EEM Staff & Service Provider Survey Report

Introduction

The inclusion of an ethnic identifier assists the HSE implementation of Section 42, IHREC Act 2014 (Public Sector Duty). In addition, the collection of such data is specified in the National Traveller and Roma Inclusion Strategy 2017-2021, the Second National Intercultural Health Strategy 2018-2023 and the Migrant Integration Strategy 2017-2020.

In Ireland, a range of service providers and reporting bodies record the ethnicity of their clients. For example, this may occur in hospital admissions or in the context of disease surveillance. However, to date there is little knowledge of the utilisation of EEM across health and social care (Hannigan et al. 2020). In order to support the work of the National Social Inclusion Office (NSIO) Ethnic Equality Monitoring (EEM) subgroup, a questionnaire was developed with the aim to increase our understanding of existing practice and inform future work.

Methods

An online questionnaire, using SmartSurvey, was created to provide information for the NSIO regarding the use of EEM across the HSE. The questions were designed to determine if data were being collected about service users and if this data were being used to inform different aspects of service provision. Twelve questions were included in the questionnaire; an outline of the survey design is present in Appendix I. The twelve questions included are available in Appendix II.

The *Staff Survey: Ethnic Equality Monitoring in Service Provision* was sent to all staff using the HSE Communications broadcast. The e-mail which went out included a specification that managers were to be those to complete the survey and provided a brief description of EEM and the reasons why the NSIO is interested in understanding the extent to which EEM is currently being implemented across the HSE. A link to the SmartSurvey questionnaire was also included in the broadcast along with the contact information to email the NSIO with any questions or concerns. The total number of relevant departments/groups within the HSE which would have been eligible to complete the questionnaire is not clear. Staff were allowed just over two weeks to complete the online questionnaire, which closed on the November 2021.

A similar survey was sent out to 50 select Service Providers, covering the range of areas which are the NSIO supports: addiction, homelessness, migrants

(including Roma) and Irish Travellers. The questionnaire wording was adjusted to accommodate the difference in work setting in comparison to the original survey, and was received by January 2022. Service providers were given three weeks to complete the online questionnaire.

Data from SmartSurvey were exported and analysed in Excel and the R Programme. Where questions were multiple choice, data are presented in proportions and percentages, based on the total number of respondents. Comments were reviewed and where relevant, grouped based on themes.

Results

General

One hundred fifty-eight HSE staff completed the online questionnaire, with an additional 69 beginning but not finishing the questionnaire. Ten Service Providers completed the questionnaire (20% of the maximum expected responses), with twelve incomplete attempts. It is not clear why some respondents did not complete the questionnaire. However, though an attempt was made to keep the questionnaire general and to target managers, some individuals may have needed to retrieve information from their files in order to answer some of the questions.

Demographics

Services/departments (Q1)

All 158 HSE respondents completed this question, however not all included the full name of their department or service, for example one respondent entered "HSE". However, it appears that there is a good spread of the different services which the HSE provides. Some of these include mental health, community, hospital disability, elder care, speech & language, corporate, dental and maternity services.

Of the ten Service Provider respondents, two were from different departments within the same organisation. As their answers differ and they are from two different departments, it was decided to include both in the analysis.

Service user data (Q2)

Of the 158 respondents, 74.7% (N=118) collect data on service users; these respondents covered a similar range as those in the full dataset. The remaining 25.3% (N=40) stated that they do not collect data on service users, but some contradicted themselves later on in the questionnaire, indicating that they are also collecting some data on service users.

All of the 10 respondents Service Provider respondents report collecting data on service users.

Role of respondents (Q3)

The respondents to both questionnaires were primarily senior staff: managers, heads of service/department/operations and a CEO. While additional respondents included regional coordinators, assistants and a support worker.

Questions

Recording service user nationality (Q4)

The majority, 67.7% (N=107) of services/departments within the HSE do not record nationality or country of origin of their service users. Comments were optional for this question and some of these respondents explained that there is no requirement or that the data was collected for registration purposes only. Other comments stated that this information is not recorded systematically for all clients. The remaining 32.3% (N=51) of respondents do collect nationality or country of origin information on their service users.

Service Provider respondents followed a different pattern, with 70% (N=7) of services recording nationality or country of origin with 30% (N=3) not recording this variable for service users.

