



Ethnic Minorities

Mental Health Toolkit
A Guide for Practitioners



October 2014



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Introduction

Health and Social Care in Northern Ireland (NI) are committed to addressing any barriers to health and, in so doing, tackle inequalities. Therefore any service user who is not proficient in English or who is new to NI should be able to access a culturally competent and responsive service. This toolkit is designed to assist mental health practitioners meet this need.

Inequalities can occur when there are barriers, such as difference in language spoken and in culture between service user and service provider. Northern Ireland now is home to a much greater breadth of cultural diversity where the Census 2011 identified that 1.8 per cent (32,400) of the resident population of Northern Ireland belonged to Black and Minority Ethnic (BME) Groups, more than double the proportion in the 2001 Census. The most prevalent main language, other than English, was Polish. (Source <http://www.nisra.gov.uk>).

This diversity enriches our society but also has significant implications for the delivery of responsive public services. There is a raft of legislation (appendix 1) to ensure that public services are responsive and provided on an equitable basis.

Members of BME communities often have difficulties accessing health services for a number of reasons. This can be exacerbated when it comes to mental health. There are disparities and inequalities, not only in the rate of mental health issues experienced by BME communities, who tend to experience more mental health problems than other communities, but also in their experience of the service and the outcomes, which are often poor. Perhaps not surprisingly, the same report found that mental health services are under-used by BME groups. (Source: Eoin Rooney, NHSCT and Ballymena Inter-ethnic Forum, 2013).

Delivering mental health services can be complex, but this becomes even more difficult when we add cultural and linguistic differences. In 2013 the Public Health Agency (PHA) provided funding on a regional basis specifically to examine how HSC mental health providers could be supported in the delivery of culturally competent services. Aware Defeat Depression worked in partnership with Health and Social Care Trust representatives to look at how best to support this initiative.

This partnership convened a regional conference in June 2013 for mental health specialists across the statutory, community and voluntary sectors. The focus of this event was “Developing Cultural Competence when delivering Mental Health Services to Black and Minority Ethnic Communities”, which looked at the complexities of delivering mental health services in this context. There was general agreement that mental health professionals would welcome the development of an online toolkit for specific advice or good practice in this area. (A conference report, along with copies of the presentations is available at the following link: [BME Cultural Competence in Mental Health Workshop Report](#)).



Introduction

This toolkit is the result of the conference. It is available online at the PHA website and a number of hard copies will be provided to each Trust. The toolkit is broken down into quick reference sections with hyperlinks to more detailed reports or useful resources and there are a number of appendices with useful links.

DHSSPSNI and the Equality Commission NI have produced a guidance booklet '[Race Equality in Health and Social Care](#)' which provides some useful information for Health and Social Care staff, although some content is no longer accurate. The primary purpose of the toolkit is to achieve better health outcomes for BME service users with mental health issues.



How Mental Health is viewed in different cultures

Ethically, legally and morally it is important that mental health services are delivered on a person-centred and culturally competent basis. It also makes good sense to invest in culturally competent services for an increasingly diverse population in NI.

However, people from BME backgrounds may not be familiar with mental health services as we know them. We have to remember that many concepts of mental health and psychology/psychiatry were developed from western culture that may be unfamiliar to other cultures. Some cultures do not recognise psychological problems as a concept, but view a person either to be 'healthy' or 'mad'. In that case, the psychological issues are often expressed as a physical complaint, such as headaches or some other aches or pains. This is an acceptable way of expressing distress in cultures, where admitting to psychological problems would result in being labelled as 'mad'.

To understand a person who experiences mental ill-health, it is therefore important to understand the culture of that person. Many factors are linked to people's cultural perspectives including their ethnicity, place of origin, education, religion, values, and social status. Cultural influences can have an impact on the way ethnic minorities view mental health. Therefore, we as practitioners should familiarise ourselves with the cultural background of our patients, although we should not make assumptions about any individual's health beliefs or values simply on the basis of that background, but take our guidance from the patients.

There are significant differences how mental illness is viewed across different cultures. Some cultures attribute mental illness to a possession by evil spirits, Djinnns or demons, while others might see it as a person being cursed or the illness being the work of witchcraft, a sorcerer or the devil's eye. Some might link it with a higher spirit and see it as a message from God. However, it is generally accepted that mental ill-health brings stigma and a degree of shame, both, for the person affected and his or her family.

(Source: [Psychotherapy in Australia, Vol 15 No 2, February 2009](#)).



How Mental Health is viewed in different cultures

The following are a few examples of perceptions of mental health issues in different cultures:

Asian Communities

In Asia many cultures value emotional control, conforming to norms, and relatively high levels of achievement. As a result, mental illness is often considered a shame and stigma on the family.

The **Vietnamese** community believe in Karma and often consider mental ill-health as a form of punishment for the sufferer who might have sinned in a former life. Similarly in **Buddhist** religion, mental illness may be seen as a punishment for previous transgressions. Therefore those affected often are reluctant to seek help.

The **Japanese** view mental ill-health as a weakness in a person, also often preventing people from seeking help because of fear of stigma.

Relatively little is known about the extent of mental health problems in the **Chinese community** in the UK. It has been suggested that the close-knit family structure in the Chinese community provides strong support for its members. However, it may also result in members of this community feeling unable to seek help because of the 'shame' this might bring on the family. (Source: <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/B/BME-communities/>).

Although beliefs about mental health vary, in many Asian cultures people with mental ill-health are blamed and kept hidden from public view. One exception is **India**, where nowadays community psychiatry and community mental healthcare are fairly well developed.

In some cultures, especially **African cultures**, such as Sudan, Ethiopia, Somalia and Kenya, mental illness is often attributed to possession by evil spirits or supernatural agents, believing that the spirit is making demands, which should be fulfilled by the person concerned or the family. However, a patient may also talk about evil spirits being in a house, if their relationships within their family are bad, so we need to be careful around different beliefs. In **Morocco** it is believed that mental illness can be caught like a cold, or one might drink it accidentally.



How Mental Health is viewed in different cultures

In [Arabic cultures](#) mental ill-health is also stigmatised and a person suffering distress may not seek help from family or professionals as a result. Most Arabic cultures hold strong religious principles, which play a substantial role in treatment, while family plays a fundamental role in determining whether an individual will utilise mental health services. Social standing and reputations are of significant importance in Arabic culture and strong efforts are being made to avoid shame and stigma. Often help-seeking is considered a collective issue and family business. In addition, in [Muslim](#) culture, it is forbidden for women to speak to someone of the opposite sex alone.

Therefore, in non-western countries, mental health is often seen through a spiritual or religious framework, and seen to bring shame and stigma. This can inevitably have a significant impact on the client accessing mental health services and traditional methods, such as spiritual and religious practices, meditation and special diets can play a significant part in the client's recovery.

(Source: [Psychotherapy in Australia, Vol 15 No 2, February 2009](#)).

This situation may be exacerbated further when it comes to [asylum seekers and refugees](#), who may have lived under a regime where they have been afraid to speak out and may therefore find it difficult to discuss their mental health issues with a health professional. It is important to remember that they are not a homogeneous group, but come from different backgrounds and cultures, have different experiences and therefore different needs.

In former [Eastern Bloc countries](#), those with mental illness were locked up in large psychiatric hospitals often with very inadequate treatment, situated either in a small village or away from other settlements, leading to stigmatisation. Therefore, members of these communities may also be reluctant to seek help from professionals.

(Source: [Mental Healthcare in Eastern Europe, Vol 20 No 4, 1991-92](#)).

Therefore, in most cultures mental ill-health is often considered shameful and carries a certain stigma. We may need to educate BME service users on mental health issues with empathy and compassion, to better enable them to access mental health services leading to earlier interventions and thereby increase the likelihood of a positive therapeutic outcome.



