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A Guide for Drug and Alcohol and Homeless Services on Standards and Good Practice on Accessibility and Inclusion for People from Migrant Communities

Overview

This document is a result of work funded through the Irish Human Rights Executive Committee (IHREC) 2020 grant scheme, in which Community Response, in collaboration with the South Inner City Local Drug & Alcohol Task Force, were successful with an application to fund work on the following **“To build and empower new communities to understand their rights when accessing the addiction and Homeless services and to protect and promote equality and intercultural understanding in those organisations.”** The purpose of the project and this document is to provide guidance to services on their obligations in relation to accessibility and inclusion, as enshrined in the Public Sector Duty and elsewhere. The aim was to provide an accessible resource for services to guide their efforts in relation to their inclusion efforts, particularly for service users from cultural minority communities, or for whom English is a second language.

The document contains a summary of the Public Sector Duty as relevant to inclusion and accessibility for this population, a cross-referenced summary of inclusion and accessibility standards relevant to drug/alcohol and homeless services, and a summary of literature detailing additional good practice where it is not enshrined in existing national standards.

The ultimate purpose of this guide will be to support services to identify not only the minimum standards they should seek to implement, but to inspire and encourage services to excel in their inclusion efforts, ensuring a sector that is already modelling good practice in supporting the most marginalised groups in Ireland, to close any gaps in the nets of their service provision.

The Public Sector Duty

The Public Sector Duty is set out in the 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 each and every aspect of their functions - as policymakers, employers and service providers. It requires public bodies to identify and address equality issues and report on these in strategic plans and annual reports. The obligation of public bodies is with all those human rights and freedoms protected by the Irish Constitution; the European Convention on Human Rights Act 2003 as well as other international treaties. Key human rights 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. The Irish Equality law contains nine protected grounds, namely, gender, civil status, family status, sexual orientation, disability, age, race, religion and membership of the Traveller community¹.

Part One: Summary of Current Standards

The following table contains a thematised summary of current standards applicable to social services in Ireland. The standards included are:

- National Standards for Safer Better Healthcare (SBH)²
- Quality in Alcohol and Drugs Services Organisational Standards (QuADS)³
- National Quality Standards Framework for Homeless Services in Ireland (NQSF)⁴

Theme	QuADS	SBH	NQSF
Theme: Protection of service users' rights, respect for diversity and anti-discriminatory policies and practices	X	X	X
<u>The rights and diversity of each service user are respected and promoted.</u> This means i.e. <ul style="list-style-type: none"> - service users are treated with dignity and respect regardless of age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs or membership in the travelling community. Service users' equality is promoted.		x	x

¹ Irish Human Rights and Equality Commission (2019) Implementing the Public Sector Equality and Human Rights Duty. Available at: https://www.ihrec.ie/app/uploads/2019/03/IHREC_Public_Sector_Duty_Final_Eng_WEB.pdf

² Health Information and Quality Authority (2012) National Standards for Safer Better Healthcare. Available at: <http://www.drugs.ie/downloadDocs/2017/National-Standards-for-Safer-Better-Healthcare.pdf>

³ Anna Liffey Drug Project & Health Service Executive (2013) Quality in Alcohol and Drugs Services Organisational Standards. Available at: <https://www.drugsandalcohol.ie/20964/#:~:text=QuADS%20organisational%20standards%20are%20designed,addicti on%20services%20%2D%20such%20as%20commissioners.>

⁴ Dublin Region Homeless Executive (2019) National Quality Standards Framework for Homeless Services in Ireland. Available at: <https://www.homelessdublin.ie/content/files/NQSF-Standards.pdf>