Recording service user ethnicity (Q5)

The majority, 72.2% (N=114) of services/departments within the HSE do not record the ethnicity of their service users. Comments were optional for this question and some of these respondents explained that there is no requirement or that other data (e.g. nationality or language spoken) were collected instead. The remaining 27.8% (N=44) of respondents do collect ethnicity information on their service users.

Service Provider respondents followed a similar pattern, with 80% (N=8) of services not recording ethnicity with 20% (N=2) confirming that they record this variable for service users.

Recording service user nationality and ethnicity (Q4 & Q5)

It is clear from the data (Table 1a) and associated comments to questions 4 and 5 that some HSE respondents reported collecting data on both nationality and ethnicity (N=36), were confounding the two, or were collecting data on neither (N=99).

No comments were directly made by the 9.5% of HSE respondents who collected data on nationality rather than ethnicity. However, some comments which were made in response to other questions indicate that national standards/requirements may be the reason why nationality is recorded.

The other category of interest comes from the 62.7% respondents who record neither nationality nor ethnicity. Of these, a number stated that language spoken or need for a translator is recorded if necessary. Others stated that nationality or country of origin is recorded if "the service user is non-white". A lack of a national requirement and/or clinical or social care relevance were both also given frequently as reasons for a lack of records.

In comparison, 30% of Service Providers reported not collecting information on nationality, or on ethnicity. While a comparable percent (20%) are collecting data on categories (Table 1b).

Table 1a. HSE contingency table for records of service user nationality and ethnicity

		Q5. Ethnicity		
		No	**Yes**	**Grand Total**
Q4. Nationality	**No**	62.7% (N=99)	5.1% (N=8)	67.7% (N=107)
	Yes	9.5% (N=15)	22.8% (N=36)	32.3% (N=51)
	Grand Total	**72.2% (N=114)**	**27.8% (N=44)**	**100% (N=158)**

Table 1b. Service Provider contingency table for records of service user nationality and ethnicity

		Q5. Ethnicity		
		No	**Yes**	**Grand Total**
Q4. Nationality	**No**	30% (N=3)	0% (N=0)	30% (N=3)
	Yes	50% (N=5)	20% (N=2)	70% (N=7)
	Grand Total	**80% (N=8)**	**20% (N=2)**	**100% (N=10)**

Staff training in cultural awareness (Q6)
Sixty-nine percent (N=109) of HSE respondents indicated that staff received training in cultural awareness. The remaining 31.0% (N=49) of respondent's departments/services do provide cultural awareness training to staff.

Similarly, 70% (N=7) of Service Provider respondents stated that staff received training on cultural awareness.

Staff training in EEM (Q7)
The vast majority, 92.4% (N=146) of HSE respondents indicated that staff received training in EEM. The remaining 7.6% (N=12) of respondent's departments/services do provide EEM training to staff.

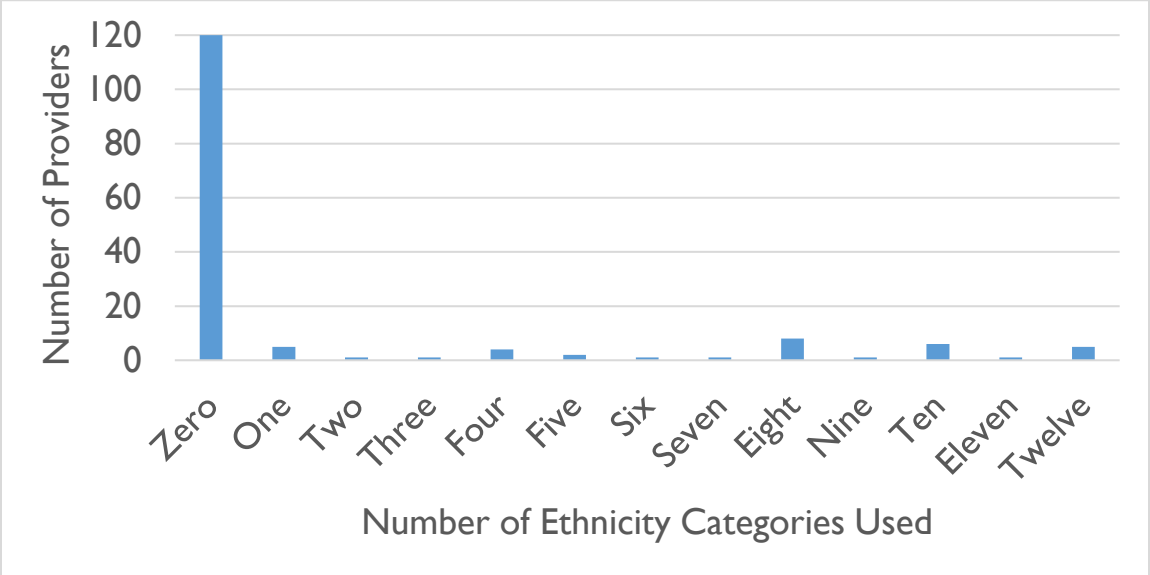
Ninety percent (N=9) of Service Providers reported that staff had not received training in EEM.

