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Context and Background

The Age Action Intercultural Care Home Project has taken place against the backdrop of the dramatic and tragic rise in forced migration across the world. The massive movement of refugees and migrants into Europe is not a completely new phenomenon. It has been happening on a similar scale in non-European countries for a long time and to a lesser extent in Europe. And it is in fact a stark reminder that global migration, forced and by choice, has been a constant part of the world economic and social system for centuries. Closer to home, migration (emigration) to other countries has for many centuries been a critical part of Irish history. In this project we have been particularly focused on the care and nursing sector. There is no doubt that emigration by Irish nurses and other carers to the UK and elsewhere has been a key part of the Irish nursing experience for generations, right up to the present day. The main trend for Irish health personnel emigrating has been primarily to seek work, but the search for opportunities and further training has also been a factor. However there has been a more recent reversal of that trend with Ireland experiencing inward migration by care workers and nurses on a significant scale. The Irish Government's response to skills gaps in the healthcare sector from the mid- 1990's onwards led to specific recruitment campaigns for nurses and other staff from South Africa, the Philippines and elsewhere. The accession of central European countries to the EU in 2004 also provided a pool of EU citizens with relevant skills who were eligible to work in Ireland. Due to similar responses to skills shortages in several key sectors, coupled with growth in the Irish economy, Ireland became a country of inward migration. In the census of 2011, 17% of the Irish population was born outside Ireland. It is now estimated that up to one in three care workers in Ireland were born outside Ireland. The proportion of migrant carers caring for older people has increased over recent years and mirrors a broader global trend in care worker migration.

Important research was published by the Irish Centre for Social Gerontology (NUIG) in 2008 as 'The Role of Migrant Care Workers in Ageing Societies' and by the Migrant Rights Centre in Ireland in their 2012 publication 'Who Cares'. Both reports examined the role of migrant nurses and care assistants in caring for older people in Ireland. Both confirmed the important and high value placed on the role of carers from a migrant background in the care of older people -both in their own homes and in long stay residential care settings. Both research projects indicated that the transition to a more diverse workforce was challenging for all, workers and residents. They highlighted a number of significant issues that needed attention and action. These included intercultural communication, language proficiency, cultural understanding, labour exploitation and the discrimination and sometimes explicit racism that migrant workers encountered in their daily work. The NUIG report made the telling point that Ireland's older population is being cared for in large numbers by one of the most marginalised groups within the labour force, migrant workers.

Age Action had been interested for some time, not only in the challenges presented by this transition, but also in the impact of these changes on both residents and staff in residential care settings. A related concern has been the fact that the increasing diversity of the general population, as evidenced by recent census data will mean that over the coming years residential care provision will gradually need to develop an intercultural capacity in terms of skills, knowledge and resources to accommodate the specific needs of a more diverse population. Inspired by the issues raised in the two research projects quoted above, Age Action applied for and was successful in receiving funding from the European Integration Fund (EIF) in January 2014 to run a yearlong project entitled the **Intercultural Care Home Project**. The funding lasted up to June 2015.

Project Aims

The overall aim of the project was to embed interculturalism within the residential care sector in the target geographical area and to use the learning from the project to promote interculturalism in the provision of residential care to older people throughout Ireland.

The initial objective of the project was to update the previous Irish research and conduct a Needs Analysis on a small sample of residential care homes in order to learn more about what the current issues are; and from the findings, to develop and begin to pilot test an intercultural approach within the sector

that would benefit everyone. The plan was that the information gathered in the Needs Analysis would be used in the subsequent stages of the project: to develop a range of strategies, policies and training interventions that would contribute to promoting intercultural understanding. This work would take place within a number of care homes in North Dublin in a way that would benefit current and future residents, staff and relatives.¹

Terminology

In recent times, terms such as **migrant**, **non-Irish**, **non-national**, and **foreigner** have often been used interchangeably. Their associated meanings have rightly been contested and with increasing intensity at the time of this report going to print. It is therefore worth noting here that all terminology is constantly evolving and this is particularly so in relation to migration in Ireland as we become more conscious on a daily basis of migrants' experiences. A useful benchmark in any relevant discussion is to use terminology that is as inclusive as possible, bearing in mind that **the individuals being discussed are people first and foremost, and will have their own preferred term for describing themselves and their 'status'**. Ongoing consultation with those affected by these terms is therefore vital. Also, a person's social and legal status is not static. Individuals can and do move from 'asylum seeker' to 'refugee' and from 'resident' to 'citizen'. For the sake of clarity, terms used to describe people now living and working in Ireland but who were born in other countries (such as **migrant worker** and **staff from a minority ethnic background**) have been shortened to 'Ethnic Minority' (**EM**) staff. And 'indigenous' Irish staff are referred to as 'Ethnic Majority Irish' (**EMI**) staff.

It is also worth noting that our terminology will have to adapt to our increasingly diverse social reality sooner rather than later, as people who were born and reared in Ireland with migrant parents begin to reach working age and take up employment in the sector.

