



Second National
Intercultural Health Strategy
2018-2023

Executive Summary



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Building a
Better Health
Service

THE STRATEGY

This strategy comprises three parts:

Part 1

Part 1 (Chapter 1) of this document presents the strategy itself, including its vision, guiding principles, goals, strategic objectives within each goal, as well as actions required. In relation to actions, the strategy sets out the timeline, partner and/or lead bodies, and 'strategic alignment' – the existing policy document to which each action relates.

Part 2

Part 2 sets out, in a series of chapters, the context and background to the development of this second NIHS. Chapter 2 outlines the consultation process that informed its development; Chapter 3 provides the evidence base for the strategy; Chapter 4 sets out relevant health system challenges; and Chapter 5 relates to data collection issues. Throughout these chapters, the actions of the strategy are presented, as they relate to the evidence; in this way, this document presents a strong evidence base for each of the strategy's actions.

Part 3

Finally, Part 3 (Chapter 6) is entitled 'Towards an implementation plan for the second NIHS'. This chapter sets out plans and future milestones for the proposed development of a detailed implementation plan for this strategy, which should be published within two months of the strategy.

GUIDING PRINCIPLES

- Equality and rights-based approaches underpin the second NIHS.
- A whole organisational approach is advocated, whereby service users are cared for on the basis of need in the first instance.
- The strategy is aligned with all existing policies and programmes.
- An evidence-based approach is taken to planning and developing interventions.
- Targeted interventions are developed, where necessary, to enable access and participation for all excluded groups.
- Emphasis is on provision of high-quality, patient-centred services.
- The role of community and voluntary organisations are acknowledged.
- Active, meaningful service user involvement is facilitated in the design, delivery and evaluation of services.
- Community development principles are used in engaging with service users and development of peer-led interventions.
- Cost-effectiveness and value for money are key considerations.

GOALS AND STRATEGIC OBJECTIVES

GOAL 1: Enhance accessibility of services to service users from diverse ethnic, cultural and religious backgrounds.

Strategic objectives under Goal 1:

- Provide information in accessible, culturally responsive ways.
- Develop a model for interpreting provision across the HSE.
- Develop an evidence-informed system of translating information.

GOAL 2: Address health issues experienced by service users from diverse ethnic, cultural and religious backgrounds

Strategic objectives under Goal 2:

- Implement cross-government obligations in respect of health needs of service users.
- Implement national obligations in relevant cross-departmental strategies.
- Promote a model of health screening and prevention.
- Address health inequalities relevant to service users in relation to oral health, sexual health, reproductive health, children and young people, LGBTI+, disability, men, mental health and palliative care.

GOAL 3: Ensure provision of high-quality, culturally responsive services to service users from diverse ethnic, cultural and religious backgrounds.

Strategic objectives under Goal 3:

- Provide intercultural awareness training to all relevant staff, and take into account the needs of staff who work with a diverse population.
- Ensure that services are planned and delivered in a context of cultural competence and in line with requirements of the public sector duty and related obligations.

GOAL 4: Build an evidence base.

Strategic objective under Goal 4:

- Work towards the development of high quality data collection, monitoring and evaluation to build an evidence base on minority ethnic health and ensure evidence-informed practice.

GOAL 5: Strengthen partnership working to enhance intercultural health.

Strategic objective under Goal 5:

- Actively promote participation of service users from minority ethnic groups in the design, planning, delivery and evaluation of services.

STRATEGY DEVELOPMENT

This Strategy is informed by a consultation process involving three main stages: engagement with community networks and divisions within the HSE; thematic analysis of submissions; and endorsement and sign off.

Eight main themes were identified through the analysis of submissions: access to good quality intercultural healthcare services; equality, non-discrimination and human rights; interpreting and translation services; cross-cultural communication and cultural competence of staff; gender-based violence, including FGM and other harmful practices; community participation and service user participation and consultation; data and building the evidence base on intercultural health; and implementation of the second NIHS. (A summary of the outcomes of the

consultation can be found in Appendix 4.) A more detailed overview of the submissions received, including a list of the individuals and organisations that made submissions, is available at www.hsesocialinclusion.ie.

