Cultural Diversity in the Irish Health Care Sector:
Towards The Development of Policy and Practice Guidelines
For Organisations in the Health Sector

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Towards The Development of Policy and Practice Guidelines for Organisations in the Health Sector

Cultural diversity is an increasingly important issue in the Irish healthcare sector, both in regard to staff working in the healthcare sector and the people seeking to avail of healthcare services.

This increased diversity has resulted in a range of challenges for health managers, doctors, nurses, administrative and ancillary staff, which include the following:

• The need to ensure that services are accessible, user friendly and are equitable to people from minority ethnic backgrounds seeking to avail of healthcare services.

• The need to ensure that staff from minority ethnic backgrounds are fully integrated into the Irish healthcare workplace in a way that respects cultural diversity.

In recent years, there has been increasing demand from the Irish healthcare sector for guidance on the development of policies and practices within the workplace and the delivery of services that takes into account this diversity. This publication seeks to contribute to the development of such policies and practices.

The purpose of this publication

The purpose of this publication is twofold:

• To provide an overview of meeting the challenge of cultural diversity in the Irish health care sector

• To contribute to the development of policies and practices within the Irish healthcare sector in respect of the workplace and the delivery of health services.

The origin of this publication is a one-day conference organised by the National Consultative Committee on Racism and Interculturalism (NCCRI) and the Irish Health Services Management Institute (IHSMI) on November 6th, 2001.

The aim of the conference was to bring together a broad range of key professionals in the Irish health care sector and other interested parties as a first stage initiative to identifying key challenges and possible future strategies. A key conclusion from the conference was the need for the development of conceptual and practical guidance for the health care sector in meeting the challenge of responding to cultural diversity.

The structure of the publication

The publication is divided into three main sections.

Section One: Meeting the challenges of cultural diversity in the Irish health care sector: An Overview

Section Two: Towards the development of policy and practice guidelines on cultural diversity in the Irish health care sector

Section Three: Framework for guidelines on policy and practice
Meeting the Challenges of Cultural Diversity in the Irish Healthcare Sector: An Overview

Mr Michéal Martin TD, Minister for Health and Children.
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The range of health organisations in the conference gives a strong indication of the interest in this issue. These organisations were as follows: The Adelaide and Meath Hospital; Beaumont Hospital; Beechpark Services; Blackrock Clinic; Bon Secours Hospital; The Central Remedial Clinic; Cherry Orchard Hospital; The Children’s Hospital, Dublin; Cork University Hospital; Cuan Ros; CUM/STD Clinic, Cork; The Department of Public Health; East Coast Area Health Board; Eastern Regional Health Authority; Health Services Employers Agency; Hume Street Hospital; Leopardstown Hospital; Mater hospital; Mater Private Hospital; Mid Western Health Board; Mount Carmel Hospital; Naas General Hospital; National Children’s Hospital; North Eastern Health Board; Our Lady’s Hospital for Sick Children; Refugee Health Centre; Rotunda Hospital; Royal Victoria Eye and Ear Hospital; South Eastern Area Health Board; South Infirmary, Victoria; South Western Area Health Board; Southern Area Health Board; St Colmcille’s Hospital; St Francis’ Day Hospital; St Francis’ Hospice; St James’s Hospital; St Luke’s Hospital; St Mary’s Hospital, Baldoyle; St Michael’s Hospital, Dun Laoghaire; St Michael’s House, Ballymun; St Vincent’s Hospital, Stewart’s Hospital Palmerstown; Trinity College Health Service; Dept. of Public Health Medicine, UCD; University College Hospital Galway; Western Area Health Board.

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Philip Watt, Director NCCRI
Ann Brennan, Education Officer IHSMI

March 2002
Cultural diversity has over recent years become an increasingly visible aspect of Irish society bringing with it both opportunities and challenges. It holds out great possibilities for the enrichment of all who live in Ireland but it also challenges us to adapt creatively to the changes required to realise this potential and to ensure that the experience is a positive one for all concerned but particularly for those in the minority ethnic groups. In the last number of years in particular, the focus has tended to be on people coming to this country either as refugees, asylum seekers or economic migrants. Government figures estimate that as many as 340,000 immigrants are expected in the next six years.