'**Interculturalism**' is another term that is central to the project. Interculturalism is essentially about how we interact, understand and respect each other. It is about ensuring that the cultural diversity of a population is acknowledged and catered for; so that minority ethnic groups are included by design and planning not as an add-on or afterthought. An intercultural approach recognises and encourages people's freedom to keep their identities alive, supporting all cultures to flourish together and share their heritage. It sees difference as something positive that can enrich society and recognises racism as an issue that needs to be tackled in order to create a more inclusive society.

Summary of findings and outcomes

Project Stages

The Project had three distinct but occasionally overlapping phases:

1. Conducting a **Needs Assessment** as described above.
2. Designing an **intercultural training and awareness raising programme** that would address some of the concerns and suggestions of residents, management and staff as detailed above, and customised to the needs and capacity of each group. The programme was then tested as a pilot programme in a small number of care homes in north Dublin.
3. Producing a short **Guide to Interculturalism and a poster celebrating interculturalism in care homes** as resources for residents and staff living and working in intercultural residential setting s; included in the guide are suggestions on how to promote interculturalism and procedures on how to deal with discrimination and racism in the work place.

¹ North Dublin was chosen because Age Action already had a working relationship with homes in that area through its advocacy programme.



Needs Analysis

Methodology

A variety of methods were used for data collection. A total of thirteen homes in North Dublin participated in the Needs Analysis.

Questionnaires were distributed to staff and managers in each of the homes. In an attempt to meet with people outside the work setting, both individually and in small groups, information about the project was distributed through the Metro Eireann newspaper and other media that specifically cater to minority ethnic groups. As a result seven individuals who were Residential Care Home staff members made contact with the project officer. It was important to include as wide a cross section of staff as possible and in fact the project received responses from a diverse group which included nursing care staff, catering, security, administration, physiotherapists, speech therapists, housekeeping and cleaning staff.

The residents' meetings (which meet regularly as part of Age Action's and later SAGE's advocacy work), provided an opportunity to hold focused discussions with a sample of residents in each of the participating homes. Attempts were made to reach out to residents' relatives in each of the homes but no relative made contact with the project.

Description of Participants

A total of fourteen questionnaires were returned by managers. We also met with a number of managers individually. Seventy one questionnaires were returned by staff. We also met with three staff individually and nine staff members attended two focus groups.

In the staff returns, thirty were from 'ethnic majority Irish' (EMI) staff and thirty-one from 'ethnic minority' (EM) staff members from a range of countries. Seven EMI and six EM managers returned questionnaires. The table below gives the range of countries of origin.

Managers

Country of Origin	Number of Respondents
Ireland	8
The Philippines	3
India	1
Zimbabwe	1
Non-Irish (self-described)	1

Staff

Country of Origin	Number of Respondents
Ireland	29
The Philippines	11
Poland	5
Zimbabwe	3
India	5
Nigeria	3
Romania	4
USA	1
Latvia	1
Hong Kong	1
England	1
Malawi	1
South Africa	1
Didn't say	6

Residents

We met with a total of sixty four residents spread over the thirteen homes. All residents were from an ethnic majority Irish background. Most of the discussions we had with residents were engaging and informative.

Limitations

This report certainly contributes valuable and up to date information to the relevant knowledge-base that will benefit and provide material for a range of organisations, statutory bodies and various researchers to build on. However it is not an academic publication. There are a number of factors that limited the data collection process for the needs analysis and the inferences that can be drawn from it. Time limitations, for instance, were a significant factor in collecting the data.

Consultation with residents was also affected by a number of issues surrounding those people with degenerative conditions such as dementia and Alzheimer's disease. Eliciting information and gathering data was therefore a sensitive and complex process.

Most of the data from staff was collected anonymously via questionnaires. It was therefore impossible to follow up on any serious issues raised or complaints made. It was only possible to go deeper into complaints with people who met with the project staff face to face. In fact only two respondents who made serious complaints about discrimination. They were working in two distinct homes at the time of their complaint, neither of which was participating in the project. Their complaints were of a grave nature; citing incidents of ongoing discrimination by management which included verbal insults, being given more difficult work tasks, being paid less than Irish colleagues and experiencing greater difficulties with obtaining longer leave / holiday entitlements. Age Action provided support and referred the individuals to SIPTU.

A crucial aspect of the project was establishing positive relationships with the participating homes and balancing the aim of collecting potentially critical information with building a relationship that would ensure 'buy-in' for the next stages of the project. The project participants were self-selecting and it is a possibility that those homes which participated in the project were already committed to the values of interculturalism and the perceived aim of the project. On the other hand, however, given this may have been the case, the insights presented in this report may be considered of even more value.





