

Working Better with Ethnically and Linguistically Diverse Populations

Good Practice Guidance for Drugs, Alcohol and Homeless Services in Ireland



Coimisiún na hÉireann
um Chearta an Duine
agus Comhionannas
Irish Human Rights and
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1 About this Guide

1.1 Minority Access to Services and the Public Sector Duty

There is ample research documenting the fact that people from ethnic and linguistic minorities are likely to experience racism and discrimination in healthcare services in Ireland (1) and that people from minority groups are less likely to access, remain engaged with, or complete treatment in, needed services such as mental health programmes (2,3). Given the reliance by many migrant communities on homeless services (4) and the increased vulnerability of many migrant groups to drug and alcohol use (5), it is vital that those with service provision responsibilities proactively seek ways to create services that are inclusive of people from ethnic and linguistically diverse communities.

The importance of services proactively promoting inclusion of ethnic and linguistically diverse communities has been highlighted in literature (6), but there is also a legal requirement in Ireland, under the Public Sector Duty, for organisations funded by government departments and state bodies - including Section 39 organisations and NGOs - to be inclusive.

The Public Sector Equality and Human Rights Duty (i.e., Public Sector Duty) is set out in Section 42 of the Irish Human Rights and Equality Act 2014. It establishes the responsibility of public bodies to promote equality of opportunity and treatment, prevent discrimination and protect human rights, in every aspect of their functions - as policy makers, employers, and service providers. It requires public bodies to identify and address equality issues and report on these in strategic plans and annual reports. Issues and rights that must be considered include - besides the right to cultural, religious and linguistic diversity - the right to non-discrimination and equal treatment in the areas of employment and access to (and use of) goods and services, accommodation and education.

1.2 Cultural Competence

The term 'cultural competence' is referred to frequently in this guide to denote the ability to work and communicate effectively and appropriately with people from culturally diverse backgrounds (7). While there is a vast body of literature, many toolkits, resources (referenced further in this guide) and training programmes which outline and define cultural competence, in brief - for the purposes of this guidebook and drawing from the synthesis of literature by Alizadeh and Chavan (2016) - cultural competence includes the following features (7):

- **Cultural awareness:** a person's understanding of their own views (including biases) towards other cultures
- **Cultural knowledge:** understanding and comprehension of other cultures
- **Cultural skills/behaviour:** the ability to communicate and connect with people from different cultures
- **Cultural desire or motivation:** a person's willingness to learn about cultural diversity and increase cultural awareness

- **Cultural encounter:** interacting face to face, or otherwise, with people from different cultures

Where 'cultural competence' is referenced in this guide, it is referring to the development of knowledge and skills in some or all of these areas, by staff and management, or measures taken by organisations to increase the presence of these factors in the organisation.

1.3 What's in this Guide?

This guide was developed for drug, alcohol, and homeless services; to support them in their endeavours to provide culturally competent, inclusive services for people from ethnically and linguistically diverse populations. The work was commissioned by Community Response with support from the South Inner City Drug and Alcohol Task Force, and developed through desktop research by Quality Matters. This guidance contains a summary of standards and good practice for inclusion of ethnically and linguistically diverse communities drawn from:

- Irish standards including those for healthcare services, intercultural health, homeless services and alcohol and drugs services
- International standards for alcohol and drugs services and/or homeless services
- International literature/good practice

The standards and literature are presented in relation to core service pillars, namely:

- Governance and leadership
- Staff training and support
- Service provision
- Service planning and evaluation

In addition to best practice, each area has a section on practical ideas and resources to help services implement the guidance. It is important services are aware that cultural competence and inclusiveness requires efforts on at least two levels including:

- a) At an **organisational level** where appropriate actions are taken at management level to support the organisation and team to be culturally competent and inclusive, and,
- b) At an **individual level**, with staff doing personal work to better understand their own attitudes and biases and to identify ways to improve their own cultural competence

Practical ideas for both types of action are included in this guidance.

Acknowledgements

Community Response wishes to acknowledge and thank each of the services and individuals who participated in the consultation process for this guide. As referenced there is a lack of research available in Ireland that examines peer involvement in services, hindering the development of best practice models. We hope that this guide will go some way towards supporting services to incorporate peers into service provision, which will in turn allow for research and evaluation opportunities. We have worked extensively with peers over the last few years in the field of health, specifically the treatment of Hepatitis C, and have found it to be beneficial for both our service users and the peer workers.