However ethnic and cultural diversity are not new phenomena in Ireland. Travellers have a long history as an indigenous minority group in Ireland with a strong culture and identity of their own. The changing experience and dynamics of their relationship with the wider society and its institutions over time can, I think, provide some valuable lessons for us as we seek to address the more numerous and complex issues of cultural diversity which have arisen for us in the last decade.

Cultural Diversity in the Health Sector

Turning more specifically to the health sector, which is the focus of this input. Culture and identity have particular relevance to health service policy and provision in that:

- They shape people’s definition of health, perception of illness and responses to illness
- They influence the manner in which people take up health services
- They challenge health policy and provision to be accessible and culturally appropriate in an effort to achieve equitable health status outcomes.
- They pose challenges in relation to the increasing number of non-national health service workers, which we are proactively bringing into our system.

Acknowledging Difference

The first requirement is that we in the health service acknowledge cultural diversity and the differences in behaviours and in the less obvious areas of values and beliefs that this often implies. Only by acknowledging these differences in a respectful way and informing ourselves of them can we address them. Our equality legislation - The Employment Equality Act, 1998 and the Equal Status Act, 2000 - prohibits discrimination on nine grounds including race and membership of the Traveller community. The Equal Status Act prohibits discrimination on an individual basis in relation to the nine grounds while for groups it provides for the promotion of equality of opportunity. The Act applies to the provision of services including health services.

Focus on the Patient

I will focus first on cultural diversity in relation to the patient. In this respect it is worth mentioning that the recognition of cultural diversity and appropriate responses to it were issues which were strongly emphasised in the public consultation process which we held earlier this year in the context of developing National Anti-Poverty targets for the health sector and also our new national health strategy (www.doh.ie/hstrat/index)

Awareness Training for Staff

Awareness and sensitivity training for staff is a key requirement for adapting to a culturally diverse patient population. The focus of this training should be the development of the knowledge and skills to provide services sensitive to cultural diversity. Such training can often be most effectively delivered in partnership with members of the minority groups themselves. I am aware that the Traveller community, for example, is involved in in-service training for health care workers. I am also aware that the National Consultative Committee on Racism and Interculturalism (www.nccri.com)
has been involved in training with hospitals and Regional Health Authorities. We need to have more such initiatives. A step beyond the sensitivity training for existing staff is the training of members of the minority communities themselves as workers in our health services. Again the Traveller community has set an example in this area with its Primary Health Care Project for Travellers.

### Primary Health Care for Travellers

The Primary Health Care for Travellers Project was established in 1994 as a joint partnership initiative with the Eastern Health Board and Pavee Point, with initial technical assistance being provided from the Department of Community Health and General Practice, Trinity College, Dublin. This project was the first of its kind in the country and has facilitated:

- Significant consultation between service providers and the Traveller community,
- Greater information collection and sharing and
- Improved access and utilisation of services

The project included a training course, which concentrated on skills development, capacity building and the empowerment of Travellers. This confidence and skill allowed the Community Health Workers to go out and conduct a baseline survey to identify and articulate Travellers’ health needs. This was the first time that Travellers were involved in this process; in the past their needs were assumed. The results of the survey were fed back to the community and they prioritised their needs and suggested changes to the health services, which would facilitate their access and utilisation.

Ongoing monitoring and data collection demonstrates a big improvement in levels of satisfaction and uptake and utilisation of health services by Travellers in the pilot area. This Primary Health Care for Travellers initiative is being replicated in three other areas around the country and funding has been approved for a further 9 new projects. This pilot project was the recipient of a WHO 50th anniversary commemorative award in 1998. The project is developing as a model of good practice which could inspire further initiatives of this type for other minority groups.

