of implementation of this strategy. Full involvement of NGOs will be a priority.

6.2.3 Communication

Inability to communicate effectively in a language of a host country forms a major barrier to accessing and participating in health service delivery and leads to misunderstanding, confusion, and ultimate poor health outcomes. It is easy, and also dangerous, to assume greater language skills on behalf of both service user and service provider, with potential for inaccurate diagnosis, inappropriate health management, and disempowerment of the patient. Standards of clinical governance, together with medico legal concerns relating to issues of confidentiality and informed consent, demand that a professional interpretation service be in place to address such issues of communication.

It is acknowledged that it is more cost effective to employ trained interpreters than to call on interpreters in unstructured situations. Hidden costs of using untrained interpreters may include wasteful use of medical services and use of unnecessary tests and procedures.

Cultural mediation services ie. Facilitation of communication between service providers and clients from minority ethnic groups through interpretation of language when required, but also through provision of information about the client's cultural, religious and social background to the service provider and information about the particular service and its operation, to the client, are similarly required within the health services.

Currently, health services, as well as statutory bodies

in other sectors, utilise a number of privately operated interpretation services. In an Irish College of General Practitioner survey conducted in 2003, G.P.s identified a lack of interpreters in the health system as the single biggest barrier to offering quality medical care to asylum seekers and refugees. Core difficulties around the present system include the absence of a coherent policy on interpretation, absence of training for interpreters, absence of guidelines for interpreters, absence of testing of interpreters, lack of quality control around provision of interpretation, and lack of record keeping around provision of interpretation services. Such a situation holds implications for fragmentation of services, lack of regulation of standards, and accountability.

While this strategy focuses on the needs of those persons from ethnic minority groups living in the East, it is worth noting that, of the 5.9 million tourists visiting Ireland in 2002, 1.4 million were from non English speaking countries; some of these visitors may have been in need of health related interpretation services.

6.2.3.1 Interpretation

The ordinary interpreter's role is limited to the direct communication aspect. Interpreters required in the provision of health services for ethnic minorities are community interpreters whose role is quite different from that of other interpreters. Apart from linguistic and interpreting skills, the community interpreter needs to be familiar with the general ethos, nature and operation of the health service as well as possessing cultural competency and an understanding of roles, responsibilities and all ethical considerations.

While face to face interpreting is preferable, it is accepted that in certain circumstances, such as emergency situations or out of hours consultations, this may be supplemented by telephone or video interpreting.

Planning stages of an interpretation service would involve a consideration of the following issues:

> Standardisation of the provision of medical interpreters should be on a nationwide basis. with the same training available across the country.
> Assessment of the language needs of the different minority ethnic groups using the services is essential to ensure that interpreters are competent in the languages that are most in demand.
> Establishment of standards for the recruitment and employment of interpreters.
> Drawing up of a standardised job description for interpreters.
> The training provided by such a service would include:
  - Induction of interpreters: This should include interpreting techniques, interpreting practice, medical terminology, ethics, role playing, work experience. It is essential that this training be provided by people who have themselves received training or who have experience of teaching interpreting skills or who are professional interpreters. Interpreters should be tested at the end of such a training course to ensure that they are of an adequate professional standard. Such a training course should be long enough to allow interpreters to build up their skills and knowledge.
  - On going training for interpreters
  - Training for service providers as to how to work with interpreters, their particular roles, and boundaries to be respected.
> Establishment of a Code of practice for interpreters
> Need for ongoing practical and emotional support for interpreters, and mechanisms of provision of such support as mentioned in **6.1.2.1.**
> Development of mechanisms for evaluation of the service provided by interpreters.

It is recommended that the preferred language of a service user and the need for services of an interpreter be recorded at first point of contact with the health service. Provision should be made for this information to be recorded on a referral form.

6.2.3.2 Cultural Mediation

The use of cultural mediators in assisting service providers to deliver culturally appropriate health services to ethnic minorities should also be considered. Cultural mediators act as "cultural brokers" in facilitating communication between service users from ethnic minority groups and service providers. Cultural mediation has

been proven to facilitate access to healthcare for ethnic minorities, and to improve the nature and quality of services provided to the group. Cultural mediators employed in the health team, acting as "linkworkers" between ethnic minority communities, can participate in planning of services to ethnic minority communities, train staff in cross cultural communication, assist in the development of health promotion materials for communities, and establish liaison relationships with these communities. Utilisation and expansion of the Access Ireland Cultural mediation project, mentioned in **6.1.2.1**, should be considered in this regard. Currently, all six Cultural mediators trained in this project, originate from African countries; however, this team of mediators should now be expanded to include representatives from Roma, Islamic, Chinese and Russian speaking communities. The total annual cost of offering such a training programme is estimated at 96,000 euros.

A strategic, multiagency approach to training, employing and funding of interpreters and cultural mediators is necessary, both as a means of providing a broad base of support to health service providers, and as a mechanism for reducing the costs and duplication of resources associated with single agency services.

Proposed Actions

Training should be provided for staff working with interpreters and cultural mediators around practices, procedures and ethics expected of interpreters working with ethnic minorities. At the same time, interpreters and mediators should be appraised of expectations of their roles and responsibilities when employed in the healthcare system.

A comprehensive review aimed at identifying an optimal model of provision of interpretation services should be instituted. It may be advisable for such a review to be conducted conjointly with other statutory bodies e.g. Department of Justice, Equality and Law Reform. Findings and recommendations of such a review should be made available within 8 months of approval of this strategy, and should be used to inform and direct implementation of such a model. An important component of the review should include some investigation around potential for sharing of interpreters and cultural mediators across statutory services, and mechanisms through which this may be accomplished.

Guidelines should be drawn up, determining the circumstances in which the service provider should call on the services of an interpreter, and the procedures through which this should be conducted.

Funding should be made available for employment of a number of interpreters and cultural mediators as members of specialised multidisciplinary teams at a primary health level.