Other barriers to accessing services

It is also worth remembering that service users from other cultures may come from countries with very different health systems, and therefore it may be necessary to explain how the Northern Ireland Health and Social Care Service works. However, this is just one barrier members of BME communities experience. While most individuals accessing mental health services potentially have barriers to overcome, people from BME backgrounds face additional barriers, including:

- Language barrier
- Lack of information, eg. what services are available
- Services seen as inappropriate or inaccessible
- Cultural difference, eg. unfamiliar with mental health services
- Misunderstanding leading to misdiagnosis
- Stigma and fear of mental ill-health.

Members of black and minority ethnic communities often face additional issues that can impact on their mental health due to their specific circumstances. These issues include:

- Isolation and lack of social or family support
- Stigma from within and outside the family
- Tradition of seeking familial help
- Fear of ramifications
- Reluctance to take medication
- Not registered with GP
- Poor housing – often people from BME backgrounds live in the poorest housing
- Poverty – many refugees and asylum seekers face poverty and many people from BME backgrounds have low paid jobs
- Employment and work environment can often be poor for BME communities, eg. the long and unsocial working hours of many of the Chinese community in the catering trade
- Immigration and migration
- Feelings of failure and helplessness
- Post trauma stress, especially in the case of refugees and asylum seekers.

It is also important to bear in mind that some groups suffer from multiple disadvantage, such as BME older people and asylum seekers, as well as multiple discrimination, for example because of the combination of race and mental health issues.



Cultural competence in Mental Health

So what do we mean by 'cultural competence' and how do we achieve it?

Cultural competence is important for individual practitioners as well as for services and organisations. At the level of individual practitioners, it is usually understood as knowledge, attitudes and skills that allow the practitioners to understand and appreciate cultural differences, enabling them to provide effective health care which takes into account people's cultural beliefs, behaviours, needs and values.

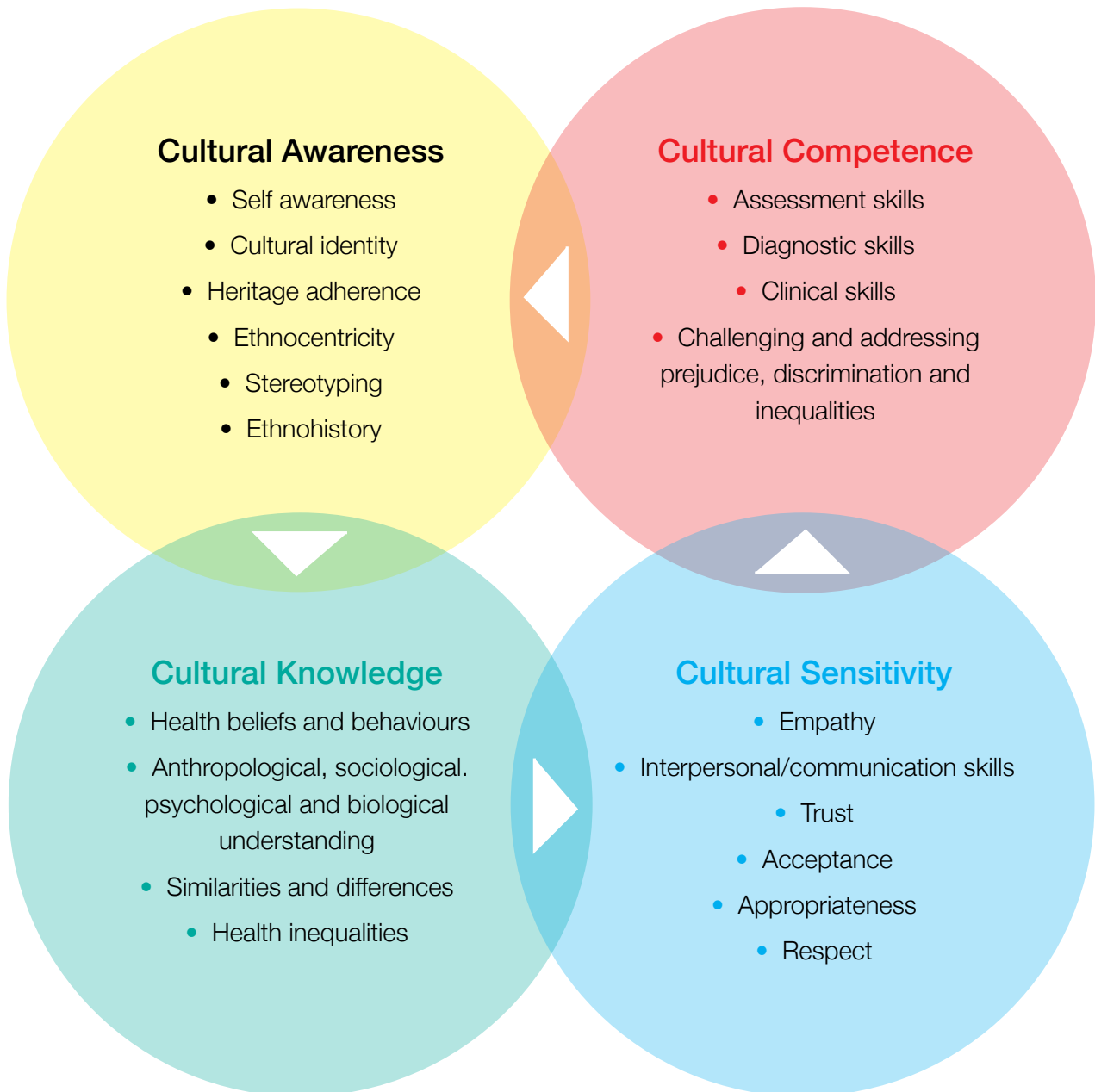
Culture can impact mental health in a number of ways and the following are examples of this:

- People from black and minority ethnic background may have a different way of displaying distress, symptoms, etc.
- They may come from a culture where they are not used to seek help or have different seeking help patterns
- They may have different health beliefs
- Their way of displaying symptoms may impact on diagnosis and treatment.

In order to work effectively with people from black and minority ethnic background, it is necessary to develop cultural competence. The model on the next page outlines the four stages of developing this competence:



Cultural competence in Mental Health



(The Papadopoulos, Tilki and Taylor Model for Development of Transcultural Competence, 1998 – Intercultural Education for Nurses and Medical Staff in Europe)



Cultural competence in Mental Health

The first stage in this model is **cultural awareness**, starting with an examination of our personal value base and beliefs.

Cultural knowledge (the second stage) can be gained in a number of ways, eg. our understanding of health beliefs and behaviours and the problems they face can be enhanced through meaningful contact with people from different ethnic groups.

An important element in achieving **cultural sensitivity** (the third stage), is how professionals view people in their care. Service users should be equal partners, which involves trust, acceptance and respect.

The achievement of the fourth stage, **cultural competence**, requires the synthesis and application of previously gained awareness, knowledge and sensitivity. Therefore it is about applying cultural competence in practical skills, such as assessment of client needs and clinical diagnosis.

So, being culturally competent is more than being culturally aware and culturally sensitive. Developing cultural competence is not simply a process of learning a list of facts about other cultures. It is about learning to understand and work with service users from other cultural and social backgrounds. A key part of this is learning to be reflective about how our own culture influences the way we work.

In order to work in a culturally competent way we need to

- Spend some time before meeting the patient to find out some information about the country of origin and the heritage of the service user. However, we need to remember that culture is an individual issue and we should not make assumptions.
- Examine our own cultural influences and values
- Try to establish why the person is there, how they see their condition and what it means for them
- Find out how this issue might be viewed in their culture and where they might go for help
- Find out whether, in their own culture, they would expect medication or some other kind of help
- Be aware and respect BME groups have different cultures, traditions and experiences in health and mental health
- Establish the patient's proficiency in English, where appropriate, so an interpreter can be arranged in advance, if necessary
- Use or develop translated materials where appropriate



Cultural competence in Mental Health

- Establish the proper pronunciation of their name and the appropriate form of address
- Make referrals to appropriate ethnic minority groups when required (see the 'General Signposting' section in Appendix 2 and Appendix 3 for a list of all groups)
- Attend equality, cultural diversity/awareness, anti-racism and other relevant training to acquire skills, attitudes and knowledge to work with BME users and carers more effectively
- Ensure BME representation in all consultation and engagement initiatives.