Desire to collect data on ethnicity (Q8)
This question was optional and 45 HSE respondents chose to skip this question. Of the 113 HSE responses received, 55.8% (N=63) stated that they would not like to collect data on ethnicity, while 44.2% (N=50) stated that they would like to collect data on ethnicity.

Two Service Provider respondents chose to skip this question. Of the eight responses received, 50% (N=4) stated that they would not like to collect data on ethnicity, while 50% (N=4) stated that they would like to collect data on ethnicity.

Ethnic categories (Q9)
The majority of HSE respondents, 76% (N=120), do not record ethnicity of clients/service users, with 22.8% (N=36; range=1 to 12, median=8, mean=7.0) reporting up to 12 different categories of service users (Figure 1). The remaining two respondents reported that they don't use a standard set of categories, but allow individuals to self-identify.

Figure 1. Frequency of Ethnic categories used by HSE



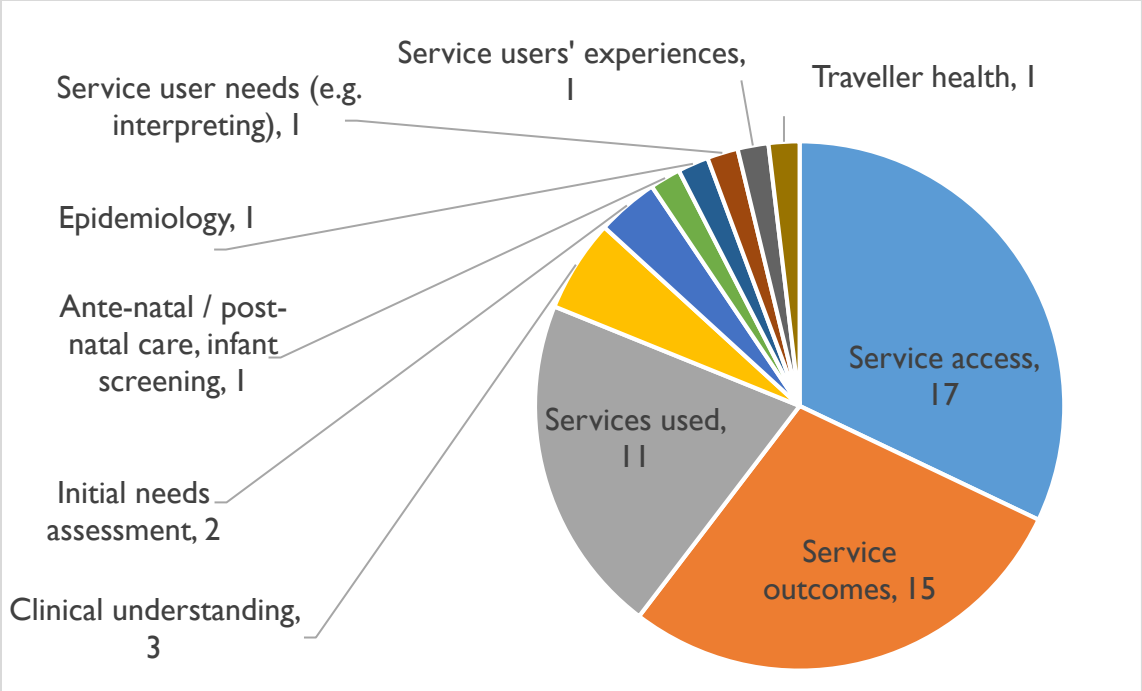
Service Providers showed a similar pattern with eight not recording any categories for ethnicity, one organisation recording seven categories and one organisation recording nine categories.