6.2.4 Human Resources

In light of current trends health service providers potentially will face increased challenges in delivering health services to a population whose demographic characteristics include increasing multiculturalism and diversity. In parallel with these changes, the health service comprises an increasingly heterogeneous and diverse workforce. In this context it behoves agencies and services involved in the delivery of health and social services to develop a whole organisational approach to equal opportunities and valuing diversity so that employment policies and practices and service delivery reflects and supports the needs of a diverse and multi-ethnic society. Key tools in a whole organisational approach are organisational leadership, a culture which values and champions equality and diversity through proactive policies and training and development.

The Health Services Employers Agency (HSEA) are leading a Working Group on Equality which is developing resources to facilitate health services providers in progressing a culture of equality promotion with their organisations.

6.2.4.1 Recruitment, selection and promotion

There are benefits for both the individual and the health system in facilitating the employment of health workers, health professionals, and managers in the healthcare system whose background reflects the ethnic and cultural

diversity of the communities for which it provides services. Thus, representation of persons from various ethnic minority groups at all levels in the health services should be actively encouraged through proactive recruitment and promotion campaigns.

Proposed Actions

A key tool in developing a whole organisational approach to equality promotion and diversity management is the development of an equal opportunities/accommodating diversity policy that governs employment practice. Such an approach will facilitate equality of access to employment opportunities and promotion opportunities by staff from a variety of ethnic and cultural backgrounds. The HSEA resources will be useful to organisations in this respect.

In line with their equal opportunities/accommodating diversity policy, organisations should consider retention initiatives for staff from a variety of ethnic and cultural backgrounds. Such initiatives could include the participation of staff from ethnic and cultural backgrounds in partnership structures, organisation development initiatives and other employee champion initiatives so that staff feel valued and appreciated as part of the service.

6.2.4.2 Education and Training

Central to a culture of equality promotion within organisations is the development of cultural competence so that staff are equipped with the knowledge and skills to deliver services to a multi ethnic society and to work in multi-cultural teams. Therefore, it is essential that all staff within the health and social service sector receive awareness raising and training in equality promotion and interculturalism, including the barriers faced by users from minority ethnic groups in accessing services. This training could be best addressed through a tiered approach of induction, specific training for professional groups, student training and other training as necessary. It is essential to understand that this suite of training needs to be provided to overseas workers working in Ireland as well as indigenous staff working in the services.

Induction training must be provided to all staff and should equip indigenous workers with the knowledge and skills to understand the transition of Ireland to a multi-cultural society; the refugee and migrant experience; an understanding of the concepts of interculturalism; multiculturalism and cultural diversity; intercultural communication; and implications for individual practice and for the organisation.

Induction is an important mechanism in enhancing the socialisation process for overseas workers in organisations. It also provides a mechanism through which all staff can be made aware of the importance of working within a culture which values multi-culturalism..

The second tier of training could include more specialised training customised to the needs of specific disciplines and groups, reflected in the nature of the services they deliver. For example, in the Psychology and Psychiatric services training in areas related to cultural differences in terms of diagnosis, evaluation and treatment, and the development of culturally appropriate diagnostic tools would be necessary.

Student training such as Medical, Nursing, Occupational Therapy, Psychology and other students who will eventually work within the health system should incorporate modules on equality and diversity. Such a module should be developed in consultation with third level facilities, and should draw on the expertise of organizations skilled in offering such learning opportunities. Equally, clinical and practice placements within appropriate settings providing health care to persons from ethnic minority communities should be offered to health care students in order to facilitate development of capacity within this area of care.

Organisations may need to develop additional training specific to the promotion of a culture of equality opportunities and valuing diversity .

The approach to the development of training is equally important. The components of an effective approach include:

> Allowing participants to take part in the training in a way that both develops their confidence and skills and supports them in delivering an equality based,

accountable, people-centered, and quality service.
> Including members of minority ethnic communities in intercultural training.
> Training should be planned and provided in partnership with service users and with key personnel within health agencies, such as training staff in Health Boards

Proposed Actions

Given the central role of awareness raising and training in promoting inclusive services, training should involve a number of stakeholders. A Subgroup of a proposed Regional Implementation Forum should be established to explore and make recommendations on the content, scope and methodology of a suite of training provision that should be put in place. The work of this Subgroup could include exploration of the current best practice examples in place in organisations in the region; undertaking of a needs analysis of the training needs of organisations to include an analysis of a cross-section of specific vocational / professional groups; review of the potential added value of training conducted in jurisdictions, which have a history in implementing health services for a multi-ethnic society; and exploration of the potential use of established training packages, such as that on interculturalism offered by the National Consultative Committee on Racism and Interculturalism, as the basis of a model of training provision. Actions around training should link with policies and initiatives currently being adopted by the Equality Authority and the HSEA.

6.2.4.3 Staff Support and Development

Staff who are involved in delivering services to members of ethnic minorities are key to effective, responsive service provision for this cohort. While work in this area may be rewarding it may also prove challenging and demanding. Appropriate support should be available to enable personnel to deliver services in a culturally sensitive, appropriate way. Such support should be practical, in facilitating staff to manage ethnic minority issues more easily and effectively, and should also incorporate mechanisms for provision of emotional support where necessary.

Proposed Actions

The area of staff support should be part of the brief of the Sub Group of the proposed Regional Implementation Forum that will recommend an approach to education and training. This group could consider ongoing learning and support methods such as mentoring, coaching and self-directed action learning teams. The group could also explore an approach to support and development for overseas workers and members of minority ethnic groups who are employed within the services.

