

**SECTION 1**

**RELIGIOUS BELIEF,  
EQUALITY & HUMAN RIGHTS:**

**ACCESS TO HEALTH AND SOCIAL  
SERVICES IN  
NORTHERN IRELAND**

**Literature Review-  
Equality & Human  
Rights: Access to Health  
and Social Services in  
Northern Ireland**

## **Religious Belief, Equality and Human Rights: Access to Health and Social Services in Northern Ireland**

There are continued concerns regarding whether public services, including health and social services, are equitably targeted across the religious divide in Northern Ireland (Jamison et al, 2004:34). Whilst much research has emerged in respect of the differences in health status between the two main religious groups (that is, Catholics and Protestants) comparatively less research exists which focuses upon equity in terms of health and social services accessibility and utilisation. Furthermore, there also appears to be a continued lack of information on the experiences of the growing number of people of other minority religious faiths in Northern Ireland in relation to accessing health and social care.

Promoting equity of access to health and social services for people with different religious beliefs is essential for compliance with equality and human rights legislation. There is a statutory duty for all public authorities in Northern Ireland, under Section 75<sup>17</sup>, to promote equality of opportunity between persons of different religious beliefs and a further duty to promote “good relations”. Discrimination in terms of accessing and using health and social services also has important human rights implications. Article 9 (the right to freedom of thought, conscience and religion) and Article 3 (protection from inhumane or degrading treatment) in conjunction with Article 14 (prohibition of discrimination on a number of grounds including religious belief) are of particular relevance. The rights of children with different religious beliefs are also explicitly protected under Article 14 of the United Nations Convention on the Rights of the Child.

It is notable that in many circumstances it is difficult to determine with certainty the basis of inequity in relation to religious belief and access to, or unfair treatment in, health and social services. This is because there is often a significant overlap between religious and racial discrimination (Weller et al, 2001:1), and in a Northern Ireland context, an overlap between religious belief and political opinion. As Weller et al (2001:1) suggests, it is often difficult, if not unrealistic, to begin to disentangle one form of discrimination from another. This section will not attempt to do so, but will provide a review of the limited research which does exist in relation to

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<sup>17</sup> of the Northern Ireland Act 1998

religious belief and discrimination in access to, and unfair treatment in, health and social services.

## **Protestant and Catholic Communities and Access to Health and Social Services**

Three recent publications in particular have explored the impact of religious belief and community background upon health and social service accessibility:

### Religion & Inpatient Hospital Use in Northern Ireland

A study by Jamison et al (2004) examined whether the use of acute hospital inpatient services differs by religious denomination in Northern Ireland. The objective of the research was to test the theory that there is no difference between the Catholic and Protestant communities in regards to the use of hospital services once differences in health and social economic status and proximity to services were accounted for. Jamison et al (2004:34) concluded that when both need and supply factors are taken into account, there appears to be no significant effect of religion on inpatient hospital use in Northern Ireland.

### Social Care and Children from Cross Community Families

A report by the National Children's Bureau published in 2003, highlights that children from cross-community families<sup>18</sup> in Northern Ireland are over-represented in the care system and that social services are failing to recognise that these children have specific needs (Kelly & Sinclair, 2003). The report further suggests that there are very few neutral or integrated support systems for these children and their families<sup>19</sup>.

### Findings from the DHSSPS Equalities and Inequalities in Health and Social Care Statistical Overview

For further information on religious belief and access to health and social services refer to the findings of the recent "Equalities and

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<sup>18</sup> children from cross community marriages or partnerships (i.e. Roman Catholic – Protestant marriages and partnerships).

<sup>19</sup> Information extracted from University of Ulster Press Release – "Children from Cross Community Families in Northern Ireland have Specific Needs, Says New Report", 5 September 2003

Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview” report and update bulletin<sup>20</sup>.

## **Minority Religious Groups and Access to Health and Social Services**

There are only a small number of Northern Ireland-based research studies which are dedicated to exploring the experiences of minority religious groups in terms of accessing health and social services. That is not to say, however, that there is a lack of awareness in health and social services of the difficulties or exclusion felt by many people from other religious groups. There is evidence to suggest that health and social care providers are beginning to take many positive steps towards addressing the needs of minority religious groups here. The publication of DHSSPS and Equality Commission “*Racial Equality in Health: Good Practice Guide*” consultation document, the Working with Diversity website<sup>21</sup>, and the “*Multi-Cultural Handbook for Health and Social Service Staff*”<sup>22</sup>, are but a few examples of progress in this area.