Specific thanks to IHREC, whose initial grant to produce a guide for best practice standards when working with migrant communities in addiction/homeless services, was a catalyst for developing this document, and to the South Inner-City Drug & Alcohol Task Force and its Co-ordinator, Keri Goodliffe for her significant input into the process.

1.4 Sources for this Guidance

National Standards

The following Irish standards were consulted for this guidance and abbreviated as follows:

Source	Abbreviation
The National Quality Standards Framework for Homeless Services in Ireland (8)	NQSF
Quality in Alcohol and Drugs Services (9)	QuADS
National Standards for Safer Better Healthcare (10)	SBH
Public Sector Duty (11)	PSD
Department of Justice and Equality. The Migrant Integration Strategy - A Blueprint for the Future 2017-2020 (12)	MIS
HSE Social Inclusion. Second National Intercultural Health Strategy 2018-2023 (13)	NIHS

International Good Practice and Literature

While this guide is intended to be as locally focused and practical as possible, standards in Ireland are not always reflective of literature and good practice in this area. Where good practice or standards in an Irish context were insufficient, or would benefit from augmentation, additional literature was consulted and is referenced using the Vancouver referencing style, where a number in a bracket e.g., (1) indicates the source reference is in the bibliography at the end of the document.

Compiling Good Practice

Some of the good practice points in this guide are included exactly as they appear in their source document (e.g. one of the standards documents above), particularly those coming from Irish

standards. Most, however, are summaries of similar themes arising in diverse guidance, literature or other standards.

2 Governance and Leadership

Overview: To ensure that those in leadership positions, as well as relevant policies and organisational statements, are aligned to advance the inclusion of ethnically and linguistically diverse (ELD) communities, and to ensure appropriate resources for implementation are available.

Good Practice	Source
1. Organisational statements such as the mission, vision, values, and strategic plan explicitly state and reflect a commitment to cultural competence, diversity and inclusion	(14)
2. There are financial resources specifically allocated to the implementation of cultural competence and/or diversity and inclusion standards and initiatives	(14)
3. Management, leadership, and governance entities are trained in cultural competence, diversity and inclusion	QuADS MIS (15,16)
4. The service has a written (and consulted-on) anti-discriminatory policy that states a commitment to protecting service users' rights to cultural, religious, and linguistic diversity, promotes equal treatment and opportunities and contains measures to protect service users from discrimination, either from members of the workforce or other service users. Policies are inclusive and applicable to all, including the Board, management, employees, volunteers and service users	NQSF QuADS SBH PSD (multiple standards)
5. Governance bodies' compositions reflect the diversity of the population served	(17)

Practical Ideas

Agree an organisational vision or commitment

The vision should convey the organisation's enthusiasm for engaging ELD individuals and communities, a respect for diversity, and may explore 'anti-racist' values and principles (see examples in resources below).

Identify a lead or small leadership group to drive inclusion

Inclusion and diversity are a cross-cutting theme. This means that, in addition to being a standalone component, it also needs to be considered in every aspect of service provision. Identifying a leader or small leadership group to drive and oversee diversity and inclusion efforts may help ensure it is part of all relevant service planning discussions. The leader should have sufficient authority in the organisation to influence all aspects of operations, and should be able to advocate for financial resources for diversity and inclusion actions or initiatives. The service may also want to consider inviting members of ELD communities as well as experts on cultural competence to participate of advisory or governing committees, potentially identifying incremental targets over time to diversify the governing body.

Conduct a cultural competence review

Conduct a detailed review of existing practices, policies and procedures through a cultural competence lens. There are a range of tools available, see below links. Regardless of the tool chosen, where possible, people from ELD communities should be engaged in the review. Following the review, a range of achievable actions can be identified to promote increased inclusion in the organisation. Any barriers that cannot be effectively addressed by front-line staff can be communicated for consideration by management or the Board.

Consider implementing a 'Reverse Mentoring' scheme

In reverse mentoring, younger and less senior staff members provide mentoring to the leadership, Board and management of the organisation. It has also been used as a diversity, equity and inclusion strategy, with people from ELD communities (this may be service users or staff at any level) acting as mentors in order to create more equal and inclusive workplaces and services (see resources below).