6.2.5 Identifying and harnessing capabilities of New Communities

New, developing communities comprising persons from specific ethnic minority groups may include refugees and asylum seekers, programme refugees and immigrants with work permits. Funding and empowering of local communities has been proven to be an effective means of making health and social support services more accessible. The active involvement of ethnic minority communities in planning and participation in development of programmes to address their specific health and care needs is thus a critical component of health care provision for this group. In this regard, a number of relevant programmes and initiatives have been mentioned throughout the document. It is thus essential to identify and harness the skills of such new communities in order to ensure maximal synergy in development of effective, sustainable programmes. Such synergy should be directed towards provision of assistance to health service providers in the planning and delivery of services specific to the needs of new communities as well as to empowerment of new communities to avail of health services on an equal basis with the general population. Resourcing and supporting local and community networks networks and fora of users and providers; such networks should be of an intersectoral nature and include Local Authorities, community representatives and health service providers at local level. In line with an agreed community development approach, involvement of local bodies such as churches, clubs and so on, should be encouraged.

Proposed Actions

Positive steps will be taken in engaging the active participation of service users from new communities in planning and implementing initiatives designed to meet their health and support needs. Mechanisms already in place in the health service should be adapted as appropriate, towards engaging persons from ethnic minority communities in participating in decision-making around their own health issues. Efforts will thus be made to resource local community networks, support appropriate local projects and promote development of peer led programmes. A designated Health Board Manager would be charged with promoting and supporting programmes at local level, and linking representatives of new communities into the formal network mentioned in **6.2.2**

7

7 Supporting Delivery of Strategy

It is evident from perusal of this strategy that a number of key approaches and systems are required to operate in concert, if the recommendations contained in the strategy are to be implemented effectively, and in a timely manner, and through mechanisms in which sustainability is ensured. Although all approaches are intrinsic to the functioning of the health sector, it is self evident that these approaches incorporate active partnership with both voluntary and other statutory sectors.

Such key components include:

> Public health participation in driving relevant needs assessment studies, designed to provide appropriate local and regional information around the health and social support needs of specified populations. The information derived from such assessment would promote improved identification of priority needs and gaps in service provision, and facilitate enhanced planning around means of addressing identified issues.

> A strengthened service planning approach, based on evidence of need, and of effectiveness of specific interventions and models of best practice.

> A monitoring and evaluation component, continuously measuring effectiveness and quality of interventions against agreed criteria; monitoring around equity of access, participation and outcomes is critical to enhancement of service delivery.

> A Human Resource element, committed to supporting aspects of training of staff, as well as to promote proactive recruitment and retention of personnel from ethnic minority groups.

> Financial management systems which provide for appropriate resourcing, effective reporting and subsequent accountability; resourcing of NGOs is crucial to this.

> Communication and information strategies which underpin effective and appropriate service provision and enhance integrated service delivery. Advocacy around the needs of ethnic minorities is a critical component of communicating health priority issues to stakeholders at all levels.

> Active involvement of NGOs in planning, designing, implementation and evaluation of services provided to ethnic minority groups is a key component of improving and enhancing service provision for persons from ethnic minorities


8

8 Implementation of Strategy

It has been emphasised throughout this document that addressing the multidimensional needs of such a diverse group of service users demands adoption of an integrated, coordinated approach, with input and participation from a range of stakeholders, both within and beyond the health sector. In order to provide such a broad, planned and coherent response, it is proposed that a Regional Implementation Forum be established to prioritise and guide the implementation of recommendations contained in the strategy. Such a Forum should be broad based, comprising representatives from ERHA and Health Boards Senior Management, Service Providers, NGOs, Irish College of General Practitioners, representatives of other sectors, and a number of persons from ethnic minority communities. All work of the Forum should link in with work of other agencies operating in the area of ethnic minorities. Members may also be co-opted to the Forum when necessary.

Subgroups of the Regional Implementation Forum will be charged to address specific priority issues, such as interpretation and training, and will be required to report back to the Forum within agreed time frames.

Progress in implementation of the strategy should be recorded, and reported to relevant parties, including the Board of the Authority.


9

9 Funding

Resourcing is crucial for effective and sustainable outcomes to be achieved via implementation of this strategy. Long term core funding is required in order to facilitate coherent planning and integrated interventions.

Some description of funding for existing initiatives and programmes has been detailed in **6.1.2.1**, **6.1.2.7** and **6.2.2**.

The main areas in which direct funding is needed are those of training of personnel and resourcing of NGOs, while additional core funding is required for appointment of designated primary health care personnel, including health workers, interpreters and mediators. Funding is also required to resource those elements of the acute, maternity and paediatric hospital sector, identified as experienced increased demand for services by ethnic minorities. Core funding should also be allocated towards specific new service initiatives, as well as the replication of existing proven initiatives to new communities.

At the same time, some once off funding is essential to provide for identified research projects, proposed reviews, pilot training programmes, adaptation of health promotion materials, and priority service initiatives.

It has been stated throughout this document that active participation in planning, implementing and evaluating programmes in partnership with representatives of ethnic minority groups is a cornerstone of this strategy. Application of such a principle thus demands meaningful collaboration in decision making around allocation of resources and monitoring of expenditure. Mechanisms through which this can best be accomplished, should be explored. The model employed by Traveller Health Units in this regard, may prove most useful.