You may find additional useful information in the good practice guide produced by DHSSPSNI and the Equality Commission NI, although some content is no longer accurate.

http://www.dhsspsni.gov.uk/race_equality_guide_march_2011.pdf



Quick reference of Dos and Don'ts

Dos:

- As with all service users, tailor the interaction according to the person
- Take time to think and prepare to meet with your BME patient including finding out their country of origin, first language and if needed consult with the relevant BME group in terms of culture differences in health and mental illnesses
- Be aware of differences in help seeking patterns, support needs and sources of support
- Ask about their proficiency in English
- Ensure that an interpreter has been arranged for those who are not proficient in English - Proficiency is not just about getting by in a social situation but is measured in accordance with the complexity of vocabulary used or with how distressing a situation may be. Often the person may feel more comfortable expressing themselves in their native language
- Ask the correct pronunciation of their name
- Be aware that eye contact can be interpreted differently in different cultures
- Be aware of body language and facial expressions
- Check regularly that you have been understood
- Allow extra time for meetings if they involve interpreting (please refer to the guide and flow chart of using an interpreter)
- Use short sentences to convey key messages
- Consult patients/users about their own cultural and religious practices in relation to health and social care
- Involve families/friends in assessment, treatment and support only with consent
- Ensure participation in learning opportunities on BME health and mental health needs
- To capture patient experience, use translated versions of questionnaires, etc.

Don'ts:

- Avoid generalisation, treat people as individuals
- Do not make assumptions about patients/users on the basis of their ethnic group
- Do not use family members, particularly a child, as interpreters in any situation
- Avoid using jargon or clinical terms.



Interpreting and Translation Services with HSC

Using an interpreter will significantly improve access to health and social care for patients and service users who do not speak English as a first or competent second language. This is especially important when it comes to mental health services. It is not good practice to use relatives or family friends.

Prior to working with an interpreter, it is worth considering the implications this will have, as you are dependent on this third person and it can change the dynamic of the consultation or meeting completely.

There are two ways of using interpreters:

- Face-to-face interpreting
- Telephone interpreting.

The NI Health and Social Care Interpreting Service (NIHSCIS) provides the face-to-face interpreting service for all Health and Social Care organisations.

To request an Interpreter please contact the NIHSCIS at:

Northern Ireland Health and Social Care Interpreting Service
Business Services Organisation (BSO)

2 Franklin Street

Belfast

BT2 8DQ

T: 028 9536 3777

E: interpreting@hscni.net to request a booking form

Telephone interpreting is currently provided by 'thebigword'. To access this service you need to have an access/pin code, which you can obtain from your local Equality Department.

Step 1: Call **0800 757 3035**

Step 2: Enter your **Access Code + Enter Pin Code**

Full details are given in appendix 6.



Interpreting and Translation Services with HSC

Sign Language Interpreting

This service is available from:

Action on Hearing Loss
Harvester House
4 - 8 Adelaide Street
Belfast
BT2 8GA
T: 028 9023 9619
E: information.nireland@hearingloss.org.uk

NI Health and Social Care Interpreting Service (NIHSCIS)

Below is an outline of what the NIHSCIS and The Big Word provide and when and how to use each service:

- NIHSCIS Interpreters are professionally trained and adhere to a Code of Practice/Ethics
- NIHSCIS interpreters are bound by confidentiality
- NIHSCIS provides interpreters 24 hours, 7 days per week
- NIHSCIS has over 400 interpreters registered with 36 different languages
- NIHSCIS is free to patients.

When to use Face-to-Face Interpreting

- Lengthy meetings or appointments planned in advance
 - Complex, time-consuming issues
 - Group meetings or interviews
 - Where the client or service user prefers to have the Interpreter there face-to-face
 - Where the client or service user feels uncomfortable using the telephone
- Benefits of Face-to-Face Interpreting
- Accessible and comprehensive
 - Secure and confidential online booking system with flexibility of access through contacting the NIHSCIS based operators



Interpreting and Translation Services with HSC

- Culturally sensitive - interpreters specialised in health and with extensive knowledge of the local minority ethnic community
- Personal approach - may be particularly beneficial in highly sensitive situations and the visual contact helps for complex and detailed issues avoiding misunderstandings and misdiagnosis
- Signposting skills availability from interpreters when clients or patients need additional information on the access of other public services and on their rights.

When to use Telephone Interpreting

- Short appointments involving simple matters
- Emergency appointments or when there is no need for a face-to-face interpreter
- To establish a patient's language and to arrange follow-up appointments
- Where there is no face-to-face interpreter available
- Where the anonymity of the telephone may make the patient more likely to speak openly.

Benefits of using Telephone Interpreting include:

- Access 24 hours a day 365 days a year
- Access to over 150 different languages
- Connection to an interpreter in seconds
- Cost effectiveness for simple and quick appointments

Guidelines for working with Interpreters

Good Practice

- Allow the interpreter time to introduce themselves and their role
- Explain the purpose and the most likely outcome of the meeting
- Allow enough time for the interview, as it will probably take twice as long as without an interpreter
- Speak and look at the client not the interpreter - this often does not come naturally. It is better to speak directly, eg. "How are you today?" rather than "How is he feeling today?" as this is time-consuming and reduces directness



Interpreting and Translation Services with HSC

- Use short sentences and avoid ambiguous or complex grammar
- It will greatly help if you avoid slang and jargon and allow the interpreter to speak when you have completed one, two or three sentences to encapsulate a section of your message
- Take extra care in explaining procedures, regulations and reasons for asking for certain type of information
- Moderate the speed of your speech
- Allow the interpreter time to intervene where necessary
- Be sensitive to the demands and pressures on the interpreter. Interpreting requires enormous concentration, especially liaison interpreting where the interpreter has to switch constantly between languages. It will be even more demanding if the circumstances are sensitive or stressful. Do not expect interpreters to keep going indefinitely; they may need a break halfway or to continue at another appointment
- Check with the client that they have understood everything
- Allow the client to ask supplementary questions or seek clarification
- Complete and sign the interpreter's time sheet
- Interpreters are not translators, so written translations are not part of their remit. There is a specific contract through BSO PaLs for written documents to be translated. However, interpreters could be asked to provide a sight translation, which is an oral summary of a brief and simple language document handed to them at a session
- Interpreting is a specific skill and profession. Using an untrained person (friends and family of patients/clients) as an 'interpreter' is bad practice and can be dangerous.

For appointments of a complex nature (eg. Social Services, Mental Health, Oncology or Speech and Language) it is recommended that the practitioner requests a pre-interview and post-interview with the interpreter in order to discuss the background of the session and define expectations as well as for quick de-briefing purposes when necessary.

(Northern Ireland Health and Social Care Interpreting Service)



Appendices





Appendix One Legislation

1

[Health and Personal Social Services Northern Ireland Order 1972](#)

Article 15 of the 1972 Order requires Trusts to make individual assessment of needs in appropriate cases, extending the duty to any person within the knowledge of the Department of Health Social Services and Public Safety (DHSSPS) who might be seen to benefit from such enquiries. This means that anyone coming to the trust's attention who may benefit from services from the trust is entitled to an assessment of her/his needs.