Resources

Resource	Description	Link
Tools and tip sheets for culturally competent governance and leadership		
Guide to Intercultural Competencies Applied to the Development of Public Administration Projects	A guide to develop intercultural competencies for public sector projects. It contains a description of the intercultural model including its key principles. It was funded by Council of Europe and Intercultural Cities.	https://rm.coe.int/guide-to-intercultural-competencies-/1680a10d81
Mental Health Reform's Cultural Competence Toolkit	A cultural competency toolkit for Irish mental health services that includes valuable learning for allied service providers	https://indd.adobe.com/view/a5777958-1d46-4a3f-8638-361b0b8002ac
Cultural Competence Assessment Bank - NCBI	A list of a variety of cultural competence assessment tools, both individual and organisational, that may be useful to implement	https://www.ncbi.nlm.nih.gov/books/NBK248429/
Cultural Competence: a Guide to Organisational Change.	This guide contains tools for reviewing cultural competence, in relation to governance and leadership, including aspects relating to Board membership (Tool 1); Board processes and functions (Tool 2); and governance policy development (Tool 3)	https://albertahumanrights.ab.ca/Documents/CulturalCompetencyGuide.pdf
Anti-discrimination and anti-racist commitment framework samples		
Anti-Racist Commitment Framework	One-page commitment framework developed by the British Association of Social Workers promoting anti-racist values and behaviours in	https://markallenassets.blob.core.windows.net/communityc

	social work organisations. It has four main components, namely accelerating diversity within; educating, empowering and equipping people, leading by example; and building transparency. Each with actions for change	are/2020/07/5f11c4f4be6e9-5f11c4f4be726Anti-racism-commitment-framework-Wayne-Reid-BASW.pdf.pdf
Racial Discrimination Policy Template	Racial discrimination policy template developed by the Australian Human Rights Commission to support workplaces in creating their own anti-racism and racial discrimination and harassment policy	https://humanrights.gov.au/sites/default/files/2021-11/ahrc_sr_2021_2_racialdiscrimination_policy_word_r2.pdf
Reverse mentoring		
Why Reverse Mentoring Works and How to Do It Right	Article by Jordan & Sorell (2019) outlining good practice in relation to the implementation of reverse mentoring	https://hbr.org/2019/10/why-reverse-mentoring-works-and-how-to-do-it-right

3 Planning and Evaluating Inclusivity Efforts

Overview: Service design, planning and evaluation processes are conducted with high involvement of service users from ELD communities and include the development of cultural competence in all aspects of the organisation. This includes: consulting with target groups to identify needs and solutions relating to accessibility and inclusion, creating action plans, setting targets, and establishing monitoring and quality improvement processes. Importantly, this should happen not only in relation to the service's ability to meet the needs of ELD population but also in relation to the service's ability to create and maintain a diverse and culturally competent workforce.

Good Practice	Source
1. Services assess the accessibility, appropriateness, and effectiveness of services for ELD communities and implement strategies to promote and improve inclusiveness, including: <ul style="list-style-type: none"> ○ Conducting periodic consultation processes with service users from ELD communities about how they are finding services (e.g., whether level, type and length of care is meeting their needs and doing so in a consistent way) ○ Setting targets on accessibility and monitoring and evaluating the achievement of these targets ○ Conducting ongoing assessments of the cultural competency of the organisation ○ Developing action plans to effectively respond to accessibility and inclusion needs of service users from ELD communities 	NQSF, QUADS NIHS (14–16)
2. The service has a system of data collection on race, ethnicity, and language of service users and staff (e.g., HR indicators such as workforce diversity, staff turnover)	QUADS (18)
3. The service monitors training uptake and staff levels of cultural competence and uses this data to enhance strategies related to staff development and support	(18)
4. The service ensures all consultation processes involving service users - for the purposes of service design, planning and evaluation - are accessible to ELD target groups and that their participation in these is effective and representative	NIHS (16)

Practical Ideas

Use ethnic data collection to better understand ELD population needs

Collecting ethnic data along with other demographic data (e.g., age, gender, income or socio-economic status, sexual orientation, literacy level etc.) may allow for an increased understanding of the characteristics of the ELD communities being served, which in turn can inform service planning. Comparing these data with demographics of the local area may also shed light onto health disparities or inequality of access to services (e.g., whether all people from the ELD community in need of the service are actually accessing it). The service may also want to consider more detailed data collection that includes synergies of ethnic origin and migration history; for instance, noting migration background (born to migrants) vs migration experience (being a migrant), status in relation to nationality and citizenship, level of acculturation, language and religion. Guidance in relation to cultural competence has also pointed at the importance of having a self-identification approach to collecting ethnic data (20).

Support staff to feel confident in collecting ethnic data

Research has shown one of the common challenges to ethnic data collection in healthcare settings is staff's lack of knowledge and clarity in relation to its importance, use and management, including how to sensitively ask related questions and understanding the multiplicity of ethnic data categories in use (21). It is key that the service supports its staff in this regard, to increase their skills and confidence in collecting ethnic data (e.g., through training).