Another set of limitations that negatively affected each stage of the project were mainly due to the challenges and difficulties that currently affect the residential care sector as a whole. At the time of writing, the nursing home sector is contending with a serious shortage of staff. This reality presented constant challenges for the participating homes and obviously had implications for the implementation of the project. As well as under-staffing and under-resourcing, another difficulty included staff being unavailable due to roster complications and the ill-health of residents participating in the project. These and other issues led to frequent cancellation of project events. The unfortunate everyday reality for many residents, staff and managers was that intercultural issues were simply not seen as being an immediate priority.

Although it would be impossible to generalise from this small sample, the findings certainly reflect what the previous Irish research on this subject has found. Likewise, a trawl through the relevant international literature reveals how the sector in Ireland exhibits close parallels to sectors elsewhere and now shares common themes with other jurisdictions, adding to the validity of this report's findings.

It is also significant that when the findings from the needs analysis were discussed during training participants consistently confirmed these findings.

Findings of the Needs Analysis

We have detailed the findings under the main themes that were used in the questionnaire and as far as possible have directly quoted participants. We have grouped the responses into the relevant stakeholder groups – management; staff; residents.

A: Benefits of working with multicultural staff teams and examples of good practice

Management

'The environment is enriched...there has been an increase in expertise and work efficiency'

Management responses give many examples of good practice. They give examples of events which have taken place in their care homes which highlight awareness of different cultures, such as 'Culture Days' celebrations for residents and staff. They also cite the humour and teamwork which characterise so many multicultural staff teams and which indicate the level of understanding between staff from all over the world.

A majority of the managers (nine) say the benefits of working in multicultural teams are 'excellent'. They also cite the diversity of solutions and opinions that EM staff often contribute to the workplace and that EM staff often have 'a very good attitude to work and to the residents'.

Most managers expressed the view that having staff members from all over the world enriched the daily life of residents; one relevant quote which captured this sentiment well is: 'it broadens their world'. They also remarked that many EM staff come from societies where more value is placed on caring for older generations. This was considered to be a positive trait that explained why EM workers displayed a particularly caring disposition and developed positive relationships with residents.

'It is a way of travelling the world without actually travelling. You listen to stories about other countries . . . people have to tolerate each other more; people from other countries diffuse conflict in a unique way; they bring variety and colour to the home'

Staff

Nine staff respondents said the benefits of working with staff from different countries was 'excellent', thirty four said they were 'good' and seven said there were no particular benefits.

Another respondent whose comments reflect the general sense that intercultural relations in the sector have improved: 'lately it seems that everybody is treated fairly; before if you were not Irish you were treated differently'

Amongst the staff responses there is also mention of trends similar to what managers have noted, of a sense of togetherness among staff and that managers are 'very good at interacting with all staff'. More specific examples of good practice include:

- multicultural activities involving both staff and residents which 'showcased' different cultures and customs
- a practice of holding 'cultural lunches' which one unit seems to have initiated when the wider practice of multicultural days ceased.

Residents

'It would be boring if everyone was the same – it's good to learn about other cultures'

Many residents commented on the tendency of Irish culture to be ethnocentric, remarking that:

'It's good to learn about other cultures. We need people from other countries; we have become too institutionalised as a nation.'

Other comments include:

One resident said that many minority ethnic staff were 'very tuned in' and remarked that 'a lot of our own don't get our jokes'.

Some residents also said that they thought things had improved in relation to integration: 'we know there were differences before (in the past) but not anymore.'

Several residents said that 'social mixing was very important'

Some residents made the point that residents could help non-English speaking staff with their English.

B: Experiences of discrimination, challenges, and what needs to be addressed

'Language, race, colour have a huge impact – people often put you down and you end up losing confidence with everything'

In relation to discrimination we asked management and staff whether they themselves had experienced discrimination or racism or witnessed an instance with a colleague.

Management

Of the five EM managers who responded, four had experienced some form of discrimination or racially motivated abuse in the workplace. Five respondents said they had witnessed another colleague being subjected to some form of discrimination or racially motivated abuse. One of these instances was stated

to be by one migrant staff person towards another migrant staff person of another ethnicity. Of all the instances cited, one was said to be by a manager, three by a staff member, two by a resident and two by a relative of a resident. Of the three respondents who answered the question about their satisfaction with how the incident was handled, one person said they thought it could have been handled better.

Two EM managers, who met with the project officer separately, commented that there are many 'negative stereotypes' of EM staff, for example that they were thought to send 'nearly all their money home', i.e. as if this had some kind of a negative effect on the Irish economy.

Staff

Amongst the seventy-one staff respondents of all ethnic backgrounds, there were twenty seven instances of personal experiences of discrimination or racially motivated abuse cited. A further thirty eight instances were observed towards another colleague. Of both the personal and the observed instances, fourteen were by another staff member, four by a manager, sixteen by a resident and six by a relative. Twenty one people had reported the incident. Of these, thirteen were happy with the outcome. Of the people who were not happy with the outcome, a number of respondents stated their belief that it had been 'excused' on the grounds that it was dementia related. Of the nine people who did not report the incident, one EMI respondent said they were afraid of losing their job if they did.