- Service users have ongoing access to services which does not discriminate according to age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs or membership to the travelling community.			
The service <u>demonstrates evidence of non-discriminatory and anti-bullying practices, policies and procedures.</u>			x
There is a <u>written and consulted-on policy on equal opportunities and anti-discriminatory practice</u> ⁵	x		
Staff and volunteers demonstrate <u>competence</u> in the implementation of the service's equal opportunity and anti-discriminatory practice policy.	x		
The service ensures all <u>reasonable measures</u> are taken <u>to protect service users from abuse, including discriminatory abuse</u> , from members of the workforce and other service users while receiving care ⁶		x	
Services <u>review and implement strategies to promote and improve inclusiveness</u> under all the pillars of equality legislation (age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs or member of the travelling community).			x
The <u>policy/policies are inclusive of and applicable to all</u> employees, volunteers, service users, and carers as well as the management body.	x		
Commentary: standards are mentioned in relation to all types of discrimination, not specific to cultural or ethnic background			
Theme: Improving accessibility of service/promoting inclusiveness of services	X		X
The service provides facilities to ensure that all members of any specified target group can make use of the service.	x		
The service has action plans to ensure its effective response to issues of accessibility for its target population.	x		
The service ensures that when policies and procedures are reviewed, they support access to services by targeted service user groups	x		
The service sets targets on accessibility and monitors and evaluates the achievement of these targets.	x		
Services review and implement strategies to promote and improve inclusiveness under all the pillars of equality legislation (age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs or member of the travelling community).			x
Commentary: standards are mentioned in relation to accessibility in general not specific to cultural diversity			
Theme: Workforce composition that reflects the population served	X		
The management body ensures that skills, experience and cultural and gender mix is appropriate to the needs of the service.	x		
The composition of the staff team is appropriately balanced in order to meet the needs of the target service user groups. *Balance in terms of race, gender, disability, age, sexual orientation.)	x		
Commentary: NA			
Theme: Staff cultural competence	X		X

⁵ **Standard 19.1:** The service has a written and consulted-on policy on equal opportunities and anti-discriminatory practice. The policy includes statements on: gender, civil status, family status, age, disability, race, sexual orientation, religious belief, membership of the Traveller community.

*the consultation should include management body, staff, volunteers and service users.

⁶ **Standard 3.4:** Service providers ensure all reasonable measures are taken to protect service users from abuse including arrangements to minimise the risk to service users of all types of abuse from members of the workforce and other service users while receiving care, including (...) discriminatory abuse

Implementing action plans to ensure there is an effective response to issues of accessibility for the target population including training on access issues to staff such as trans-cultural approaches ⁷	x		
Staff demonstrates awareness and develop their practice with regard to specific needs: a. Age. b. Disability: physical, mental and sensory. c. Family Status. d. Gender. e. Sexual Orientation. f. Religious Preference. g. Race. h. Member of the Travelling Community.			x
Commentary: standards do not address cultural competence training specifically but rather highlight the importance of staff having sufficient preparation to respond to specific needs of relevant target groups.			
Theme: Catering for cultural needs and requirements and providing choice	X	X	
Special menus are available to cater for medical, religious and cultural requirements	x		
The service ensures that all service users: (...) have a choice of key worker gender or ethnicity if appropriate.	x		
When receiving healthcare, facilitation of service users to exercise civil, political and religious rights as enshrined in Irish law, as far as is reasonably practicable ⁸		x	
Commentary: NA			
Theme: Evaluation and monitoring processes that include ethnic monitoring	X		
There are monitoring systems (including ethnic monitoring) for human resource establishment and turnover and service user usage of services.	x		
Commentary: NA			
Theme: Language, translation and interpretation/ accessibility of information	X	X	X
Identification of the access needs of the population served, including their physical, sensory and language needs, and arrangements to meet these needs in line with relevant legislation.		x	
Providing access to translation support services (interpreters) should these be required	x		x
Providing service information in a way and language that service users understand (i.e. in a variety of languages that reflect local needs and in easy-to-read formats). Information should include relevant aspects of service provision that allows service users to make informed decisions about their care and be involved in service delivery including ⁹ :	x	x	x

⁷ **Standard 22.6** The service has action plans to ensure its effective response to issues of accessibility for its target population. *Services should consider providing training to staff on access issues (e.g. trans-cultural approaches, disability awareness).

⁸ Mentioned in standards as a feature of a service meeting the **Standard 1.3** Service users experience healthcare which respects their diversity and protects their rights.