### Information and Health Promotion

Access to information has been identified in numerous consultative processes as a key factor in enabling people to take a proactive approach to managing their own health and that of their families and in facilitating their access to health services. Honouring our commitment to equity in these areas requires that information is provided in culturally appropriate formats. *The National Health Promotion Strategy 2000-2005* (www.doh.ie/publications/hpstrat.) for example, recognises that there exists within our society many groups with different requirements which need to be identified and accommodated when planning and implementing health promotion interventions. These groups include Travellers, refugees and asylum seekers, people with intellectual, physical or sensory disability and the gay and lesbian community. The Strategy acknowledges the challenge involved in being sensitive to the potential differences in patterns of poor health among these different groups. The Strategic aim is to promote the physical, mental and social well-being of individuals from these groups. The objective of the Strategy on these issues are:

- To initiate research into the health and lifestyle behaviour of these groups within the population;
- To prioritise health promotion programmes,
- to work in partnership with these groups to develop and adapt health promotion programmes to meet their individual needs.
Targeting and Mainstreaming

While our long term aim may be to mainstream responses so that our health services is truly multicultural, we must recognise the need at this point in time for very specific focused responses particularly for groups with poor health status such as Travellers and also for refugees and asylum seekers. In the case of refugees and asylum seekers examples of targeted services are screening for communicable diseases - offered on a voluntary basis - and psychological support services for those who have suffered trauma before coming here. The two approaches of targeting and mainstreaming are not mutually exclusive. A combination of both is required at this point in time but the balance between them must be kept under constant review in the light of changing needs.

Data and Research

A major requirement if we are to meet the challenge of cultural diversity is an appropriate data and research base. I think it is important that we build up our information and research database in partnership with the minority groups themselves. We must establish what the health needs of diverse groups are; we must monitor uptake of services and how well we are responding to needs and we must monitor outcomes and health status. We must also examine the impact of the policies in other sectors on the health of minority groups. The National Health Information Strategy (www.doh.ie/hstrat/nhis/index) currently being developed, and the recently published National Strategy for Health Research - Making Knowledge Work for Health (www.doh.ie/publications/mkwfh) provide important frameworks within which we can improve our data and research base.

A culturally diverse health sector workforce - challenges and opportunities

The Irish health service can benefit greatly from successful international recruitment. There has been a strong non-national representation amongst the medical profession for more than 30 years. More recently there have been significant increases in other categories of health service workers from overseas. The Department recognises the enormous value that overseas recruitment brings over a wide range of services and supports the development of effective and appropriate recruitment strategies in partnership with health service employers. These changes have made cultural diversity an important issue for all health service organisations. Diversity in the workplace is primarily about creating a culture that seeks, respects, values and harnesses difference. This includes all the differences that when added together make each person unique. So instead of the focus being on particular groups, diversity is about all of us. Change is not about helping “them” to join “us” but about critically looking at “us” and rooting out all aspects of our culture that inappropriately exclude people and prevent us from being inclusive in the way we relate to employees, potential employees and clients of the health service. International recruitment benefits consumers, Irish employees and the overseas personnel alike.

Regardless of whether they are employed by the health service, members of minority groups will be clients of our service and consequently we need to be flexible in order to accommodate different cultural needs. For staff, we recognise that coming from other cultures can be a difficult transition. Consequently health service employers have made strong efforts to assist them during this period. Many organisations provide induction courses, religious facilities (such as prayer rooms) and help in finding suitable accommodation.

The Health Service Employers Agency, HSEA (www.hsea.ie) is developing an equal opportunities/diversity strategy and action plans as
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well as training programmes to support their implementation, to ensure that all health service employment policies and practices promote the equality/diversity agenda to continue the development of a culturally diverse health service.

The management of this new environment is extremely important for the health service as it offers an opportunity to go beyond set legal requirements and to strive for an acceptance and nurturing of cultural differences. Workforce cultural diversity affords us the opportunity to learn from the working practices and perspectives of others by allowing personnel to present their ideas and experience through teamwork, partnership structures and other appropriate fora, leading to further improvement in the services we provide.

It is important to ensure that both personnel units and line managers communicate directly with their staff and demonstrate by their actions that they intend to create an inclusive work place which does not demand that minority staff fit. Contented, valued employees who feel that there is a place for them in the organisation will deliver a high quality health service.