C: Challenges of working in multi-cultural teams

'...sometimes we're very 'Irishised' – we think that everyone understands us'

Both managers and staff were asked what they considered to be the challenges of working in multi-cultural teams. One question on that theme asked if they felt that staff relations had changed or become more complicated.

Management

Most manager respondents (seven out of twelve) felt that working with staff from different countries had led to staff relations becoming 'more complicated'. A more detailed answer to that question echoed the above quote regarding the ethnocentricity of Irish culture and the challenges that an EM worker must face as a consequence. A related suggestion from another manager was to do with the importance of providing additional support to migrant workers grappling with these challenges in the form of supervision and mentoring.

Another issue noted by some Irish managers were cultural differences in relation to occupational hierarchy. It was observed that EM workers were described as often coming from more 'traditional' countries which had a strong respect for or sense of deference to authority and that this can sometimes lead to them finding it difficult to question more senior staff members, even if they feel that something is wrong and they themselves have a strong opinion on the issue. This kind of deference was also said to sometimes affect interactions with relatives.

Ten of the twelve respondents agreed that there were challenges for migrant staff in understanding Irish culture and some commented that this may lead to difficulties with 'understanding the needs of residents'. They mentioned:

- Difficulty adjusting to the rituals and practices familiar to older Irish people;
- Not understanding the Irish sense of humour;
- Not knowing 'the old songs and sayings'.

Two managers said that EM staff whose first language is not English could sometimes do with additional English classes. They may also need help with written skills.

Irish managers also expressed concern about the prejudice experienced by EM staff. Some noted that some residents resisted care by ‘foreign’ staff. They noted that EM staff experience ‘racial abuse due to the colour of their skin from clients and relatives’.

Challenges in relation to dealing with relatives were typified by the following comment:

‘I think it is hard for them (EM staff) because families will often say they want to talk to an Irish person (instead of to them)’ and this can cause them to feel nervous when they need to communicate with them.’

Migrant managers also mentioned the ‘lack of respect, racist attitudes, poor acceptance’ that often characterised their interaction with relatives.

An observation that was made a number of times, by managers and staff of all backgrounds, was that depending on the level of ethnic diversity of the staff, both Irish and migrant staff at times ‘feel they are in the minority and feel excluded’.

Staff

In the staff grouping, seventeen respondents said staff relations had improved in multicultural teams; nineteen said the ethnic diversity of the team made no difference and ten said that staff relations were more complex on account of the diversity. Challenges noted by the staff respondents included many of the same themes as identified by managers. The cultural specificity of humour was referred to again, with several EMI respondents expressing the view that EM staff did not understand Irish humour and the subtleties of Irish culture. Language differences and resulting difficulties in communication were noted by both minority ethnic and Irish respondents. A concern about the accuracy of shift handovers because of difficulties in spoken and written English was expressed by one respondent. Another challenge identified by some Irish staff was ‘accommodating their (foreign workers) need to go home (to their country of origin) at times of bereavement or crisis’.

A number of Irish respondents also expressed concern about the ‘racism’ experienced by Ethnic Minority staff. Comments included: ‘some residents prefer care from native people and make up unreal complaints if cared for by a non-national’, ‘residents tend to call them racist names’. EM staff also noted these experiences and some described the effect it had on them in the following terms: ‘bullying, discrimination and feeling different’, ‘verbally abused, like go back to your own country’.

In one home three EM staff members (two Nigerians and an Indian person) complained with sadness and in distress about the amount of racism they encountered from both residents and colleagues. They said it was reflected in the everyday racism they encountered in public places and that it had become so bad that they were considering moving to another country. The sector is obviously limited in what it can do about public places; however when a workplace cannot offer a safe space clearly more needs to be done.

Similar concern was also expressed in relation to EM staff dealing with relatives: a telling comment from an EM respondent was that ‘family members can be suspicious of us and expect a lower standard of care based on the fact that we have an accent when we speak English and they think we are less intelligent’. In the same vein, an EMI staff respondent stated that ‘not all relatives want their family members looked after by a foreigner and they may undermine the foreigner . . .’

Residents

In all of the focus groups residents spoke highly of the minority ethnic workers with whom they had contact.

Residents also talked about the communication misunderstandings that can ensue with staff whose first language is not English. As one resident said, ‘I asked for a book and she passed me a bucket!’ In several groups residents had similar amusing anecdotes about these misunderstandings and some also talked about how they had developed small exercises to assist individual EM staff with improving their English.

Certain cultural differences in relation to workers from various African countries were raised in two residents’ groups. However, this was quickly countered by other residents in the group who spoke highly

of the ‘African workers’ with whom they had contact. It is worth noting here how numerous reports have shown that statistically black-Africans are still the ethnic group which consistently suffers the most racist abuse both in Ireland and in the rest of Europe (See Reports of Racism in Ireland 2014).