<http://www.legislation.gov.uk/nisi/1972/1265>

[Human Rights Act 1998](#)

The Human Rights Act (HRA) 1998 came into force in the United Kingdom in October 2000. Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

[Draft Mental Capacity Bill](#)

This legislative framework will replace the Mental Health Order and will be designed to support and protect some of the most vulnerable people in our society. The purpose of the framework will promote the right of individuals to make their own decisions, regardless of the cause of their underlying physical or mental health condition. Anticipated that it will be consulted on in 2014.

http://www.dhsspsni.gov.uk/annex_a_-_draft_mental_capacity_bill_civil_provisions_.pdf

[Mental Health \(Northern Ireland\) Order 1986](#)

The Mental Health (Northern Ireland) Order 1986 covers the assessment, treatment and rights of people with a mental health condition. Many people receive specialist mental health care and treatment in the community. However, some people can experience severe mental health problems that require admission to hospital for assessment and treatment.

People can only be detained if the strict criteria laid down in the Order are met. The person must be suffering from a mental disorder as defined by the Order.

<http://www.legislation.gov.uk/nisi/1986/595>



Appendix One Legislation

1

[Section 75 of the Northern Ireland Act 1998](#)

The duties on the public sector to promote equality of opportunity and good relations.

Under Section 75 of this Act, public authorities are required to have due regard to the need to promote equality of opportunity in the areas of: religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without and between persons with dependant status.

<http://www.legislation.gov.uk/ukpga/1998/47/section/75>

[The Race Relations \(Northern Ireland\) Order 1997](#)

The Race Relations (NI) Order 1997(RRO) follows closely the provisions of the 1976 Race Relations Act in GB. It outlaws discrimination on grounds of colour, race, nationality or ethnic or national origin. The Irish Traveller community is specifically identified in the Order as a racial group against which racial discrimination is unlawful.

<http://www.legislation.gov.uk/nisi/1997/869/contents/made>

[The United Nations Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#)

The UNCRPD is an international legal agreement which confirms that people with disabilities have the same human rights and freedoms as everyone else. The Government and public bodies are responsible for making sure that it is put into practice. The convention came into force on 3 May 2008.

<http://www.un.org/disabilities/default.asp?navid=12&pid=150>



Appendix Two General Signposting

2

Entitlement to Health and Social Care

Help with Health Costs

Entitled to help with health costs, including details of exemptions and help with costs for those on a low income. Please click on link below to find out more about costs and guidance regarding Health Care charges in Northern Ireland.

http://www.dhsspsni.gov.uk/hc11_booklet.pdf

Access to Healthcare

The Access to Healthcare Team at the Business Services Organisation gives advice on any issues of entitlement to accessing Health and Social Care service, but only to HSC staff. Contact them here:

E: Athsc.queries@hscni.net

Although some people from overseas, who are not ordinarily resident, are liable to charges when seeking health and social care treatment, some services are exempt from these charges. This exemption includes treatment for a person detained in a hospital or received into guardianship under the terms of the Mental Health (NI) Order 1986, or psychiatric treatment included by a Court as part of a probation order under the terms of the Criminal Justice (NI) Order 1996.

Additional online resources

See appendix 4 for additional online resources.

Cross Border Healthcare and Patient Mobility in Europe

Information on access to healthcare by service users from other EU countries is available at the following link:

http://www.dhsspsni.gov.uk/information_on_cross-border_directive_v4.pdf



Appendix Two General Signposting

2

Belfast Health and Social Care Trust
Statutory Sector

Equality Lead for Belfast Health and Social Care Trust

Orla Barron

T: 028 9504 6567

E: orla.barron@belfasttrust.hscni.net

Access to Health and Social Care Booklet

Please contact the Health and Social Inequalities Team for more details.

Lesley Jamieson

T: 02895 048734

E: lesley.jamieson@belfasttrust.hscni.net

Belfast Bahai'i Community

This organisation provides support and spiritual guidance to the Bahi'i community

339 Lisburn Road

Belfast

BT9 7EW

secretary@bahai-belfast.org.uk

BHSCT BME Carers leaflets

The [Belfast Trust Carers Leaflets](#) has been translated into a number of different languages, including Cantonese, Polish, Somali and Portuguese.

BHSCT Chaplaincy Service

Chaplains are part of the multidisciplinary health and social care team, visiting hospital wards regularly to offer pastoral, religious and spiritual support to all who request it, irrespective of culture, faith or background. The service is confidential and non-judgmental. The chaplains hold a comprehensive list of contacts for local church communities and representatives of other faith communities/belief groups and are happy to make contact when requested. Chaplains are not permitted to pass on patient information to a third party without permission from the patient/family.



Appendix Two General Signposting

2

BHSCT Multi-Cultural and Beliefs Handbook

In order to assist staff and to aid understanding of the various cultures prevalent in Northern Ireland, particularly those from the minority populations, this [handbook](#) has been produced as a guide for all staff within Health and Social Care.

Community Development Practitioner – Ethnic Minorities

A member of the Community Development Team in Belfast Trust works with ethnic minority groups and organisations across the Trust area.

Jennifer Yu

T: 028 9504 6720

E: jennifer.yu@belfasttrust.hscni.net

Northern Ireland New Entrant Service (NINES)

Northern Ireland New Entrant Service (NINES) established an evidence-based nurse-led service for all new entrants to BHSCT in 2012. The service provides a variety of clinics to support the health and social well-being of new immigrants, asylum seekers, refugees, and children for Mantoux/BCG vaccinations.

A client held passport has been developed in five languages to enhance communication between primary and secondary care. Clients are given a comprehensive health assessment and are screened for communicable diseases, eg. Hepatitis B and C, and HIV. Direct referral pathways have been established between NINES and Belfast City Hospital X-Ray department, Royal Jubilee Maternity Hospital, Hepatology and Genito Urinary Medicine. Referral pathways to health services provide better health outcomes for the client group. Nines facilitates registration with GPs for those eligible. These clients can obtain a medical card to allow registration with dentists and opticians.

T: 028 9504 2830

First Steps - Using Health and Social Care Services Leaflet

The [‘First Steps - Using Health and Social Care Services in Northern Ireland’](#) leaflet provides information, which aims to raise awareness of how to access health social care services in NI. It has been made available in 9 languages: Polish, Lithuanian, Slovak, Simplified Chinese, Traditional Chinese, Arabic, Farsi, Somali and English.



Appendix Two General Signposting

2

Mental Health Self-help Guides

A few of these [guides](#) have been translated into Arabic, Lithuanian, Mandarin, Polish and Slovak.

Community and Voluntary Sector

ACSONI (African and Caribbean Community Support Organisation)

ACSONI addresses the needs of people from the African continent and of African descent nations.

9 Lower Crescent
Belfast BT7 1NR
T: 028 9043 4090

Alliance of Filipino Communities NI

This organisation provides support to the Filipino community throughout Northern Ireland.

c/o NICEM
1st Floor, Ascot House
24-31 Shaftesbury Square
Belfast BT2 7DB
T: 028 9023 8645

Barnardo's Tuar Ceatha Project

This project provides family support to black, minority ethnic and refugee families, including support in the home and group based programmes, such as parenting and behaviour management programmes.

23 Windsor Avenue
Belfast BT9 6EE
T: 028 9066 8766



Appendix Two General Signposting

2

Belfast Islamic Centre

This centre provides cultural, religious, moral and social support to Muslims in NI.

38 Wellington Park

Belfast BT9 6DN

T: 028 9066 4465

Belfast Migrant Centre

This Migrant Centre provides immigration advice and assistance for victims of racial harassment.

T: 028 9043 8962

E: info@belfastmigrantcentre.org

Bryson Intercultural

Bryson Intercultural [One Stop Service for Asylum Seekers](#) provides advice and support for asylum seekers and facilitates asylum claims.

One Stop Service

T: 028 9031 5744

In addition, Bryson Intercultural provides a [Roma Health Project](#).