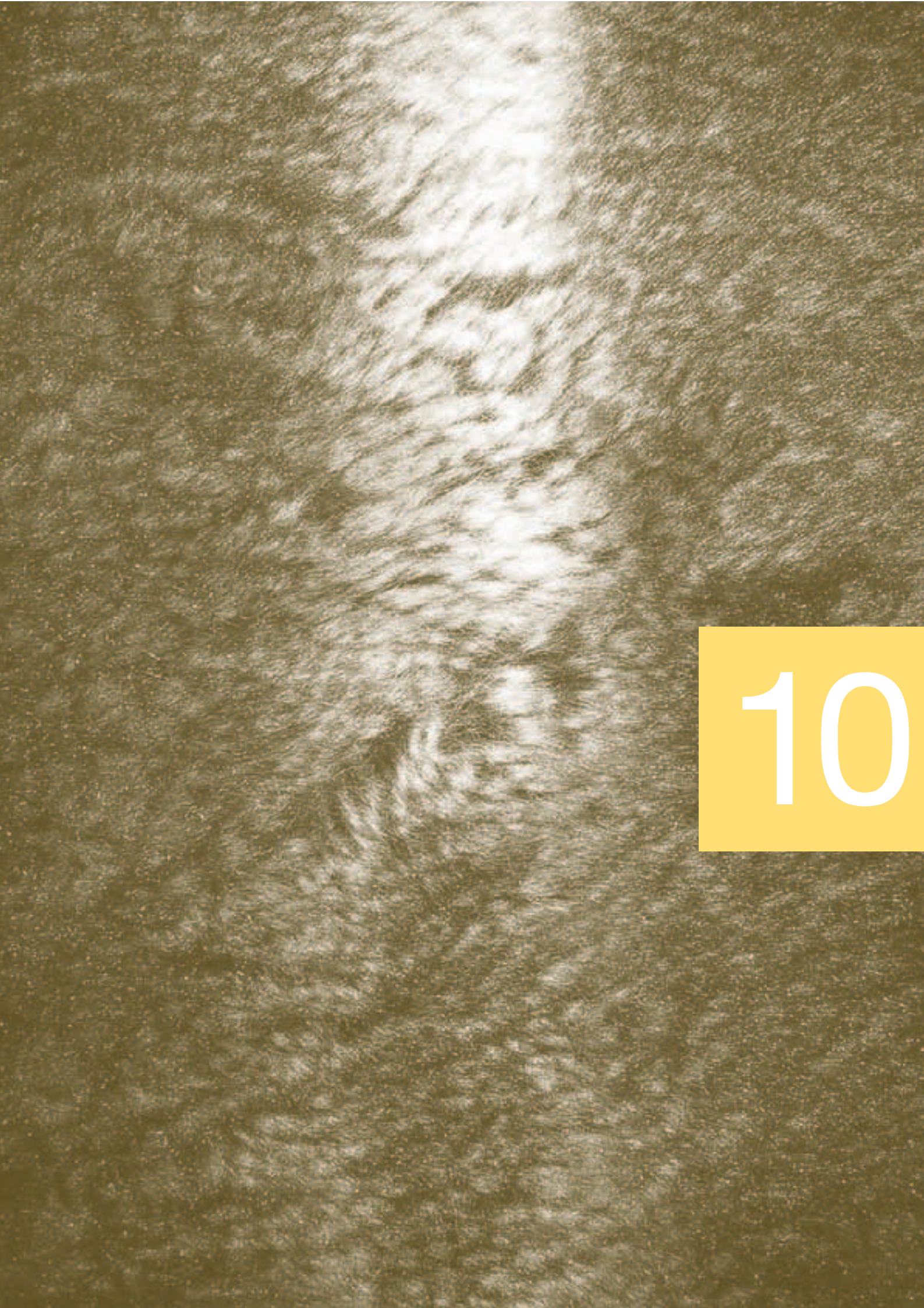
Estimates of required funding for the period 2004 to 2006 inclusive, are shown below. These estimates are based on identification of need at the present time, as described in this document, and on anticipated future trends and subsequent needs.

Estimated Once-Off Funding Requirements

Year	2004	2005	2006	Total
Training	288,000	288,000	288,000	864,000
NGO Projects	300,000	300,000	300,000	900,000
Research	60,000	60,000	60,000	180,000
Total	648,000	648,000	648,000	1,944,000

Estimated Core Funding Requirements

Year	2004	2005	2006
Primary Health Care Projects incl. Health promotion initiatives	200,000	200,000	200,000
Personnel Appointments i.e. Key workers, Interpreters, Cultural Mediators	(half year cost) 384,000	768,000	768,000
Community Supports / NGO Resourcing incl. Existing unfunded programmes	720,000	960,000	960,000
Additional Initiatives,incl. Increasing capacity in hospital services	2,000,000	3,000,000	4,000,000
Total	3,304,000	4,928,000	5,928,000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10 Conclusion

The health and social support needs of persons from ethnic minority communities reflect the changing face of Irish society.

While the heterogeneity of the growing numbers of persons from different ethnic minorities contributes to a rich mix of diversity, such diverse needs, at the same time, place new and unprecedented demands on the health system. It is in response to these demands that this Regional Health Strategy for Ethnic Minorities has been developed.

The ERHA views the involvement of persons from ethnic minorities in planning, implementing and evaluating health programmes as crucial in facilitating some bridging of any gap existing between these communities and the health services; the Authority is committed to ensuring that all appropriate measures are taken in order to facilitate access to and participation by all persons of ethnic minority communities in quality health care services, responsive to their particular needs. The process of consultation towards development of this strategy, outlined in **11.4**, reflects the application of the principles of involvement and collaboration among all stakeholders. The strategy is thus a product of active consultation, and is endorsed as such by the Authority.

It is evident, from perusal of the strategy, that it is underpinned by three broad priority areas:

> The need to resource and develop the capacity of NGOs working with ethnic minorities, to enable them to play a meaningful role in the identification of the needs of the communities they serve, as well as in planning and delivery of services.

> The need to provide cultural awareness and antidiscrimination training for all staff in the health services to ensure provision of an effective, responsive service to persons from ethnic minorities. Concurrent with this is the requirement to provide additional support to personnel to facilitate their ability to deliver services more responsively and effectively.

> The need to develop an interpretation service that is well trained and of a high standard, to assist in breaking down communication barriers between health professionals and service users from ethnic minorities.

Recognising that implementation of the recommendations contained in the strategy demands a broad, integrated approach, it is thought advisable that a Regional Implementation Forum be established to steer this process. On formal endorsement of this strategy, establishment of this Forum should be accorded priority action.

While a number of the proposed actions within the strategy may be accomplished through some realignment of existing services, or via active enhanced integration of a range of services, it is clear that the majority of actions will require allocation of additional funding. An estimate of minimum required funding is detailed in **9**.

Notwithstanding allocation of additional resources, it is important to emphasise that effective implementation of this health strategy is possible only with support and willingness to adapt approaches from all service providers engaged in delivering health services to disadvantaged groups; at the same time, service users will also need to accept the nature of service delivery and procedures practiced by the health services in Ireland, may not be identical to that to which they may previously have been accustomed. Tolerance and mutual acceptance, and a willingness to compromise, while adhering to all principles of good practice, may be fundamental to successful outcome of this strategy.