D: What needs to be addressed

‘good follow up by management – not taking sides; People need to be encouraged to report – if you don’t stand up and challenge, things won’t change’

Managers

Managers outlined a number of creative steps that could be taken to address the challenges that have been identified. Some are aimed at being put into effect immediately while others include more long term solutions. These included:

- simply acknowledging the challenges and ‘opening up conversations’ about cultural difference;
- ongoing promotion of the vital role people from different cultures play within the care home;
- using staff meetings as a forum to discuss ongoing concerns;
- frequent cultural programmes and using social outings for staff to increase intercultural solidarity and team building;
- The use of food and art to increase everyone’s positive exposure to different cultures.

Managers were asked about whether intercultural training should be included as part of continuous professional development. Most respondents said it should be provided for all staff, before taking up employment in a home and as part of everyone’s continual professional development.

Staff

About 50% of staff respondents said they would like intercultural training to be provided without being specific as to whether it should be ongoing. One Ethnic Majority Irish respondent remarked that there should be ‘more effort to engage them (EM staff) in the activities of the home; to share the unique aspects of their cultures; to share their stories and to create an environment of which they feel a part’.

One migrant worker referred to the difficulties attached to the need for longer leave: ‘hopefully the management will understand we foreigners have no family in Ireland and have to travel for hours to see our relations and give us the opportunity to go home on special occasions like Christmas and New Year’. The issue of specific needs around annual leave was repeated by several EM staff.

Another suggestion from an EM staff was for cultural awareness events for staff, residents and relatives. And an Irish worker suggested that there ought to be more training to ‘progress multi-cultural interactions’.

Residents

Many residents emphasised the importance of training in ‘communication and understanding’ for migrant staff who are ‘new’ to Ireland. A few residents observed that this was particularly true for agency staff who were said to often arrive into a home without any preparation or knowledge of the particular needs or sensibilities of the residents (see Duffy and Courtney 2014, 85).

Other points made by residents included a comment on how important it was that residents be aware of the issues that faced migrant workers, such as being far from home and away from many things Irish people take for granted like not having close family and friends close by for support.

A very creative suggestion was that non- Irish staff participate in residents’ day trips which would give them



an opportunity to learn about local Irish history and places of significance; and residents should develop an awareness programme for staff on what they, as residents, would like staff to know about them.

Equality Policy

A question was asked in the questionnaire about whether their home had an equality policy. It yielded interesting results. In the managers' group, five respondents said there was a policy, six said there wasn't and one said s/he didn't know.

Twenty eight respondents in the staff group said there was an equality policy in their care home; nine said there wasn't; three said they weren't sure and seventeen left the answer blank. Many respondents working in the same home gave different answers. There is clearly a degree of uncertainty around the existence of a policy and a question therefore about its usefulness and ease of accessibility for staff.

The Training

Participating Homes

The issues and challenges that continue to beset residential care / nursing homes, shortage of staff, poor funding, illness, posed a major challenge to the implementation of the training programme. A total of ten homes initially indicated an interest in participating in the training programme. However ultimately, only seven participated. And even in the case of participating homes, training was cancelled on a number of occasions, sometimes at short notice, due to staff shortages, outbreaks of illness amongst residents or similar emergencies.

On the positive side, two homes (which were part of the same complex) made a decision that all their staff would engage in training and would be paid for the time taken to attend the training.

Training content

Training included:

- A summary of the findings from the Needs Analysis.
- A brief look at global migration, the Irish emigration and migration experience; recent changes in Irish society.
- An exploration of the meaning of prejudice, racism, discrimination, integration, interculturalism.
- An experiential exploration of cultural difference and intercultural communication.
- Action planning on how learning from the project could be integrated into the daily life of the home.
- Developing a framework for dealing with complaints.

It is noteworthy that in the discussion about the findings from the needs analysis, staff both EMI and EM, invariably said they were not surprised by any of the findings, that to a large extent they were similar to their own experiences. At the same time many migrant staff who had been working in Ireland for some time, said that their experience had improved greatly in recent years: that in general the work environment was more open and receptive.

The training groups operated somewhat like a combination of a focus group and a training group, in that participants shared many positive and negative experiences in relation to working in multicultural teams and in that way amplified and added to the findings of the Needs Analysis.

Synopsis of Themes that emerged in the Training Sessions

It would be a very lengthy process to go through all the issues that were raised in the various training sessions although strikingly consistent themes emerged in the homes where training took place. A few of those recurring themes are included below.

Managers

Many Irish managers (and staff) reiterated almost a sense of loss that *they* are now in the minority; migrant colleagues responded with surprise and sensitivity to this when it was voiced in a group setting.

The question of how best to support staff when they get a racist insult was frequently raised.

A number of EM managers talked with feeling about how they can often feel disempowered because they can't so easily tune into residents' conversations about their past and the wider Irish historical context in the way that they could in their home context.