Roma Health Project

T: 028 9072 7920

Bryson Intercultural

123 Ormeau Road

Belfast BT7 1SH

Chinese Welfare Association (CWA)

This organisation provides direct services to the Chinese community to bridge the gap between the needs of the Chinese community living in Northern Ireland and the existing health, social, education, legal and welfare services. It also provides a health advocacy service for the Chinese community.

1 Stranmillis Embankment

Belfast BT7 1GB

T: 028 9028 8277

W: www.cwa-ni.org



Appendix Two General Signposting

2

Counselling All Nations Service (CANS)

CANS is a counselling service, which aims support and promote the mental health and emotional well-being of people from Black and Minority Ethnic communities through the provision of culturally appropriate, high quality and accessible counselling.

W: <http://counsellingallnations.org>

E: cansinfo@yahoo.co.uk

Indian Community Centre

The [Indian Community Centre](#) has a Hindu temple and can give advice on Hindu religious practices and beliefs.

86 Clifton Street
Belfast BT13 1AB
T: 02890 249746
www.iccbelfast.com

Law Centre

The [Law Centre NI](#) provides free specialist advice and representation in five areas of law: community care, employment, immigration, mental health and social security. The Law Centre can advise migrants with immigration applications (eg. asylum, family reunion for refugees, settlement for spouses and other family members, protection for victims of trafficking, etc. However, the Centre is a referral organisation and normally only deals with advice queries from Law Centre member organisations. It also has a very useful website consisting of information and resources on social welfare rights:

T: 028 9024 4401
www.lawcentreni.org

NI Muslim Family Association

This group provides religious advice and runs language classes, including classes specifically for women.

9 Rugby Road
Belfast BT7 9RB
T: 028 9031 5784



Appendix Two General Signposting

2

Northern Ireland Community of Refugees and Asylum Seekers ([NICRAS](#))

This organisation offers advice, support and advocacy in matters such as housing, destitution, benefits, education, and general support in respect of integration and community development within the Greater Belfast Area. It operates a morning drop-in service and an afternoon appointments system.

143a University Street
Belfast
BT7 1HP
T: 028 9024 6699
E: info@nicras.org.uk
www.nicras.org.uk

Northern Ireland Council for Ethnic Minorities (NICEM)

[NICEM](#) represents and promotes the BME sector, identifies and responds to the needs of and provides training, leadership and support to BME communities, as well as raises awareness of racism.

1st Floor, Ascot House
24-31 Shaftesbury Square
Belfast BT2 7DB
T: 028 9023 8645
www.nicem.org.uk

Northern Health and Social Care Trust Statutory Sector

Equality Lead for Northern Trust

Alison Irwin
E: alison.irwin@northerntrust.hscni.net

BME Carers leaflets

The [BME Carers leaflet](#) is available in a number of different languages, including Cantonese, Polish, Somali and Portuguese.



Appendix Two General Signposting

2

Northern Ireland New Entrant Service (NINES)

Northern Ireland New Entrant Service (NINES) is an evidence-based nurse-led service for all new entrants to Northern Ireland.

T: 028 9504 2830

Community and Voluntary Sector

Alliance of Filipino Communities NI

For description please see Belfast Trust

T: 028 9023 6845

Ballymena Inter-Ethnic Forum

BIEF are here to offer support and guidance to ethnic communities in Northern Ireland and to promote acceptance of different cultures.

20 William Street

Ballymena

Co Antrim

BT43 6AW

T: 028 2564 8822

E: admin@bief.org.uk

Ballymoney Resource Centre

Ballymoney Community Resource Centre provides support for the local community, disability needs and ethnic minorities.

Unit 22 and 23 Acorn Business Centre

2 Riada Avenue

Ballymoney

Co Antrim

BT53 7LH

T: 028 2766 5068

E: info@ballymoneycrc.org.uk



Appendix Two General Signposting

2

Ethnic Minority Empowering Association

Promote the social welfare, education and health of ethnic minorities in the Causeway Coast and surrounding areas without regard to age, gender, ability, disability, ethnic identity, nationality, religion or sexual orientation.

River House
Castle Lane
Coleraine
BT51 3DR
T: 07472764979
E: info@emea.org.uk

Migrant Worker Support Project

CWSAN is a cross community organisation and is managed by a voluntary committee, which is elected annually. The committee is made up of 14 representatives elected from the member community groups and seeks to represent a broad gender, geographical and religious mix. The committee is 'in tune' with issues of importance in the area and are often the key players in the decision making processes in each geographical area within the network area.

Gortalowry House
94 Church Street
Cookstown
BT80 8HX
T: 028 8676 3322
E: migrantworker@cwsan.wanadoo.co.uk

South Eastern Health and Social Care Trust Statutory Sector

Equality Leads for South Eastern Health and Social Care Trust

Susan Thompson
E: susan.thompson@setrust.hscni.net
Suzanne McCartney
E: suzanne.mccartney@setrust.hscni.net



Appendix Two General Signposting

2

BME Carers leaflets

The [BME Carers leaflet](#) is available in a number of different languages, including Cantonese, Polish, Somali and Portuguese.

Northern Ireland New Entrant Service (NINES):

For description please see Belfast Trust
T: 028 9504 2830

Alliance of Filipino Communities NI

For description please see Belfast Trust
T: 028 9023 6845

Southern Health and Social Care Trust Statutory Sector

Equality Lead for Southern Health and Social Care Trust

Lynda Gordon
E: Lynda.Gordon@southerntrust.hscni.net

Northern Ireland New Entrant Service (NINES)

For description please see Belfast Trust
T: 028 9504 2830

SHSCT BME Carers leaflets

The [Southern Trust Carers Leaflet](#) has been translated into a number of different languages, including Portuguese, Lithuanian, Polish, Bulgarian, Russian and Romanian.



Appendix Two General Signposting

2

SHSCT Chaplaincy Service

The Chaplains/Pastoral Care Team are from the four main Christian denominations. On admission you will be asked your religious denomination. This information will be made available to the Hospital Chaplains. The service is confidential and non-judgmental. In addition, you will be asked if you would like your name to be added to the Visiting Clergy and Pastoral Workers list. They can also, at your request, contact other churches or faith communities on your behalf. Chaplains visit wards regularly, offering pastoral care to patients, their families/carers and staff. Chaplains are not permitted to pass on patient information to a third party without permission from the patient/family. Chaplains can be contacted at:

T: 028 3833 4444.

SHSCT Multi-Cultural and Beliefs Handbook

In order to assist staff and to aid understanding of the various cultures prevalent in Northern Ireland, particularly those from the minority populations, this [Handbook](#) has been produced as a guide for all staff within Health and Social Care.

SHSCT Cultural Diversity & Etiquette Information Booklet for Staff

This [booklet](#) has been developed to assist health and social care staff when they are dealing with people from different Black and Minority Ethnic (BME) communities.

Voluntary Sector

Alliance of Filipino Communities NI
For description please see Belfast Trust

T: 028 9023 6845



Appendix Two General Signposting

2

Belong

Belong's aim is to promote a sense of belonging amongst BME children and young people aged 7 – 12. The programme works in partnership with all other children's and young people's services throughout the Southern Trust area creating a network of services/agencies and signposting to appropriate support services.

Community Support Centre
64 Main Street
Coalisland
BT71 4NB
T: 028 8774 6501
E: patrick@belongni.org

Bulgarian Association of NI

This organisation provides cultural activities, community support and signposting.

c/o NICEM
1st Floor, Ascot House
24-31 Shaftesbury Square
Belfast BT2 7DB
T: 028 9023 8645
E: bulgarianassociation@abv.bg

Craigavon Intercultural Programme (CIP)

CIP supports people from different community and cultural backgrounds and offers practical assistance to both indigenous and new communities in promoting integration and encouraging full participation in society.