⁹ This description is a summary of the different components related to the provision of accessible information in standards. The components are:

- Providing information services in a variety of languages which reflect local need (see drugs.ie for information on drugs and alcohol in Arabic, Chinese, Russian, Portuguese, French, Latvian, Lithuanian, Polish, Spanish and Czech)⁹
Standard: QuADs
Guidance Notes of Section 2 – Core service user charter standards – Standard: the service ensures that good practice is achieved with regard to recruitment and selection, management, operations and delivery of services to service users)
- The service provides information in a way and language that service users understand
Standard: SBH
Part of features of a service meeting the standard – Standard 1.4. Service users are enabled to participate in making informed decisions about their care

<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 the service is monitored - Complaints procedure. - Service users' rights and responsibilities 			
All written communication is made available in accessible formats and appropriate to any special requirements to the service user's communication needs, as far as is practicable			x
Commentary: some standards relating to the provision of information in accessible ways do not specifically address the need for it to be available in different languages.			

Existing standards also include other criteria which, even though not specific to cultural competence, contains good practice and/or principles that are essential to it. These include:

- Those relating to the adoption of a person-centred approach which requires services to place service users' specificities at the centre of service delivery, actively seek for their views, preferences and values and practice active listening and communication.

- Those relating to ensuring equality both in the access to services and at a system level (i.e. including equality issues service users face in other areas in support plans)

Part Two: Good Practice Not in Standards

The following table contains good practices mentioned in international and national guidance in relation to cultural competence in drugs and alcohol and/or social services that are not included in existing Irish standards.

Cultural Competence Good Practice High-Level Summary	
Theme: Governance and Commitment	Source
Organisational statements including mission, vision, values and strategic plans should reflect the commitment with cultural competence, and there are financial resources allocated for implementation of cultural competence standards	4

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- Services make accessible information available to each service user which sets out what the service does, how it works, how to use the service, all available supports, how the service is monitored and the complaints (and appeals) procedure
Standard: NQSF
Key feature of Standard 1.2: A culture of service user involvement is evident in practice, and the service users' needs and views are sought and responded to at all levels of planning and delivery
 - Information on service provision is available in accessible and easy-to-read format; information is made available in other languages, as required
Standard: NQSF
Key feature of Standard 8.3 Homeless services provide clear, accessible information to service users, staff, and others
 - Service users are aware of their rights and responsibilities. This information is explained in person and made available in an accessible format.
Standards: NQSF
Key feature of Standard 1.4 Service users exercise choice and autonomy in their daily lives and in accordance with their preferences

Policies and procedures should be reviewed to ensure they reflect the commitment to diversity, inclusion and cultural competence. This means they appropriately serve diverse populations and do not pose obstacles in the delivery of culturally responsive services	4
Theme: Staff development and supports	Source
The service should implement long-term initiatives for the recruitment of a diverse workforce across all levels in the organisation. This may include options such as internships, partnership arrangements with organisations working with diverse communities	3,4
Induction processes should include cultural competence principles	2
There should be ongoing cultural competence training for staff across levels including management, leadership and governance entities. This should be accompanied by access to ongoing resources i.e. via linking with other relevant cultural organisations or programmes	1,2,5,6
There should be support in place for staff from culturally diverse backgrounds to stay and thrive at work. All elements of support should have an intercultural, equality and non-discrimination approach and aim to enhance retention.	2,4,7
Other supports, additional to training, should be in place to support staff delivering a culturally competent service. This may include: <ul style="list-style-type: none"> - Supervisors who are trained themselves in cultural competence and ready to discuss related aspects - Staff needs assessments about cultural competence - Spaces in which cultural competence related discussion can happen (i.e. multidisciplinary team meetings or case reviews) 	2,8
There should be well-structured opportunities for discussions on culture and behaviour, where beliefs, attitudes and values around ethnicity, language, race and minority communities, that may be hindering or facilitating the delivery of culturally responsive services, can be discussed openly.	8
All staff, including management, should be supported to engage with self-awareness/self-evaluation or self-reflection practices, implicit bias work and other activities that allow developing cultural humility,	3,4
Theme: Intake and assessment processes	
In the intake and assessment process, sufficient time should be allocated to fully and clearly explain, in a way that is respectful with clients' pace, the workings of services. 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.	4,9
Intake and assessment processes should gather and record culturally relevant information (i.e. cultural background or identity, acculturation status, migration, immigration and settlement history, beliefs in relation to health and healing practices, information on families or communities' expectations on the service user, religion and spiritual traditions, significant cultural and community connections)	2,4,8,9
Theme: Programmes and services	
Building trust and positive rapport should be prioritised in the communication with service users from the initial stages of service engagement (i.e. starting with the intake and assessment process). For this, staff must demonstrate empathy, check to understand, show support and value for the service user, adopt a collaborative approach (shared decision-making).	9,10
Service users should be provided with choices regarding gender, ethnicity and age of key workers as each of these personal characteristics may be important to successful working relationships in different cultures.	National standards 9