Accessible evaluation and consultation processes

Ensure service evaluation and consultation processes are accessible to service users from ELD communities and proactively seek to include them in it. This can be, for instance, offering service users from ELD communities the option to fill in evaluation forms or provide feedback in their preferred language.

Resources

Resource	Description	Link
Introduction to Ethnic Equality Monitoring	Updated E-learning course <i>Introduction to Ethnic Equality Monitoring</i> on hse.ie developed by the National Social Inclusion Office. The module includes an explanation on what ethnic equality monitoring is and why it's important in healthcare, and how to sensitively gather information from service users amongst others	https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/ethnic-equality-monitoring/training.html
National Social Inclusion Office Posters	Posters in different languages explaining ethnic monitoring to service users. Languages available	https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-

	include: Irish, Arabic, Chinese, French, Polish, Russian and Ukrainian	health/ethnic-equality-monitoring/posters.html
Appendix C - Tools for Assessing Cultural Competence	SAMHSA's TIP 59 on Cultural Competence is a list of tools for assessing cultural competence of the various aspects of service delivery. Resources range from general checklists for policies and procedures, to forms for assessing the alignment of staff's cultural competence - and service user satisfaction - with the service's ability to meet cultural needs (p.258-275)	https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf
Ethnic Data Collection: Good Practice Guidelines for SICAP Programme Implementers	Good practice guidelines in relation to ethnic data collection for the SICAP programme. This is a practical tool to support staff in managing challenges that arise when gathering personal data on ethnicity/cultural background	https://www.pobal.ie/app/uploads/2018/06/Ethnic-Data-Collection-Good-Practice-Guidelines-for-SICAP-Programme-Implementers-PI.pdf

4 Staff Training and Support

Overview: The organisation supports staff to gain the knowledge, skills, and confidence to work in a culturally competent way. It also ensures staff members from culturally diverse backgrounds are adequately supported to stay and thrive at work. Cultural competence is integrated in all aspects of human resources.

Good Practice	Source
Workforce composition	
1. There are strategies in place to ensure the service's workforce composition reflects the cultural diversity and gender mix of the target groups across all levels of the organisation.	QuADS (14,22)
2. There are supports in place to increase the retention of staff from ELD communities and ensure they have the necessary resources to thrive at work.	(14,15) NIHS
Workforce development	
3. Staff and volunteers are competent, trained, and confident in implementing the service's equal opportunity and anti-discriminatory policies.	QuADS
4. Staff across levels are trained on cultural competence, accessibility, and inclusion. Training addresses cultural competence in an integral way looking at knowledge, skills, behaviours, and attitudes and includes opportunities for reflective practice.	QuADS (23)

5. Staff across all levels are supported to engage with self-awareness, self-evaluation or self-reflection practices, implicit bias work and other activities that allows them to develop cultural humility.	(14,22)
6. Staff are provided with well-structured opportunities to openly discuss issues and concerns around culture, language, race, ethnicity, and service provision.	(18)
7. Staff induction processes include discussions on race and ethnicity, language, and other issues relevant to cultural competence, and includes support or guidance for staff to learn to work inclusively.	(15)
8. Human resource processes (including job descriptions, induction procedures and performance reviews) are cognisant of, and reflect, the organisation's ethos regarding race and ethnicity, language and other issues relevant to cultural competence.	(14,15)
9. Staff supervision includes a culturally competent approach (e.g., supervisors are trained in cultural competence and can hold the space for staff to discuss related concerns and issues, in particular for those staff from ELD backgrounds).	(15,18)
10. Staff has ongoing access to cultural competence, accessibility, and inclusion educational resources.	(14,16)
11. Staff has been provided with training to identify when language assistance is needed and how to appropriately inform service users of its availability.	(24)
12. Staff has been trained or debriefed on how to work effectively with interpreters.	NIHS

Practical Ideas

Help staff gain confidence in responding to discriminatory situations

When witnessing discrimination, people may find themselves wanting to respond but not feeling confident to do so. Challenging other people's attitudes and behaviours can create great discomfort and cause doubts about whether or how to approach the situation. This means people may fail to act in such situations, not out of a lack of motivation but a lack of confidence in their capacity to do something. Developing a shared approach, using guidance from anti-racist and cultural competence resources, as well as implementing trauma-informed practices, is essential to creating safe services for all. This includes having 'challenging' conversations, intervening to de-escalate discriminatory interactions, and making sure that any intervention, while unwavering in addressing any discriminatory behaviour, is also cognisant of the higher levels of stress and trauma of the clients involved.