## **Religious Discrimination in Health and Social Care**

A 2001 study published by the Home Office provides what is perhaps the most comprehensive account of religious discrimination in health and social services (Weller et al, 2001). Although the study focuses upon experiences in England and Wales, it is likely that many of the issues it raises, and indeed many of the lessons which can be drawn from the report, are also of relevance to Northern Ireland.

The report identifies a number of areas in which differential treatment is prevalent in a health or social care setting, including:

- **Chaplaincy and facilities for worship** – that is, provision for chaplaincy and spiritual needs, especially in relation to non-Christian faiths, tends to vary considerably from hospital to hospital. There was an identified need for the establishment of more multi-faith prayer rooms in health and social care settings.

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<sup>20</sup> [http://www.dhsspsni.gov.uk/publications/2004/equality\\_inequalities/equality\\_inequalities.asp](http://www.dhsspsni.gov.uk/publications/2004/equality_inequalities/equality_inequalities.asp)

<sup>21</sup> an initiative of the Eastern Area Equality Best Practice Forum in partnership with local and national voluntary and community organisations

<sup>22</sup> based on the Ulster Community & Hospitals Trust Minority Ethnic Care Handbook.

- **Dietary and clothing needs** – for example, a lack of appropriate meals in hospital settings (e.g. Halal or Kosher foods). Issues relating to modesty and the wearing standard hospital garments.
- **Medical Techniques** – for example, many Jehovah's Witnesses reported experiencing stigmatisation for their refusal, on religious grounds, to accept blood-based treatments.
- **Circumcision** – was a particular concern for Jews and Muslims. The availability of the operation on the NHS tended to vary according to geographic location. There were concerns expressed over problems of unlicensed GPs conducting the procedure without proper insurance or authority.
- **Burials and Cremation** – for example, Muslims reported being refused access to prepare the body of the deceased. It was suggested that there should be a co-ordinator in hospitals whose role would be to contact community members to administer the appropriate rites.

The study by Weller et al (2001:71) suggests that the majority of discrimination on religious or cultural grounds in health and social services, appears to emanate more from the attitudes and behaviour of staff than from health and social care policy and practice. However, it also notes that in most cases, unfair treatment tends to be “occasional” rather than “frequent”.

Evidence emerging from Northern Ireland-based literature suggests that minority religious groups in Northern Ireland have similar needs and concerns in regards to accessing and using health and social services. For example, Holder (2000) highlights the need to raise awareness amongst health and social care staff of the importance of modesty and of providing female staff to attend Muslim women. Holder (2000) also outlines the importance of providing appropriate diets to meet religious requirements (e.g. Halal or Kosher meat).

Providing suitable places to pray in health and social care settings is a further concern, as is the lack of specific care places for older people from minority religious groups. A response by the Belfast

Jewish Community to the Shared Future consultation, for example, highlights that there is a lack of care places for older Jewish people in a Jewish care environment in Northern Ireland.

The DHSSPS and statutory health and social care bodies have acknowledged the difficulties experienced by minority religious groups and continue to develop appropriate policies accordingly. However, it is clear that addressing discrimination in health and social care on the grounds of religious belief will require a much greater and wider reaching effort than that which can be provided by statutory health and social services. It is perhaps here that cross-governmental policies and initiatives such as “A Shared Future” and the Race Equality Strategy will make a difference in changing the attitude and behaviour of the general public (and thus health and social care staff) towards minority religious and ethnic groups.

### **Recommendations: Minority Religious Groups and Access to Health and Social Services**

- **Place a continued emphasis on staff education and awareness programmes on the requirements of different faith groups delivered across the health and social services (including primary, secondary and community care).**
- **Encourage open consultation between staff and patients to identify and address the needs of different religious groups (Weller et al, 2001:76).**

### **Religious<sup>23</sup> and Spiritual<sup>24</sup> Care in a Health and Social Care Context**

Access to appropriate religious and spiritual care is crucially important in a health and social care context as it can often bring

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<sup>23</sup> The Scottish Executive Guidelines for religious and spiritual care in the NHS define **religious care** as care given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

<sup>24</sup> **Spiritual care** is defined as care usually given in a one to one relationship which is completely person centred and which makes no assumptions about personal conviction or life orientation. The guidelines note that spiritual care is not necessarily religious.

comfort and reassurance to those experiencing periods of ill-health, bereavement or mental illness. There is a concern, however, that access to spiritual and religious care in hospitals, particularly for those of non-Christian faiths, is somewhat limited. A survey conducted by Sheikh et al (2004:329) of 72 hospitals in England and Wales, for example, revealed that only 10 hospitals had multi-faith prayer rooms.