Staff

Both staff and managers talked about how the fear of causing offence often prevents discussion about cultural differences; Irish staff also talked about how they might sometimes feel like assisting minority ethnic colleagues when they didn't seem to understand something for cultural or linguistic reasons but held back for fear of being intrusive, or interpreted as being condescending or patronising.

Migrant staff often shared for the first time painful experiences of racism they had experienced outside their workplace. They also shared their experiences of receiving racist comments or insults from residents or relatives; and how this affected them; also what sort of support they would welcome from colleagues.

In the training module on cultural difference many of the issues that had been referred to in the Needs Analysis such as cultural differences in relation to authority; politeness; being direct; were raised and examined, often resulting in shared insights and much humour. One participant laughingly related how when she first started working in Ireland that she used to stand in front of the mirror and rehearse saying *thank you!*

Evaluation

Evaluation is an important part of every project. Together with the other projects funded under the European Integration Funding 2014-2015, this project participated in an evaluation process selected by Pobal, the funding agency, known as the *Logic Model*. This is a tool, which is used to evaluate the effectiveness of human service type programmes. It assesses the causal relationships between the various parts of the project. The Logic Model was applied throughout the project, but the evaluation of the training programme is of most interest here. As part of the evaluation process, participants were asked to fill in a short questionnaire at the end of each training session. Questions included:

- Do you think you will be able to put what you have learned into practice?
- Can you think of some actions you might implement as a result of the training session?
- Do you think further training or support in this area would be beneficial?

Feedback

The feedback from participants, as can be seen overleaf, certainly indicated that the training delivered was of a high standard and met the project aims. However we can also speculate that the project provided a much needed opportunity for dialogue between team members from different ethnic and cultural backgrounds. There were a number of important factors at play which have implications for planning for the future. The project provided a safe space and a structured format that allowed participants to communicate openly across cultures and therefore a forum for people to broach potentially sensitive topics and to share painful experiences in a way that contributed to a deeper intercultural understanding. And an equally important factor was that the training experience met a previously unmet need within the sector for an infrastructure that was able to raise, address and resolve relevant issues before they became more problematic.

It is also worth noting that post-training, managers and staff expressed a strong interest in, and a genuine enthusiasm for, more training for members of staff who had not received the training.

Some evaluation responses ...

'I've learned more than I expected'

'We are all individuals and can learn from each other'

'I feel more able to help out when a staff person is not understood by another resident'

'As Irish, our humour is not always seen as that by other cultures'

'Acceptance and understanding of other cultures'

'I feel free and proud about being different!'

'Think more about the person behind the culture'

'Opening up conversations about difference and acknowledging challenges'

'New activities around cultural awareness that I can pass on to residents'

'Understanding residents' culture, belief, customs'

'Ask more questions of my colleagues'

'I feel that we can finally talk openly about these matters'

'Be more patient with different nationalities when they don't understand'

'I won't speak in my own language in front of other nationalities'

'Heard stories from other colleagues and don't feel that I am alone with my experiences'

'I have learned to be more understanding of the individual and talking really does help'

Discussions with HIQA

As the statutory agency which monitors the safety and quality of health and social care systems for the population, including older people, it was important to discuss the project with HIQA. The project team met with the HIQA Head of Older Services, John Farrelly and other Older Services team members during the course of the project. John Farrelly was supportive of the broad aims of the project. He agreed that the project is important, especially given how Ireland is becoming more multi-cultural and specifically in relation to the staff and residents of nursing homes.

However he did not think it is HIQA's role to 'prescribe' that residential care homes address intercultural issues if they are not specifically mentioned in the HIQA regulations or standards. This objective might be more usefully addressed in collaboration with the **HSE** and with **Nursing Homes Ireland**. Nevertheless he said that HIQA was certainly supportive of a project which 'improved resident's experience, care and welfare'. He suggested therefore that the best approach was through a collaborative 'person-centred' care approach and by orienting the project around the needs of residents.

Relevant HIQA Standards

A number of HIQA standards are particularly relevant to the project aims. These standards make continuous references to dignity, respect, diversity and rights-based approaches:

- **HIQA National Standards on Safer Better Healthcare**
 - Section 1 on patient-centred care
 - Standards 3.4 on protecting patients from abuse (including discrimination)
 - Section 6 on workforce standards
- **HIQA National Quality Standards for Residential Care Settings for Older People in Ireland**
 - Standard 4 on privacy and dignity
 - Standard 5 on political and religious rights
 - Standard 8 on protection from Abuse
 - Standard 16 on end of life care
 - Standard 21 on responding to challenging behaviours
 - Standards 22-23 on staff recruitment and training