16 Mandeville Street
Portadown
BE62 3NZ
T: 028 3839 3372
E: info@craigavonintercultural.org
www.craigavonintercultural.org



Appendix Two General Signposting

2

Craigavon Vietnamese Club

c/o 10 Rosmoyle
Craigavon
BT65 5HA
T: 028 3888 1178

Muslim Association of Craigavon

This organisation provides support to the Muslim community in the area.
1st Floor, Ascot House
24-31 Shaftesbury Square
Belfast BT2 7DB
T: 028 9023 8645 (contact the Belfast office)

Newry and Mourne Ethnic Support Centre

This [centre](#) provides free advice and support service for ethnic minority communities in their own language on issues such as rights, access to services, benefits, etc.

Town Hall
Bank Parade
Newry
BT35 6HR
T: 028 3025 0544
E: ethnicsupport@newryandmourne.gov.uk
www.newryandmourne.gov.uk/community/Ethnic_Support.aspx

Northern Ireland Council for Ethnic Minorities (NICEM)

Please see Belfast Trust for description
Ozanam Centre
14-16 William Street
Lurgan BT66 6JA
T: 028 9023 6845 (Contact the Belfast office)
www.nicem.org.uk



Appendix Two General Signposting

2

STEP Migrant Worker Support Project

This organisation provides support for migrant workers through information, advice and guidance in their own language.

Unit 17
2 Coalisland Road
Dungannon Enterprise Centre
Dungannon
BT71 6JT
T: 028 8775 0211
E: info@stepni.org
www.stepni.org

Stronger Together NI

The [Stronger Together Network](#) has 80 members representing BME organisations, groups and individuals, as well as the community, voluntary and statutory sector. It provides a website for service providers with region specific information and weekly e-alerts about a variety of issues and professional development.

Unit T7, 2 Coalisland Rd
Dungannon Enterprise Centre
Dungannon, BT71 6JT
Tel: 028 8775 0211
E: info@strongertogetherni.org
www.strongertogetherni.org

Wah Hep Chinese Community Association

Legahory Centre
Craigavon
BT64 5BE
T: 028 3834 7162



Appendix Two General Signposting

2

Western Health and Social Care Trust
Statutory Sector

Equality Lead for Western Health and Social Care Trust

Siobhan O'Donnell

E: siobhan.odonnell@westerntrust.hscni.net

BME Carers leaflets

The [BME Carers leaflet](#) is available in a number of different languages, including Cantonese, Polish, Somali and Portuguese.

Northern Ireland New Entrant Service (NINES)

For description please see Belfast Trust

T: 028 9504 2830

Voluntary Sector

Alliance of Filipino Communities NI

For description please see Belfast Trust

T: 028 9023 6845

Law Centre

See Belfast Trust for description

Contact: Western Area Office

T: 028 7126 2343

www.lawcentreni.org



Appendix Two General Signposting

2

Northern Ireland Council for Ethnic Minorities ([NICEM](http://www.nicem.org.uk))

See Belfast Trust for description
The Old Church, Clarendon Street
L/Derry
BT48 7ES
T: 028 9023 8645
www.nicem.org.uk

Omagh Ethnic Communities Support Group

[Omagh Ethnic Communities Support Group](#) provides training, support and advice to a large number of ethnic groups and families from throughout the Omagh District and beyond with a membership representing more than 23 different nationalities.

Community House
2 Drumragh Avenue
Omagh
BT781DP
T: 028 8224 9750
E: oe CSG2@yahoo.co.uk
www.omaghcommunityhouse.com

Strabane Ethnic Community Association (SECA)

[SECA](#) is a community and voluntary organisation which aims to identify and respond to the needs of minority ethnic communities and to raise awareness and understanding within a local community.

32-36 Bridge Street
Strabane
BT82 9AE
T: 028 71886419
E: info@seca.org.uk
www.seca.org.uk



Appendix Two General Signposting

2

Saipak Chinese Project

This organisation provides support for the Chinese community in the city.

2nd Floor, Ebrington Centre

Glendermott Road

Londonderry

BT47 6BG

T: 028 7128 8858



Appendix Two General Signposting

2

Regional Organisations

Equality Commission

The [Equality Commission](#) promotes equality of opportunity, encourages good relations and challenges discrimination through promotion, advice and enforcement. The Commission has powers under anti-discrimination law and the Northern Ireland Act.

The Commission provides free advice and training to employers and service providers on equality law and good practice.

The Commission, in conjunction with DHSSPSNI has published '[Race Equality and Social Care](#)', a good practice guide.

T: 028 90 500 600

E: information@equalityni.org

www.equalityni.org

Northern Ireland Human Rights Commission

The [Northern Ireland Human Rights Commission](#) (NIHRC) is a national human rights institution with a status accreditation from the United Nations (UN). The Northern Ireland Human Rights Commission job is to make sure government and other public bodies protect the human rights of everyone in Northern Ireland.

People living with mental health problems are protected by the European Convention on Human Rights (ECHR).

T: 028 9024 3987

E: information@nihrc.org

www.nihrc.org

NI Strategic Migration Partnership

[This partnership](#) works with local government and other stakeholders to support the retention and integration of migrants. It provides information for service providers, migrants and employers.

T: 028 9079 8972

www.migrationni.org



Appendix Two General Signposting

2

Racial Equality Strategy

The Racial Equality strategy, drafted by OFMDFM, is being consulted on as this document is being written. The finalised strategy should be available late 2014 to early 2015 on the [OFMDFM](#) website.

www.ofmdfmi.gov.uk



Appendix Three

Ethnic Minority Organisations

Useful Contacts

3

<p>ACSONI - African and Caribbean Community Support Organisation 9 Lower Crescent Belfast BT7 1NR T: 028 9043 4090 E: info@acsoni.org</p>	<p>An Munia Tober (Travellers) Unit 12/2 Blackstaff Complex 77 Springfield Road Belfast BT12 T: 028 9043 8265</p>
<p>Al-Nisa Association NI c/o NICEM 1st Floor Ascot House 24-31 Shaftesbury Square Belfast, BT2 7DB T: 028 9023 8645</p>	<p>Bahai Council for NI c/o 9 Glencode Park Newtownabbey BT36 6HX</p>
<p>Balmoral Filipino Community c/o NICEM 1st Floor Ascot House 24-31 Shaftesbury Square Belfast, BT2 7DB T: 028 9023 8645</p>	<p>Ballymena Inter-Ethnic Forum 20 William Street, Ballymena BT43 6AW T: 028 2564 8822 Email: admin@bief.org.uk</p>
<p>Ballymena Travellers' Support Group 18 Hyde Park Ballymena</p>	<p>Ballymoney Resource Centre Unit 22 & 23 Acorn Business Centre 11 Riada Avenue Ballymoney BT53 7LH T: 028 2766 5068 E: info@ballymoneycrc.org.uk</p>
<p>Bangladeshi Welfare Association 24 Greenwell Street Newtownards, BT23 7LN T: 028 9181 0566</p>	<p>Barnardos Tuar Ceatha Services 23 Windsor Avenue Belfast BT9 7GE T: 028 9066 8766</p>
<p>Belfast Islamic Centre 28 Wellington Park Belfast, BT9 6DN T: 028 9066 4465</p>	<p>Belfast Jewish Community 49 Somerton Road Belfast, BT15 3LH T: 028 9077 7974</p>