Effectiveness of the strategy should be continuously monitored and evaluated, with adaptation made where information reveals this to be necessary. Information around equity of access, participation and outcome is critical. In this regard, a key action in effective, sustainable implementation of the strategy revolves around reaching agreement on the nature and numbers of performance indicators to be measured, as well as on allocation of resources to monitor outcomes. Processes should also be put in place through which the implementation of the strategy may be regularly reviewed.


11

11 Appendices

11.1 References

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11.2 Membership of Steering Group

Diane Nurse, Service Planner: Physical & Sensory Disability; Social Inclusion, ERHA, Chairperson

Frank Mills, Director of Social Inclusion, South Western Area Health Board

Philip Crowley, Irish College of General Practitioners

Freda O'Neill, Department of Public Health, ERHA

Willie Rattigan, Service Planner: Maternity Hospitals, ERHA

11.3 List of Participants

Aideen Kearns, Asst. Director of PHN, CCA6 NAHB

Angela King, Health Promotion Officer, NAHB

Ann Moroney, Project Leader, Access Ireland

Anne Keane, SAMO Area 2 East Coast Area Health Board

Antoinnette Hughes, Community Mental Health Nurse, North Strand Clinic

Diana Nacu, Romanian Interpreter

Deirdre Dargin, AMO, ECAHB

Eamon O' Dwyer, Consultant, Sheppard Moscow

Eilis Mc Donnell, Medical Social Worker, Rotunda Hospital

Frank Edwards, AP, Reception and Integration Agency

Irin Mc Nulty, Psychologist: Refugee and Asylum Seeker Service

James O' Brien, Centre for Education and Integration of Migrants, SPIRASI

Corona Joyce, Centre for Education and Integration of Migrants, SPIRASI

John Good, Examining Physician, Centre for the Care of Survivors of Torture

Joseph Kinsella, A/SCWO, Asylum Seekers Unit, 77 Upper Gardiner Street

Maeve Foreman, Senior Medical Social Worker, Guide Clinic St James's Hospital

Maeve Stokes, Senior Clinical Psychologist, Refugees and Asylum Seekers, St. Brendan's Hospital

Margaret Kyne Doyle, Child Health Development Officer, ECAHB

Margaret O' Reilly Carroll, Counsellor, CCST

Maria Hennessy, Directorate of Planning, Commissioning and Change, ERHA

Marianne Healy, Director of Public Health Nursing, CCA6, NAHB

Marilyn Roantree, Principal Social Worker, ECAHB

Martin Rogan, Assistant Chief Executive, SWAHB

Mary Martin, Director of Public Health Nursing, SWAHB

Mary Phelan, Lecturer, School of Languages and Applied Linguistics, Dublin City University

Mayte Calvo, Access Ireland

Michael Begley, Director SPIRASI/CSST

Mihai Neacsu, Co-ordinator: Roma Support Group, North Great Charles Street

Noel Mulvihill, General Manager CCA6, NAHB

Padraig Rehill, Social Inclusion Manager, Community Services, Cherry Orchard Hospital

Patrick Connolly, CEO Cairde

Paul Spain, Consultant, Sheppard Moscow

PJ Boyle, Clinical Nurse Specialist, Refugee Health Screening Centre

Richard Tomkin, Co-ordinator: Centre for Survivors of Torture/SPIRASI

Said Merzha, Interpreter

Sheila Power, Director: Cross- Cultural Programmes and Services

Sinead Donohoe, Officer: Parnell Square Reception Centre

Stephanie Whyte, Cairde

Tom Maguire, A/ SCWO, Asylum Seekers Unit

Yvon Luky, Cairde

11.4 Process of development of strategy

> In January 2003, in line with priorities identified in the ERHA Service Plan, a Steering Committee was established in order to drive the development of a strategy for Asylum seekers - as a designated Care Group. Composition of this Steering Group is listed in **11.2**

> A morning of discussion was held on 25 / 02 / 03 to which various stakeholders were invited. The main outcome here was the establishment of a number of subgroups, each one undertaking to work on a specific theme identified as an issue for asylum seekers and refugees. These subgroups were mandated to consult other stakeholders - as well as to invite them to the next meeting - in efforts to attract as much input from representative individuals and groups as possible. It was agreed that each group would submit their findings and recommendations around themes for circulation prior to the meeting. This feedback formed a clear picture of the main issues around health care provision for this Care Group.

> As the process evolved, it became increasingly clear that in terms of health care principles, and general principles around equity, mainstreaming etc., the emphasis on Asylum seekers as a Care group should be changed to reflect the health needs and issues of the increasing numbers of non nationals - and thus should include asylum seekers, refugees, foreign nationals using work permits, foreign students etc…For this reason, discussion took place around renaming the strategy as one for "Ethnic Minorities"….

> A further meeting was held on 1 May, during which each subgroup presented their recommendations and further comments were made; at the same time, gaps, additional issues etc were identified for inclusion in the strategy. A commitment was made by the Steering Group that the strategy would reflect all those issues identified during consultation. All those involved in work around development of the Strategy are acknowledged in Appendix **11.3**

12

12 Recommendations

1. Health Promotion

Service Providers – in partnership with representatives of persons from ethnic minority groups – will endeavour to ensure that all health promotion programmes are culturally sensitive and responsive to the needs of service users from ethnic minorities; where necessary, health promotion programmes may be developed / adapted in order to meet these criteria. Such requirements should be included in the ERHA Service Plan for 2004.

The appointment of a designated Coordinator will facilitate optimal use of resources and promote an integrated approach to identifying, prioritising and providing appropriate health promotion programmes.

Health needs of persons of ethnic minority communities should be placed on the agenda of the proposed National Health Promotion Forum; to ensure that health issues relevant to this group are adequately addressed, a person with expertise in these issues should be invited to join this Forum.