Comments sought for this question and some respondents chose to include statements. Some HSE staff stated that they used nationality in place of ethnicity or that they used the CSO's categories from the 2016 Census, while another individual (working with a highly marginalised population of service users) stated the categories specified in the survey were wrong. On Service Provider made it clear that they follow the standard form provided by the standard form as part of the NDTRS data collection process.

Usage of ethnic data (Q10)

Both HSE and Service Provider respondents were then asked of the ways in which ethnicity data were being used. Three examples were provided (i.e. service access, service outcomes and services used), while an addition seven categories were provided by respondents (Figure 2).

Figure 2. Ways in which ethnicity is used



Supports required for EEM (Q11)

Of the 158 HSE respondents, 83 chose to write a comment, the majority of which were relevant to the question asked. These 68 relevant comments varied in their scope, but all contained common elements. Therefore, a thematic analysis was conducted in order to group these supports into categories.

For the HSE, Training (N=70) was the primary support which was mentioned by the respondents; some respondents specified multiple types of training. The remaining themes included IT (N=14), staff (N=9), national standard (N=8), SOP (N=8), community engagement (N=4), requirement (N=3), peer support (N=3), communication (N=3), organisational policy (N=2), management (N=1) and research (N=1). Details of the breakdown of these themes are available in Table 2a.

Five Service Providers commented on supports which would be required for EEM (Table 3b). Training (N=10) was the primary support mentioned by respondents, followed by IT (N=3) and a National standard (N=3).

Table 2a. HSE supports required for EEM

Theme/Category	Subcategory	Count
Training		70
	training: EEM in service provision	27
	training: cultural sensitivity	25
	training	7

	knowledge of service availability	3
	training: GDPR	3
	training: use & importance	2
	training: communication skills	1
	training: diversity	1
	training: managing personal data	1
IT		14
	IT: database	13
	IT: database modification	1
Staff		9
	staff (collection, analysis, reporting)	5
	admin staff	1
	Staff	1
	staff (admin)	1
	staff diversity	1
National standard		8
	national standard	5
	individual health identifier	2
	standard tool	1
SOP		8
	SOP change	4
	SOP change (referral form: ethnicity, language)	3
	SOP: data use	1
Community engagement		4
	community/service user engagement	3
	client participation	1
Requirement		3
	requirement/policy/mandate	2
	KPI	1
Peer support		3
	peer support	3
Communication		3
	translation	2
	interpreter	1

Organisational policy		2
	anti-racism policy	2
Management		1
	management support: act on results	1
Research		1
	qualitative research: service user experience	1

Table 2b. Service Provider supports required for EEM

Theme/Category	**Subcategory**	**Count**
Training		
	training: EEM in service provision	5
	training: cultural awareness	2
	training: statistical analysis	1
	training: policy	1
	training: cultural sensitivity	1
IT		
	IT: database	2
	IT: database modification	1
National standard		
	national standard	2
	standard tool	1
SOP		
	SOP change (referral form: ethnicity, language)	1
Requirement		
	requirement/policy/mandate	1
Management		
	management support: communication	1
Other		
	platform to share trends	1

Future contact (Q12)

The majority of respondents, (HSE: 60.8% (N=96); Service Providers: 80% (N=8)) stated that they would be interested in receiving additional information from the NSIO on EEM. The majority provided email addresses.

Discussion

For comparative purposes an overview of the questionnaire and responses are available in Appendix III. As mentioned above, there are some discrepancies in the responses. However, this does not appear to have a major impact on the dataset overall. It does clarify, though, that some HSE staff are clearly confounding nationality with ethnicity. Or, believe that recording ethnicity does not matter to healthcare, or is harmful.

On the other hand, conducting the survey itself, brought to some people's attention the need for EEM. Some comments were made that they will begin to look within their current practices.

Comments made by participants also indicate that they do not understand what EEM is, or how it would be useful in informing service provision. They indicate that for some, lack of professional training in healthcare research and/management may be the cause of their belief that EEM is not important. However, without a particular question focusing on this it is impossible to say exactly where this belief is coming from. However, it is interesting to note that even within the same discipline (e.g. ophthalmology) there may be dissenting opinions on whether or not EEM has a place.