Hold discussions on organisational culture and diversity to inform collaborative actions

Create a space for staff to hold a discussion on aspects of the organisational culture that may be getting in the way of building an inclusive, diverse workplace and service. Discuss beliefs and attitudes about ethnicity, language, race and minority communities that may be hindering or facilitating culturally responsive service delivery. These discussions should be sensitively managed and used to inform collaborative actions, or plans, to improve accessibility.

Support staff to work on their cultural humility and implicit bias

Creating equal and inclusive places is not only an institutional effort but also a personal one. Indeed, it largely depends on people's commitment with doing inner work to identify blind spots, overcome biases and increase self-awareness. Staff engaging with this individual work is necessary if the 'non-discrimination' approach is to come alive and fully become a part of the organisation's ethos. It is, however, difficult for people to engage in this work by their own initiative. Offering training or regular exercises on micro-aggression, cultural humility, allyship and implicit bias may help staff initiate and remain engaged in this work.

Review cultural responsiveness of existing staff supports

There are two key factors services should consider in ensuring staff from ethnically and linguistic diverse populations are being appropriately supported at work. First, reviewing whether existing staff supports work for them in the same way they work for the other staff, and adjusting where necessary (e.g., supervision format or communication style, HR resources being prepared to manage racism and/or intercultural conflict). Second, reviewing whether there are additional supports that need to be put in place (e.g., leadership programmes, support with language skills, support managing differences in cultural norms or customs, explanation of country-specific national or regional systems).

Create a long-term strategy to increase workforce diversity

Creating a diverse workforce requires long-term planning and a strategic approach with recruitment targets. Services that focus their efforts to increase workforce diversity only in the moment of recruitment may struggle finding people from ELD communities who hold the necessary qualifications and experience. This may particularly be the case when the ELD community that the service aims to support has been historically marginalised and/or has lacked education and employment opportunities. A long-term strategy in relation to workforce diversity can help organisations manage this risk. Examples of initiatives can be: identifying people or service users from ELD communities that have the desire to develop a career in the sector and supporting them to get involved in training; offering internships in the service for people from ELD communities; making partnerships with organisations that serve or work with people from ELD communities; advertise job vacancies in ELD communities' hubs and networks. It is also important that the organisation's hiring and screening processes are reviewed for biases and non-inclusive practices (e.g., ensuring there is a process to consider qualifications acquired in other countries) (17) and that it monitors workforce composition alongside equality indicators (e.g., 'ethnicity pay audits', avoiding 'glass ceiling racism') (25).

Resources

Resource	Description	Link
Staff resources		
Resources to improve general cultural competence		
Good Practice in Person-Centred Intercultural Care	Eight key pointers for healthcare staff to consider, in intercultural interactions supporting the delivery of a person-centred healthcare for people with diverse	https://www.hse.ie/eng/services/publications/socialinclusion/in

	cultural backgrounds. Developed by the Health Service Executive.	terculturalguide/goodpractice.html
Health Services Intercultural Guide	This guide was developed by the HSE and contains general good practice in relation to person-centred intercultural health, as well as specific information relating to health views and relevant practices of certain cultural groups	https://www.hse.ie/eng/services/publications/socialinclusion/interculturalguide/interculturalguide.html
Cultural Considerations in Addiction Treatment: The Application of Cultural Humility	Brief article outlining the practical implications of addiction professionals behaviours, strategies, and techniques that are culturally responsive for the improvement of client outcomes	https://www.naadac.org/assets/2416/aa&r_winter2021_cultural_considerations_in_addiction_treatment.pdf
Resources to reduce implicit bias		
Combating Implicit Bias Stereotypes	One page resource by Think Cultural Health for staff containing concrete actions they can take to confront implicit bias and reduce stereotypic thinking	https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/combating-implicit-bias-stereotypes.pdf
Implicit Association Test	Project Implicit Health by Harvard University offers implicit association tests on a wide range of themes including religion, skin colour, age, gender etc. These tests help people better understand their automatic preferences for different groups of people	https://implicit.harvard.edu/implicit/takeatest.html
Conscious & Unconscious Biases in Health Care	Four-module free online course by Georgetown University for healthcare professionals focusing on conscious and unconscious biases in health care and their impact on people who are greatly affected by health disparities. It offers a range of evidence based activities and best practice aiming to reduce the negative impact of biases.	https://nccc.georgetown.edu/bias/index.php
Anti-racism practice, micro-aggression and allyship resources		
The Microaggressions Triangle Model	The Microaggressions Triangle Model is an approach developed by Ackerman-Barger and colleagues to teach healthcare students how to effectively manage microaggressions. It is delivered as part of a workshop which teaches the 'three framework model' (ACTION, ASSIST and ARISE), proposes case scenarios, and uses small-group discussions.	https://journals.lww.com/academicmedicine/fulltext/2020/12001/the_microaggressions_triangle_model_a_humanistic.6.aspx