2. Primary Health Care

Close, formal linkages should be maintained with those involved in implementing the Primary Health Care strategy to ensure that the needs of persons from ethnic minorities are adequately recognised and addressed. The Primary Care Steering and Implementation Groups are essential structures in this regard.

Where specialised multidisciplinary teams already exist at community level, the feasibility of linking with them, or building on their capacity, to establish greater synergy in addressing particular needs of service users from ethnic minority groups, should be explored. At the same time, proposals for piloting a project aimed at promoting optimal participation of persons from ethnic minority groups in the implementation of the primary health care strategy should be further explored and developed.

All primary health programmes affecting ethnic minorities will be developed in partnership with representatives from these communities. Such programmes will be developed within a needs assessment framework. The effectiveness of these programmes will be periodically evaluated and, where appropriate, adapted and replicated in communities with significant numbers of service users from ethnic minorities.

Funding should be made available to facilitate training of frontline staff and provision of support to representatives working in this area. Such training should form part of the context of training already being developed as part of the primary health strategy.

Reporting mechanisms around measuring and recording uptake of primary health services should be discussed and agreed with relevant service providers.

Much has been accomplished via the National Traveller Health Strategy in addressing issues around access of the Traveller community to G.P. services. To avoid unnecessary duplication of effort and resources, it is advisable to draw on the experience and advice of the Traveller Health Unit in relation to these issues. Informal links should thus be established with the Traveller Health Unit, to ensure awareness of ongoing developments in relation to Travellers' accessing of G.P. care. Liaison here with both Traveller Health Unit and Primary health care stakeholders should inform further progress towards facilitation of access by disadvantaged groups to quality G.P. and other primary health services.

Mechanisms of providing additional support to G.P.s working with patients from ethnic minority groups should be explored. Practical measures, including provision of access to a centralised interpretation service should be negotiated against the background of proposed national revision of G.P. contracts.

3. Impact on Health Services

Health promotion programmes should include information on appropriate use of hospital services, including A and E services, Maternity services and all In- and Out-Patient services.

The current pilot initiatives in relation to provision of health information and cultural mediation are being evaluated, and, if proved effective, should be supported and further enhanced. Capacity should be developed in those clinical services experiencing increased pressures. Links with the

planners of acute hospital and maternity services should be maintained and strengthened in order to jointly develop means of reducing these pressures and enhancing the capacity of services to address such pressures.

A Traveller research project is currently exploring low reported uptake by Travellers of general hospital services, and the reasons behind this. Findings here may hold implications for ethnic minorities and should thus inform further recommendations around facilitation of appropriate access to and usage of secondary services.

Protocols should be drawn up in partnership with relevant front line staff so that, in situations of inappropriate presentation to hospital services, all users may be facilitated to access more appropriate levels of treatment.

Training should be provided to all front line hospital staff around the needs and perspectives of service users from ethnic minority groups (**6.2.4.3**). Specific programmes, designed to provide support to health workers, should also be developed and implemented.

4. Health Screening

It is recommended that the current screening process be reviewed. Such a review should, ideally, form part of a national review, as, in many instances, the screening process may only be commenced in the Eastern region, with implications for other areas to which persons are dispersed.

5. Mental Health

All systems and practices impacting on psychological well being of persons from ethnic minority communities should be examined, with the aim of ameliorating as many aspects of these as is feasible.

Implementation of the Primary Health Care Strategy will facilitate establishment of links between community based service providers, N.G.O. s and representatives of ethnic minority communities, and facilitate early intervention and treatment for service users from ethnic minorities. Establishment of such links should be actively forged and consolidated.

Firm links should be established between Health Promotion coordinators and N.G.O.s in developing training programmes for frontline personnel, specifically aimed at promoting knowledge around cultural practices and perceptions in relation to mental health, as well as at facilitating awareness of the needs and barriers faced by members of this group. Programmes should also incorporate an element of ongoing support to frontline personnel.

The development by NGOs of appropriate training programmes for staff, as well as development of peer led programmes designed to provide some psychosocial support to service users, should be strengthened and resourced.When funding and priorities allow, consideration should be given to input of a Consultant Psychiatrist with expertise in working with people from ethnic minorities. Mechanisms through which such professional skills could best be utilized, for example, via joint posts, sessional input etc. should be explored in consultation with planners for Mental Health, to ensure that proposals and development are consistent with the recommendations of the Mental Health Strategic Framework for the Eastern region.

6. Maternity Care

Consideration should be given to establishment of an additional Outreach Maternity Clinic, similar to that established at Balseskin Centre. It is anticipated that a further site should be established in the East Coast. Staff from Balseskin could provide sessional input at this outreach clinic, with need for the appointment of an additional health worker clinic. This clinic would thus serve as a satellite, with seamless referral of persons requiring additional care or investigation, to the main clinic at Balseskin or to one of the Maternity hospitals on the southside of Dublin. This would be a cost effective means of reducing pressures on maternity hospitals, as well as meeting criteria around decentralisation of services to the community. Such an Outreach service could be expanded to offer health promotion and information, parent support groups, parentcraft classes and other appropriate practical advice and support. Involvement of local groups and N.G.O.s would be invaluable in planning and participation in such an integrated approach to aspects of maternity care. The Community Mothers project could be utilised as a model in this regard. Pending evaluation of this initiative, a further outreach clinic may be established in the SWAHB.

The impact on maternity services created by increasing numbers of mothers from ethnic minority communities requiring care, is acknowledged. While ongoing efforts of the Maternity Hospitals to enhance capacity, and to utilise support of locally based N.G.O.s should be encouraged and supported, it is also necessary to advocate to the Department of Health and Children around the need to seek comprehensive solutions to all issues caused by the disproportionate impact on maternity services in the Eastern region.

The issue of children of mothers admitted to Maternity hospitals, requiring care, is of concern. Options, including training and employing persons from specific ethnic minorities to provide some support in such situations should be developed, and resourcing allocated for these eventualities.