HSE Staff and Service Providers made some important suggestions regarding training and specified what type of training would best support their abilities to conduct EEM. Interestingly, this training extends beyond the basic questions of "What is EEM?", "Why is EEM important?" and "How can EEM be implemented?". There were broader requests for information around GDPR and patient data management, which already be established training for staff collecting patient data. In addition, some comments indicate that there is confusion on what constitutes "data".

No clear difference was found between HSE and Service Provider responses that could not be accounted for by the difference in sample size.

Lastly, both groups of respondents focused on their insecurities around asking individuals about their personal data with regard to ethnicity. However, many were already collecting, storing and managing data on nationality and in some cases even language. Therefore indicating that for many the barriers are not necessarily structural, but more around the perceived sensitivity or inappropriateness of asking about ethnicity. This can clearly be supported by providing training opportunities and practical examples of EEM at work. Additionally, setting and publicising national standards are also important.

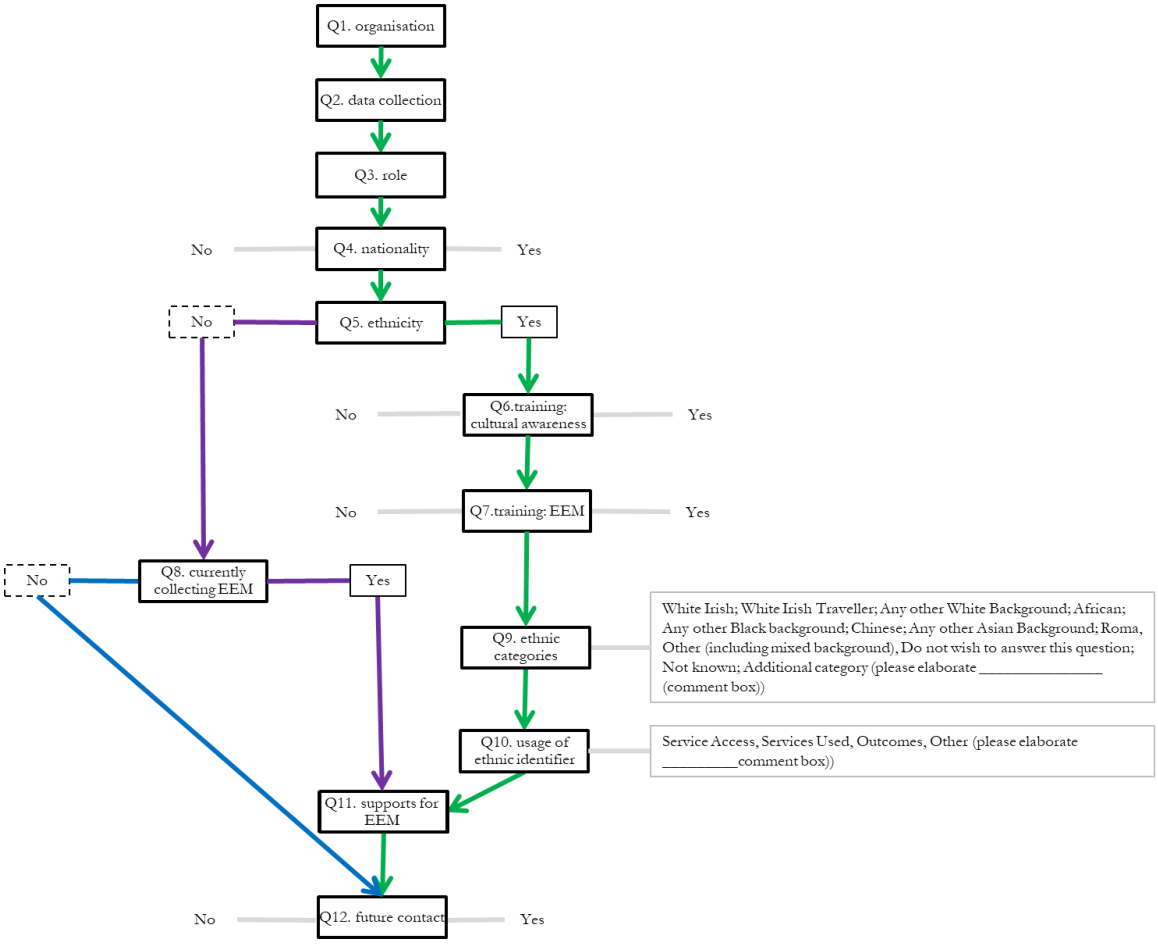
Conclusion

These themes can be used to better understand the support needs of the participants and to guide the work of the EEM subgroup. The need for staff training is clearly expressed, however it may be necessary to also direct training at managers and senior staff to provide them with the knowledge of the importance of EEM.