		https://www.mededportal.org/doi/epdf/10.15766/mep_2374-8265.11103
Community Tool Box Section 5: Learning to be an Ally for People from Diverse Groups and Backgrounds	Brief online module on how to be an ally for people from diverse groups and backgrounds. It is part of their Toolkit No. 9: Enhancing Cultural Competence (in Chapter 27: Working Together for Racial Justice and Inclusion) .. The Community Tool Box is an initiative developed by the Centre for Community Health and Development of the University of Kansas.	https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/be-an-ally/main
Organisational resources		
Irish Network Against Racism Training	The INAR anti-racism focused training programmes are tailored to the needs of public bodies, local authorities, community organisations, networks and partnerships.	https://inar.ie/our-work/training/

5 Service Provision

5.1 Programmes and Services

Overview: Service users' cultural needs and preferences are considered in their care plans.

Programmes are flexible and, where possible, offer choices regarding culturally-related needs. This is key to ensuring services are as accessible and fruitful to service users from ELD communities as they are for those from the mainstream community.

Good Practice	Source
1. Service users have a choice in relation to key workers' gender, ethnicity, and age, when possible.	QuADS
2. Intake and assessment processes gather and record culturally relevant information (e.g., cultural background or identity, acculturation status, migration, immigration and settlement history, information on families or communities' expectations on the service user, religion and spiritual traditions, significant cultural and community connections).	(14,15,18,27)
3. 'Screening and assessment instruments are linguistically appropriate' for service users from ELD communities. These are either 'translated or orally administered materials'.	(14)
4. Care plans include service users' culturally-specific needs, where applicable (e.g., family involvement, diet, holy days) and adjustments to interventions and services are made when necessary.	(14)
5. Care plans consider service users' views in relation to illness, treatment, and healing, incorporating - when possible and appropriate - cultural values and practices into their recovery process (e.g., alternative recovery resources, traditional or spiritual practices, or other resources in cultural communities that may be relevant).	(14,15,18,22)
6. Evidence based practices used in the service are applicable to the population from relevant ELD communities and adaptations have been made when required. Considerations may include the setting of the intervention, who is present (e.g. group or one-to-one) or others.	(27)
7. Service users are linked with relevant cultural organisations, communities and leaders who can provide culturally appropriate community supports, if they feel they would benefit from this.	(14,28)

Practical Ideas

Include questions about cultural background, preferences and views in the intake assessment and in care planning

While being sure to acknowledge that every individual is unique, and everyone's relationship with their own culture is different, create opportunities to explore service users' social and cultural identities.

Attempt to identify how this could shape the way they see and relate to their behavioural health concerns, and how related needs and preferences can be built into their plans. Organisations may consider co-designing new questions, forms or assessments with members of diverse communities, to ensure they are effective from all perspectives. In addition to consulting with service users, there are a range of guides that detail potential questions, and offer tools, so that this area is not overlooked (see resources). This exploration should be conducted sensitively ensuring service users feel safe and know they won't be judged for their affiliation or beliefs. This may be particularly important for people coming from countries with objectively restricted freedoms or rights

Expand links with cultural communities through peer work or partnership

Identify cultural communities in the area and explore the possibility of creating partnerships or engaging members from those communities in peer work roles. This may present an opportunity to help reduce drug/alcohol related stigma in certain communities, while also helping services engage with hard-to-reach populations from ELD communities (14,28). It is important, however, that when mapping out cultural community resources services communicate clearly what they can offer, highlighting confidentiality, capacity to translate, clear and jargon free service information etc.