Appendix Three Ethnic Minority Organisations Useful Contacts

3

<p>Bryson Intercultural – Roma Health Project 123 Ormeau Road Belfast BT7 1SH T: 028 727920</p>	<p>Bryson One Stop Service for Asylum Seekers 123 Ormeau Road Belfast BT7 1SH T: 028 9031 5744</p>
<p>Chinese Welfare Association NI Chinese Resource Centre 1 Stranmillis Embankment Belfast BT7 1GB T: 028 9028 8277</p>	<p>Craigavon Vietnamese Club 111 Clare Road Waringstown BT66 7SB</p>
<p>Embrace NI 48 Elmwood Avenue Belfast BT9 6AZ T: 028 9066 3415</p>	<p>Ethnic Minority Empowerment Association T: 0745 4936 693 Email: ish@emea.org.uk</p>
<p>Hare Krishna Community 140 Dunmurry Lane, Belfast BT17 6AP</p>	<p>Hungarian Community Association 9 St John Street Court BT23 4JQ</p>
<p>Bangladeshi Welfare Association 24 Greenwell Street Newtownards, BT23 7LN T: 028 9181 0566</p>	<p>Barnardos Tuar Ceatha Services 23 Windsor Avenue Belfast BT9 7GE T: 028 9066 8766</p>
<p>Belfast Islamic Centre 28 Wellington Park Belfast, BT9 6DN T: 028 9066 4465</p>	<p>Belfast Jewish Community 49 Somerton Road Belfast, BT15 3LH T: 028 9077 7974</p>
<p>Indian Community Centre 86 Clifton Street Belfast, BT13 1AB T: 028 9024 9746</p>	<p>Japan Society of NI 50 Brackenridge Green Carrickfergus BT38 8FP</p>



Appendix Three

Ethnic Minority Organisations

Useful Contacts

3

<p>Kenya Association Northern Ireland c/o 15 Stratheden Heights, Newtownards, Co. Down BT23 8TD T: 07812 461965 (Sylvia Ogonda) E: kenyaassociationni@gmail.com</p>	<p>Mandarin Speaking Association c/o NICEM 1st floor, Ascot House 24-31 Shaftesbury Square Belfast BT2 7DB T: 028 9023 8645</p>
<p>Mid Ulster Chinese Group 98 Moneymore Road Cookstown BT80 9AA</p>	<p>Mid Ulster International Group 40 Piney Hill Magherafelt BT45 6PZ T: 028 7930 1995</p>
<p>Migrant Worker Support Project Gortalowry House 94 Church St Cookstown BT80 8HX T: 028 8676 3322 E: migrantworker@cwsan.wanadoo.co.uk</p>	<p>Multi-Cultural Group Windsor Women's Centre 136-144 Broadway Belfast BT12 6HY T: 02890235451</p>
<p>The Nigerian Association Northern Ireland c/o NICEM 1st floor, Ascot House 24-31 Shaftesbury Square Belfast BT2 7DB T: 07872 495812 (Dorcias)</p>	<p>NI Community of Refugees and Asylum Seekers (NICRAS) 143 A University Street Belfast BT7 1HH T: 028 9024 6699 / 07948 727014</p>
<p>NI Council for Ethnic Minorities 1st Floor Ascot House 24-31 Shaftesbury Square Belfast, BT2 7DB T: 028 9023 8645</p>	<p>NI Multi-Cultural Association 178a Kingsway Dunmurry BT17 9AD</p>
<p>NI Muslim Family Association 9 Rugby Road Belfast, BT7 9RB T: 028 9031 5784</p>	<p>NI Pakistani Cultural Association 8 Braniel Park Belfast, BT5 7JL T: 07768 682564</p>



Appendix Three

Ethnic Minority Organisations

Useful Contacts

3

<p>Oi Kwai Women's Group c/o Chinese Welfare Association 1 Stranmillis Embankment Belfast BT7 1GB T: 028 9028 8277</p>	<p>Oi Wah Women's Group 1 Legahory, Craigavon, BT65 5BE T: 028 3834 7162</p>
<p>Polish Education and Cultural group c/o St Michael's Primary School, 514 Ravenhill Road, BT6 0BW T: 07735 513355 (Kasia Garbal) E: board@pssbelfast.com</p>	<p>Portuguese Speakers Association c/o NICEM 1st floor, Ascot House 24-31 Shaftesbury Square Belfast BT2 7DB T: 028 9023 9645</p>
<p>Sikh Cultural Centre 12 Simpson's Brae, Waterside, Londonderry/Derry, BT47 1DL T: 028 7134 3523</p>	<p>Sikh Women and Children Association 163 Cavehill Road, Belfast, BT15 5BM T: 028 9037 1069</p>
<p>Thai Northern Ireland Support Group c/o NICEM, 1st floor, Ascot House 24-31 Shaftesbury Square Belfast BT2 7DB T: 028 9023 8645</p>	<p>Saipak Chinese Community Project 2nd Floor, Ebrington Centre Glendermott Road Londonderry, BT47 6BG T: 028 7128 8858</p>
<p>Wah Hep Chinese Community Association Brownlow Health Centre 1 Legahory Craigavon BT65 5BE T: 028 3834 7162</p>	<p>The Welcome House 69 Drumbeg Drive, Old Warren Lisburn, BT28 1NY Northern Ireland T: 028 9266 4443</p>



Appendix Four Online Materials

4

[Meri Yaadain](#) - recognising dementia within South Asian communities - language leaflets and audio clips in South Asian languages.

The [Alzheimer's Society](#) has several translated leaflets relating to dementia.

[Healthtalkonline](#) - Ethnic minority experiences - interviews of people from different black and minority ethnic backgrounds about their experiences of having mental health problems, including some in other languages.

The [Refugee Council](#) gives information about the process of seeking asylum and also has an online [language identification card](#).

Mental Health Information in other languages:

[Mental Health Information in Arabic](#)

[Mental Health Information in Bengali](#)

[Mental Health Information in Hindi](#)

[Mental Health Information in Japanese](#)

[Mental Health Information in Urdu](#)

[Full list of Mental Health information \(translated into different languages\) from Royal College of Psychiatrists](#)

[Chinese Mental Health Association](#)

[Chinese National Healthy Living Centre](#)



Appendix Five

Glossary

5

Asylum seekers	A person who has applied for asylum in the UK but his/her application has not yet been decided by the Home Office.
Discretionary leave to remain	Discretionary leave is a form of immigration status granted to a person who the Home Office has decided does not qualify for refugee status or humanitarian protection but where there are other strong reasons why the person needs to stay in the UK temporarily. http://www.refugeecouncil.org.uk/glossary/#D
EEA nationals	EEA nationals refer to member states of the European Economic Area, they include Austria, Lithuania, Belgium, Luxembourg, Bulgaria, Malta, Cyprus (Southern) Netherlands, Czech Republic, Poland, Denmark, Portugal, Estonia, Romania, Finland, Slovak Republic, France, Slovenia, Germany, Spain, Greece, Sweden, Hungary, UK Ireland, Iceland, Italy, Liechtenstein, Latvia, Norway and Switzerland.
Failed asylum seeker	A person who has been refused/failed totally by the Home Office for his/her asylum application.
Habitual Residence Test	The habitual residence test (HRT) is carried out on most EEA nationals who apply for benefits. The habitual residence part of the test is also carried out on some UK nationals who have been living or working abroad. http://www.adviceguide.org.uk/england/benefits_e/benefits_coming_from_abroad_and_claiming_benefits_hrt/benefits_the_habitual_residence_test_introduction/what_is_the_habitual_residence_test.htm
Human trafficking	Human trafficking is a serious crime that can affect anyone, of any age, gender or nationality. It involves the possession of people by improper means, such as force, threat or deception for the purpose of exploiting them. It is the illegal movement of a person into or through a country. http://www.nidirect.gov.uk/human-trafficking
Indefinite Leave to Remain	ILR is a form of immigration status given by the Home Office. Indefinite leave to remain (ILR) is also called 'permanent residence' or 'settled status' as it gives permission to stay in the UK on a permanent basis. http://www.refugeecouncil.org.uk/glossary#U
Migrant workers	Somebody is not from UK or Ireland but come here to seek or take up job.
No recourse to public fund	No recourse to public funds (NRPF) refers to destitute people from abroad who are subject to immigration control and have no entitlement to welfare benefits, Home Office support for asylum seekers or public housing. https://www.gov.uk/government/publications/public-funds--2
Refugee	A person whose asylum application has been successful and granted with refugee status from the Home office.
Refugee Convention	Refugee Convention means the United Nations Convention Relating to the Status of Refugees 1951 and the 1967 Protocol. http://www.refugeecouncil.org.uk/glossary#R



