

Development of the Guide

Background

This Guide was researched and written by Bridget McGuane, Senior Human Resources Officer with a background in Equality and Diversity, under the implementation plan for the *National Intercultural Health Strategy 2007-2012*. The Guide was jointly resourced by the Social Inclusion Unit, which has responsibility for the implementation of the Strategy, and the National HR Directorate. At senior management level the Guide was sponsored and guided by Alice O' Flynn, Assistant National Director for Social inclusion and Síle Fleming, Assistant National Director Human Resources for Organisation Development and Design.

Previously, the Social Inclusion Unit commissioned the Irish School of Ecumenics to conduct research and consultations with healthcare staff, religious leaders and representatives of Minority Ethnic Communities in relation to guidelines for healthcare staff in working with diverse communities. HSE staff had compiled a draft resource book that was used by the Irish School of Ecumenics in these consultations. That draft was informed by secondary information including books on the subject and similar resource books compiled in the UK and Northern Ireland health services, all of which are credited in the bibliography. The ISE team sourced information for some religious communities, which was added to the original draft. The HSE wishes to acknowledge the work conducted by the Irish School of Ecumenics team led by Dr Katy Radford and consisting of Ms Wendy Cox, Ms Fiona Murphy and Ms Celia Petter.

This current Guide builds on the previous work. The material has been updated with resource books developed in Irish healthcare settings, which are acknowledged in the bibliography.

The primary source of information for this Guide

was a comprehensive research and consultation process with *cultural informants*¹ from the groups profiled in the document as well as healthcare providers and practitioners.

Groups profiled in the Guide and cultural informants

The Guide profiles twenty-five communities, namely twenty-one religious groups, 3 ethnic/cultural groups and people without religious belief. These groups were chosen for the following reasons:

- *Needs identified by Irish healthcare staff:* Healthcare staff have indicated that they are regularly delivering care to people from cultures and religions other than their own and to aid this process they wish to have access to information about other cultures and religions.² Particular ethnic/cultural groups and religions were identified as priorities in various training needs identification processes and these were itemised for inclusion.
- *Needs of Minority Ethnic Staff:* HSE HR data³, combined with anecdotal evidence, indicates that significant numbers of staff in direct healthcare provision roles are from Minority Ethnic Communities, including more recently arrived migrant workers. In addition, anecdotal evidence indicates that there is greater diversity in the religion practised by healthcare staff. Many recently arrived migrant

¹ The term *cultural informant* comes from the field of Anthropology and refers to a person who is especially knowledgeable about their group's culture and is willing to share information about it.

² This need was initially identified in the HSE (2005) report and framework *Learning, training and development needs of health services staff in delivering services to members of Minority Ethnic Communities* and was later re-iterated in the *Interim evaluation report for the National Intercultural Healthcare Project*.

³ HR data analysed by the Social Inclusion Directorate in 2007 indicates that approximately 33% of medical/dental staff, 15% of nursing and midwifery staff and 9% of health and social care professionals are from Minority Ethnic Communities. The data came from the PPARS systems and pertains to three Administrative Areas of the HSE and St James's Hospital.

staff have indicated a need to understand cultural and religious groups in Ireland as part of their socialisation process into healthcare practice here.⁴

- *Profile of religious affiliation in hospitals:* The HSE requested a paediatric, a maternity and a large acute hospital to provide a profile of the religious affiliation of in-patients for a period of time. The identified religions were prioritised for inclusion.
- *Census 2006:* The Census provided more detailed data on religious affiliation in Ireland. Additional religions that had significant growth were added to those received from the hospital data.

As the profile of Ireland changes and as interculturalism develops, future versions of the Guide could add other groups for whom information is needed.

A detailed research process led to the identification of cultural informants for each of the twenty-five groups profiled in the Guide. Where a religious group had more than one tradition, as much as possible we sourced informants for each sub-tradition so that the information is reflective of the overall membership. We were privileged to source informants that had a track record of involvement in their own communities and/or were part of representative structures; many also had involvement in intercultural activities. In some cases cultural informants for one group facilitated identification of contributors for another.

All information about any given group has been approved by the cultural informants who contributed to that specific section. Any information that refers to more than one group has been approved by that collective of contributors.

Throughout the process contributors warmly endorsed the need for the Guide and acknowledged their appreciation at being consulted so that the needs of members would be understood in

healthcare settings.

We wish to acknowledge the cultural informant contributors listed at the end of each section for their open-hearted approach to the requests placed on them, their generous investment of energy and their commitment to the needs of their communities.

Participation by healthcare providers

A range of healthcare settings, projects and personnel contributed to the development of the Guide. Their input included specialist advice in relation to particular issues; guidance on the scope, content and format of the document; enabling the establishment of contacts in particular communities and assistance in the dissemination process.

We wish to acknowledge the willingness of the staff listed below to assist in the process, the work invested and the direction provided at significant points.

Nursing and Midwifery profession

Ms Liz Roche, Director, Nursing and Midwifery Planning and Development, Dublin Mid Leinster
Ms Mary Wynne, Director, Nursing and Midwifery Planning and Development, Dublin North East
Ms Siobhan O' Halloran, National Nursing Services Director
Mr Michael Shannon, Area Director of Nursing and Midwifery Planning and Development, Dublin Mid Leinster
Ms Suzanne Byrne, Project Officer Workforce Planning, Nursing and Midwifery Planning and Development, Dublin Mid Leinster and Dublin North East

Medical profession and Health Protection services

Dr Robert Cunney, Consultant Microbiologist, Health Protection Surveillance Centre
Dr Paul McKeown, Specialist in Public Health Medicine, Health Protection Surveillance Centre
Dr Abdul Bulbulia, General Practitioner and Chair of the Traveller Health Advisory Committee

⁴ See note 1.

Surgical Services

Ms Bridget Clarke, Cavan/Monaghan Surgical Services Co-ordinator

Social Inclusion

Ms Diane Nurse, National Planning Specialist, Social Inclusion Unit

Health Promoting Hospitals Network

Ms Rosemary Orr, Health Promotion Co-ordinator, Connolly Hospital Blanchardstown

Ms Laura McHugh, A/ Health Promotion Officer, Health Promotion Services, HSE West

Letterkenny General Hospital

Ms Mary Kelly, Health Promotion Officer

Mr Liam Doherty, Clinical Nurse Manager 3, Emergency Services

Mr Eamon McNulty, Chief Mortuary Technician

Mr Cathal M Boyle, Clerical Officer Mortuary Service

The Childrens' University Hospital, Temple Street, Dublin

Ms Deirdre Sheehan, Physiotherapy Manager

Sr Julie Buckley, Head Chaplain

Sr Margaret Ledwith, Chaplain

Sr Mary McWeeney, Chaplain

AMNCH, Tallaght

Mr John Kelly, A/ Director of Pastral Care

Ms Eden de la Cruz, Chaplain

St James's Hospital, Dublin

Ms Stefania Minervino, former Cultural Diversity Officer at the hospital

Mr Rory Wilkinson, Clinical Nurse Specialist, Haematology, Oncology and Palliative Care (HOPE) Directorate

Fr Brian Gough, Coordinating Chaplain

Rotunda Hospital, Dublin

Ms Mary O' Reilly, Practice Development Co-ordinator in Nursing and Midwifery

Networking with other projects

This project liaised with other initiatives in the health services that had a focus on cultural sensitivity in service provision to maximise the use of the Guide. Such initiatives included the Health Promoting Hospitals Network, the Hospice Friendly Hospitals Project and the National Association of Hospital Chaplains.

Further information

For further information contact socialinclusion.guide@hse.ie