Resources

Resource	Description	Link
Staff resources		
Health Services Intercultural Guide: Responding to the needs of diverse religious communities and cultures in healthcare settings	HSE guide primarily designed for staff who care for the ill, and relevant for a wide range of healthcare settings including continuing and community care. It provides staff with information on general cultural and religious features and needs of some population groups (e.g., Chinese, Roma and Members of the Travelling Community) that may be relevant within a healthcare context	https://www.hse.ie/eng/services/publications/socialinclusion/interculturalguide/interculturalguide.html
Think Cultural Health: Addressing Framework	The 'ADDRESSING' framework is a mnemonic device that can help staff remember some of the key factors when getting to know someone's cultural and/or social identity	https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/addressing-framework.pdf
TIP 59: Improving Cultural Competence - Multicultural Intake Checklist	The multicultural intake checklist is a tool contained in SAMHSA's Treatment Improvement Protocol 59 which offers a list of items that staff can explore to better understand clients' views on their behavioural health concerns	https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf p.64

Organisational resources		
The Journal of Ethnicity in Substance Abuse	“The Journal of Ethnicity in Substance Abuse is an international forum for identification of emergent and culturally diverse substance use and abuse trends, and the implementation of culturally competent strategies in harm reduction, individual, group, and family treatment of substance abuse..”	https://www.tandfonline.com/action/journalInformation?show=aimsScope&journalCode=wesa20

5.2 Communication

Overview: Service users from ethnically and linguistically diverse communities receive information in a way that is clear and accessible to them and are supported to effectively communicate their needs to staff, as required. This guidance relates to resources that help ensure communication between service users and staff is as fluent and comfortable as possible.

Good practice	Source
<p>1. Information material is provided in a way and language that service users understand (e.g., in a variety of languages that match local needs, in easy-to-read formats or any other formats that respond to specific service users' communication requirements). It includes all relevant aspects of service provision that allows service users to make informed decisions about their care, including:</p> <ul style="list-style-type: none"> - What type of service is being offered and to whom - What the service does, how it works, how to use the service, available supports - How confidentiality is protected - Complaints procedures - Service users' rights and responsibilities 	<p>QuADS SBH NQSF</p>
<p>2. Staff are trained to undertake intake and assessment processes in a way that improves the engagement of those who do not speak English as a first language. Sufficient time is allocated to explain all relevant information fully and clearly. This means familiarising service users with service jargon, facilities, programmes and treatment content and options, as well as national and local systems of care when necessary.</p>	<p>(14,27)</p>
<p>3. The service provides access to translation and language assistance supports (e.g., trained interpreters available on call or on-site) to service users with limited English proficiency, free of cost and in a timely manner. Where interpretation services are not available, the organisation should be creative in bridging the language barrier considering the range of practical suggestions detailed below.</p>	<p>QuADS, NQSF SBH (16)</p>

4. Service users are informed of the availability of translation and language assistance supports in clear accessible ways. This includes verbal and written communication in their preferred language.	(16)
5. Forms to be signed by service users are available in their native language, where needed.	(15)
6. There is a clear process to report discriminatory or culturally biased incidents, and information about this process is explained in culturally and linguistically appropriate ways.	MIS (17)
7. There is a protocol to manage conflict and grievance resolution processes in languages other than English.	(15,16)

Practical Ideas

Explore interpretation

Good practice tells us that services should engage professional interpreters wherever possible. However, it is acknowledged that resources are not always available for this. Services should seek to identify resources for this, engage in advocacy initiatives to seek ringfenced funding for this, or explore collaborative approaches to this with other organisations or funding bodies. Additionally, organisations may consider accessing training for some of their bilingual staff, volunteers, peer workers or service users. At a minimum, organisations should ensure staff have access to and are familiar with resources such as the HSE's 'Emergency Multilingual Aid', to support engagement of those who do not speak English as a first language.

Create handouts with key points on the basics of Irish service provision

Service users may not be able to retain all the information provided in a session, particularly if they are new to the country and have not been in much contact with Irish service provision. It may be useful to provide them with handouts or leaflets which briefly summarise key information either in plain English or their preferred language.

Support staff to learn communication norms of other cultures

Create training, skill-share or find resources that explain basic communication norms of other cultures (e.g., acceptability of self-disclosure, self-praise and/or direct confrontation). This may support staff in guiding their interaction with service users. Care should be taken not to make generalisations, taking into consideration individual characteristics (e.g., level of acculturation).

Ensure staff focus is on building trust and positive rapport

Intention matters. Building trust and positive rapport should be prioritised in the communication with service users from the initial stages of service engagement (e.g., starting with the intake and assessment process). For this it is necessary that staff demonstrate empathy, check understanding, show support and value for the service user, and that they adopt a collaborative approach with shared decision-making.

