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Six principles to enhance health and social care for older migrants*

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Introduction

Older persons with migration background face various barriers when accessing health and social care services. Generally, older persons with migration background have poorer health but utilise services less frequently (Iwuagwu et al. 2024). In some cases, legal barriers exclude them from using these services. Other obstacles include language and communication challenges (Lebano et al. 2020) as well as issues related, for example, to affordability of services, education, and familiarity with the health system, lack of cultural and religious knowledge among staff (Ahhadour et al., 2016), different concepts of health and illness or distrust based on previous experiences (Priebe et al. 2011). Health differentials between migrants and native populations are widening with age (Kristiansen et al. 2016). High-quality and accessible health and social care services should be provided to all, regardless of age or ethnic or cultural origin (WHO and UN 2008, EU Pillar of Social Rights). Those in need of health and social care must be approached as persons, and their views, beliefs, and practices must be considered in the planning, delivery and evaluation of care. Care for older persons with migration background also needs to consider the support needs of their families and informal carers. One important way of improving access to health and social care services is to improve person-centred, diversity-senstive care[1] through staff training in

1 Diversity-sensitivity promotes the idea that health and social care professionals "should be aware of different forms of cultural diversity – be it related to gender, ethnicity, age, socioeconomic status, religion, sexual orientation or other social markers; that difference should be integrated into the delivery of effective and equitable health care for patients; and that, regardless of its source, diversity can itself be a positive social contribution" (WHO, 2020, p. 9). Diversity-sensitive care builds on person-centred care and therefore "recognises the whole person, addressing not just physical issues but also spiritual, psychological, social and existential aspects. This holistic approach validates the individual's experience of illness and seeks to improve well-being from their own perspective, incorporating their unique values, beliefs, and preferences" (Claeys et al., 2021).

* The results presented here are based on work carried out in the DI.S.C.O.P.M.B. (Diversity-sensitive care of older people with migration background and their informal carers) project, funded through the Erasmus+ programme of the European Union. The DI.S.C.O.P.M.B. project focuses on promoting person-centred, diversity-sensitive care. It developed a training program for face-to-face education and an open online educational resource (massive open online course available in six languages) to be used across health and care professions, in face-to-face teaching and self-study. The training program and the educational resource were developed based on scientific literature, the skills and prior expertise of project partners, and with the input from older persons with migration background and their families as well as health and care staff. We are grateful for comments received from Elif Naz Kayran and Mirjam Pot. We also thank Daria Jaric for editing and Anna Obernberger for the layout.

health and social care professions. This Policy Brief presents six key principles of what person-centred, diversity-sensitive care is and how it can be achieved.

Keywords:
Diversity-sensitive care, older persons with migration background and their families

These principles were developed based on five workshops in Austria, Sweden, Italy, Finland and Belgium with older persons with migration background and individuals providing health and long-term care for them (see Box 1 on D.I.S.C.O.P.M.P.B. methodology). We would like to point out that the reduction of social inequalities was also discussed as an important element for improving person-centred, diversity-sensitive care for older persons with a migration background. For example, migrants often live in housing that is not easy to adapt to care needs. However, the reduction of social inequalities was not included as a principle per se, since it requires commitment from many societal actors beyond organisations and individuals involved in care provision.

Box 1: D.I.S.C.O.P.M.B. Methodology

The principles presented in this Policy Brief are based on workshops with older persons with a migration background and individuals providing care for them.

- **Overall workshop topic**: views and experiences regarding person-centred, diversity-sensitive care
- **Number of workshops**: 5 (one each in Austria, Sweden, Italy, Finland and Belgium)
- **Number of workshop participants**: 31
- **Workshop participant composition**: only older people receiving care, only health and care professionals, joint workshop
- **Countries of origin of workshop participants receiving care**: Iran, Bosnia-Herzegovina, Tunisia, China, Iraq
- **Fields of work of health and care professionals**: psychiatry, midwifery, emergency care, radiology, care management, multicultural memory work, associations for health and social care, cultural work, cultural mediation, social work for older persons, support for carers, occupational therapy, psychology and speech therapy.
- **Workshop methods**: photo elicitation; discussion on challenges and best practices in access and provision of person-centred, diversity-sensitive care for older persons with migration background and their families; discussion of views and experiences on the current state of the art regarding training and education in person-centred, diversity-sensitive care; discussion of suggestions for improving training and education.
- **Workshop documentation**: workshop reports
- **Writing-up of principles**: Policy Brief authors based on the workshop reports