**Conclusion**

Your conference had two laudable aims - to heighten awareness and assist health care staff to work effectively with their colleagues from different cultural backgrounds and to gain a greater understanding of the diverse needs of patients from minority ethnic backgrounds. There is a synergy in these aims and in the tasks to which they give rise in the management of our health service. The creative adaptations required for one have the potential to feed into the other. I would like to commend both the NCCRI and the IHMSI which hosted the conference, for their initiative in making this event happen which was timed to coincide with Racism in the Workplace Week.
2.1 Introduction and Contexts

The development of policies and practices that seek to take into account cultural diversity are at a relatively early stage of development in the Irish health care sector. This section is presented as a contribution towards the development of guidelines within the health sector and is drawn from a range of sources, including:

- The inputs from the speakers and workshop discussions at the conference held in November 6th 2001
- Policy and good practice beginning to emerge in health systems in other countries and regions.

It is only after a thorough process of encouraging further research and consultation within the Irish healthcare sector, including consultation with minority ethnic groups themselves, that comprehensive policy strategies and guidelines will emerge. It is intended, therefore that this section might act as a catalyst and contribution towards the development of such strategies rather than presenting a final and inevitably incomplete set of guidelines that will have limited impact.

A key recommendation from this section is that the Department of Health and Children in partnership with organisations such as the NCCRI, the IHSMI and other key stakeholders would commence a consultative and research process that would seek to continue the process of mainstreaming policies on cultural diversity in both the health workplace and in the provision of services.

Such policies are already beginning to emerge, with the recent publication of Traveller Health: A National Strategy, Department of Health and Children, 2002, marking an important contribution to this process.

2.2 A Rationale for the Development of Policy Guidelines on Cultural Diversity within the Irish Health Care Sector

There has always been cultural diversity in Ireland. The largest minority ethnic community North and South is the Traveller community. There has also been a long established Jewish community in Ireland and growing Islamic, Asian and Chinese communities. Ireland is now a country of net inward migration. Between 1995 and 2000, half of this inward migration comprised returning Irish Migrants, with 31% from the UK and the rest of the EU, 7% from the USA and 12% from the rest of the world.

There has been a significant increase in the number of people seeking asylum in Ireland in recent years which has levelled out at around 11,000 per annum and there have been an even greater number of people who have been encouraged by Irish employers and the Government to seek employment in Ireland as a consequence of rapid economic growth, with 35,000 work permits issued in 2001, compared with around 20,000 in 2000 and 6,000 in 1999. Such recruitment is likely to continue, albeit at a slower pace into the foreseeable future.

There has always been ‘people of colour’ in Ireland, including black Irish and other EU citizens and this visible form of diversity has also increased in recent years and is now part of the fabric of Ireland’s increasingly multicultural society.

The increasing diversity means that the people who are seeking to avail of our healthcare services are from a broader range of ethnic groups than previously experienced.

Recent headlines in our papers reflect the increasing demands on the Irish health care sector to recruit and retain staff and the development of polices to attract healthcare workers from outside the EU.¹

¹ Office for Health Management: Managing Talent and Difference in the Health Care Services: The Case for Diversity.
2.3 Legislative and policy contexts

Health Policy

The following are a summary of the most important developments in health policies, which have the potential to impact on issues related to cultural diversity (see section one):

- The National Health Strategy
- National Health Promotion Strategy
- National Health Information Strategy
- National Strategy for Health Research
- Traveller Health: A National Strategy
- National Women’s Health Plan
- The commitments on health in the National Anti Poverty Strategy
- The forthcoming Health and Lifestyles Study

The National Health Strategy acknowledges the need for targeted approaches to address disadvantage, including the establishment of a Primary Health Care Task Force, the prioritisation of disadvantaged areas, the introduction of health impact assessments and greater commitment to consultation and involvement including the participation of community groups in the delivery of primary care services. These commitments are of central importance to groups, which have a poorer health status, including minority ethnic groups.