The first NIHS (2007–2012) was the first intercultural health strategy to be developed in Ireland. Due to the difficult economic environment complete implementation of the recommendations proved challenging. Instead of being in a position to implement wide-ranging interventions, a more pragmatic approach was taken to produce resources that would support service users in accessing services and service providers in delivering culturally competent services.

Further detail on the implementation of the first NIHS is available in Chapter 2.

IMPLEMENTATION OF THE STRATEGY

A detailed Implementation plan will be developed following launch of this strategy. Actions will be prioritised across the time frame of the plan, ensuring a balance between progressing actions that lend themselves to quick outcomes, and those actions that require longer term planning, additional significant resourcing, and associated incremental implementation.

The implementation plan will be structured to allow for flexibility in instances where new issues emerge or where additional targeted initiatives become necessary.

A mid-term review of progress in respect of implementation of recommended actions will be conducted circa 2020–2021.

RESOURCING OF THE STRATEGY

Significant investment is required in any strategy in order to address identified health need, build capacity of services and assure effective, sustainable outcomes. While a number of actions contained in this strategy will demand substantial resourcing over time, many other actions will require a rebalancing of existing resources to achieve desired outcomes. Similarly, certain actions might be aligned to, or leveraged off existing actions or initiatives in other programmes as mechanisms for innovative, collaborative interventions.

Evaluation of existing expenditure on intercultural health will form a key element of the implementation plan, while strong business cases will be developed in respect of funding for priority actions such as implementation of a model for interpreting provision.

CONTEXT

This HSE National Intercultural Health Strategy (NIHS) provides a comprehensive and integrated approach to addressing the many, unique, health and support needs experienced by the continually increasing numbers of service users of diverse ethnic and cultural backgrounds who live in Ireland.

Various cross government strategies contain specific actions assigned to the HSE in respect of the health status, experiences and outcomes of members of minority ethnic communities across the country. This document represents a strategic response to integrating these actions, together with a range of additional specific health related actions arising from consultations, learning from implementation of the first HSE NIHS and evidence from international and national research.

The Health Service Executive (HSE) holds responsibility for provision of a comprehensive system of accessible and high quality healthcare. This means taking into account the increasing ethnic and cultural diversity of the population, planning for the involvement and participation of service users from disadvantaged communities, and, where necessary, adapting services to meet the needs of the entire population, by responding to diversity.

The HSE Corporate Plan (2015–2017) and the HSE's planning and delivery of health services are both underpinned by the principles of social inclusion, equality and a population health approach. This requires development of appropriate measures to reduce health inequalities and to address the range of economic and social factors - including poverty and discrimination - that affect equality of access to healthcare. This approach is further endorsed by the publication of the Sláintecare report (2017), which considers the role of social determinants of health, the imperative to address health inequalities and the importance of adequate resourcing of health promotion and public health approaches.

The vision of this strategy is:

A health service that provides high quality responsive care to all service users from diverse ethnic, cultural and religious backgrounds.

A health service that empowers service users from diverse ethnic, cultural and religious backgrounds to access services.

A health service where service providers are confident in providing culturally competent services to this cohort.

The second NIHS recognises the important work that has been carried out to date by the HSE to promote equality and reduce health inequalities in Ireland. Building on what has already been achieved, this second NIHS continues to stress the importance of equality of access to health services, particularly for women migrants and disadvantaged minority ethnic communities.

The commitment to develop this strategy is supported by a number of key policy and legislative developments, which have taken place in recent years and have relevance for the situation of members of minority ethnic communities. (A full list and detail of these policy developments relevant to intercultural health can be found in Appendix 2.)