Lastly, a unifying definition and protocol around EEM and appropriate infrastructure (IT) are both needed as some standards may vary between disciplines and staff are limited by the resources they have on hand.

Appendix I

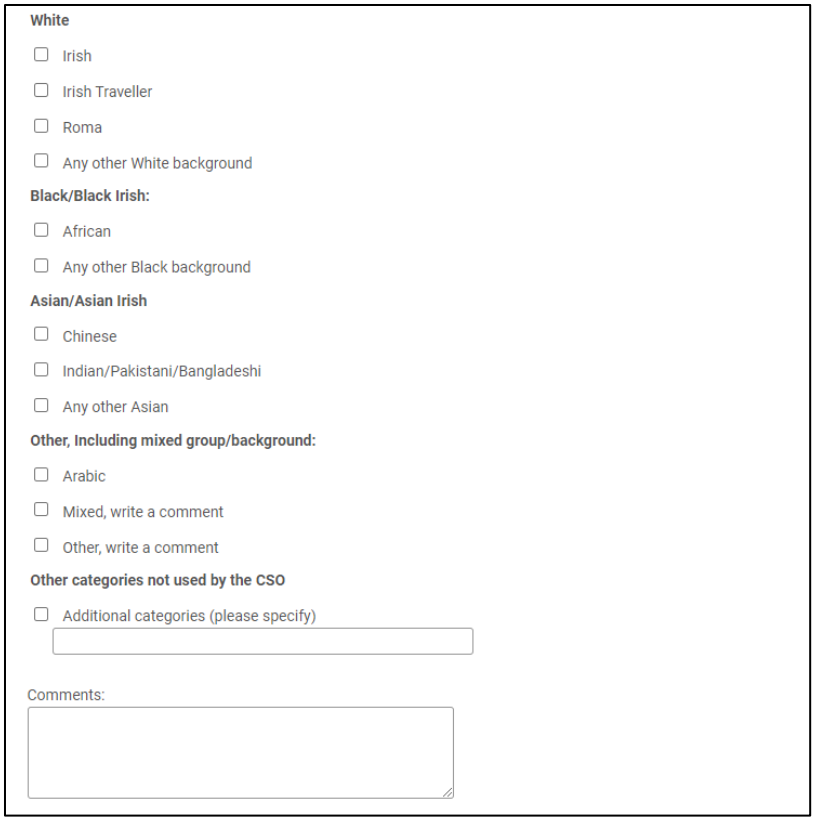
Survey Schematic



Appendix II

Survey Questions:

1. What is the name of your service/department?
   _____ (comment box)
2. Does your service/department collect data about service users?
   (Multiple choice--one answer: yes/no)
3. What is your role within your service/department?
   _____ (comment box)
4. Does your service/department record the nationality or country of origin of all service users?
   (Multiple choice--one answer: yes/no)
5. Does your service/department record the ethnicity of all service users?
   (Multiple choice--one answer: yes/no)
6. Have your staff received any training in cultural awareness?
   (Multiple choice--one answer: yes/no)
7. Have your staff received any training in Ethnic Equality monitoring?
   (Multiple choice--one answer: yes/no)
8. Would your service/department like to collect data on the ethnicity of your service users in order to inform decision-making?
   (Multiple choice--one answer: yes/no)
   <this question should come up for question 3, **no** only>
9. If you collect Ethnic data, what ethnic categories are used by your service/department?
   (Include a multiple choice-multiple answer list: CSO categories)
   <this question should come up for question 3, **yes** only>