Equality Policy

The Equality legislation in Ireland covers discrimination and equality in relation to both employment (Employment Equality Act, 1998) and the provision of services, including health care services (Equal Status Act, 2000). The legislation covers nine grounds, including:

- Gender
- Marital Status
- Family Status
- Sexual Orientation
- Religious Belief
- Age
- Disability
- Race
- Membership of the Traveller community

Equality does not mean treating everyone the same. It is clear that some groups in our society have different and greater needs than others. Equality means equality of access, equality of participation and equality of outcome in the health services provided. This means that additional strategies and resources should be targeted at the groups with poorer health status. The equality legislation is enforced by the Equality Authority and the Director of Equality Investigations.

2.4 Misinformation and Misconceptions about Minority Ethnic Groups

A great deal of misinformation, misconception and exaggeration can often enter into a discourse about minority ethnic groups and health. An example of this is the assertion that some minority ethnic groups are a threat to public health or that they are a main cause of health shortages and waiting lists.

Dr Philip O’Connell, a general practitioner in Dublin’s South inner city, addressed this issue in his speech at the conference that forms the basis of this publication. He contended that there is a need for awareness programmes to dispel such
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misconceptions as well as orientation and information programmes for non-nationals.

‘Increasing numbers of people from minority ethnic backgrounds, such as refugees and migrant workers are creating extra demands on our health services, but these demands can and should be met through the forthcoming health strategy. By and large many of the people from these groups are young and healthy, so the demands they create should not be exaggerated. For instance, the incidence of TB or Hepatitis or HIV is only marginally more than the indigenous Irish population.’

2.5 Training and the ‘whole organisation’ approach to cultural diversity

There has been a significant increase in the demand for anti racism and intercultural awareness raising within the Irish health care sector. The NCCRI has developed general guidelines on how such training should be conducted. These guidelines are aimed at both organisations looking for such training and practitioners offering to provide such training. The development of anti racism and intercultural awareness raising for staff is an important component of an overall ‘whole organisation’ approach to addressing this issue.

The NCCRI has recently published guidelines on developing a ‘whole organisation’ approach to addressing racism and promoting interculturalism which focuses on four key dimensions to the issue within the workplace.

These are:
- Ethos of the organisation.
- Policies and practices in the workplace
- Service delivery
- Awareness, attitudes and behaviour of staff

2.6 Competency in cultural diversity

At the one-day conference that forms the basis of this publication, PJ Boyle, a nurse and postgraduate researcher who works with refugees and asylum seekers, stated that there is an urgent need for staff to gain ‘cultural competency’ from both a positive perspective but also from the perspective that failure to do so may result in frustrating and even dangerous results. He stated:

‘Language and cultural factors combine to produce failure to communicate and frustrating, even dangerous, results. To offer culturally appropriate care requires being open to the expectations, perceptions, and realities of various individuals and communities. Healthcare staff need to recognise that a patient’s possible lack of expertise in professionally defined health matters is matched by their own (the health workers) relative ignorance of the patient’s beliefs, practices, experiences, values and goals.’

It is not possible to achieve cultural competence solely by obtaining cultural knowledge and skills. It must be included as part of a ‘whole organisation’ approach. Cultural competence training is a component of anti racism and intercultural training which should be developed as an integral part of basic and in-service training within the health services.
3.0 Towards the Development of Guidelines on Policy and Practice

A key part of a ‘whole organisation’ approach to cultural diversity in the health sector is the drawing up of guidelines on policy and practice for guidance to organisations providing care to patients from culturally diverse/minority ethnic backgrounds. The approach taken to drawing up such guidelines will have a significant bearing on their ultimate acceptability and impact. The support of the Department of Health and Children and other key stakeholders, research and extensive consultation with staff and minority ethnic groups are necessary before such guidelines are developed in Ireland. An outline of possible headings are published here as a contribution to the development of such guidelines

3.1 Preface and introduction

The purpose of drawing up guidelines on policy and practice is twofold:

• To enhance the delivery of health care and the quality of care to people from minority ethnic/culturally diverse backgrounds who may have experienced difficulties in accessing services.
• To ensure that staff from minority ethnic backgrounds are fully integrated into the health workplace.

The guidelines would be aimed at staff in the healthcare sector from a variety of different professional backgrounds and disciplines, in particular hospitals and in other health care institutions. As Ireland moves towards a primary health care model as envisaged in the National Health Strategy, guidelines should be developed to reflect these policy developments.