7. Sexual Health

The Regional Sexual Health Strategy presently being developed in the East should contain an acknowledgement of the differing sexual health needs of persons from ethnic minorities, and address any needs and issues related to this in a culturally sensitive, responsive and equitable manner. Such issues are likely to be identical to those raised above. Recommendations of this strategy are anticipated to address these issues within an integrated, comprehensive framework, and should therefore inform and direct further development of sexual health services for persons from ethnic minorities.

The findings and recommendations of the National group debating issues around male circumcision will be utilized to inform and develop solutions in this area.

8. Women's Health

Active initiatives aimed at improving the circumstances of women from ethnic minority groups should be developed, and adequate resourcing allocated to agencies offering targeted, evaluated programmes designed to address women's' health needs.

Strong links should be forged between all statutory and voluntary agencies involved in women's' health service delivery. While such operational collaboration should be facilitated by the establishment of the formal structures proposed in **6.2.1**, it is also suggested that a sub group of the proposed Regional Implementation Forum (**8**) be designated to advance a strategic, comprehensive approach, identifying and addressing the health and support needs of women from ethnic minority communities. Such a sub group should report its progress within 6 months of endorsement of this strategy.

9. Child Health

All health promotion programmes, particularly those targeted at women, should incorporate information around the benefits of immunisation, as well as around the importance of general child health and development screening and any other identified priority areas.

Recommendations of the Review on Immunisation should be used to inform and develop actions around promoting increased uptake of immunisation.

A sub group of the proposed Regional Implementation Forum should be established in order to formulate and implement a strategic, integrated approach to the health and related social support needs of children from ethnic minorities. Such a sub group should comprise members of the Regional Implementation Forum together with other co-opted stakeholders from sectors including Education and Justice. Terms of reference, findings and recommendations should be available within 3 months of endorsement of this strategy, and should inform further progress around the needs of children from ethnic minorities. Services for Unaccompanied minors should continue to be developed within the framework of available resources

10. Older Persons

Research around specific health and social support needs of older members of ethnic minority communities should be initiated; findings and recommendations of such a review should inform prioritisation of actions aimed at improving access to, and utilisation of health services, especially at a community level. Active involvement of representatives of ethnic minorities in this review, should be encouraged and supported

11. Disability Issues

The implementation of the National Physical and Sensory Disability and Intellectual Disability Databases, and the current Service Mapping project around provision of physical and sensory disability services in the East may reveal some detail around disability needs of persons from ethnic minority groups. However, additional research in this area should be encouraged, with support being available to relevant stakeholders motivated to engage in such research.

Training programmes offered to healthcare personnel should incorporate appropriate material around cultural attitudes to disability, so as to reinforce awareness of possible reasons, for example, why parents of disabled children from minority ethnic groups may not demand treatment for their children, and to present alternative means of offering and providing therapy. At the same time, health promotion programmes for persons from ethnic minorities should provide opportunities for addressing themes around disability.

12. Addiction Services

The findings and recommendations of the Merchants Quay study around Access to addiction services by persons from Ethnic Minorities will inform further planning and development of services for persons of ethnic minority groups.

13. Standardization of Information

Given the existing weaknesses identified in collecting data around ethnic minorities, as comprehensive as possible assessment of health and related social support needs of ethnic minority groups should be undertaken within 12 months of endorsement of this strategy. Discussion should take place at the proposed Regional Implementation Forum around the most appropriate means of conducting such an assessment.

Close contact should be maintained with representatives of the National Traveller Health Strategy Advisory Committee in order to be actively aware and participative in their ongoing initiatives around collection of ethnicity. Outcomes of related pilot projects will be evaluated, and discussions initiated to extend collection of ethnicity related data to all relevant health information systems.

In the interim, involvement of relevant health information personnel will be sought in order to acquaint them with issues pertaining to ethnicity and the need to amend systems to collect such information.

Negotiations should be conducted with ERHA / Health Board personnel and relevant stakeholders and agreement reached around the nature of data which should be collected, and it's subsequent evaluation and usage. All Agencies providing information should be regularly appraised of findings / conclusions around such information, and the ways in which this data will be used. Implementation of a pilot project in this regard may be considered and will aid in informing means of addressing issues around standardisation of health information required in respect of persons from ethnic minority groups

14. Intersectoral Collaboration

A designated person in each Health Board area should be charged with the responsibility of establishing formal linkages at local level with all stakeholders involved in providing care to persons from ethnic minorities; consumer representation within such a formal network should also be facilitated.

+Funding should be allocated to NGOs to resource their participation in all aspects of implementation of this strategy. Full involvement of NGOs will be a priority.

15. Communication

Training should be provided for staff working with interpreters and cultural mediators around practices, procedures and ethics expected of interpreters working with ethnic minorities. At the same time, interpreters and mediators should be appraised of expectations of their roles and responsibilities when employed in the healthcare system.

A comprehensive review aimed at identifying an optimal model of provision of interpretation services should be instituted. It may be advisable for such a review to be conducted conjointly with other statutory bodies e.g. Department of Justice, Equality and Law Reform. Findings and recommendations of such a review should be made available within 8 months of approval of this strategy, and

should be used to inform and direct implementation of such a model. An important component of the review should include some investigation around potential for sharing of interpreters and cultural mediators across statutory services, and mechanisms through which this may be accomplished.

Guidelines should be drawn up, determining the circumstances in which the service provider should call on the services of an interpreter, and the procedures through which this should be conducted.

Funding should be made available for employment of a number of interpreters and cultural mediators as members of specialised multidisciplinary teams at a primary health level.

16. Identifying and Harnessing Capabilities of New Communities

Positive steps will be taken in engaging the active participation of service users from new communities in planning and implementing initiatives designed to meet their health and support needs. Mechanisms already in place in the health service should be adapted as appropriate, towards engaging persons from ethnic minority communities in participating in decision-making around their own health issues. Efforts will thus be made to resource local community networks, support appropriate local projects and promote development of peer led programmes.