10. Is the collection of ethnic data used to assess:
    (multiple choice--multiple answer: service access, services used, outcomes, other (please elaborate _____ (comment box))
    <this question should come up for question 3, **ethnicity** only>
11. What supports would your service/department require to collect, monitor and act upon information on service user ethnicity in order to improve service provision?
    (Please elaborate _____ (comment box))
    <this question should come up for question 6, **yes** only>
12. Are you happy to be contacted in relation to initiatives in this area going forward?
    (multiple choice--one answer: yes/no)
    If yes, then please add your name and contact details in the comment box below.
    _____ (comment box)

Appendix III

Response Overview: HSE

Number	Question	Response Total	No	Yes	Comment
1	What is the name of your service/department?	158 (100%)	N/A	N/A	N/A
2	Does your service/department collect data about service users?	158 (100%)	40 (25.3%)	118 (74.7%)	
3	What is your role within your service/department?	158 (100%)	N/A	N/A	N/A
4	Does your service/department record the nationality or country of origin of all service users?	158 (100%)	107 (67.7%)	51 (32.3%)	
5	Does your service/department record the ethnicity of all service users?	158 (100%)	114 (72.2%)	44 (27.8%)	
6	Have your staff received any training in cultural awareness?	158 (100%)	109 (69.0%)	49 (31.0%)	
7	Have your staff received any training in Ethnic Equality Monitoring?	158 (100%)	146 (92.4%)	12 (7.6%)	
8	Would your service/department like to collect data on the ethnicity of your service users in order to inform decision-making?	113 (71.5%)	63 (55.8%)	50 (44.2%)	
9	If you collect Ethnic data, what ethnic categories are used by your service/department?	158 (100%)	N/A	N/A	38 (24.1%) collect categories
10.1	Is the collection of ethnic data used to assess any of the following: Service access	158 (100%)	142 (89.9%)	16 (10.1%)	
10.2	Is the collection of ethnic data used to assess any of the following: Services used	158 (100%)	147 (93.0%)	11 (7.0%)	

10.3	Is the collection of ethnic data used to assess any of the following: Service outcomes	158 (100%)	144 (91.1%)	14 (8.9%)	
10.4	Is the collection of ethnic data used to assess any of the following: Other (please specify)	158 (100%)	148 (93.7%)	10 (6.3%)	
11	What supports would your service/department require to collect, monitor and act upon information on service user ethnicity in order to improve service provision?	68 (43.0%)	N/A	N/A	
12	Are you happy to be contacted in relation to initiatives in this area going forward?	158 (100%)	62 (39.2%)	96 (60.8%)	

Response Overview: Service Provider

Number	Question	Response Total	No	Yes	Comment
1	What is the name of your service/department?	10 (100%)	N/A	N/A	N/A
2	Does your service/department collect data about service users?	10 (100%)	0 (0%)	10 (100%)	
3	What is your role within your service/department?	10 (100%)	0 (0%)	10 (100%)	N/A
4	Does your service/department record the nationality or country of origin of all service users?	10 (100%)	3 (30%)	7 (70%)	
5	Does your service/department record the ethnicity of all service users?	10 (100%)	8 (80%)	2 (20%)	
6	Have your staff received any training in cultural awareness?	10 (100%)	3 (30%)	7 (70%)	
7	Have your staff received any training in Ethnic Equality Monitoring?	10 (100%)	9 (90%)	1 (10%)	
8	Would your service/department like to collect data on the ethnicity of your service users in order to inform decision-making?	8 (80%)	4 (50%)	4 (50%)	
9	If you collect Ethnic data, what ethnic categories are used by your service/department?	10 (100%)	N/A	N/A	2 (20%) collect categories
10.1	Is the collection of ethnic data used to assess any of the following: Service access	10 (100%)	9 (90%)	1 (10%)	

10.2	Is the collection of ethnic data used to assess any of the following: Services used	10 (100%)	9 (90%)	1 (10%)
10.3	Is the collection of ethnic data used to assess any of the following: Service outcomes	10 (100%)	9 (90%)	1 (10%)
10.4	Is the collection of ethnic data used to assess any of the following: Other (please specify)	10 (100%)	N/A	N/A
11	What supports would your service/department require to collect, monitor and act upon information on service user ethnicity in order to improve service provision?	5 (50%)	N/A	N/A
12	Are you happy to be contacted in relation to initiatives in this area going forward?	10 (100%)	2 (20%)	8 (80%)