Six principles of diversity-sensitive care

1 Addressing care receivers as individuals

"We often rely on generic approaches that don't account for the person's specific needs, which can lead to a superficial understanding of their situation."
Workshop participant, Italy

Care receivers should be addressed as individuals, and generalisations should be avoided. While individuals belong to different societal groups (e.g. women), they might be and act differently from what others may typically expect from members of this group. Thus, it is important to foster an approach towards care receivers, which is interested in getting to know the needs and wishes of that individual person to provide person-centred care. Workshop members also underlined the importance of biography-oriented approaches to be able to provide good care to individual care receivers. Biography-oriented approaches consider the experiences of older people from earlier in their lives. This can require a health or social care professional to record the biography of the care receiver and to document it for others who work with this person. Such approaches require resources. For instance, the recording and documentation of a biography cannot be done in a couple of hours. Even more resources might be needed when working with individuals who have lived in very different contexts.

2 Openness in interactions with care receivers

Continuity in relations with staff is important

"To build a strong relationship with care users, we need to understand how different cultures perceive illness and treatment. Sometimes, a person's culture might have different beliefs about healthcare or follow alternative medical practices, and we need to be aware of that."
Workshop participant, Italy

Respect and the overcoming of stereotypes are needed to achieve person-centred, diversity-sensitive care. For this, personal relationships and an understanding of the distribution of power in society (including, for example, awareness of dominant prejudices against specific groups) are important.

Face-to-face meetings are important to create a feeling of proximity with professional staff. In communication with care receivers, it can also be helpful to look for commonalities and shared experiences between professional staff and care receivers, rather than assuming that they do not have much in common. Maintaining continuity in relations with staff and sustaining the autonomy of older people are important. For example, in terms of person-centred, diversity-sensitive care, it can be important that care receivers can choose their doctor and, for example, remain with the doctor they had consulted before they moved to residential care. To provide care in alignment with individual needs, one must exhibit creativity to work around barriers and find unconventional, non-standard solutions.

The public image of long-term care also impacts relationships in care. Both those in need of care and care professionals may act based on stereotypes. It is important that both sides endeavour to enhance mutual understanding and to be aware of intersectionality. Intersectionality refers to the fact that all indi-

viduals always belong to several groups at the same time (e.g. a particular gender, culture, class, nationality) and that they occupy positions with more or less power within these groups. In certain situations, various aspects of a person's identity related to different groups intersect in unique ways, influencing their experiences and the power available to them in that context. Awareness of intersectionality involves making a conscious effort to understand the complexities of an individual's life and connecting this understanding to the knowledge of how power and discrimination are distributed in society.

3 Outreach and tailoring services for various groups of older migrants

"You have to be creative and 'work around' barriers. It helps a lot to work together with other local organisations, use existing physical locations, and go to the care receivers instead of waiting until they find the way to your organisation."
Workshop participant, Belgium

In order to reduce barriers to accessing health and social care services, it is vital that service providers reach out to care receivers, rather than wait for care receivers to find them. This also means that services should be designed and tailored to the needs of various groups. In the context of residential care, this implies, for instance, offering a wide range of social activities and considering dietary customs and preferences of various groups, including socio-economic differences. Another example is providing group activities in the different languages spoken by the care receivers. This allows newly arrived individuals to connect with others in similar situations and learn more about their new country of residence. Services and activities that are tailored to specific groups (e.g. members of a religious community) should be open to all, regardless of whether they are members of the specific group.

4 Working with language diversity

It is important to provide written information in multiple languages.