Programmes and personal plans should consider service users' views in relation to illness, treatment and healing and, when possible and appropriate, incorporate their cultural values and practices i.e. integrating alternative recovery resources, traditional or spiritual practices or other resources in cultural communities that may be important for the service user	2,3,4,8
Programmes should be flexible and culturally sensitive. This means the service checks their effectiveness in the context of cultural specificities and makes adaptations (i.e. considering the cultural appropriateness of disclosure in group setting vs one to one face interactions, checking the applicability of EBPs for certain cultural communities)	9
There should be opportunities for service users to discuss culturally related experiences of power and powerlessness as well as negative experiences with healthcare or other social services	4,9
The service should consider developing cultural brokers' roles (culturally competent mediators that act as a liaison between clients and the organisation helping to resolve conflicts and to re-build trust with systems of care	11,12
Theme: Language, translation and interpretation	Source
The service should provide access to professional interpreter support services (i.e. trained interpreters available on-site or available on call).	5,14,15
There should be standardised procedures and scripts for staff to identify when language assistance is needed and appropriately inform service users of its availability	11
Staff should be trained to work effectively with interpreters	7
There should be signage indicating where interpreter support services can be found	1
Forms requiring to be signed by service users should be in their preferred language	2
Informational material should be responsive to the different levels of health literacy of service users	8
Theme: Physical environment	Source
The physical environment should be welcoming, reflective of cultural diversity, and easy to navigate for people from culturally diverse communities (i.e. using signage that is familiar to the community). It should have features that service users feel familiar with or can identify with.	4,6,8,9,13
Theme: Service user involvement in service planning	Source
There should be the active involvement of service users from minority ethnic groups in service design, planning and evaluation i.e. periodically assessing their needs and gathering feedback to inform programme design.	6,7
Theme: Complaints and grievances processes and procedures	Source
There should be a clear process to make complaints on racist behaviour by staff or other service users and this process should be communicated to all service users.	1
There should be a protocol to manage complaints in languages other than English	2
Theme: Evaluation and monitoring processes	Source
The service should have a cultural competence organisational self-assessment which is conducted periodically and with the service user and staff engagement and is overseen by a responsible body	4
There should be a periodic review of data on staff diversity, staff uptake of training and staff levels of cultural competence	8
There should be a high-quality standard system of data collection on race, ethnicity and language of service users	8
There should be needs assessments for services users from culturally and linguistically diverse communities and monitoring processes that allow to measure whether the level, type and length of care is meeting their needs and whether this is happening in a consistent way	2
Theme: Service engagement with stakeholders	Source
The service should link with, and leverage resources provided by, relevant cultural organisations and cultural communities and leaders in the area to ensure service users	4,16

have access to additional culturally appropriate community supports and also to increase access to services for hard to reach service users.	
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Next Steps

In 2022, services will be engaged to review this document and identify what is needed to develop a resource that would be useful to, and useable by services, to improve their inclusion and accessibility efforts for people from cultural minority communities and those for whom English is a second language

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