A designated Health Board Manager would be charged with promoting and supporting programmes at local level, and linking representatives of new communities into the formal network mentioned in **6.2.2**

17. HR: Recruitment, Selection and Promotion

A key tool in developing a whole organisational approach to equality promotion and diversity management is the development of an equal opportunities/accommodating diversity policy that governs employment practice. Such an approach will facilitate equality of access to employment opportunities and promotion opportunities by staff from a variety of ethnic and cultural backgrounds. The HSEA resources will be useful to organisations in this respect.

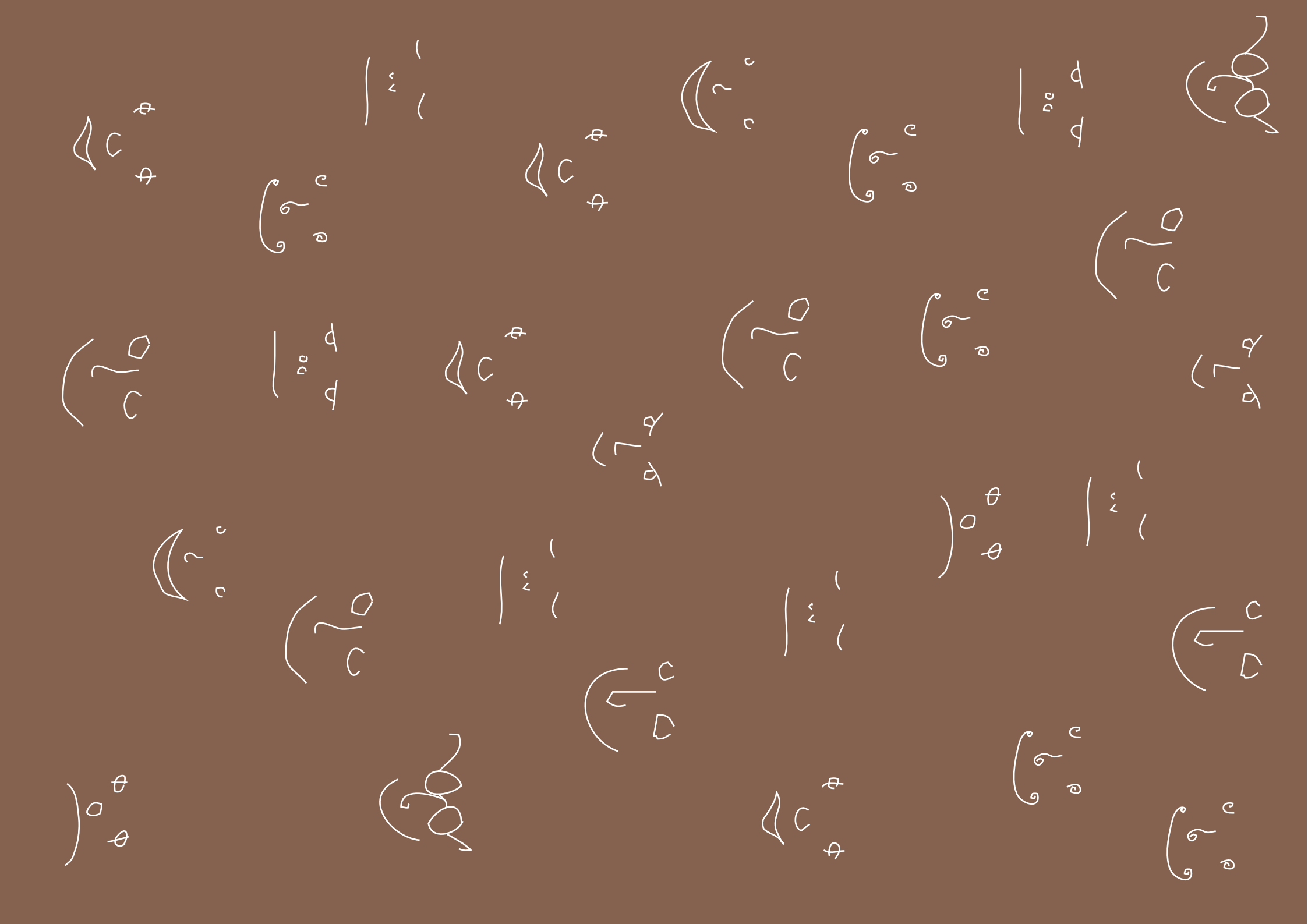
In line with their equal opportunities/accommodating diversity policy, organisations should consider retention initiatives for staff from a variety of ethnic and cultural backgrounds. Such initiatives could include the participation of staff from ethnic and cultural backgrounds in partnership structures, organisation development initiatives and other employee champion initiatives so that staff feel valued and appreciated as part of the service.

18. HR: Education and Training

Given the central role of awareness raising and training in promoting inclusive services, training should involve a number of stakeholders. A Subgroup of a proposed Regional Implementation Forum should be established to explore and make recommendations on the content, scope and methodology of a suite of training provision that should be put in place. The work of this Subgroup could include exploration of the current best practice examples in place in organisations in the region; undertaking of a needs analysis of the training needs of organisations to include an analysis of a cross-section of specific vocational / professional groups; review of the potential added value of training conducted in jurisdictions, which have a history in implementing health services for a multi-ethnic society; and exploration of the potential use of established training packages, such as that on interculturalism offered by the National Consultative Committee on Racism and Interculturalism, as the basis of a model of training provision. Actions around training should link with policies and initiatives currently being adopted by the Equality Authority and the HSEA.

19. HR: Staff Support and Development

The area of staff support should be part of the brief of the Sub Group of the proposed Regional Implementation Forum that will recommend an approach to education and training. This group could consider ongoing learning and support methods such as mentoring, coaching and self-directed action learning teams. The group could also explore an approach to support and development for overseas workers and members of minority ethnic groups who are employed within the services.



EASTERN REGIONAL HEALTH AUTHORITY

Údarás Réigiúnda Sláinte An Oirthir