Putting Interculturalism into Practice

Some Examples of Good Practice

1. *In Raheny Community Nursing Unit (RCNU), they have established a weekly conversation session with residents and staff. Two residents take a lead role in facilitating the conversation each week. What happens at the group varies from week to week – someone might sing a song, recite a poem or discuss a recent GAA match. Minority Ethnic staff who participate, share an aspect of their countries or make a point of asking residents questions about some details of Irish history, of a song they have just heard or about where a resident is from.*
2. *In Lisheen Nursing Home in Rathcoole the Activities Coordinator runs regular Sonas Therapy Sessions. An EM staff member often joins her in the running of these sessions and then introduces some aspect her / his culture into the session - a song or a poem or a dance.*
3. *In RCNU they have set up a Diversity Committee composed of residents and staff to advance interculturalism in all sorts of ways within the home.*
4. *In one home, the manager spoke of an incident that happened to her while working in a London Hospital in the 1980's at a time when many Irish people were experiencing prejudice. She was shouted an anti-Irish insult by one of the patients. She will always remember how an English colleague immediately came over to support her. She now makes a special point of encouraging staff to support colleagues in the same way if they witness a colleague receiving a racist insult. She also encourages staff to inform her when such an incident occurs and she then talks to the resident about the unacceptability of the comment.*



Responding to Minority Ethnic culture

In one home a Traveller resident had a serious illness and it seemed as if he was approaching the end of his life. Staff were cognisant of Traveller cultural practices around death – it is important for the dying person and his/her family to have as many members of the extended family as possible around the bedside. As part of the preparatory process they began a conversation with the resident and his family on how this ritual could be sensitively managed and at the same time cause as little disruption as possible to the other residents.

Some other suggestions by staff and residents for possible Intercultural Exchange Sessions

- *Multicultural Days celebrating the clothes, food; music, dance, dress of the different countries represented in the home*
- *Residents and staff exploring pictures from the past together*
- *Sharing information on peoples' backgrounds e.g.: school; childhood; leisure time*
- *Learning what childhood games people, residents and staff, played*
- *Creating awareness of different countries with slide shows and other presentations*
- *Promoting awareness of different cultures' songs*
- *Exploring together the way Irish society has changed; this could be a way of sharing knowledge with staff new to Ireland*
- *Using video to promote discussion*

Conclusion

The data collected in the Needs Analysis and additionally in the training sessions is extremely rich and provides a clear picture of a sector which has undergone enormous changes and faced significant challenges in a very short space of time. The information, opinions and suggestions gathered in this report paint a similar picture to the previous and more extensive pieces of research named in the introduction. There seems to be a general consensus among the highly diverse group of managers, staff and residents in the participating homes that things have generally improved in the sector since it became more ethnically and culturally diverse in the mid-1990's, and that working in multicultural teams is, overall, a very positive experience. There is no doubt that it is functioning as well as could be expected given the recent experience of economic austerity and public spending cutbacks. It is also evident that the transition to more multi-ethnic / multi-cultural staff teams has occurred in a way that has benefited everyone in the residential care home ecosystem. Most residents, managers, and staff spoke with conviction about the significant benefits that have come about during this period of intense transition. All groups also gave examples of many creative initiatives within homes to promote intercultural understanding.

However, residents, staff and managers have also drawn attention to a range of serious issues which unambiguously require remedying and sustained attention. It is clearly not sustainable or wise to continue to rely on the initiative and goodwill of committed individuals to create and develop ad hoc responses to these significant challenges. There is an urgent need for a range of infrastructural changes which the sector must undertake to become more intercultural and to embed best practice in line with current equality standards.

The recommendations presented below overlap and are inevitably interconnected. Nevertheless we have tried to group specific areas as follows for the purpose of clarifying and analysing what needs to change within the sector:

Recommendations

The development of a working equality policy within each home

The development of an accessible and workable equality policy that is grounded in the issues that confront residential homes on an everyday basis and contains strategies that address potential areas of difficulty is an essential foundation to this infrastructure.

A good policy can include a statement of the core values of equality and diversity, the principle of taking a people-centred approach to care; strategies to promote equality and intercultural understanding; and clear and agreed procedures on handling incidents of racism, discrimination and other harassment based on social difference. Although things have generally improved in this area, the number of staff who have either experienced discrimination and / or racism themselves or witnessed discrimination towards another colleague is significant and the findings presented here confirm those of other similar research and of research findings in other jurisdictions. **Simply put, there is no acceptable level of racism.** In this project and in the other research, those responsible included the full spectrum of protagonists: managers, staff, residents and relatives. The numbers of those stating they had been on the receiving end but chose not to report the incident is also noteworthy and worrying.

The findings also point to a complex and interrelated set of challenges for the sector for other reasons. These are what Dr Kieran Walsh and Professor Eamon O'Shea in their research, termed 'the care preferences of older residents and their relatives which seem at times to favour Irish staff'. Sometimes these preferences for Irish workers may be due to an understandable sense of cultural familiarity.