Make all communication channels that serve as first point of contact for service users accessible

Ensure all communication channels that may be used to contact the service are accessible for people from ELD communities that have limited English proficiency. This may include administrators, social media, email, and phone lines. This means they should use plain English, be clear and, if possible, displayed in different languages (e.g., if you have means to translate, explicitly let service users know that they can contact the service by email in their preferred language if necessary).

Create peer outreach roles for service users from ELD communities

Explore the possibility of creating peer outreach roles for service users from ELD communities who have been engaging with the service for a while, are further along in their recovery process, and who have the willingness to help others from their same cultural background. Peers could help new users become familiar with the service, build trust and resolve questions. Service users wanting to take on peer roles, however, should be supported and trained by the service to ensure they are - and feel - prepared for the role.

Resources

Resource	Description	Link
Staff resources		
Emergency Multilingual Aid	This is a resource developed by the HSE to provide healthcare staff with a bridging resource, while waiting for an interpreter. While it is health-focussed, it provides useful resources in helping to establish initial communication with people whose first language is not English	https://www.hse.ie/eng/services/publications/socialinclusion/ema.html
Think Cultural Health: Communication Styles	A table outlining the different aspects of communication styles and how they tend to vary across cultures. Note: this is US-centric but may contain some helpful information	https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/communication-styles.pdf
On Speaking Terms: HSE Guidance for Working with Interpreters	This provides useful guidance from the HSE on identifying the need for, and working with, interpreters in human services	https://www.hse.ie/eng/services/publications/socialinclusion/emaspeaking.pdf
Organisational resources		
Irish Refugee Council Interpreter Training for Bilingual People	The Irish Refugee Council provides training for those supporting people through the asylum process	https://www.irishrefugeecouncil.ie/interpreter-training#:~:text=The%20Irish%20Refugee%20Council%20provides,interpre

		ters%20in%20the%20asylum%20context.
Lost in Translation: HSE Guide for Assuring Quality Translations of Information Materials	This is a useful guide for organisations (or collectives of organisations) considering the translation of their information materials into other languages	https://www.lenus.ie/handle/10147/207010
NALA and HIQA: Guidance for Providers of Health and Social Care Services Communicating in Plain English	A guide by NALA and HIQA to support service providers in developing materials in "plain English" and communicating effectively with service users with different levels of literacy	https://www.higa.ie/sites/default/files/2017-02/Guidance-Communicating-in-plain-English-adults.pdf

5.3 Facilities and Physical Environment

Overview: Service facilities are accessible to service users from ELD communities and offer an environment where they feel safe, comfortable and welcomed.

Good Practice	Source
1. The physical environment reflects an appreciation for cultural diversity (e.g., decoration). It makes services users from different cultural backgrounds feel acknowledged and represented in the space.	(14,16,18,27,29)
2. The physical environment is easy to navigate for people from ELD communities (e.g., ensuring the type of signage used is the one that diverse communities can understand).	(14,16,18,27,29)
3. There is signage in facilities indicating where interpreter support services can be found.	MIS ¹
4. Special menus are available to cater for medical, religious and cultural requirements.	QuADS

Practical Ideas

Use the physical environment to show the organisations' commitment to diversity and inclusion

Use cues in the physical environment such as posters and signs to convey:

- Enthusiasm for diversity
- A desire to communicate with people who speak different languages
- A zero-tolerance approach to discrimination

This can include, for instance, posters and material that features service users from diverse cultures, in a range of languages, etc.

¹ This action is a 'key action' in the strategy without a specific action number

Have information displayed in different languages

In common areas and rooms use posters, wall displays or printed material - which provide service information- in those languages that are most relevant for the ELD communities that the service caters for. Make sure to include cultural community resources in this informational material. The service may also want to graphically label equipment and rooms by using images and words (in English and other languages).

Ensure signage language is appropriate

Not all cultures use the same signage language (e.g., symbols that help people navigate the space). It is important to consult on common signage and symbols used in the ELD communities served and adjust accordingly.

Embrace different cultural holidays and celebrations

If the organisation uses decorations or displays to celebrate western traditions (e.g., Christmas, Halloween etc.) make sure to also including celebrations and holidays from other cultures, particularly those that are relevant for the ELD communities served (e.g., Ramadan, Hanukkah).

Have a dedicated space for people to practice their own spiritual or religious traditions

Explore the option of having a dedicated space in the service for people that follow spiritual or religious traditions and who may need a quiet, private space during the day to practice.

Resources

There is a dearth of resources on this specific area, but organisations may benefit from consulting with service users to identify how the environment could be more reflective of diverse cultures and take some steps to improve this.

Acknowledgements

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6 Bibliography

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