Appendix Five Glossary

5

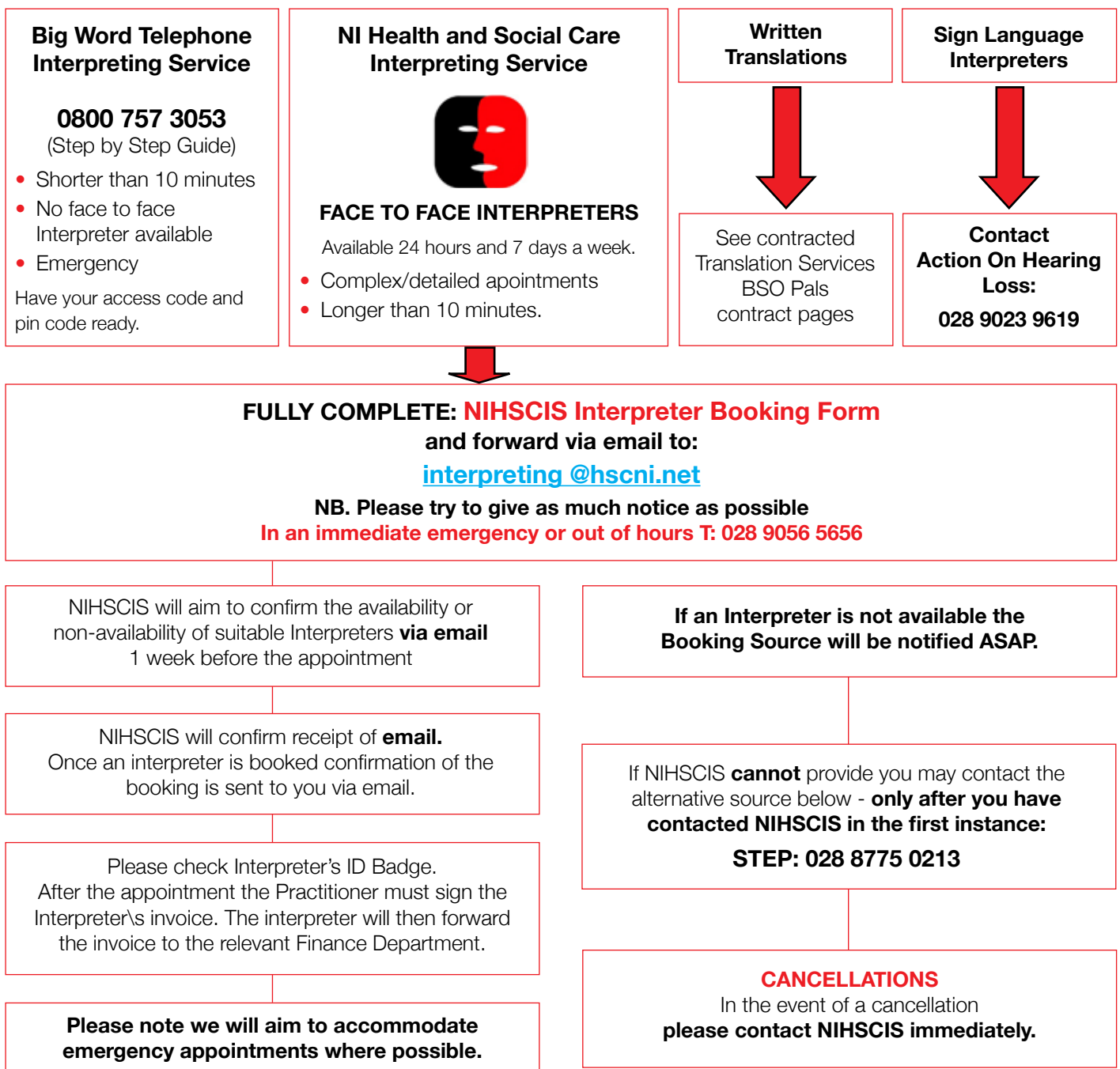
Removal	Removal is a process whereby immigration officers enforce return from the UK to another country. http://www.refugeecouncil.org.uk/glossary#R
Section 55 National, Immigration and Asylum Act 2002	Section 55 of the Nationality, Immigration and Asylum Act 2002 gives the Home Office power to deny support to asylum seekers deemed not to have applied for asylum 'as soon as reasonably practicable'. See 'As soon as reasonably practicable'. http://www.refugeecouncil.org.uk/glossary#S
Section 75, NI Act 1998	A requirement in Section 75, the NI Act, all public services have their obligations to promote equal opportunity between 9 different groups including racial group; and must promote good relation between people of different religions, political opinion and racial groups.
Unaccompanied minors seeking asylum	Separated children are children aged less than 18 years who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members http://www.childrenslegalcentre.com/index.php?page=separated_unaccompanied_asylum_seeking_children
Undocumented migrant	Undocumented Migrants are those who do not fall into any of the UK's legal categories. Three groups account for most undocumented migrants: (a) those who entered the country without valid documents, including people crossing the Irish border into Northern Ireland clandestinely and those arriving over the water, including the English Channel (b) those who entered with valid visas but overstayed their visas' expiration or otherwise violated the terms of their admission . (c) those who have had their asylum and refugee request rejected, cancelled or revoked. http://mighealth.net/uk/index.php/Definition_of_undocumented_migrants



Appendix Six NI Health and Social Care Interpreting Service

6

Procedure for Booking Interpreters





thebigword NHS Telephone Interpreting

thebigword is your supplier of telephone interpreting, a service which will enable you to help any client who may have limited English.

When you need an interpreter please follow the instructions below:



Call: 0800 321 3053



Codes:

- enter your access code, followed by the # key

keep your access code here:

(if required, enter your PIN number, followed by the # key)

- then enter the language code from the list below, followed by the # key



Continue:

- once connected stay on the line
- take note of the interpreter's identity number
- direct your conversation to the client and NOT the interpreter

702 Albanian	94 Farsi Western	734 Lingala	755 Slovak
91 Amharic	95 French	735 Lithuanian	757 Somali
92 Arabic	4 German	507 Malayalam	1 Spanish
772 Armenian	993 Greek	97 Mandarin	998 Swahili
706 Bengali	738 Gujarati	533 Mirpuri	762 Tagalog
17 Bosnian	994 Hindi	741 Nepali	551 Tetum
707 Bulgarian	724 Hungarian	98 Pashto	992 Thai
708 Burmese	995 Italian	5 Polish	773 Tigrinya
93 Cantonese	96 Japanese	996 Portuguese	764 Turkish
752 Croatian	3 Korean	749 Punjabi (Pakistan)	709 Twi
710 Czech	731 Kurdish Bahdini	750 Romanian	999 Urdu
712 Farsi Eastern (Dari)	730 Kurdish Sorani	997 Russian	2 Vietnamese
700 identify line	733 Latvian	754 Sinhalese	0 helpline

Dial **700** for our team of language identifiers when you are unable to identify the language required.
Dial **0** for assistance

If you have forgotten your access code or you have any questions following a call please contact:

General Service Queries: **0800 321 3025**

E-mail: **tis@thebigword.com**

Web: **www.thebigword.com**

If you have any questions please ensure you have:

- the interpreter's ID number
- time of the call
- language you required

In the rare event you experience difficulty, hang-up and re-dial. If, after a number of attempts, you are still unsuccessful please call: Emergency Contact Line: **0800 321 3025**

11/09/08 C NHS2011



Project supported by the PHA



For queries please contact:

Jennifer Yu
Belfast Trust

T: 028 9504 6720

E: jennifer.yu@belfasttrust.hscni.net