If not already done so, it may be important to assess the level of provision for religious and spiritual care in hospitals and other health and social care settings in Northern Ireland. Perhaps an audit of places of worship in hospitals and other settings (e.g. such as residential or nursing homes) would be appropriate in order to identify examples of good practice.

The Scottish NHS have made notable progress in regards to the development of chaplaincy and spiritual care in the NHS including the production of guidelines<sup>25</sup>. These have been drawn from a report prepared by a Working Group of representatives of NHS staff and faith communities. Perhaps the possibility of conducting a review of religious and spiritual care in Northern Ireland health and social services could be explored, which could include assessing the value of developing guidelines such as those produced by the Scottish Executive.

### **Recommendations: Religious and Spiritual Care in Health and Social Services.**

- **To conduct an audit of spiritual and religious care in health and social care settings, including a survey of the availability of prayer rooms etc for non-Christian faiths.**
- **To examine the usefulness of developing guidelines for religious and spiritual care in health and social services, such as those developed by the Scottish Executive.**

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<sup>25</sup> [http://www.show.scot.nhs.uk/sehd/mels/HDL2002\\_76.pdf](http://www.show.scot.nhs.uk/sehd/mels/HDL2002_76.pdf)

## References

Armagh & Dungannon HSS Trust, Craigavon Area Hospital Group Trust, Craigavon and Banbridge Community HSS Trust, Newry & Mourne HSS Trust, Southern HSS Board & Southern Health and Social Service Council. *Multi-Cultural Handbook for All Health and Social Care Staff*. (available to download at <http://www.shsscouncil.net/publish4.htm>).

DHSSPS & Equality Commission for Northern Ireland. *Racial Equality in Health: Good Practice Guide. Consultation Document*.

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Kelly, B. & Sinclair, R. (2003) *Children from cross-community families in public care in Northern Ireland*. National Children's Bureau.

Office of the First Minister and Deputy First Minister. *Race Equality Strategy. Consultation Document*. Belfast: OFMDFM (available to download at <http://www.newtsnni.gov.uk/race.pdf>)

Office of the First Minister and Deputy First Minister. *A Shared Future*. (available to download at [www.asharedfutureni.gov.uk/index.htm](http://www.asharedfutureni.gov.uk/index.htm))

Sheikh, A. Hospital chaplaincy units show bias towards Christianity. *BMJ*, 2004, 329:626, 11 September. (available to download <http://bmj.bmjournals.com/cgi/content/full/329/7466/626>)

Weller, P., Feldman, A. & Purdam, K. (2001) *Religious Discrimination in England and Wales*. Home Office Research Study 220. (available to download at <http://www.homeoffice.gov.uk/rds/pdfs/hors220.pdf>)

## Useful Web-Links\*

### Resources

- “Multi-Cultural Handbook for All Health and Social Care Staff” (Armagh & Dungannon HSS Trust *et al*)  
<http://www.shsscouncil.net/publish4.htm>
- “Racial Equality in Health: Good Practice Guide” - Consultation Document (DHSSPS & Equality Commission)  
[www.dhsspsni.gov.uk/publications/2002/RaceEqHealth.pdf](http://www.dhsspsni.gov.uk/publications/2002/RaceEqHealth.pdf)

### Websites

- **The Interfaith Network for the United Kingdom** – includes range of useful interfaith publications.  
[www.interfaith.co.uk](http://www.interfaith.co.uk)
- **College of Health Care Chaplains (CHCC)** - a multi-faith, interdenominational professional organisation for health care chaplaincy staff  
[www.healthcarechaplains.org](http://www.healthcarechaplains.org)
- **Multi-Cultural Resource Centre (MCRC)** – regional organisation advocating and promoting human rights and equity for Black and Minority Ethnic communities and individuals in Northern Ireland  
[www.mcrc-ni.org](http://www.mcrc-ni.org)
- **Northern Ireland Council for Ethnic Minorities (NICEM)** – develops support and services for Black and Minority Ethnic Groups and individuals living and working in Northern Ireland.  
[www.nicem.org.uk](http://www.nicem.org.uk)
- **Multi-Cultural Matters** - provides background information for those who wish to raise awareness and understanding of the

cultural differences within the diverse communities living in the UK.

[www.multicultural-matters.com](http://www.multicultural-matters.com)

- **Working with Diversity Website** - an initiative of the Eastern Area Equality Best Practice Forum which provides useful information on religious diversity including religious and cultural days calendars.

[www.workingwithdiversity.org](http://www.workingwithdiversity.org)

[www.workingwithdiversity.org/calendar/week.php?cid=4&y=](http://www.workingwithdiversity.org/calendar/week.php?cid=4&y=)

(Religious & Cultural Calendars.

\*Please note that this is NOT definitive list of relevant websites