3.2 Approach to drawing up guidelines

The drawing up of such guidelines should be preceded by research and consultation to identify the key issues for people from minority ethnic backgrounds which affect their use of hospital services and related healthcare services, their understanding of procedures within these services, and the quality of care provided to them and secondly, research and consultation with staff on the key challenges they find in providing culturally appropriate health services.

This information would help identify relevant information for health providers in hospitals and other healthcare settings regarding cultural issues affecting the provision of care, and could help to inform the development of other training and education materials for use in healthcare settings.

The guidelines would seek to encourage greater awareness of some of the issues in providing care to people from culturally diverse backgrounds, and greater sensitivity to the causes of problems that may arise in providing such care. Through such awareness raising it is hoped to develop appropriate and effective interventions to assist in the care of patients from minority ethnic backgrounds.

The information provided in the Guidelines to Policy and Practice will be under the broad ‘umbrella’ of cultural diversity in Irish society, but will also seek to draw on and respond to the needs and experiences of specific groups, including Travellers, migrant workers, refugees and asylum seekers, without over generalising and highlighting the potential dangers inherent in stereotyping. The guidelines would be aimed at staff in the healthcare sector from a variety of different professional backgrounds and disciplines, with a particular focus on hospitals.
3.3 Framework for the development of policy and practice guidelines

It is anticipated that the guidelines would be developed under the following headings:

• Introduction
• Purpose of the Guidelines
• Cultural diversity in the Irish health care sector
• Policy and legislative context
  - Employment legislation
  - Equality legislation
  - Rights of migrant workers
• Developing a ‘whole organisation’ approach to cultural diversity
  - Ethos, policy and practice, service delivery, behaviour
  - Training and awareness raising, including anti racism and cultural competence
  - Data collection, benchmarking and monitoring
• Staff-Patient Relationship
• Communicating Effectively
• Language Issues
  - The interpreter’s role and standards and ethical issues in interpretation
  - Issues for people who cannot read
• Understanding Hospital and other Health Care Systems
  - Nursing homes
  - Hospices
  - Other
• Admission
  - Emergency department
• Investigations
  - Pathology
  - Radiology
• Paediatrics
• Birthing Practices
• Surgery/Critical Care
  - Organ transplantation
  - Intensive care/Coronary care
• Medicine
  - Geriatrics and aged care
  - Oncology/Palliative care
• Death and Dying
  - Autopsy
• Allied Health
  - Physiotherapy
  - Social work
  - Speech therapy
  - Occupational therapy
• Models of Health and Illness
• Medication Including Traditional Medicine
• Family and Community
  - Travellers
  - Refugees and asylum seekers
  - Gender
  - Disability
• Religion
• Gender and Modesty
• Diet and Food Preferences
• Discharge
• Resource materials/ publications/ websites/ courses
• Contact people within the health sector
• Community and public sector organisations
• Translating and interpreting
• References
Conclusion and Recommendations

It is clear that cultural diversity is a key challenge for the Irish health care sector, both in terms of diversity in the workplace and the development and enhancement of service delivery that has the potential to impact positively on minority ethnic groups.

A key strategy in meeting this challenge is to build a cultural diversity dimension into key health care policy strategies including the National Health Strategy; the National Health Promotion Strategy; the National Health Information Strategy and the National Strategy for Health Research.

A second key strategy to meeting this challenge is to develop policies that are specific to the needs of minority ethnic groups, such as Traveller Health, a National Strategy. A gender focus should be included in both general and specific strategies.

A third related strategy is developing good practice and policy guidelines within health care organisations, a framework for which is outlined in this report.

A fourth related strategy is mainstreaming cultural diversity awareness and anti racism training in health care organisations.

Recommendation

It is recommended that a steering group, comprising representatives from the Department of Health and Children, the NCCRI, the IHSMI and other key stakeholders, be established to develop and oversee research and to develop guidelines on cultural diversity within the Irish health care sector.

Concomitant with the establishment of this steering group and research, a consultative process that would identify the key issues for both staff and representatives from organisations working with minority ethnic groups.