"There's very little collaboration between colleagues, and cultural mediators are not as involved as they should be. These professionals don't just translate; they facilitate an exchange of knowledge, which is crucial for understanding the unique situation of each person."
Workshop participant, Italy

Language barriers can be a challenge for person-centred, diversity-sensitive care. It may be useful to provide written information in multiple languages, particularly simplified information on how healthcare works in a country. Workshop participants found that this type of information is often not available in the languages needed. It is also important to think about how language barriers can be overcome during conversations (e.g. interpreters, online translation tools). Ideally, there are professional translation services available. Working with professional interpreters can sometimes be challenging, too (e.g. involvement of an additional person in a conversation, availability of interpreters, quality of interpretation). If there is no professional interpretation available, interpretation can also be provided by bilingual staff or informal carers. Bilingual staff need to have time and be recognised for their interpretation activities. While interpretation by informal carers can be helpful in situations where there is no access to professional interpreters, one must be aware of the challenges linked to engaging informal carers as interpreters, such as role conflicts for informal carers, lack of knowledge of technical terms or interpretation skills, and the need for emotional processing of translated information. It was noted that in-

terpretation is a field where digital technologies are already available and used in person-centred, diversity-sensitive care. Given the availability of translation, person-centredness of care does not always require sharing the same language.

5 Developing staff competences in person-centred, diversity-sensitive care

"In training, it's essential to include topics like cultural history, anthropology and migration flows, and to focus on developing skills like listening, empathy, and hospitality. These are key to better care."
Workshop participant, Italy

It is recommended that care staff are supported in developing their competences in person-centred, diversity-sensitive care. This includes reflecting on differences between caregivers and care receivers, how they can impact care and how difficulties can be overcome. Exchanges with other professionals through supervision sessions are recommended to develop competencies further. This can create the necessary space for staff to also reflect upon their own expectations and their needs to set boundaries whenever appropriate.

Staff should also be enabled to learn about different national healthcare systems, cultures, and religions.

Developing competences in the context of diversity sensitivity is equally relevant for the management of organisations (creating an organisational culture around diversity sensitivity as well as employing and leading a diverse team). While a diverse team can contribute to diversity-sensitivity, diversity-sensitive care cannot be the task of just a few team members; rather, it is the task of all employees in an organisation.

6 Resources to develop person-centred, diversity-sensitive care further

Investments in health and social care are necessary to enhance support for older individuals with a migration background. Person-centred, diversity-sensitive care for older persons with migration background requires different types of resources. First and foremost, resources are needed for developing services and employing staff who can provide these services.

Secondly, staff in health and social care also need time resources to work with care receivers, collaborate with informal carers of older migrants and coordinate and exchange with different organisations involved in the provision of care. Diversity-sensitive care needs multi-professional cooperation across different organisations. It requires working together with multiple actors (e.g. family physicians, local organisations who represent and bring together individuals with migration experience, cultural mediators) and promoting a collective responsibility for care and participation of individuals with migration background.

Thirdly, workshop participants suggested that more digital technology should be developed to support person-centred, diversity-sensitive care, which would also require additional resources.

More research on diversity-sensitive care is needed.

While there is a lot of practical experience in diversity-sensitive care, more research is needed. Participants in the project workshops recommended funding more research on person-centred, diversity-sensitive care. Participants viewed participatory research involving older persons with migration background and their informal carers as particularly interesting. Research into the diagnostic process and translation in health and social care would greatly enhance the development of person-centred, diversity-sensitive care.

Key takeaways

The lack of targeted policies, including in education and training for health and social care staff, negatively impacts older persons with migrant background and their ability to access health and social care, resulting in their poorer health and quality of life compared to other population groups. Policymakers, therefore, are asked to actively promote and invest in person-centred, diversity-sensitive care practices to provide inclusive and equitable healthcare and social care by developing curricula and funding training and caregiving.

The six principles outlined demonstrate that person-centred, diversity-sensitive care can be enhanced through interventions at various levels. These principles are based on interactions with individuals who have migration experiences and emphasise the need to adapt services, engage with different languages, and invest adequately in health and social care. As we have seen in the DI.S.C.O.P.M.B. project, there is a strong interest in improving person-centred, diversity-sensitive care across different countries among educational institutions and providers of health and social care services. With this policy brief, we aim to raise awareness of the multiple levels at which the issue must be addressed and the areas where policy can support diversity-sensitive care.

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DI.S.C.O.P.M.B.
DIVERSITY SENSITIVE CARE OF OLDER PEOPLE WITH MIGRANT BACKGROUND AND THEIR FAMILIES

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