Sometimes they are indicative of entrenched racism. And there is no doubt that over time, with growing familiarity and good intercultural policies, these care preferences will diminish. However an exacerbating factor that must be kept in mind is the significant effects of degenerative conditions such as dementia and Alzheimer's disease that for some sufferers, can lead to previously out of character behaviour. **A clear and agreed set of procedures for responding to incidents of racism is therefore imperative.** Respondents to the project had many useful suggestions on a range of useful steps in take to difficult situations like this. They included informing all new staff of the Equality policy; explaining and preparing them for the possibility of harassment, either sexual or racist; and informing them of steps they could take in the event of it happening including obtaining psychological / personal support.

Intercultural training and awareness raising

The project experience clearly demonstrates the value of intercultural training as a key strategy in promoting intercultural communication and understanding.

The project has also shown how cultural similarities and differences affect relationships and shape people's attitudes to care, to work, to occupational authority, to end of life care, and of course things like styles of humour. We would agree with the opinion expressed by many managers that continuous professional development in intercultural and equality awareness should be mandatory for all staff working in this highly sensitive area. Health and Safety training is already considered mandatory. It surely makes sense that this value should also apply to a training that even in this short project has been demonstrated to be of enormous benefit to participants.

A somewhat different but related form of training is **cultural competence** training. The research already referred to earlier by Dr Mel Duffy and Dr Eileen Courtney strongly recommends that all staff working in end-of-life care in nursing homes, receive this training. They cite the particular difficulties faced by EM workers, coming from very different cultures, in relating to residents. But they make the point that this training is actually essential for all including EMI staff.

Accessible provision of English language classes is also worth serious consideration.

Infrastructural change

Another related important challenge for the sector is the legal responsibility that employers have to protect their employees as far as reasonably possible from sexual and other harassment, including racist, under Equality legislation:

"An employer shall be legally responsible for the sexual harassment and harassment suffered by employees in the course of their work unless the employer took reasonably practicable steps to prevent sexual harassment and harassment from occurring and to reverse the effects of it and to prevent its recurrence."

(Revised Code of Practice on Sexual Harassment and Harassment at Work, issued under the Employment Equality Act 1998 EA, Dublin, 2012)

The adherence to and implementation of best practice models, and progressive policies, must become a main priority not only for residential care homes but also for the relevant statutory bodies who should be as concerned as Age Action is about the findings in this report. This must be done before problems surrounding social difference in the sector become any more entrenched and difficult to resolve in the future.

Future Developments including the involvement of the Irish Human Rights and Equality Commission

It is to be hoped that funding will be found which will enable Age Action to build on the learning from this project and continue to implement some of these ideas in a way that will advance the original project aims.

Age Action was very happy to have received funding from the Irish Human Rights and Equality Commission to run a similar project entitled *Promoting Equality in Intercultural Workplaces*. This will allow Age Action to continue its work in this area in the immediate term. Intercultural training with staff and residents in a number of homes will continue and the focus of attention will be extended to the other equality domains contained within the Irish Equality legislation. An important component of this project will be to assist managers of participating homes to develop working an equality policy tailored specifically to the needs of their staff and residents.

Another immediate action is to develop an **Intercultural Awareness Tool-kit** aimed specifically at residents that can be used by staff in their work with residents.

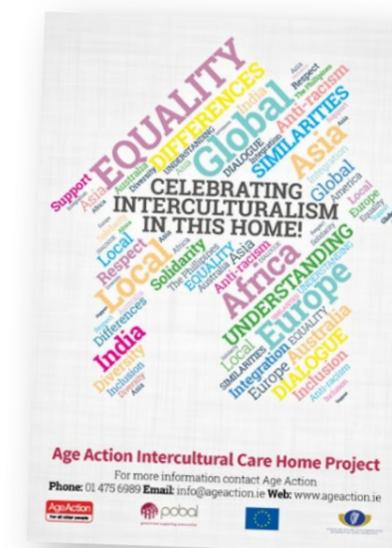
Ongoing work

Age Action's continuing awareness raising activities includes the publication of an information booklet and accompanying poster campaign that will be widely disseminated within the Residential Care Home Sector (see below). This activity aims to make everyone who visits, lives and works in the sector aware of the benefits of creating and strengthening an intercultural environment within homes.

Booklet

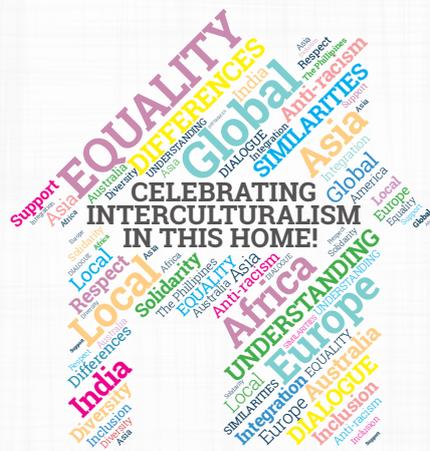


Poster



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- Reports of Racism in Ireland: 5th + 6th quarterly reports of iReport.ie Shane O'Curry and Dr Lucy Michael www.enarireland.org



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